

Mission Statement

The mission of Fremont Health is to Improve the Health & Wellness of People in the Communities We Serve.

Vision Statement

To Passionately Pursue Excellence in Health Care in Collaboration with Physicians & Staff

Values

Compassion, Innovation, Integrity, Teamwork, and Respect

FIRE SAFETY

Fire Drill Training

The Joint Commission requires healthcare institutions to ensure the safety of all staff, patients, visitors, and facility employees in the event of a fire, requiring them to know these things:

- *The location and use of fire exits, alarms and extinguishers in their work areas
- *Procedures for announcing a fire (or other emergency)
- *Locations where employees assemble to receive instructions from emergency managers, and
- *Employees' specific responsibilities during an emergency or evacuation.

The Joint Commission also requires periodic drills conducted on all shifts to ensure staff can act appropriately. FREMONT HEALTH is required to complete 12 fire drills per year. Our "Fire Response Team" initiates these drills by entering an area, approaching an employee and telling the employee "This is a Fire Drill" and "Where the Fire is Located". The employee should respond according to established departmental and Medical Center procedures. Remember the acronyms **R.A.C.E.** and **P.A.S.S.**

- R** **Rescue:** Rescue anyone in immediate danger
 - A** **Alarm:** Activate the alarm system
 - C** **Confine:** Confine the fire if you can by closing all doors and windows
 - E** **Extinguish/Evacuate:** Extinguish the fire using the **P.A.S.S.** acronym
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- P** Pull the Pin
 - A** Aim the Nozzle at the base of the fire
 - S** Squeeze the Handle
 - S** Sweep from side to side



Four things happen when a fire alarm is pulled or automatically activated.

1. The fire alarm panel sounds the alarm and releases the fire doors to shut automatically
2. The fire alarm panel in communications indicates the 'zone' where the alarm is, and communications announces "Code Red" with the zone number and location over the Public Address (PA) system.
3. The alarm signal automatically notifies Simplex Control who in turn calls 911.
4. The Police Department contacts the Fire Department and informs them where to go.

- Do NOT go through closed fire doors-Unless you are part of the 'Fire Response Team'.
- Unless you must pass another area for the safety of a patient or yourself, you should stay in the area you are in until the 'All Clear' is given.
- If you arrive at the **Medical Center** during a fire or a fire drill, you should remain outside. Congested entrances could slow the fire department response time.

Before extinguishing the fire, make a quick assessment of the risks by asking these questions:

1. Is the fire too big? DON'T attempt to fight fires that involve flammable solvents that cover more than 60 square feet, that can't be reached from a standing position, or are behind a wall or ceiling.
2. Is the air safe to breathe? If smoke or fumes are so strong you can't stand in the fire's area without respiratory equipment, DON'T try to extinguish it.
3. Finally, is the environment too hot or smoky? If you can't see the fire behind the smoke, or it is so hot you cannot stand 10 or 15 feet from the fire DO NOT attempt to extinguish it. Never try to extinguish a fire if you must crawl on the floor because of heat or smoke.

If your risk assessment tells you that you can extinguish the fire, find the appropriate fire extinguisher (they should be marked clearly) for the type of fire to be extinguished.

There are several different types of extinguishers to be used for specific classes of materials. Most extinguishers are classified as follows:

- Type A extinguishers are for putting out fires involving ordinary combustibles like wood or paper
- Type B extinguishers are used on fires involving flammable liquids, gases, gasoline and grease
- Type C extinguishers for fires in electrical wiring and equipment
- Type ABC extinguishers are for combination fires; and
- Type D extinguishers are used exclusively on combustible metals like magnesium.
- Type K fire extinguishers are intended for use on fires that involve vegetable oils, animal oils, or fats in cooking appliances.

Know the Code

Within FREMONT HEALTH, there is a system in place to notify staff of emergency situations without causing concern to patients and visitors. Often, facilities use color codes or number systems to identify different situations.

Specific colors, numbers, etc. can differ from organization to organization. Some common codes are Code Red for a fire emergency and Code Pink for an infant abduction. It is vital that you learn your institution's emergency code structure.

Following a tragic incident in 1999, the Healthcare Association of California established their universal set of emergency codes so that workers at different facilities could recognize an emergency, and act appropriately and quickly.

No matter what your facility uses for a code structure, you must know:

- The meaning of each code
- The necessary response (both as an institution and personally)
- Who coordinates code response in your area, and
- What code means all clear

Learn the plan, know your roles and KNOW THE CODE.

