In-Service Education Manual

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All Prime Staffing employees are required to review this manual, in its entirety prior to beginning an assignment with Prime Staffing LLC

A signed acknowledgement form (attached) must be signed by every candidate.

Any employee who has been on assignment over one (1) year is required to recertify their in-service training as required by the specific client.

Professional Practice and Accountability

Understanding and applying professional standards as our employees work with patients and their health information is a critical part of their practice.

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

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

All healthcare disciplines have a position statement or a code of ethics that sets forth expectations for decision making and professional conduct. For example, these statements and codes describe professional issues for clinicians including key elements necessary to maintain patient confidentiality and privacy.

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

Essential Actions

- Learn and follow your professional organization's code of ethics.
- Learn and abide by your state board's laws and rules – remember they differ by state.
- Report any violations of the code of ethics or patient confidentiality to the appropriate representatives.

HIPAA and HITECH

HIPAA was developed to protect patient's health information in all forms which includes written, oral (spoken and heard), and electronic data transmission through the safeguarding of electronic protected healthcare information (ePHI) through encryption and message integrity.

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

HITECH defines unsecured PHI as PHI that is not secured using technology. Security breaches have resulted in fines more than 1 million dollars.

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

HIPAA requires healthcare professionals to maintain the privacy and confidentiality of all medical record information.

- Privacy is the individual's right to decide who/when/how information about him/herself is disclosed.
- Confidentiality: obligation of another to maintain the person's privacy.

Every organization must comply with HIPAA

HIPAA requires that patients receive and sign a "Notice of Privacy Practice" (NPP) document. This describes to patients how the organization will use and disclose their medical information.

- Patients can decide to be listed in the patient directory or to be excluded.
- Patients with specific diagnoses are prohibited from being listed at all.
- HIPAA outlines what is required for sharing and reviewing medical records.
- Patients have the right to inspect, review, and receive a copy of their PHI.
- Patients may request an amendment or change in the content of the PHI if they believe there is an error. The provider has the right to accept or deny this request.
- Inadvertent disclosure of PHI must be disclosed to the patient.

Essential Actions

Protect the security and privacy of all patients' Health information.

- o Protected health information includes records that contain any combination of the patient's name and address, birth date, age, medical record number, patient number, phone and fax numbers, e-mail address, medical records, diagnosis, X-rays, photos and images, prescriptions, lab work and test results, billing records, claim data, referral authorizations, explanations of benefits and research records.
- Comply with all applicable confidentiality and security laws and requirements (including but not limited to HIPAA and its regulations) as well as:
    - o Use and disclose PHI or ePHI only as required or permitted by law and organization P&P. o Use safeguards to prevent the unauthorized use or disclosure of PHI and EPHI.
    - o Maintain your patients' privacy and follow the organization's guidelines for identifiers in emails and faxes.
    - o Turn off computers or turn screens away from visitors
    - o Learn the organizational standards for release of information
    - o Use confidential information **only** to do your job
- **NEVER:**

  Share your password with anyone else.
    - o Access patient records if you do not have a "need to know" in order to provide care.
    - o Share patient information except with those who have a "need to know" in order to provide care.

- Share patient information about patients with anyone outside of your organization. ○ Make personal use of the internet while on duty. This includes personal e-mail and social media sites such as Facebook.
- Discuss or disclose any patient information on internet sites, blogs, or chat rooms. ○ Put confidential information in the trash. ○
- Discuss patients in public areas.
- Take photographs of patients/families or in-patient care settings without formal written consent
- Immediately report any inappropriate use or disclosure of PHI or ePHI.

• Use reasonable efforts to mitigate any harmful effect of disclosure.
Follow standards in situations where no information is released, including substance abuse, HIV diagnosis, pregnancy, sexual abuse or sexual assault.

EMTALA

EMTALA Facts

- The Emergency Medical Treatment and Labor Act (EMTALA) is a complex law that applies to facilities with a dedicated emergency department and/or labor and delivery department.
- Emergency care is provided to anyone seeking treatment regardless of the ability to pay or any other non-medical factors.
- A medical screening exam is provided to determine if an emergency condition exists and stabilizing treatment or transfer must be performed.
- Transfer of patients includes confirmation of available space and qualified personnel to care for patients. ***Essential Actions***
- Evaluate all patients appropriately regardless of their financial or personal situations.
- Follow your chain of command whenever you feel that a situation has the potential to be a violation of EMTALA.
- Report immediately any suspected violations of EMTALA to the corporate compliance team or legal department.

Safe Surrender

Essential Actions

- State laws vary, but all states have a version of Safe Surrender or Safe Harbor Law that allows a parent/person to surrender an infant confidentially to a designated Safe Surrender site without fear of arrest or prosecution if the infant has not been abused or neglected.
- In a safe surrender situation, obtain as much medical background and history as possible and per your organization's guidelines.

Documentation: Your Shield of Armor

Essential Actions

- Document initial assessment, reassessments after interventions and any change in status.
  Address all abnormal findings.
- Date, time, and legibly sign all entries in a patient's medical record.
- Follow the organization P&P for correcting charting errors or making changes.
- For electronic charting add an addendum per the organization standard.

- Imagine that your records are presented in a courtroom and ask yourself the following:
  - Does the record reflect the standard of care, the organization P&P, and safe patient care?
  - Are all abnormal findings addressed by a notation that states the provider has been notified, an appropriate intervention has been performed, or it is not a new finding?
  - Is the content clear, factual, and free from opinions? o Is it dated and timed?
  - Does it reflect an interdisciplinary approach?
    - Are only organization-approved abbreviations used?

Recognizing and Reporting Abuse: Child, Elder, Dependent Adult, Spouse, Partner

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

Signs of Abuse

- Patient History
- Patient reports injury
- History of repeated injuries
- Inconsistent description of incident
- Abandonment
- Suicide attempt

Physical Indicators	Behavioral Indicators	Parent/Partner/ Caregiver Indicators
Bruises, fractures, burns, decubiti Unexplained wounds, punctures, abrasions Repeated falls Unexplained malnutrition, dehydration, or poor hygiene Genital trauma, bleeding, discharge, STD	Denial, fear Withdrawn, depressed Confusion, disorientation Aggressive, agitated Reluctant to speak in front of parent/partner/caregiver Developmental delay Excessive dependence, attention-seeking	Contradictory description of injury/incident Delay in bringing patient in for treatment Speaks on behalf of the patient when the patient can speak for himself Projects blame for injury on another person

- Substance abuse

Essential Actions

- Learn the signs of abuse/neglect or violence.
- Screen patients for abuse and neglect.
- If you suspect that a patient is suffering from abuse or neglect, follow your organization P&P.

- Report abuse as mandated in your state and per organization P&P by contacting the appropriate agency (e.g. child protective services, adult protective services) immediately by telephone and submitting a written report within a specified time frame.
- In states that mandate reporting, failure to report suspected abuse or neglect could result in civil and criminal penalties.

Patient Rights and Ethical Care: Your Lawful Duty

Patient rights are respected and supported including rights related to:

- Informed consent
- Information and involvement in all aspects of treatment and care decisions
- Assessment and management of pain
- Decisions regarding ethical issues including advance directives, withholding or providing life sustaining treatment, end-of-life care, conflict resolution
- Access to protective services

The ***Speak Up Program***, urges patients to become actively involved in preventing healthcare errors by becoming active, involved, and informed participants in their care. Additional information is available on The Joint Commission (TJC) website (www.jointcommission.org/speakup.aspx)

Essential Actions

- Respect patient needs related to: ○ Confidentiality, privacy and security
    - Ethical Issues
    - Spiritual care ○ Communication
    - Patients' rights during research investigations
- Organizations provide patient rights information to every patient and post it in various locations within the organization.
- Know your role regarding patients' rights to:
    - Leave against medical advice (AMA) ○ Refuse treatment
    - Receive information about errors made in their care
    - File a grievance with the organization, the Joint Commission, the health department, or other organizations
- Ensure that care provided respects patients' rights, incorporates the patients' values and religious and cultural preferences when appropriate.
- Provide patient/family education about their responsibilities in the safe delivery of care. The patient and family's responsibilities include:
    - Asking questions when they do not understand explanations or expectations ○ Following instructions related to the treatment plan

  ○ Accepting consequences when they do not follow the treatment plan ○ Following the rules of the organization regarding care and conduct ○ Demonstrating respect for the organization's personnel, property, and the rights of others

Patient Rights generally include these or similar statements: Patients have the right to:	Healthcare professionals will:
Always receive considerate and respectful care.	Show respect for patient and family preferences, anticipate needs, and respond courteously.

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

Providing a Safe Environment

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

A safe environment:

- Provides the best and safest patient care
- Reduces injuries and illnesses to staff, patients and others
- Improves employee moral
- improves productivity
- Reduces workers compensation claims
- Meets regulatory compliance standards

Essential Actions

- Take time to do the job right.
- Limit interruptions during critical times, such as giving report, preparing medication.
- Ask questions. Speak up when something does not seem right. Always request guidance before performing any unfamiliar task.
- Avoid errors by asking others to double-check your work during critical activities.
- Communicate critical information clearly and effectively. Use "read-backs" to ensure your information is correct and clear.
- Understand your own stress level. Errors are more likely to occur when an individual is stressed. Follow directions for safe and appropriate use of equipment.
- Report unsafe equipment or situations.
- Report safety issues.

- Involve your team members, the patient and family to help create a safe environment. Use all safety devices and personal protective equipment

Alcohol and Drugs in the Workplace

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

Essential Actions

NEVER report to work if you are under the influence drugs

- or alcohol including illicit drugs, prescribed medications,

or medications for which you do not have a prescription.

- If you suspect that a colleague is working while impaired
- follow the chain-of-command to report the situation.

Fire Safety - Be the First Line of Defense

Common fire hazards in healthcare settings include:

- Smoking
- Oxygen and compressed gases
- Electrical wiring or appliances, frayed electrical cords, damaged plugs
- Flammable liquids or gases near heat sources or improper storage of combustible materials
- Trash buildup of papers and boxes

Essential Actions

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

Common fire hazards in healthcare settings include:

- Smoking

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

- Rescue

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

A - Alert others

> Activate pull station alarm; call in the alarm or emergency code. > Notify co-workers.

C - Confine/Contain

> Close all doors and windows.
> Pack sheets and towels under the doors to contain smoke.

E – Extinguish (if trained to do so)

> Select the appropriate fire extinguisher.
> Use the **P**ull-**A**im-**S**queeze-**S**weep (**PASS)** technique to extinguish the fire. **E - Evacuate**
> Follow the organization's evacuation protocol.
> Familiarize yourself with the evacuation routes for your area.

The ABCs of Fire Extinguishers

- All fire extinguishers are labeled using standard symbols that indicate which type or class of fire the extinguisher can put out.
- Red slash through the symbol means that the extinguisher should not be used on that class of fire. A missing symbol means that the extinguisher has not been tested for that class of fire.
- "ABC" Dry Chemical extinguishers are used for most types of fires. CO_2 extinguishers are used for large electrical equipment fires.
- Clean agent extinguishers are used for computer and small electrical equipment fires. ***Using a Fire***

Extinguisher – Remember P-A-S-S

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

Pull the pin or release the latch to use.

Aim low. Point the extinguisher nozzle at the base of the fire.

Squeeze the handle. Squeezing the handle releases the extinguishing agent. Releasing the handle will stop the flow. Some fire extinguishers have a button instead of a lever.

Sweep from side to side. Aim at the base of the fire and sweep back and forth until fire appears to be out. Watch the fire area carefully as it may re-ignite! If so, repeat the **P-A-S-S** process.

Electrical Safety

Electrical shock occurs when electrical current passes through the body after contacting electricity. Electrical shock can cause injury or death and has the potential to be conducted to another person. All electrical equipment used in the hospital must be approved for safety by Underwriters Laboratory (UL) or another OSHA-approved body.

- Ensure all patient equipment is equipped with three-prong (grounded) plugs
- Only use extension cords and outlet strips approved by organization's engineering department
- All equipment brought in from home by staff or patients/family members must be checked for electrical safety prior to use. Common items brought in from home include:
  - Hair dryers
  - Crock pots or other electrical cooking items ○ Ambulatory care medication pumps
  - Home use ventilators

Essential Actions

- Turn equipment off, then unplug. Unplug devices by pulling the plug, not the cord.

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

Medical Device Safety

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

Essential Actions When an MDR occurs:

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

Medical Gases

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

Essential Actions

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

Hazardous Materials

- Hazardous materials are substances that are physical hazards (e.g. flammable), health hazards (e.g. carcinogen, toxic), or both.
- Exposure may occur through inhalation, ingestion, absorption, and injection.
- Hazards may be detected through:
  - Odor: Absence of odor does not indicate a substance is harmless.
  - Symptom: red skin, swelling, dizziness, difficulty breathing, coughing, headache, odd taste OSHA requires organizations to:
  - Identify chemicals to which employees may be exposed. ○ Make SDS and inventory list available to all staff. ○ Dispose of outdated chemicals or chemicals no longer used. ○ Perform exposure monitoring to keep daily hazardous chemical exposures in a "state of control," i.e., below the personal exposure limit.
- OSHA requires manufacturers to:
  - Incorporate the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
  - All chemical manufacturers worldwide must place specific labels on containers and supply Safety Data Sheets (SDS).
- OSHA requires specific items and format be present on the labels and the SDS sheets. Required components of the **label** include:
  - **Product identifier**: Including the chemical name, code #, or batch #, and possibly other identifying information.
  - **Signal word**, **DANGER or HAZARD**. Indicating the relative level of severity of hazard and alerting of a potential hazard: Danger indicates a more severe hazard; Warning is used for a less severe hazard
  - **Pictogram:** Nine pictograms are identified by OSHA, all but Environmental must appear on the SDS.

GHS PICTOGRAMS

Health Hazard Carcinogens, respiratory sensitisers, reproductive toxicity, target organ toxicity, germ cell mutagens	**Flame** Flammable gases, liquids, & solids; self-reactives; pyrophorics;	**Exclamation Mark** Irritant, dermal sensitiser, acute toxicity (harmful)
Gas Cylinder Compressed gases; liquefied gases; dissolved gases	**Corrosion** Skin corrosion; serious eye damage	**Exploding Bomb** Explosives, self-reactives, organic peroxides
Flame Over Circle Oxidisers gases, liquids and solids	**Environment** Aquatic toxicity	**Skull & Crossbones** Acute toxicity (severe)

2018 Globally Harmonized System of Classification and Labeling of Chemicals (GHS) for OSHA.

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

Required elements of the Safety Data Sheet include:

Section	Required Element
1	Identification
2	Hazard(s) identifications
3	Composition/information on ingredients
4	First-aid measures
5	Fire-fighting measures
6	Accidental release measures
7	Handling and storage
8	Exposure controls/personal protection
9	Physical and chemical properties
10	Stability and reactivity

11	Toxicological information
12	Ecological information
13	Disposal considerations
14	Transport information
15	Regulatory information
16	Other information, including date of preparation or last revision of the SDS

Essential Actions

- Use caution when handling chemicals. Before using, read the product label and SDS for safe handling precautions and emergency procedures.
  - Refer to the product label for important information about proper storage, spill clean-up, and first aid measures for exposure.
  - Read the label when you first encounter the chemical so that you are prepared to locate necessary information in an emergency.
  - Note that you will find the critical information about hazard level and precautions on the label in a clear, standardized format. The SDS provides more detailed information.
  - Locate the SDS on your unit.
- Use personal protective equipment specified on product label or SDS.
- Know where the nearest safety equipment (eyewash, spill kit) is located.
- Dispose of hazardous materials per P&P.
- Inform your supervisor of any exposure or potential exposure to hazardous materials/chemicals.
- Store hazardous products only in approved, properly-identified labeled storage areas and containers.
- Follow any caution or warning signs or symbols that mark these areas.
- Inform your manager of any unauthorized products found in your work area.
- If asked, acknowledge that you have received training on the standardized contents of the label and SDS. OSHA requires that all employees receive training about the new label and SDS contents. A representative of a regulatory organization may ask employees whether they have received training.

NEVER:

- Eat or smoke while working with or around hazardous materials/chemicals.
- Allow chemicals to come into contact with bare skin or mucous membranes (e.g. wipe skin or eyes with materials that have contacted chemicals).
- Inhale or swallow chemicals.

ALWAYS:

- General interventions for spills include:
  - Isolate the area. ○ Remove and/or restrict traffic in the immediate area. ○ Notify supervisor immediately of spill and exposures.
  - Notify appropriate personnel for assistance with containment, cleaning, and decontamination.
- Handle the spill ONLY if you know how. If not, do not try!