EMERGENCY PREPAREDNESS

EMERGENCY CODES / PA ANNOUNCEMENTS	
CODE RED	Announced when there is a fire in some part of the Medical Center or Dunklau Gardens. See FIRE PLAN (CODE RED).
CODE TRIAGE	Code Triage indicates a disaster. When a Code Triage is announced, Fremont Health personnel may be informed of the need to return to the Medical Center via a television or radio announcement or via a departmental recall roster. Upon returning, you need to come to the main entrance at the front of the facility where you will be asked to show your ID badge before being allowed to enter the facility. If you are instructed to report to the Labor Pool, it is located at the Information Desk in the main lobby. Other employees (ED/Surgery personnel, etc.) may be instructed to report directly to their dept.
CODE TRIAGE STANDBY	Announced to handle an increase in staffing need due to an excessive (but not disaster level) increase in ED patient influx to be called instead of a hospital wide Code Triage.
CODE TRAUMA	Announced when there is at least one trauma patient en route to Fremont Health. Designated staff will respond (Lab, Respiratory Therapy, Radiology, Critical Care Nurse, House Supervisor or designee, Pharmacy during hours of operation, Security and Chaplain will respond promptly to ED following the announcement of "Code Trauma" Other personnel will be alerted as needed.
CODE BLUE	Code Blue indicates a cardiac arrest victim here in the Medical Center. It will be followed by a location. For example, they may announce Code Blue, Room 412 or Code Blue, Sunset Market Cafe. If you are not directly involved with the Code, stay out of that area and stay to the outside walls in hallways to allow emergency personnel quickest access to that patient. If you are one of the first people upon a code situation, dial 2" on an internal telephone (Code Phone) and it will ring on a separate telephone in Communications that will be answered immediately.
PEDIATRIC CODE BLUE	Pediatric Code Blue indicates a Pediatric cardiac arrest victim here in the Medical Center.
CODE 99	Code 99 indicates a cardiac arrest victim is en-route to the Medical Center. This will enable the personnel who respond to a Code 99 to be ready in the ED when this patient arrives.
WINTER STORM WARNING	Announced when the National Weather Service has issued a winterstorm warning for the city of Fremont or Dodge county.
SNOW EMERGENCY	Announced when Fremont Health activates the Emergency Winter

	Storm Command Center. See WINTER STORMS policy.
SEVERE THUNDERSTORM WATCH	When a severe thunderstorm watch is announced, you should be aware of weather conditions and begin gathering supplies such as flashlights, blankets, pillows, etc. in case of an electrical outage.
SEVERE THUNDERSTORM WARNING	When a severe thunderstorm warning is announced, it means that a severe thunderstorm is predicted in the area. Again, you should be prepared and gather necessary supplies.
TORNADO WATCH	In the case of a tornado watch, you should prepare for a progression to a tornado warning. Gather supplies as discussed and prepare patients/residents for being moved to interior corridors.
TORNADO WARNING	When a tornado warning is announced, patients and residents are moved from their rooms to interior corridors. Those that cannot be moved are provided with blankets and pillows. Any employee that is not involved with direct patient care will be sent to the basement to remain until an All Clear is announced. Access to the basement can be gained on the first floor across from Patient Accounts. Visitors are also directed to the basement or may stay in the interior hallways if they refuse to leave the patient/resident they are visiting. NOTE: Locations may vary in Dunklau Gardens due to the location of windows, etc.
CODE YELLOW	Code Yellow indicates a bomb threat. We do not immediately evacuate the facility in a Code Yellow. We ask that you look around your department checking for any unusual items (box, briefcase, etc.) that has been left and report this to the team that goes from department to department searching for unusual items and asking questions. Do not open drawers or cupboards in a Code Yellow as these may trigger an explosive device.
CODE ALERT	Code Alert indicates that an adult patient is missing from acute care. This would be followed by the location in which the patient is missing from.
CODE ADAM	Code Adam indicates that a child is missing.
CODE PINK	Code Pink indicates that an infant is missing from the newborn.
CODE SILVER	Code Silver indicates that there is an armed intruder / active shooter in or near Fremont.
<p>When any of the above 4 codes are announced, take the opportunity to look around and see if anything unusual is happening. Is there someone rushing down the hallway carrying a bag that could hold an infant? If you are near windows, look outside to see if there is an elderly person who appears to be lost or disoriented? Is there a car speeding out of the parking lot? In any of these situations, do not confront the individual, report what you see to Communications by dialing 2. There are departments who are assigned to monitor all entrances/exits of the Medical Center during these above 4 codes.</p>	

2016 National Patient Safety Goals for Hospitals

Improve the accuracy of patient identification

- **Use at least two patient identifiers when providing care, treatment, or services.
- **Eliminate transfusion errors related to patient misidentification by using a two person verification process.

Improve the effectiveness of communication among caregivers

- **Report critical results of test and diagnostic procedure on a timely basis (within 60 minutes or less).

Improve the safety of using medications and accurate patient medication information.

- **Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups and basins.
- **Reduce the likelihood of patient harm associated with the use of anticoagulation therapy-follow Fremont Health protocols and provide education to the patient and family.
- **Medication Reconciliation – 1. Obtain information on the medications the patient is currently taking when they are admitted to the hospital. 2. Compare the medication information the patient brought to the hospital with the medications ordered for the patient and resolve discrepancies. 3. Provide the patient or family as needed with written information on the medications the patient is discharged on. 4. Explain the importance of managing medication information to the patient when they are discharged from the hospital.

The organization identifies safety risks inherent in its patient population

- **Identifies patients at risk for suicide. Note: This requirement only applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Reduce the risk of health care-associated infections

- **Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- **Implement evidence-based practices to prevent health care-associated infections due to multiple drug-resistant organisms in acute care hospitals.
- **Implement evidence-based practices to prevent central line-associated bloodstream infections.
- **Implement evidence-based practices for preventing surgical site infections.
- **Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections.

Reduce the hard associated with clinical alarm systems.

- **Improve the safety of clinical alarm systems.
- **Hospital leaders must establish alarm safety as an organizational priority.
- **Hospitals must identify the most important alarms to manager.
- **By 2016, hospitals must develop and implement specific components of policies and procedures for alarm safety.
- **Hospitals must educate staff about alarm system management.

Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

- UP.01.01.01:** Conduct a pre-procedure verification process.
- UP.01.02.01:** Mark the procedure site.
- UP.01.03.01:** A time-out is performed before the procedure.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Patient Confidentiality

Patients have the right to privacy and confidentiality regarding their personal and private Protected Health Information (PHI). Access to PHI is on a “Need to Know” basis. Meaning, the only people who have authority to access PHI must need to know this information to provide services for the patient.

Keep in mind that the four ways confidentiality is most often violated are through:

1. **Printed or electronically transmitted** PHI that is exposed to unauthorized individuals.
2. **Discussing** PHI in an insecure area.
3. Unauthorized individuals **Hearing** PHI.
4. **Accessing** PHI for inappropriate reasons or by unauthorized individuals.

ACCESS, DISCLOSURE, AND DISTRIBUTION

Be sure you pay close attention to HIPAA rules and regulations. Ask questions if you are unsure of any aspect of Fremont Health’s policies and procedures regarding patient information **before** you disclose any protected data or information. Direct any questions or concerns to Deb Jerina, extension 3878.

INFECTION CONTROL

Standard Precautions

The Medical Center practices standard precautions in all patient care settings. The minimum requirement is the wearing of gloves for all patient blood/body fluid contact and the washing of hands before and after contact and/or removal of gloves. Also the wearing of face/eye and clothing protection is required if contact with blood or body fluid is possible during patient contact.

SMOKING

Fremont Health is a smoke-free environment including e-cigs.



PROFESSIONALISM

Please contact your department in the event that you will not be able to attend your scheduled hours. Our staff is busy and we require all students, contracted professionals and staff to notify the department as soon as possible so that they may use their time more efficiently in the event that you will be absent.

We expect all of our contract staff to dress appropriately and to represent a professional image. Our patients will view you as one of our employees and we expect you to provide them with the same image we ask our employees to present. Please review our dress code policy found on the Intranet for more details.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER HEALTH.EDU # 410310 Safety Storm Beta-2011

Module 1: Communication and Teamwork

The Healthcare Team

Good healthcare teamwork depends on each individual's willingness to cooperate, coordinate, and communicate, while remaining focused on a shared goal of achieving optimal outcomes for all patients.

Research has identified three types of competencies that are critical for effective teamwork:

- Teamwork-related knowledge: Selected members should know the range of skills required, when particular behaviors are appropriate, and how the skills and behaviors are manifested in a team setting, if they are to function as a team.
- Teamwork-related skills: As defined by Cannon-Bowers and colleagues, this is the learned capacity to interact with other team members at some minimal level of proficiency.
- Teamwork-related attitudes: This is the internal state that influences a team member's decision to act in a particular way. Positive attitudes toward teamwork, and a mutual trust among team members, are critical to successful team processes.

Here are ways to contribute positively to the healthcare team:

Dependability:

- Consistency is the key
- Follow through by doing what you say you'll do
- Get your share of the work done in a timely manner
- Commit to quality work

Listen:

- Good listeners absorb, understand and consider different ideas and points of view without arguing or debating
- Take constructive criticism without becoming defensive

Share openly and willingly:

- Take steps to keep the whole team informed
- Get in the habit of passing day-to-day information on to other members of the team. Don't assume they know everything that is going on. Honest, open, respectful communication is the most essential element to good teamwork.

Active participation:

- Come to meetings prepared
- Speak up in discussions
- Do your fair share of the work and pitch in to help others when they are overloaded
- Don't wait to be asked to participate - volunteer willingly

Constructive Communication:

- Express your ideas clearly, directly and honestly, with respect for others
- Share your opinions, but make sure they are positive, confident and respectful
- Admit mistakes and accept feedback
- Deal with problems in a solution-oriented manner
- Don't dwell on problems
- Don't ignore problems or pass blame
- Collaborate with other team members to form action plans
- Recognize warning signs of morale issues

Flexibility:

- Be open to change
- Don't complain about or avoid suggestions for new strategies
- Compromise when necessary
- Be forgiving of other team members
- Respect and support other team members:
- Be sensitive to differences of opinions
- Have a sense of humor
- Keep professionalism and courtesy as the cornerstone of communication
- Be accepting of a variety of personalities and temperaments
- Celebrate accomplishments of the team
- Recognize other team members for their contributions
- Share your support for the team with your patients

Handoff Communication

The Joint Commission has identified a break-down in communication as the root cause of at least 65% of all adverse events. Patient safety may be put at risk during handoff due to under-communication or miscommunication. Handoff communication, or handoff-of-care communication, is a real-time, interactive process for passing patient information from one caregiver or team to another, for the purpose of maintaining continuity and safety of the patient's care.

The Joint Commission requires that healthcare organizations must implement a standardized approach to handoff communications, including an opportunity to ask and respond to questions. This includes an institutional definition of when handoffs must occur, and what elements must be communicated. The handoff must occur verbally allowing for the opportunity to ask and reply to questions interactively.

There are many occasions when a patient will be handed-off to another caregiver or team. Some of those include nursing shift changes, temporary relief of coverage, and hand-offs from an emergency department to an acute care department. Transfers within the inpatient setting such as the radiology department, physical therapy, and surgery are also hand-offs. Finally there are transfers to different hospitals, and long-term care facilities.