Hazardous Pharmaceutical Disposal – RCRA Act

RCRA (**R**esource **C**onservation and **R**ecovery **A**ct) defines certain characteristics of medication that require special handling when being disposed. Pharmaceutical waste is divided into three categories (P, U, and D)

- P-listed medications pose an acute threat to the environment by contaminating fresh water. Common P-listed medications are:
    - Epinephrine
    - Nicotine
    - Warfarin
    - Arsenic
- U-listed medications are chemotherapeutic agents
- D-listed medications are toxic, can react, ignite, or are corrosive. Some common D-listed medications are:
    - Toxicity: lindane, chloroform, selenium, and silver
    - Ignitability> aerosols, such as asthma inhalers
    - Corrosivity: string acids and string bases
    - Reactivity: rarely occurs in dosage forms

Essential Actions

- Follow identification of and disposal practices for medications that fall under the **RCRA** law.
    - Best Practice: Dispose non-RCRA-hazardous pharmaceuticals at a non-RCRAhazardous facility permitted for incineration. **This best practice helps keep pharmaceuticals out of drinking water.**
    - Use well-labeled black or dark blue RCRA-hazardous containers
    - Use yellow containers for chemotherapeutic waste
    - Educate your patients on proper disposal of these medications in the home setting

Radiation Safety

Radiation use occurs primarily in the radiology department, but may also be in other patient care areas like the emergency department, pharmacy, or patient care areas (when patients have radiation implants).

The image below indicates a radiation trifoliate. This symbol indicates the room is a “controlled” area and special precautions are in effect.

Essential Actions

- Follow facility guidelines and safe practices to keep radiation exposure **A**s **L**ow **A**s **R**easonably **A**chievable **(ALARA)**
- Identify radiation warning signs and symbols
- Observe rules of time, distance, and shielding
- Limit your time of exposure in areas where direct exposure to radiation is possible
- Increase your distance from the radiation source. A distance of six to ten feet from the patient receiving treatment will minimize radiation exposure

- Wear protective garments/shields (e.g. leaded aprons) that attenuate/absorb scattered X-rays Do not eat, drink, or smoke in areas with radioactive materials
- Do not pipette solutions by mouth
- Wash hands after working around radioactive material Wear a film badge or other monitoring device when applicable
- Collect trash and other materials that have encountered a radioactive patient in specially labeled containers in the patient's room.
- Dispose of waste per organization P&P
- If you suspect a potential radiation leak, do not attempt to clean it up yourself. Follow organization P&P
- Tell your supervisor if you become pregnant so the organization can implement additional monitoring, evaluation of work assignments for radiation exposure, and additional shielding procedures. If you choose not to declare your pregnancy, follow the radiation precautions specified by your organization.

Disaster Preparedness

- The purpose of disaster preparedness is to maintain a safe environment for patients and staff as well as to be prepared to care for a large influx of patients. Disasters can be internal (e.g., a bomb threat or a fire) or external (e.g., a hurricane, earthquake, biological weapon attack, or other disaster).
- Organizations' **policies** generally address four phases to manage a disaster:

  Mitigation
  Preparedness
  Response
  Recovery

Disaster preparedness includes, but is not limited to:

- Backup generators in case of an electrical failure. All critical equipment is plugged into a specific outlet (generally red) that indicates it is connected to a backup generator system.
- A backup system for air, water, and suction
- A term that is used on the overhead paging system to alert employees of a disaster (e.g. Code Orange)
- A triage system for patients and staff
- Evacuation procedures
- Integration with community disaster-response and relief services
- Management of patient and staff activities
- Identification and assessment of critical supplies
- Security
- Interface with the media

Essential Actions

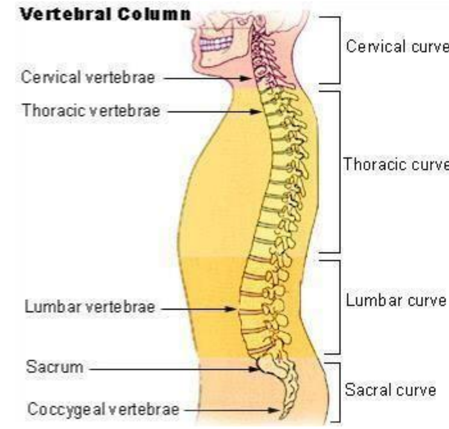
- Learn the emergency codes and alerts for your facility.
- Ensure that all critical equipment is plugged into the appropriate (red) outlet.
- In case of disaster, follow your **organization's** plan and seek out your manager to determine your exact role.

Avoid Injuries on the Job

Did you know?

- Nurses and nursing assistants have the highest work-related injury rates of all occupations, double the rate for private industry as a whole
- These data include only injuries from patient handling; slips, trips, and falls; and workplace violence. Excluded are injuries from sharps, and blood and body fluid exposures.
- **Eighty percent (80%) of workers' risk of injury is associated with poor work habits.** Eight out of ten workers will suffer some form of back injury during their lifetime. o Ninety-five percent (95%) of all back injuries are the result of multiple minor injuries over several years.
  o Back-related complaints are second only to the common cold as a reason for lost workdays.
- Musculoskeletal Disorders (MSDs) are a collection of disorders affecting muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs usually manifest as low back pain, sciatica, rotator cuff injury and carpal tunnel syndrome.
- Cumulative trauma disorders (CTDs) and repetitive strain injuries (RSIs) are other terms used to describe similar injuries.
- When there is a mismatch between the physical requirements of the job and the physical capacity of the worker, work-related MSDs can result.

Essential Actions



- **Maintain good health**.
  Maintain a healthy weight. Exercise to reduce stress, build muscle strength, endurance, and to maintain flexibility. Be aware of your body's need for nutrition and rest. Stress, fatigue, and overexertion can increase your chance of injury.
- **Practice good posture**. Keep your body in a neutral position whenever possible. This maintains the three natural curves of the spine (cervical, thoracic, and lumbar curves). When standing, change positions frequently and support one foot on a stool or other supportive raised surface. Wear supportive, comfortable low-heeled shoes. Maintain good posture when seated. Support your lower back.
- **Stretch and maintain flexibility.** For your muscles to function optimally, they need to be warmed up before use and stretched periodically throughout the day. Stretching improves muscle endurance and delays the onset of fatigue. Stretching will help you to refocus on your body and it only takes a few minutes to stretch all major muscle groups. Learn simple stretching exercises that can be performed anytime, anywhere.
- **Learn and use proper body mechanics**. Body mechanics are our body movements as we perform a task. Good posture and the use of appropriate body mechanics can be utilized when standing, sitting, lifting, pushing, pulling, carrying, and reaching. Follow guidelines for accomplishing these tasks to avoid injury. Be 100% consistent in observing the rules for lifting patients. Keep your work at a comfortable level to prevent reaching or bending.
- **Rotate tasks.** Avoid overusing specific muscle groups by rotating tasks or alternating job functions.
- **Get help**. Do not risk long-term injury through short-term heroics. Take care of yourself first so you will be able to offer help to others. Know your capabilities. Ask for assistance and use proper equipment to assist with heavy loads.
- **Avoid situations or activities that may increase your risk of injury**. There is an increased risk of injury if you do not know how to perform a task. In addition, stress, fatigue, overexertion, poor work habits, distractions, and substance abuse may also increase your risk of injury. If you are faced with any of these situations, seek help from your supervisor or other resources.

Avoid High Risk Behaviors for Sprains and Strains:

- Twisting while lifting or carrying
- Stooping down low to lift or reaching above your shoulder
- Lifting patients or objects far from your body
- Frequent lifting without adequate rest between lifts
- Pulling and dragging equipment, such as linen bags
- Sitting or standing in one position for a long time
- Performing a task while stooping over or hyper-extending the body to reach the patient
- Lifting bulky or awkward objects; lifting heavy patients or objects
- Repetition (e.g. typing) or contact stress (e.g. using hand as a hammer)

"Back Talk" for Lifting and Transferring

Essential Actions for Transfers and Repositioning

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

Essential Actions for Transfers and Repositioning

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

Essential Actions for Safe Patient Handling and Mobility Locate P&P and equipment for safe patient handling and mobility.
Use appropriate equipment and devices to take reduce the load.

These include:

- Gait belts
- Lifting device/hoist
  Slide board/draw sheet/transfer mat
- Low friction mattress cover
- Shower or toilet chair

Listen to your body for signs of musculoskeletal Injury.

- Aching back or neck
- Unusual tightness or stiffness
- Sharp or dull pain in any joint
- Hot, inflamed feeling in a specific area of the body
- Pain, tingling or numbness in hands or feet
- Shooting or stabbing pain in arms or legs
- Pain associated with specific activities
- Unusual muscle weakness and fatigue

If You are Injured on the Job

Essential Actions

- Stop what you are doing.
- Report any injury to your supervisor immediately regardless of how minor it may seem.
- Complete the proper report including a description of the injury and the related event(s).
- Contact your company's representative to initiate the claim with Prime's worker's compensation carrier as soon as possible or within 24 hours of event.