Each time one of these transfers occurs, an opportunity for error exists due to the lack of adequate information flow.

Here are 3 strategies to ensure handoffs are effective:

1. Use clear language, avoid confusing terms; don't use jargon that could be misinterpreted.
2. Use effective communication techniques:
 - a. Limit interruptions during the handoff
 - b. Focus on the information to be exchanged and avoid irrelevant details
 - c. Allow adequate time for a thorough information exchange
 - d. Use read-back or check-back techniques to make sure there is a common understanding
 - e. Encourage questions between caregiver

3. Standardize shift-to-shift and unit-to-unit reporting. Items to be included in handoff communication vary by setting and discipline but may include:
 - a. Patient's medical status
 - b. Resuscitation status
 - c. Relevant lab values
 - d. Allergies
 - e. Current problems
 - f. A to-do list for the accepting caregiver

A common, standardized communication tool used by many organizations is SBAR, which stands for situation, background, assessment, recommendation. Another technique is DATA, which stands for demographics, assessment, treatment, and action plan. No matter which technique your organization uses, it should be utilized consistently.

Module 2: Patient Rights

Patient Bill of Rights

The Patient's Bill of Rights was adopted by the U.S. Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1998. The basic components of the bill are:

1. **Information Disclosure:** A patient has the right to accurate and easy-to-understand information from healthcare facilities, healthcare professionals, and health plans. Patients who speak a language other than English or have any disabilities that make it difficult to understand, should be provided help so they can make informed healthcare decisions.
2. **Choice of Providers and Plans:** A patient has the right to choose healthcare providers as needed.
3. **Access to Emergency Services:** As a patient, if you have severe pain, an injury, or sudden illness and feel your health is in serious danger, you have the right to be screened and stabilized using emergency service whenever and wherever you require them, without the need for authorization and without financial penalty.
4. **Participation in Treatment Decisions:** Patients have a right to make treatment/care decisions based on available options and to take part in decisions about their care. Those who cannot make their own decisions may select a parent, guardian, family member, or other person to make them. In other words, patients have the right to have an advance directive (a living will, durable power of attorney, or healthcare proxy) concerning treatment that must be honored to the extent permitted by law and hospital policy.

Respect and Non-discrimination: As a patient, you have a right to considerate, respectful care from all healthcare personnel. You have a right to not be discriminated against in the delivery of healthcare services.

Confidentiality of Health Information: As a patient, you have the right to privacy when talking about your healthcare information with healthcare providers. You have the right to read your medical record. You have a right to ask that your record be changed if it is NOT accurate. You have the right to have the information explained or interpreted as necessary, except when restricted by law.

Research studies: Patients have the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.

Complaints and Appeals: Upon admission patients are informed about the internal complaint/grievance resolution process and have the right to be informed of available resources to resolve conflicts, grievances, or disputes. Patients have the right to freely voice complaints and recommend change without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

Other patient rights include:

- The right to respect for cultural and personal values, beliefs, and preferences
- The right to pain management
- The right to reasonable accommodation of a patient's religious or other spiritual services or practices

Population-Specific Care and Communication for Diverse Populations

It can be challenging to deliver quality care to specific patient populations which vary in age, ethnicity, cognitive ability, and sexuality. It is important to understand how the special needs and behaviors of specific patient populations affect communication and care. In an inclusive environment everyone feels respected by and connected to one another. People accept differences and don't rely on stereotypes. A stereotype is a perceived or over-simplified generalization about an entire group of people. It disregards individual differences. People often use stereotypes to simplify their expectations by categorizing others. Stereotypes are destructive to group processes because they limit our expectations of one another. Inclusive organizations break down stereotypes by providing an environment where people can form open and honest relationships.

Diversity is often thought of as different ethnic groups but actually encompasses:

- Ethnicity
- Race
- Gender
- Age
- Religion
- Social economic status
- Developmental challenges
- Physical challenges
- Special needs
- Cognitive abilities
- Life-long patterns of living and life-style choices
- Nationality or region, and
- Place of employment or school

The combination of the many different cultural groups we belong to creates a unique cultural identity for each of us. When you are sensitive to cultural diversity you:

- Gain the skills and awareness that encourage harmony and productivity
- Minimize stereotypical thinking that can interfere with successful cross-cultural relations
- Accurately interpret the behaviors and needs of different cultures
- Understand that motivation can vary from culture to culture

Develop a culturally sensitive approach:

- Become aware of cultural differences
- Appreciate individuality
- Avoid pre-judging
- Examine the subtle, and NOT so subtle, biases and stereotypes that impact interactions
- Refuse to participate in conversations that may reinforce prejudice or bias
- Treat others with respect for their different perspective

When communicating with someone from a different culture from yours or a culture you are not familiar with:

- Do not condescend or patronize
- Always check for understanding
- Think about how your comments and actions might seem to someone who is not from your culture - gestures or actions may have a very different meaning
- Think about what you are going to say before speaking
- Think about the words you use – could they be misinterpreted? An expression might be perfectly clear to you, but to someone from another cultural context, it could be meaningless, or possibly insulting.
- If English is not their first language, speak slowly and clearly at a moderate tone and level
- Use interpreter and translation services when needed for effective communication
- Modify strategies to accommodate patients with special literacy and language needs

Most importantly, treat all people with respect and dignity. When delivering quality care to patients of various ages, understand and consider the different abilities and needs at various life stages.

Neonates are in a stage of total dependency.

- Their vision beyond a few feet is blurred
- They need to be kept slightly warmer than adults, and
- Parents may need to be taught feeding and nutrition, cord care, symptoms that may indicate the need for

medical attention, the importance of car seats and other safety devices, and proper sleeping positions to reduce the risk of Sudden Infant Death Syndrome

Infants and toddlers are in a period of very rapid growth and development.

- They learn by hearing, smelling, touching, tasting, and seeing
- Communication at this age is crying, babbling, and using a few simple words
- Stranger anxiety is common

In young children physical growth begins to slow, but motor skill development will accelerate.

- Healthcare workers should involve children in their own care
- Routines and games provide a source of security and comfortable atmosphere

Older children have very active minds, are eager to learn, and love sharing stories and knowledge.

- Reading and writing skills develop quickly at this stage
- Curiosity about alcohol, drugs, and sex may begin to occur during this time
- Privacy and independence are very important

In adolescence a child's body matures and transforms into an adult body. Physical appearance becomes increasingly important.

- Complex moral thinking develops .This may lead to questioning or challenging authority.
- Common health concerns during this stage include
 - Acne
 - Substance abuse
 - Unplanned pregnancy
 - Sexually transmitted diseases
 - Stress-related issues, and
 - Emotional disorders
 - Obesity
 - Anorexia
 - Bulimia

Young adults have reached physical and sexual maturity, and healthy body maintenance becomes the focus.

- Exercise, proper nutrition, and weight control should be encouraged.
- In middle adults chronic health conditions often develop. Visual and auditory acuteness begin to diminish and reflexes begin to slow. The impact of these changes should be discussed in relation to driving and other activities of daily living.
- Women may experience menopause. Regular check-ups should be encouraged.
- Healthcare workers should involve older adults in all decision-making related to their care. Fear of losing independence or control in regard to their bodies is common. Conditions commonly seen in this stage include arthritis, depression or grief, high blood pressure, hearing impairment, heart disease, osteoporosis, esophageal reflux, bowel, and bladder conditions
- While healthcare workers should be alert for signs of mental decline and confusion in adults 80 and older, people in this stage are often very capable of making their own healthcare decisions. Do NOT treat them like children. Keep the environment free of hazards that could lead to falls – falls can be devastating at this age. Social interactions, a sense of humor, and an active mind are keys to emotional well-being during this time. Medication management may require detailed plans, including the use of color-coding, time reminders, and close monitoring.
- End-of-life decisions and information regarding living wills and advanced directives should be supported.
- Healthcare workers should be trained or provided with the training required to provide care to specific patient populations. The Joint Commission (HR.01.06.01) requires that all staff is competent to perform their responsibilities and that the hospital has an approved policy to evaluate staff performance.

**Module 3: Maintaining Patient Privacy
Patient Information Privacy and HIPAA**

Patients have a right to control who has access to their personal and private health information. We are the guardians of this information. Patients must be confident their personal information will remain private, and be limited only to those who need the information for treatment, payment, and healthcare operations. Only

people with an authorized need to know should have access to the protected information. What does this mean to you? When faced with access to someone's protected health information, ask yourself this question: "*Is it necessary for me to know this to do my job?*" If the answer is no, don't look at it or involve yourself in a conversation about it. If the answer is yes, access **only** the information necessary, and protect it from others without a need to know.

Health Information Technology for Economic and Clinical Health (HITECH)

The Health Insurance Portability and Accountability Act of 1996 (or HIPAA), is a federal law designed to establish standards and requirements for electronic transmission and storage of personal information. This information is commonly referred to as Protected Health Information or PHI.

HIPAA created national standards to protect patients' medical records and other personal health information.

The Health Information Technology for Economic and Clinical Health or HITECH Act, part of the American Recovery and Reinvestment Act of 2009, provides incentives for the use of electronic health records, but it also strengthened federal security and privacy laws concerning personal information. Penalties for breaches of PHI are very stiff. The definition of when a breach occurs now covers **more** losses of PHI. Failure to discover, as well as failure to report breaches, is punishable by large fines, and facilities are now responsible for the way a third party handles PHI.

New civil penalties may include fines up to (but not to exceed) \$1.5 million dollars. There could also be criminal penalties for wrongful disclosure. These penalties increase as the severity of the offense increases.

The patient's privacy rights are:

- The right to request restrictions of information use and disclosure
- The right to request confidential communication
- The right to request access, to inspect, and to copy any of their PHI
- The right to amend their PHI
- The right to an accounting of disclosures of their PHI
- The right to file a complaint of a privacy violation Patients receiving medical care expect privacy everywhere in your facility - whether in the hospital, outpatient lab, gift shop, or cafeteria. Your facility is committed to protecting the patient's Protected Health Information.
- Patient care, or discussion of care, should be kept private by closing doors, drawing privacy curtains, or using unit conference rooms. Never discuss patient information in a public area such as the cafeteria, elevator, or lobby.
- Medical records should not be left where they can be seen or accessed, even by staff members not assigned care responsibilities for those patients.
- All test results should be kept private.
- Patient records and information should be protected from public access or viewing.
- Paper records, or any documents with protected health information, should be shredded when no longer needed.
- Electronic records should be kept secure, and your facility should monitor those who gain access to specific records.