Latex Sensitivity

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

Did you know that many chewing gums and colored inks contain latex?
Reactions to latex include: hives, itching, swelling of eyes or face, runny nose, shortness of breath, nausea/vomiting, diarrhea, and anaphylaxis. Increased risk for latex sensitivity:

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

Essential Actions

- Document latex allergies in your patients
- Keep your hands in good condition. Dryness and skin irritation can promote skin sensitivities
  Wash your hands after removing gloves to prevent irritation
- Avoid "snapping" gloves which can release allergens into the air and areas where you might inhale powder from latex gloves
- Avoid contact with commonly used latex products and equipment
- Use powder-free vinyl or nitrile gloves if you or your patient is sensitive to latex
- If you have latex sensitivity: ○ Wear a medical alert bracelet and alert others to your allergy

- If severe, consult with your provider to determine whether you should carry an emergency epinephrine pen in case of accidental exposure to latex and/or in the event of anaphylactic shock

General Safety Precautions

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

Workplace Violence: Be Aware

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

Common Risk Factors for Violence in Healthcare Facilities

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

Essential Actions

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

- Use restraints appropriately
- Follow the procedures for restricted areas (e.g. protecting entry codes)
- Use security escorts to the parking lot
- Use a buddy system in situations of potential threat
- Use extra caution in elevators, stairwells, and unfamiliar places
- Carry only required identification badges
- Carry minimal amounts of money

- Be alert and report any safety and security concerns or violent events
- Be suspicious of anyone who is loitering, running, offering items for sale or asking for money, wandering or sleeping in wait areas or appears intoxicated
- Participate in training that teaches techniques to recognize and prevent escalating agitation, assaultive behavior, or criminal intent
- If your organization uses a code, such as "Code Gray" to indicate a need for emergency response to violence or other emergencies, know how to call the code and what your responsibilities are if the code is called in your area.
- If you observe someone exhibiting the potential for violent behavior or you have been threatened with violence in the workplace, report the event to the security officer and your immediate supervisor immediately. Threats of violence include:
    - Verbal derogatory comments and/or slurs
    - Written threats, letters, or notes ○ Computer/phone threats
    - Physical blocking or impeding of movement

INSERT LINK HERE

What to Do if You Encounter a Violent Individual

Essential Actions

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

Active Shooter

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and other populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Try to be aware of your environment and have an exit plan.

Essential Actions *RUN*

○ If there is an escape path, attempt to evacuate ○ Evacuate whether others agree to or not ○ Leave your belongings behind ○ Help others escape if possible ○ Prevent others from entering the area ○ Call 9-1-1 when you are safe

HIDE

- If there is no escape path, find a place to hide ○ Act quickly and quietly
- Secure your hiding place as best you can
    - Turn off lights
    - Lock door
    - Move equipment in front of door
    - Turn ringer volume on cell phones to silent
    - Remain very quiet

- **FIGHT** ○ **THE LAST RESORT**
  - Attempt to incapacitate the shooter
    - Act with physical aggression ○ Improvise weapons ○ Commit to your actions
- **Law Enforcement Arrives** ○ Remain calm and follow instructions ○ Keep your hands visible at all times ○ Avoid pointing or yelling
  - Know that help for the injured is on its way

Harassment and Discrimination

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

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

Essential Actions

- Report any discrimination or harassment to your immediate supervisor, manager, your company, and the appropriate Human Resources representative.
- Individuals may be insensitive to the offensiveness of their words or behaviors, but will cease the offensive behavior when its impact is brought to their attention. Try this approach, bearing in mind that what is acceptable in one environment may not be acceptable in another.

- Make your discomfort known through the appropriate chain-of-command at the healthcare organization. You may find environments that are less tolerant of "kidding around" and "teasing" than previous employment settings. Alternatively, you may find yourself uncomfortable in an environment that is far more tolerant of "kidding around" or "teasing."

INSERT LINK HERE

Fundamentals of Infection Prevention

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

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

Immunizations for healthcare professionals as potential hosts

- Healthcare professionals are at risk for exposure to and possible transmission of vaccine preventable diseases to patients, co-workers, and others. Maintaining immunity is an essential part of infection prevention. The CDC recommends that healthcare professionals receive scheduled immunizations. Your organization P&P may require additional vaccines.
- OSHA also requires healthcare professionals to participate in vaccination programs unless they sign a declination, have documented immunity, or have documentation of medical reasons why the vaccine is contraindicated.
- TJC has mandated that healthcare organizations should provide education about influenza vaccination to their staff members, AND provide influenza vaccinations while enacting a method to measure their compliance rates. To comply, healthcare workers should receive an annual influenza vaccine. CDC recommends that everyone 6 months and older get the influenza vaccine for the upcoming season as it is available.
- Your facility will provide specific guidance for planning and responding to influenza outbreaks. Follow all recommendations to assure your continued health and the health of your patients. For ongoing updates on the influenza, you may also check the following website: https://www.cdc.gov/flu/index.htm

Essential Actions

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

Hand Hygiene: Saves Lives

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

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

- To protect the healthcare worker from contamination from the patient.
- To protect the patient from contamination from the healthcare worker.
- To protect patients from contamination from the surrounding environment (other patients or objects).

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

***Essential Actions* Wash Hands**

- Before and after each patient contact
- After removing gloves
- After contact with body fluids

Soap and Water Method

- Use friction to lather and scrub hands for 20 seconds (try timing yourself by singing the Happy Birthday song)
- Rinse well under a stream of water and dry hands thoroughly
- Turn off the faucet with a paper towel

Alcohol-Based Hand Rub Method

- Apply the product to palm of one hand
- Rub your hands together (covering all surfaces of hands and fingers) until hands are dry
- Note that the volume needed to reduce the number of bacteria on your hands varies by product
- Do not touch equipment until hands are dry to prevent shock or burn

Types of Transmission-Based Precautions

The following table summarizes the different types of transmission-based (isolation) precautions. Depending on your role, these precautions may be a part of your daily work routine.

Use Standard Precautions for ALL patients. Patients with known or suspected infectious diseases may require Contact, Droplet or Airborne Precautions.

Type of Precautions	Mask/Eye Protection	Gown	Gloves

Standard (all patients)	To protect Mucus membranes of the eyes, nose, mouth during procedures that might generate splash or spray	To protect skin and soiling of clothing during activities or procedures that could generate splash or spray	When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene
Contact Diseases or organisms easily transferred by direct or indirect contact (multidrug-resistant organisms like MRSA, or diarrheal-like illnesses like Clostridium difficile (C. diff) Private room if possible	To protect mucus membranes of the eyes, nose, mouth during procedures that might generate splash or spray	Wear a gown if you anticipate your clothing will have substantial contact with the patient or infected material	Wear gloves when entering the room. Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene
Droplet Risk of transmission due to droplets from sneezing, coughing, talking, but are not aerosolized. Risk exists within 6-10 feet of the patient, e.g. meningitis, influenza, certain pneumonias	Per standard precautions and when working within 6-10 feet of the patient	To protect skin and soiling of clothing during activities or procedures that could generate splash or spray	When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene
Airborne Dissemination of airborne small particles or dust that may be infective, e.g. TB, measles, chickenpox Private room, keep the door closed and the patient in the room. The room should Have negative air pressure With 6-12 air changes per hour and monitored high efficiency filtration.	Wear respiratory protection (N95 respirator) when entering the room	To protect skin and soiling of clothing during activities or procedures that could generate splash or spray	When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene

Tuberculosis (TB) and Aerosol Transmissible Diseases (ATD)

- Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis. Symptoms include a cough lasting for more than 2 weeks, lack of appetite, weight loss, night sweats, hemoptysis, and fever.

- TB is spread through the air when a person with TB coughs, sneezes, or talks, causing the bacteria to become airborne where others can inhale it. Open draining wounds infected with TB may also be a source of transmission. TB can be airborne for up to 8 hours.
- Healthcare professionals are probably most familiar with TB as an ATD, but ATD precautions and procedures apply to other diseases and pathogens, such as Anthrax/*Bacillus anthraci,* avian influenza, chickenpox, shingles, Varicella zoster and Herpes zoster, measles, monkey pox, severe acute respiratory syndrome (SARS), small pox, Ebola, Zika virus, and other novel or unknown pathogens.