When can confidential information be released without authorization from the patient?

- For your facility's own treatment, payment, or health care operations
- The hospital or provider may report specified information to coroners and funeral directors when a patient dies
- A provider must report cases of suspicious deaths, or certain suspected crime victims, to law enforcement agencies
- Courts have the right to order providers to release patient information
- Law enforcement agents have the right to request certain information about patients to determine whether they are suspects in a criminal investigation
- Suspected cases of child abuse or domestic violence may necessitate the release of specific information to law enforcement agents, and child or adult protective services

- The FDA requires providers to report information about certain medical devices that break or malfunction
- A provider is required to report specific communicable diseases to state health agencies

You are encouraged to report violations or suspected violations to your supervisor or facility's privacy officer. You may report violations anonymously, but always follow the procedures in your privacy policy. If you have any questions about what to do or not do, regarding patient information or possible violations, ask your supervisor or privacy officer. Remember to always respect confidentiality.

Red Flags Rule

The Red Flags Rule: What healthcare providers need to know about compliance for fighting identity theft:

- As many as nine million Americans have their identities stolen each year. Healthcare is not free from this threat.
- The Federal Trade Commission conducted a survey revealing that close to 5% of identity theft victims have experienced some form of medical identity theft.
- Medical identity theft happens when a person seeking health care uses someone else's name or insurance information. The FTC established a Red Flags Rule for fighting identity theft.

These steps can help prevent identity theft.

1. First, identify relevant red flags. Some examples are:
 - a. Identification documents that look altered or forged
 - b. The photograph or physical description on the ID is inconsistent with what the patient looks like
 - c. The patient provides other inconsistent documentation, such as an inconsistent date of birth or a chronic medical condition not mentioned elsewhere
 - d. A patient gives a home address, birth date, or Social Security number that doesn't match the information on file or from the insurer
 - e. Mail is returned even though the patient continues to come to all appointments.
 - f. A patient complaining about receiving a bill for a service that he or she didn't receive
 - g. An inconsistency between a physical examination, or medical history reported by the patient, and the treatment records
2. Second, set up procedures to detect red flags, such as:
 - a. Looking carefully at the identification given to see if they are consistent with the person's appearance or records
 - b. Keeping a thorough log of all red flags that have occurred in a central place, so that all employees are aware of the circumstances
3. The third step is to respond to the red flags.
 - a. Keep a written description of how to respond to red flags posted where everyone can see it. Educate everyone on what to do if they suspect a problem
 - b. Ask for another form of identification
 - c. Consider not providing services until the inconsistency is resolved
 - d. Know how to handle a person who has had their identify stolen and claims they do not have any bills with your entity
4. The final step is documentation. Keep a program current to address new risks or threats.
 - a. Get the approval of a plan by a senior manager or committee and have the program signed by that entity
 - b. Designate a senior employee or administrator to oversee the program.
 - c. Provide training to all employees
 - d. Supervise service providers to see that they're following the program, or have their own that complies with the Red Flags Rule.

Compliance with the Red Flags Rule is the best way to fight identity theft. For more information about the Red Flags Rule, visit: ftc.gov/redflagsrule and RedFlags@ftc.gov

Module 4: Patient Safety: Medical Errors ***Causes of Medical Errors***

Medical errors are human errors or mistakes that occur in the delivery of healthcare. In the U.S., medical errors are estimated to result in up to 98,000 unnecessary deaths, and over 1 million injuries each year. In 2000, The Institute of Medicine released "To Err Is Human," which asserts that the problem in medical errors is not bad people in healthcare - it is that good people are working in bad systems that need to be made safer.

When mistakes happen to a patient, the question is always, why did it happen? Here are some of the causes of medical errors. Poor communication or inadequate information flow. This can occur:

- Between the patient and the provider
- Between one level of care and another
- From one facility to another
- Between workers of different shifts
- Between different departments or disciplines such as nurse to physician or respiratory therapist to nurse
- Between different providers, such as emergency room physician to primary care physician, and primary care physician to specialist

Human factors, which include:

- When policies, guidelines, procedures and protocols are not followed properly. This often leads to errors.
- For example, failure to abide by hand hygiene policies is known to lead to healthcare-acquired infections.
- Poor labeling of specimens or inadequate documentation
- Impaired healthcare workers due to alcohol, drugs, or lack of adequate rest
- Poor handwriting leading to misinterpretation of orders

Patient-related issues, such as:

- Improper patient identification, incomplete patient assessment, failure to obtain consent, and inadequate patient education

The patient's errors can be:

- lack of compliance with a treatment plan or medications
- failing to admit to taking illicit drugs due to fear of legal actions
- failing to admit to certain lifestyle or social habits due to fear of social stigma

Organizational transfer of knowledge can include deficiencies in orientation or training.

Staffing patterns and work flow – errors often occur when healthcare workers are asked to care for too many patients, or when processes are cumbersome and require repeated steps.

Technical failures – Equipment and devices such as infusion pumps or monitors can fail, leading to significant patient harm. Also, inadequate instruction for equipment use and poorly designed equipment may lead to injuries.

Inadequate policies and procedures – Failures in a process of care are often traced to poorly communicated, non-existent, or clinically inadequate policies and procedures.

Any employee or other individual who provides care, treatment, or services, and who has concerns about the safety or quality of care provided in the organization, should follow facility procedures for reporting those concerns. They may also report these concerns to The Joint Commission without disciplinary, retaliatory, or punitive action by the organization. For reporting information see:

www.fda.gov/medwatch/how.htm

Reducing Medical Errors

According to the Agency for Healthcare Research and Quality, hospitals are reducing medical errors by changing organizational culture, involving key leaders, educating providers, and establishing patient safety committees.

- Changes in organizational culture – Organizations have found when a culture eliminates blame and shame, it encourages reporting of medical errors
- Involvement of key leaders – When key leaders make regular visits to clinical units to discuss and survey patient safety, risks, and hazards, these problems are corrected in a timely manner.

- Education of providers – When personnel are trained in and understand the use of root-cause analysis, it enhances the quality of information obtained from the medical error reporting system. Root-cause analysis is an error analysis technique for determining the contributing causes of adverse events and can provide a precise corrective action, which can be implemented throughout organizational processes and procedures.
- Establishment of Patient Safety Committees – Special patient safety committees consisting of multiple healthcare disciplines - physicians, nurses, pharmacists, and other healthcare providers - examine medical error reports, and assist with creating action plans to eliminate risk.

Development and adoption of safe protocols and procedures – Using evidence-based practice standards provides consistent practices to improve patient outcomes. The use of technology to catch potential medical errors and provide suggestions for evidence-based practice standards implementation has been shown to improve patient outcomes. One effective use of technology is computerized physician order entry. To learn more about identifying and reporting medical errors, please go online and view The Joint Commission 2010 Hospital National Patient Safety Goals at: <http://www.jointcommission.org>, <http://www.fda.gov/Safety/MedWatch/default.htm>, <http://ahrq.gov/consumer/20tips.htm>, <http://ahrq.gov/news/medscap2.htm>, <http://ahrq.gov/qual/pscongrpt/psini2.htm>, <http://nyshca.org/IOMreport.html>

Module 5: Infection Control: Standard Precautions

Hand hygiene, PPE, care of the environment, patient placement and care

- Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes, may contain transmissible infectious agents. “Blood” includes human blood, human blood components, and products made from human blood.
- Standard precautions include a group of infection prevention practices that apply to all patients regardless of suspected or confirmed infection status in ANY setting in which healthcare is delivered. They include hand hygiene, use of gloves, gown, mask, eye protection, or face shield (depending on the anticipated exposure), and safe injection practices.
- Equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Ensure that proper labels and signs are in place and used. Contaminated laundry sent to off-site facilities MUST be shipped in biohazard labeled containers.

In 2007, the CDC added new components to standard precautions. These are respiratory hygiene and cough etiquette, safe injection practices, and use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures.

Standard precautions include the following recommendations:

- Hand hygiene
 - Avoid unnecessarily touching surfaces
 - When hands are visibly dirty, wash hands with soap and water. Alcohol-based hand rubs may not be effective on hands excessively soiled with blood, body fluids, or other material.
 - When not visibly dirty, use an alcohol-based hand sanitizer with a minimum of 62% ethyl alcohol content to clean hands.
 - Clean hands immediately before and immediately after having direct contact with patients, after moving from a contaminated body site to a clean body site, after contact with objects such as equipment, after removing gloves or any protective gear.
 - Do not wear artificial fingernails or extenders. They are known to harbor harmful pathogens and lead to infection transmission.
- Personal protective equipment (PPE)
 - Use the appropriate form of PPE when the anticipated patient interaction indicates that contact with blood or body fluids may occur.
 - Prevent contamination of clothing and skin while removing PPE.
 - Remove and discard PPE before leaving the patient’s room, and follow by appropriate hand hygiene.
- Gloves
 - Wear latex or non-latex nitrile gloves when it can be reasonably anticipated that contact with

blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin could occur.

- Gloves should fit and be appropriate to the task
- Wear gloves when providing direct patient care
- Wear disposable or reusable utility gloves for cleaning the environment
- When you remove gloves after contact with a patient or the surrounding environment, use proper techniques to prevent hand contamination. Do NOT wash or reuse the same pair of gloves after care of each patient.
- Wash hands thoroughly before and after glove use
- Gowns
 - Wear a gown to prevent contamination of clothing during procedures and patient-care activities, when contact with blood or body fluids is anticipated.
 - Do NOT reuse gowns, even for repeated contacts with the same patient.
 - Remove and discard before leaving the patient's room.
- Mouth, nose, eye protection
 - Select masks, goggles, face shields, or combinations of each to protect the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood or other body fluids for example, coughing or sneezing
 - Wear a face shield and mask that fully covers the face and eyes during aerosol-generating procedures such as suctioning in patients who are not suspected of being infected with an agent, such as tuberculosis, for which respiratory protection is recommended.
- Patient placement – Patients who pose a risk of transmission to others should be placed in a single patient room when available.
- Patient-care equipment, instruments and devices
 - Remove any visible soiling on equipment, instruments or devices, using a recommended cleaning agent before disinfection or sterilization is performed.
 - Wear PPE according to the level of anticipated contamination, when handling patient-care equipment or instruments and devices that are visibly soiled, or may have been contaminated with blood or other body fluids.
- Care of the environment
 - Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those in close proximity to patients.
 - Use EPA-registered disinfectants that have micro-biocidal activity against pathogens most likely to contaminate the patient-care area.
 - In pediatric waiting areas with child toys, select toys that can be easily cleaned and disinfected. Clean and disinfect large stationary toys at least weekly, plus whenever visibly soiled. Toys that are likely to be mouthed should be rinsed with water after disinfection or washed in a dishwasher.
 - Multi-use electronic equipment that is moved in and out of patient rooms should be cleaned and disinfected frequently (for example – daily or more often).
 - Sheets, towels and patient gowns should be handled with minimal agitation to avoid contamination of air, surfaces and persons.