Essential Actions

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

Personal Protective Equipment (PPE) Guidelines for Patients Who have TB or other ATD

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

Exposure/Follow-up

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

Occupational Health and Bloodborne Pathogens

Handling Sharps

Special caution must be practiced preventing injuries when using needles, scalpels, and other sharp instruments or devices. This includes when you:

- Handle sharp instruments after procedures
- Clean used instruments
- Dispose of used needles

Essential Actions

NEVER:

- Recap used needles or use any other technique that involves directing the point of a needle toward any part of the body
- Remove used needles from disposable syringes by hand
- Bend, break, or otherwise manipulate used needles by hand
- Reach into a container with bare hands
- Fill the container more than $^3/_4$ full ALWAYS:
- Use a one-handed "scoop" technique or a mechanical device designed for holding a needle sheath
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers
- Place reusable syringes/needles in a puncture-resistant container for transport to reprocessing area
- Minimize splashing or spraying of blood or body substances when performing procedures
- Use needle-free and safety equipment whenever possible Limit the number of non-safety equipment available to staff

Exposure to Bloodborne Pathogens

Bloodborne pathogens are disease-causing germs carried by blood and other bodily fluids. Examples include HIV, hepatitis B, and hepatitis C. Use standard precautions to reduce the spread of bloodborne pathogens. You have been exposed to blood or body fluids if you:

- Sustain a needle stick or sharps injury.
- Receive a splash to your mucous membranes (eyes, mouth).
- Have broken skin (cuts, nicks) which have been exposed to blood or body fluids.

Essential Actions

Immediately:

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

Post-Exposure Evaluation and Follow-up

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

National Patient Safety Goals (NPSG)

The Joint Commission (TJC) initiated NPSG more than 10 years ago. Over the years, TJC has retired some goals and transitioned some into TJC accreditation standards. NPSG target specific patient safety concerns. The goals are changed somewhat each year, but have remained stable in recent years. TJC measures organizations' compliance with the NPSG, so you will find that your facility strongly emphasizes the goals and how they are implemented.

You can access full information on the NPSG at the TJC website: http://www.JointCommission.org/standards information/npsgs.aspx

National Patient Safety Goals

INSERT link here

Sentinel Events

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

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

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

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

Essential Actions

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

CMS Hospital Acquired Conditions and Never Events

Hospitals must report, and CMS will not pay for treating specific hospital-acquired conditions (HAC).

The National Quality Forum (NQF) identified Serious Reportable Events (SRE), which are also known as Never Events, because they are events which are viewed as preventable and therefore should never occur. View the complete list of 29 SREs at http://www.qualityforum.org/Topics/SREs/List of SREs.aspx.

SREs are grouped into 7 categories:

- Surgical or Invasive Procedure Events
- Product or Device Events
- Patient Protection Events
- Care Management Events
- Environmental Events
- Radiologic Eve
- Potential Criminal Events

Institute for Health Improvement Bundles of Care

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices, generally three to five, that when performed collectively and reliably, have been proven to improve patient outcomes.

Sepsis Bundle Project (SBP)

This bundle is divided into two parts. **To be completed within 3 hours:**

1. Measure lactate level
2. Obtain blood cultures prior to administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30 ml/kg crystalloid fluid for hypotension or lactate ≥4mmol/L

To be completed within 6 hours:

5. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65 mm Hg
6. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1
7. Re-measure lactate if initial lactate elevated

Document reassessment of volume status and tissue perfusion with:

- Repeat focused exam (after initial fluid resuscitation) including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings **Or two of the following**: Measure CVP
- Measure SVO_2
- Bedside cardiovascular ultrasound
- Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge

Ventilator Bundle to prevent Ventilator-Associated Pneumonia (VAP)

- Elevation of the head of the bed
- Daily "Sedation Holidays" and assessment of readiness to extubate
- Peptic ulcer disease prophylaxis
- Deep venous thrombosis prophylaxis

- Daily oral care with chlorhexidine

Central Line Associated Bloodstream Infections (CLABSI)

- Hand hygiene
- Use of full barrier precautions/personal protective equipment
- Chlorhexidine skin antisepsis
- Optimal catheter type selection
- Optimal catheter site selection
- Dressing
- Daily review of line necessity, with prompt removal of unnecessary CVC

Catheter Associated Urinary Tract Infections (CAUTI)

- Avoid unnecessary urinary catheters
- Insert urinary catheters using aseptic technique
- Maintain urinary catheters based on recommended guidelines
- Review urinary catheter necessity, with prompt removal of unnecessary catheters

Surgical Site Infections (SSI)

- Appropriate use of antibiotics
- Appropriate hair removal
- Post-operative glucose control (major cardiac surgery patients)
- Post-operative normothermia (colorectal surgery patients)

Hospital Acquired Pressure Ulcers (HAPU)

- Daily skin assessment
- Regular repositioning
- Nutrition assessment
- Calorie intake
- Glucose control
- Redistribution surfaces

Patient Satisfaction

Patient satisfaction is another critical indicator related to quality of care. A national, standardized survey, The *Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS),* has been implemented across the country.

This standardized survey compares hospitals across the country. The public can compare hospitals' performance at the hospital compare website http://www.medicare.gov/hospitalcompare/search.html

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

Essential Actions

- Learn about the measures on the HCAHPS tool and how you can impact the scores your organization receives.
- Verbally check with patients on pain management goals and your efforts to meet those goals.

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

TJC Safety Concerns

TJC has a reporting mechanism in place for any person who wants to file a concern about the quality of patient care. Accredited organizations and certified staffing agencies commit to refrain from taking any disciplinary action toward a person who files a complaint.

How to contact the Joint Commission about a safety concern	
Via the website	http://www.jointcommission.org/report a complaint.aspx
Email	patientsafetyreport@jointcommission.org
Fax	Office of Quality Monitoring: (630) 792-5636
Mail	Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181
Toll free U.S. Number	Monday - Friday 8:30am - 5pm Central: 1-800-994-6610
https://www.jointcommission.org/report_a_complaint.aspx	

Care of Diverse Patient Populations – Cultural Diversity

Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of diverse patient populations. All patients have the right to receive care that is sensitive to, respectful of, and responsive to their cultural and religious or spiritual beliefs and values. It is essential that the educational needs of patients and families are identified and prioritized.

Essential Actions

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

○ Language or sensory communication needs. ○ Rituals and prayer practices. ○ Eye contact and communication style. ○ Gender roles including authority/decision making. ○ Identification/inclusion of a support person and/or ○ family members. ○ Education of patient/support person on this or her role in the healthcare process. ○ Food preferences, dietary restrictions, and alternative therapies. ○ Medical care preferences including gender of healthcare workers. ○ Use of appropriate educational resources: written, video, audio, interpreters, and other resources.
○ Beliefs about organ/tissue donation. ○ Discharge education that includes self-care, discharge treatments, life-style changes, and management of continuing care.

Population-Specific Care – Age Specific

Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of special patient populations based on age. Care plans must reflect age-specific care.

Essential Actions

- Know the age groups of the patient populations served by the organization.
- Identify special needs and behaviors pertaining to each age group.
   Fulfill the competency expectations defined by the organization.
- Identify and individualize interventions for your patients based on their special needs.
- Remember that the patient's developmental level may differ from his age in years.
- Incorporate family and/or significant others is appropriate
- Interventions that require age-specific considerations are: ○ Physical assessment and interpretations of findings ○ Medication and nutrition administration ○ response to question/involvement in care ○ Explanation of interventions and procedures ○ Selection and use of medical equipment and supplies
    - Manner and method of communication
    - Strategies and methods for coping with hospitalization ○ Methods and tools for instruction
    - Injury risk assessment (falls, skin breakdown)

The following table shows recommended practices and safety measures for each age group.

Age Group	*Recommended Practices*	*Safety Measures*
Neonates	Cuddle and hug the newborn to facilitate the development of trust and promote neural development	• Position newborn on its back for sleep. • Educate caregiver about proper use of car seats. • Use extreme caution when administering medications • Assess potential influences of maternal medications • Position the infant upright after feedings to reduce aspiration risk • Protect "soft spots" anterior and posterior fontanels until they close • Maintain temperature • Maintain fluid balance • Facilitate bonding with parents

Infants	To facilitate the development of trust and the ability to rely on others: • Keep parents in infant's line of vision. Give familiar objects for comfort. • Limit the number strangers present • Protect from infection	• Always keep crib side rails up, assuring that infant doesn't sink into mattress surface. • Educate caregiver about injury prevention, specifically aspiration, suffocation, falls and • Asses respiratory status, these patients die from respiratory failure not cardiac failure • Provide developmentally appropriate stimulation to encourage cognitive and motor development
Toddlers	To facilitate the development of autonomy: Use a firm, direct approach giving one direction at a time. Prepare child immediately before procedures. Use play as means of preparation and explanation of procedures.	• Always supervise; toddlers should never be left unattended. • Be aware of choking hazards such as hotdogs, popcorn, grapes, and hard candy. • Expect "No" an expression of autonomy • Potty training • Provide 10-12 hours of sleep • Provide support, comfort, and solitary play time
Pre-School	To facilitate initiative: Allow child to explore and seek answers Set limits Allow time to interact with other children	• Allow the development of sexual identity • Limit procedures involving genitalia to reduce anxiety • Respect food preferences • Explain that parents will return • Offer simple instructions • Preserve home rituals
School-Age Patients	To facilitate industry and reduce inferiority: • Allow child to make things, solve problems and master tasks • Allow participation in care • Support attainment of expectations of others Allow child to display fear or pain	Educate toddlers on personal safety: strangers, use of bike helmets, knowledge of home address/phone numbers. • Educate using play, games, rewards, and praise • Educate caregiver about keeping medications and potential poisoning substances secure. • May question authority • Respect their need for privacy

Age Group	*Recommended Practices*	*Safety Measures*
Adolescents 	To facilitate identity formation: Support separating from parents and authority figures Assess and meet menarche needs in females (onset begins 11-13 yrs old). Encourage peer visitation if applicable. Asses coping mechanisms	• Educate on medication use and the prevention of illness. • Assess for illicit substance abuse and sexual activity (contraceptive use, pregnancy) in a sensitive fashion. • In some states, adolescents can make some decisions for themselves and the results of testing for pregnancy and contraceptive use may not be shared with parents without the patient's permission In some states, adolescents can be emancipated, that is free to make all decisions without parental input

Adults	Provide options for communication with family and work when appropriate. Assess impact of hospitalization /illness (family, work, body image).	• Educate on health and wellness including physical and emotional health. • Support childrearing responsibilities and decision making Assess developmental age
Elderly Patients	• Face patient and speak slowly and distinctly, do not shout. • Preserve dignity and autonomy as much as possible, even in patients with dementia. • Assess need for sleep medication.	• Validate that the patient receives (that is, sees and/or hears) and understands your communication. • Ensure the availability of communication aids when applicable (hearing aid, eyeglasses). • Change patient positions slowly due to decreased circulatory force. • Institute injury prevention precautions (fall prevention, skin integrity maintenance). • Assess for swallowing difficulties.

Patient and Family Education: Knowledge is Power

Essential Actions

- Continually assess and prioritize the educational needs of patients and families.
- Involve patients, families, and other healthcare professionals in the education plan.
- Evaluate learning and reinforce instruction as necessary.
- Use all available appropriate educational resources including:
  - Healthcare team members
  - Written instructions, video and audio tapes
  - Community resources ○ Internet resources
  - Other aids to address special needs (Braille materials, large print tools, special devices, interpreters, other aids)

- Discharge education includes but is not limited to instructing the patient and family or individual/organizations responsible for care about:
  - Self-care
  - Safe and effective use of medications, medical equipment, and supplies ○ Nutrition interventions
  - Rehabilitation or rehabilitation techniques ○ Pain management
  - Specific care/treatment after discharge
  - When and how to obtain further care and resources ○ How to make life-style changes ○ How to manage continuing care
- Educate patients and families about their responsibilities in the healthcare process and specifically about their roles in helping to facilitate safe delivery of care
- Facilitate arrangements for schooling of children and adolescents during long-term hospitalization

Nutritional Care: Food for Thought

TJC requires that:

- Preparation, storage, distribution, and administration of food and nutrients are performed accurately and safely.
- Patients' response to nutrition is monitored.

Essential Actions

- Perform a thorough assessment to identify patients with special nutritional needs. This includes those who are malnourished, on an altered diet, pregnant/lactating, elderly, or who have cultural or spiritual needs related to nutrition.
- Make a referral to a nutritionist when patients meet defined nutritional risk criteria. Participate in the interdisciplinary plan of care to address nutritional needs.
- Check that an order for food or nutrients (including NPO) is present. Follow general food safety procedures in patient care areas.
- Monitor carefully the timing of food delivery in patients taking insulin.
- Avoid harmful food-drug interactions. Examples of common medications that cause food-drug interactions include:
  ○ Monoamine oxidase inhibitors (MAO inhibitors) ○ Quinolone antibiotics, such as ciprofloxacin (Cipro®) ○ Tetracycline antibiotics ○ Warfarin (Coumadin®)
- Over-the-counter (OTC) and herbal remedies may also cause food-drug interactions.
- Document patients OTC and herbal remedies that are regularly taken.

Assessment of Patients: The Plan Starts Here

Essential Actions

- Complete assessment within 24 hours of admission.
- Assess and reassess at regular intervals and when there is a significant change in condition or diagnosis, at change of shift, transfer or discharge. Different healthcare specialties have different specialty requirements for assessment.
- Depending upon your specialty, the initial assessment may include:
  ○ Physical condition ○ Psychosocial status ○ Nutritional and functional status ○ Presence of pain
  ○ Necessary diagnostic testing ○ Discharge planning needs ○ Specific Needs:
- Age-specific, cultural, and religious needs
- Treatment for emotional/behavioral disorders and/or alcohol/drug dependencies
- Suspicion of abuse/neglect
- Use assessment to identify and prioritize patient needs and guide decisions. Avoid leaving assessment items blank.

Planning of Care: More Than a Care Plan

Essential Actions

- Use a collaborative, interprofessional approach to planning care.
- Go beyond physical assessment and identifying needs and problems. Integrate information from

various sources to develop a comprehensive picture of the patient's condition and identify/prioritize care needs.
- Include patient and family goals.
- Implement care that is individualized to the patient and aimed at meeting established goals.
- Evaluate interventions and goals to determine if they are appropriate in meeting the needs of the patient. Then modify the plan of care as necessary.
- Evaluate progress toward goals.

Point of Care Testing: Get to the Point

Point of care (POC) testing is defined as any clinical laboratory testing performed outside of the organization's central laboratory. Examples of commonly performed POC tests may include finger stick glucose, fecal occult blood, activated clotting time, urine dipstick testing, and arterial blood gases (ABGs).

Essential Behaviors

- Demonstrate competency validation when new test systems are introduced and according to the organization's ongoing competency requirements.
- Ensure that appropriate quality control checks have been performed on the instrument as indicated by the manufacturer

Restraints: The Last Resort

Restraint requirements differ depending on the area or facility they are employed in:

- In-patient
- Out-patient
- Psychiatric facilities

TJC and CMS have very strict regulations for the use of restraints. The basic restraint regulations are:

- The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.
- The hospital does not use restraints or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
- The hospital uses restraints or seclusion only when less restrictive interventions are ineffective.
- The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.
- The hospital discontinues restraints or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.
- The hospital implements restraints or seclusion using safe techniques identified by the hospital's policies and procedures in accordance with law and regulation.
- The use of restraints and seclusion is in accordance with a written modification to the patient's plan of care.
- Restraint orders are not PRN orders
- Restraints are discontinued at the earliest opportunity
- A restraint order is required for each episode of restraint

A restraint is:

- Any manual method, physical or mechanical device, material, medication, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely
- A medication is considered a chemical restraint when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and **is not a standard** treatment or dosage for the patient's condition.

A restraint is not:

- An orthopedically prescribed device (wheelchairs, braces, splints, casts, heel/elbow protectors, etc.)
- Surgical dressings or bandages

- Protective helmets
- Protective devices used to protect the patient who is actively seizing
- Safety devices used to protect the patient from falling, e.g. side rails
- Other methods that involve the physical holding of a patient for conducting routine physical examinations or tests

There are two types of restraints used in healthcare facilities

- Non-violent/non-self-destructive
- Violent/self-destructive or harm to others/seclusion

DOCUMENTATION IS KEY

When you document correctly, there is no confusion as to whether the device is a restraint.

- Documentation: Patient is in bed with all four side-rails up to keep the patient from getting out of bed ○ This documentation shows that the four side-rails are a restraint ○ An order for restraints is required
- Documentation: Patient is a high falls risk, four side-rails are up to keep the patient from falling ○ This documentation shows that side-rails are being used as a safety measure not restraint ○ No restraint order required
- Documentation: The patient has been determined by the psychiatrist to be at-risk for suicide. The patient agrees to stay in his/her room.
  - This documentation shows that the confinement is voluntary ○ No restraint order required
- Documentation: The patient has been determined by the psychiatrist to be at-risk for suicide. The patient will not stay in his/her room despite warnings from the sitter.
  - This documentation shows that the confinement will be involuntary ○ An order for seclusion is required

Non-violent restraint

Non-violent non-self-destructive restraints are used to promote medical healing and/or diminish patient risk of suffering physical harm

- The physician or other trained provider must assess the patient being put in restraints as soon as possible
- Arm-boards are a restraint when the opposite arm is unusable, e.g. paralyzed, casted, or in any other way unusable ○ Arm-boards are not a restraint when used to protect an IV and the other arm is free for the patient to use
- Elbow immobilizers are restraints when:
  - Used to immobilize both elbows
  - Used to immobilize one elbow and the other arm is unusable, e.g. arm board in use, casted, paralyzed
- Mittens are restraints when they are secured to the bed
  - Mittens are not restraints when they are not secured to the bed Patients in non-violent restraints must be:
- Visualized, assessed, released from restraints, and documented on every 2 hours
- Orders for restraints are reordered every 24 hours or calendar day (depends on facility policy) Patients in non-violent restraints may be released from restraints and placed back in restraints without an additional order when the caregiver (NOT a family member) is giving care.

Patients who are released from restraints when family members are present, must have an order to be placed back into restraints after the family members leave.

Violent restraint

Violent restraints are utilized to protect the patient from self-harm or to protect the staff from harm. Seclusion is a form of violent restraint.

Seclusion is the involuntary confinement of a patient in an area where he/she is not allowed to leave.

- The provider must perform a face to face assessment of the patient within one hour of the restraint being placed
- The patient in violent restraints must be assessed every 15 minutes
- The patient in seclusion must be continuously monitored
- The patient in violent restraints and seclusion must be continuously monitored and assessed every 15 minutes
- Orders for restraints are rewritten according to age-based requirements
- Orders should not be rewritten for more than 24 hours

Essential Actions

- Respect a patient's right to be free from restraint to protect the patient's dignity and well-being. Consider all patient-appropriate alternatives prior to initiating restraints.
- When restraints are indicated, select the least restrictive method based on the patient's assessed need. Consider use of restraints based on:
    - The assessed need of the patient
    - When preventive, alternative and/or less restrictive interventions are ineffective
- Ensure that the provider's order includes the justification for, type of restraint, behaviors that indicate the restraints may be removed, and when the order expires.
- Your organization has specific P&P regarding restraint use based on TJC and CMS regulations Compliance with organization P&P affords you legal protection and protects your organization's accreditation status.
- Training and on-going education should include:
    - Type of restraints
    - Provider orders for restraint use
    - Expectations of restraint use
    - How to apply restraints. Restraints must be appropriately applied, removed, or reapplied according to meet the patient's needs for comfort, movement/positioning, nourishment, and elimination.
    - Your role and responsibilities in ongoing assessment and reassessment.
    - Assessment includes attention to the patient's physical and emotional well-being, rights, dignity, and safety.
    - How to determine if continued restraint use is necessary or if less restrictive or alternative interventions are possible.
    - Your responsibilities for documentation, which generally include the reasons for restraint use, physician orders, results of patient monitoring and assessment, and any significant changes in the patient's condition.
- Educate patients and families (when appropriate) regarding restraint use.
- Discontinue restraint when justification or criteria for use is no longer met.

Unit Assignment Orientation Points:

Essential Actions

- Maintain your required certifications without allowing them to lapse.
- Know the location of crash carts on your unit.
- Know the criteria for activating a rapid response such as decreased/increased heart rate, respirations or blood pressure; however, your CONCERN for the patient will always override any other criteria.

- Learn your organization's process for use of rapid response teams and how to activate the team.
- Know the resuscitation equipment on crash carts. Crash carts are checked at a defined frequency, by designated staff, during normal hours of operation, according to each department P&P or guidelines.
- Know your responsibilities as a caregiver when a rapid response team is activated.
- Always be prepared and know your role in an emergency.

Fraud, Waste, and Abuse

Fraud

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to $250,000.

Waste

Waste includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. For the definitions of fraud, waste, and abuse, refer to:

+ Chapter 21, Section 20 of the Medicare Managed Care Manual; and
+ Chapter 9 of the Prescription Drug Benefit Manual

on the Centers for Medicare & Medicaid Services (CMS) website.

Examples and Differences of FWA

Examples of FWA

Examples of actions that may constitute Medicare **fraud** include:

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep;
- Billing for non-existent prescriptions; and
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment Examples of actions that may constitute Medicare **waste** include:
- Conducting excessive office visits or writing excessive prescriptions;
- Prescribing more medications than necessary for the treatment of a specific condition; and Ordering excessive laboratory tests

Examples of actions that may constitute Medicare **abuse** include:
Billing for unnecessary medical services;

- Billing for brand name drugs when generics are dispensed;
- Charging excessively for services or supplies; and

Misusing codes on a claim, such as upcoding or unbundling codes

Differences Among Fraud, Waste, and Abuse

There are differences among fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to obtain payment and the knowledge that the actions are wrong.

Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program, but does not require the same intent and knowledge.

Understanding FWA

To detect FWA, you need to know the law.

The following screens provide high-level information about the following laws:

- Civil False Claims Act, Health Care Fraud Statue, and Criminal Fraud;
- Anti-Kickback Statute;
- Stark Statue (Physician Self-Referral Law); Exclusion; and
- Health Insurance Portability and Accountability Act (HIPAA)

For details about the specific laws, such as safe harbor provisions, consult the applicable statute and regulations.

Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government of he or she knowingly:

- Conspires to violate the FCA;
- Carries out other acts to obtain property from the Government by misrepresentation;
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay the Government;
- Makes or uses a false record or statement supporting a false claim; or
- Presents a false claim for payment or approval

For more information, refer to 31United States Code (U.S.C.) Sections 3729-3733 on the Internet.

Example

A Medicare Part C plan in Florida:

- Hired an outside company to review medical records to find additional diagnosis codes that could be submitted to increase risk capitation payments from the Centers for Medicare & Medicaid Services (CMS);
- Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported;
- Failed to report the unsupported diagnosis codes to Medicare

Damages and Penalties

Any person who knowingly submits false claims to the Government is liable for three times the Government's damages caused by the violator plus penalty.

Whistleblowers

A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

- **Protected:** Persons who repost false claims or bring legal action to recover money paid on false claims are protected from retaliation.
- **Rewarded:** Persons who bring a successful whistleblower lawsuit receive at least 15 percent but not more that 30 percent of the money collected.

Health Care Fraud

Health Care Fraud Statute

The Health Care Fraud Statute states that "Whoever knowingly and willfully executes, or attempts to execute a scheme to ...defraud any health care benefit program...shall be fined...or imprisoned not more than 10 years, or both."

Conviction under the statute does not require proof that the violator had knowledge of the law or specific intent to violate the law.

For more information, refer to 18U.S.C. Section 1346 on the Internet. **Example**

A Pennsylvania pharmacist:

- Submitted claims to a Medicare Part D plan for non-existent prescriptions and for drugs not dispensed:

- Pleaded guilty to health care fraud: and
- Received a 15-month prison sentence and was ordered to pay more than $166,000 in restitution to the plan

The owners of two Florida Durable Medical Equipment (DME) companies:

- Submitted false claims of approximately $4 million to Medicare for products that were not authorized and not provided;
- Were convicted of making false claims, conspiracy, health care fraud, and wire fraud;
- Were sentenced to 54 months in prison; and
- Were ordered to pay more than 1.9 million in restitution

Criminal Health Care Fraud

Persons who knowingly make a false claim may be subject to:

- Criminal fines up to $250,000;
- Imprisonment for up to 20 years; or
- Both

If violations resulted in death, the individual may be imprisoned for any term of years or for like. For more information refer to 18 U.S.C. Section 1347 on the Internet.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program).

For more information, refer to 42 U.S.C. Section 1320a-7b(b) on the internet.

Damages and Penalties

Violations are punishable by:

- A fine of up to $5,000;
- Imprisonment for up to 5 years; or
- Both

For more information, refer to Social Security Act (the Act), Section 1128B(b) on the internet.

Example

A radiologist who owned and served as medical director of a diagnostic testing center in New Jersey:

- Obtained nearly $2 million in payments from Medicare and Medicaid for MRIs, CAT scans, ultrasounds, and other resulting tests;
- Paid doctors for referring patients;
- Pleaded guilty to violating the Anti-Kickback Statue; and
- Was sentenced to 46 months in prison

The radiologist was among 17 people, including 15 physicians, who have been convicted regarding this scheme.

Stark Statute (Physician Self-Referral Law)

The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has:

- An ownership/investment interest; or
- A compensation arrangement (exceptions apply) For more information, refer to 42 U.S.C. Section 1395nn on the internet.

Damages and Penalties

Medicare claims tainted by an arrangement that does not comply with the Stark Statute are not payable. A penalty of around **$23,800** may be imposed for each service provided. There may also be around a **$159,000** fine for entering into an unlawful arrangement or scheme.

For more information, refer to Physician Self-Referral on the CMS website and refer to the Act, Section 1877 on the internet.

Example

A physician paid the Government $203,000 to settle allegations that he violated the physician selfreferral prohibition in the Stark Statute for routinely referring Medicare patients to an oxygen supply company he owned.

Civil Monetary Penalties (CMP) Law

The Office of Inspector General (OIG) may impose civil penalties for many reasons, including:

- Arranging for services or items from an excluded individual or entity;
- Providing services or items while excluded;
- Failing to grant OIG timely access to records;
- Knowing of an overpayment and failing to report and return it;
- Making false claims; or
- Paying to influence referrals

For more information, refer to 42 U.S.C. 1320a-7a and the Act, Section 1128A(a) on the internet.

Example

A California pharmacy and its owner agreed to pay over $1.3 million to settle allegations they submitted claims to Medicare Part D for brand name prescription drugs that the pharmacy could not have dispensed base on inventory records.

Exclusion

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the OIG.

The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). You can access the LEIE on the Internet.

The United States General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which contains debarment actions taken by various Federal agencies, including the OIG. You may access the EPLS on the System for Award Management website.

If looking for excluded individuals or entities, make sure to check both the LEIE and the EPLS since the lists are not the same.

For more information, refer to 42 U.S.C. Section 1320a-7 on the CMS website and refer to 42 Code of Federal Regulations Section 1001.1901 on the internet.

Example

A pharmaceutical company pleaded guilty to two felony counts of criminal fraud related to failure to file required reports with the Food and Drug Administration concerning oversized morphine sulfate tablets. The executive of the pharmaceutical firm was excluded based on the company's guilty plea. At the time the executive was excluded, he had not been convicted himself, but there was evidence he was involved in misconduct leading to the company's conviction.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry.

HIPAA safeguards help prevent unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA.

For more information, visit the HIPAA webpage on the internet. **Damages and Penalties**

Violations may result in Civil Monetary Penalties. In some cases, criminal penalties may apply.

Example

A former hospital employee pleaded guilty to criminal HIPAA charges after obtaining protected health information with the intent to use it for personal gain. He was sentenced to 12 months and 1 day in prison.

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Examples of first tier entities may be independent practices, call centers, health services/hospital groups, fulfillment vendors, field marketing organizations, and credentialing organizations.

If the first-tier entity is a health service/hospital group, then radiology, hospital, or mental health facilities may be the downstream entity. Downstream entities may contract with other downstream entities. Hospitals and mental health facilities may contract with providers.

Part D Example

I am an employee of a Part D Plan Sponsor or an employee of Part D Plan Sponsor's first-tier or downstream entity.

The Part D Plan Sponsor is a CMS Contractor. Part D Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions that relate to the Sponsor's Medicare Part D contracts.

First Tier and related entities of the Medicare part D Plan Sponsor may contract with downstream entities to fulfill their contractual obligations to the Sponsor.

Examples of first tier entities include call centers, PBMs and field marketing organizations. If the first-tier entity is a PBM, then the pharmacy, marketing firm, quality assurance firm, and claims processing firm could be downstream entities. If the first-tier entity is a field marketing organization, then agents could be a downstream entity.

Responsibilities, Prevention, and Reporting

- **First**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **Second**, you have a duty to the Medicare Program to report any compliance concerns, and suspected or actual violations that you may be aware of.
- **Third**, you have a duty to follow your organization's Code of Conduct that articulates your and your organization's commitment to standards of conduct and ethical rules of behavior.

How Do You Prevent FWA?

- Look for suspicious activity;
- Conduct yourself in an ethical manner;
- Ensure accurate and timely data/billing; Ensure you coordinate with other payers;
- Keep up to date with FWA policies and procedures, standards of conduct, laws, regulations, and the CMS guidance; and
- Verify all information provided to you

Stay Informed About Policies and Procedures

Familiarize yourself with your entity's policies and procedures. Every Sponsor and First-Tier, Downstream, and Related Entity (FDR) must have policies and procedures that address FWA. These procedures should help you detect, prevent, report, and correct FWA.

- Standards of Conduct should describe the Sponsor's expectations that:
- All employees conduct themselves in an ethical manner;
- Appropriate mechanisms are in place for anyone to report non-compliance and potential FWA; and
- Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs that compliance is everyone's responsibility, from the top of the organization to the bottom.

Report FWA

Everyone must report suspected instances of FWA. Your Sponsor's Code of Conduct should clearly state this obligation. Sponsor's may not retaliate against you for making a good faith effort in reporting.

Do not be concerned about whether it is fraud, waste, or abuse. Just report any concerns to your compliance department or your Sponsor's compliance department.
Your Sponsor's compliance department area will investigate and make the proper determination. Often, Sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain an FWA Hotline.
Every Sponsor must have a mechanism for reporting potential FWA by employees and FDRs. Each Sponsor must accept anonymous report and cannot retaliate against you for reporting. Review your organization's materials for the ways to report FWA. When in doubt, call your Compliance Department or FWA Hotline.

Reporting FWA Outside Your Organization

If warranted, Sponsors and FDRs must report potentially fraudulent conduct to Government authorities, such as the Office of Inspector General (OIG), the Department of Justice (DOJ), or CMS.
Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid the costs and disruptions associated with a Government-directed investigation and civil or administrative litigation.

Details to Include When Reporting FWA

When reporting suspected FWA, you should include:

- Contact information for the source of the information, suspects, and witnesses;
- Details of the alleged FWA;
- Identification of the specific Medicare rules allegedly violated; and
- The suspect's history of compliance, education, training, and communication with your organization or other entities

Where to Report FWA

HHS Office or Inspector General:

- **Phone:** 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
- **Fax:** 1-800-223-8164
- **Email:** HHSTips@oig.hhs.gov
- **Online:** https://forms.oig.hhs.gov/hotlineoperations/index.aspx **For Medicare Parts C and D:**
- National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at 1-877-7SafeRx (1-8777723379)

For all other Federal health care programs:

CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Correction

Correcting the Problem

Once fraud, waste, or abuse has been detected, it must be promptly corrected. Correcting the problem saves the Government money and ensures you are in compliance with CMS requirements.
Develop a plan to correct the issue. Consult your organization's compliance officer to find out the process for the corrective action plan development. The actual plan is going to vary, depending on the specific circumstances.

- Tailor the corrective action to address the particular FWA, problem, or deficiency identified. Include time-frames for specific actions;
- Document corrective actions addressing non-compliance or FWA committed by a Sponsor's employee or FDR's employee and include consequences for failure to satisfactorily complete the corrective action; and
- Once started, continuously monitor correct actions to ensure they are effective

Corrective Action Examples

Corrective actions may include:

- Adopting new prepayments edits or document review requirements;
- Conducting mandated training;
- Providing educational materials;
- Revising policies or procedures;
- Sending warning letters;
- Taking disciplinary action, such as suspension of marketing, enrollment, or payment; or Terminating an employee or provider

Indicators of Potential FWA

Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.

The following pages present issues that may be potential FWA. Each page provides questions to ask yourself about different areas, depending on your role as an employee of a Sponsor, pharmacy, or other entity involved in the delivery of Medicare Parts C and D benefits to enrollees.

Key Indicators: Potential Beneficiary Issues

- Does the prescription, medical record, or laboratory test look altered or possibly forged?
- Does the beneficiary's medical history support the services requested?
- Have you filled numerous identical prescriptions for this beneficiary, possibly from different doctors?
- Is the person receiving the medical service the actual beneficiary (identity theft)?
- Is the prescription appropriate based on the beneficiary's other prescriptions?

Key Indicators: Potential Provider Issues

- Are the provider's prescriptions appropriate for the member's health condition (medically necessary)?
- Does the provider bill the Sponsor for services not provided?
- Does the provider write prescriptions for diverse drugs or primarily for controlled substances?
- Is the provider performing medically unnecessary services for the member?
- Is the provider prescribing a higher quantity than medically necessary for the condition?
- Is the provider's diagnosis for the member supported in the medical record?

Key Indicators: Potential Pharmacy Issues

- Are drugs being diverted (drugs meant for nursing homes, hospice and other entities being sent elsewhere)?
- Are the dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when the prescription requires that brand drugs be dispensed?
- Are PBMs being billed for prescriptions that are not filled or picked up?
- Are proper provisions made if the entire prescription cannot be filled (no additional dispensing fees for split prescriptions)?
- Do you see prescriptions being altered (changing quantities or Dispense as Written)?

Key Indicators: Potential Wholesaler Issues

- Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
- Is the wholesaler diverting drugs meant for nursing homes, hospices, and Acquired Immune Deficiency Syndrome (AIDS) clinics and then marking up the prices and sending to other smaller wholesalers or pharmacies?

Key Indicators: Potential Manufacturer Issues

- Does the manufacturer promote off-label drug usage?
- Does the manufacturer provide samples, knowing that the samples will be billed to a Federal health care program?

Conclusion

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

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