Elements of Respiratory Hygiene, Cough Etiquette and Safe Injection Practices

Elements of respiratory hygiene and cough etiquette include:

- Covering the mouth and nose with a tissue when coughing and prompt disposal of used tissues followed by proper hand hygiene etiquette.
- When tissues are not available, cough and sneeze into your sleeve
- Use hand hygiene immediately after contact with respiratory secretions
- Surgical masks may be used during extended periods of time such as in a waiting area
- Separate individuals with respiratory infections by at least 3 feet in common waiting areas.
- Educate staff, patients, and visitors by posting signs with helpful instructions

Safe injection practices – These recommendations apply to the use of needles and cannulas that replace needles, and intravenous delivery systems.

- Use aseptic technique to avoid contamination of sterile injection equipment
- Do not administer medications from a single syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas, and syringes are single-use items.
- Use fluid infusion and administration sets on one patient only and dispose of appropriately after use
- Use single dose vials whenever possible
- Do not use medications from single dose vials on multiple patients, or combine leftover contents from multiple single dose vials for later use
- If multi-dose vials must be used, the needle, cannula, and syringe must be sterile
- Do not keep multi-dose vials in the immediate patient treatment area. Discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients

Special lumbar puncture procedures

- Wear a surgical mask when placing a catheter, or injecting material into the spinal canal or subdural space.
- Workers must adhere to federal and state requirements for protection from exposure to bloodborne pathogens.

Hygiene

Respiratory Hygiene Transmission Precautions

Respiratory hygiene and transmission precautions are key tools in preventing the spread of disease. Elements of respiratory hygiene and cough etiquette include:

- Covering the mouth and nose with a tissue when coughing and prompt disposal of used tissues followed by proper hand hygiene etiquette.
- When tissues are not available, cough and sneeze into your sleeve, not into your hands where pathogens may be easily transferred.
- Hand hygiene should be implemented immediately after contact with respiratory secretions.
- The use of surgical masks may be used during extended periods of time such as in the emergency room waiting area.
- Separating individuals by at least 3 feet with respiratory infections in common waiting areas.
- Educating staff, patients, and visitors and by posting signs with helpful instructions.

Transmission-based Precautions

There are three categories of transmission-based precautions:

- Contact precautions
- Droplet precautions
- Airborne precautions

- These precautions are used when standard precautions may not be enough to stop transmission. “Isolation” is often paired with these terms to describe the kind of precautions healthcare workers and visitors should use when entering a patient’s room.
- Contact is an important and frequent cause of healthcare-associated infections.
- **Direct** contact is the physical transfer of microorganisms between a susceptible host and an infected person
- **Indirect** contact involves contact of a susceptible host with a contaminated object, such as contaminated instruments, hands, or gloves that are not changed between patients
- Healthcare workers and visitors should wear gloves and gowns when in contact with the patient, or surfaces in the patient’s room
- Patients being transported should wear gloves and a disposable gown
- Droplets (mist or sneeze) are very fine drops of liquid generated primarily during coughing, sneezing, and talking, or during certain procedures. When the droplets are propelled through the air

a short distance (3 to 6 feet), and deposited on the host's mucous membranes, transmission occurs.

- People should wear masks with face shields when within 3 to 6 feet of the patient
- Patients being transported should wear a mask without a face shield
- Airborne transmission is either residue from evaporated droplets containing microorganisms or dust particles containing the infectious agent. Therefore, special air handling and ventilation is required.
- People should wear an N95 respirator mask when entering the patient's room
- Patients being transported should wear a regular surgical mask
- Personnel in areas where patients will be transferred should be notified of the patient's transmission-based precautions before transfer occurs.

Module 7: Influenza/Tuberculosis

Influenza

Signs and symptoms of seasonal influenza and H1N1 influenza may include fever, chills, cough, sore throat, runny or stuffy nose, body aches, headache, dizziness, fatigue, nausea, vomiting, and diarrhea. A person is generally infectious from 1 day before symptoms occur to 7 days after symptoms begin. In generally healthy people, the influenza virus usually causes minor illness; however, many patients will experience severe disease and sometimes death.

Anyone with the following emergency warning signs needs urgent medical attention and should seek medical care promptly:

- | | |
|--|--|
| <input type="checkbox"/> Difficulty breathing or shortness of breath | <input type="checkbox"/> Severe or persistent vomiting |
| <input type="checkbox"/> Pain or pressure in the chest or abdomen | <input type="checkbox"/> Flu-like symptoms improve but then return with fever and worsened cough |
| <input type="checkbox"/> Sudden dizziness | |
| <input type="checkbox"/> Confusion | |

Both influenza viruses are transmitted by:

- Droplets of respiratory secretions created when an infected person coughs, sneezes, or talks
- Touching the eyes, nose, or mouth after contact with an infectious patient, or surface that is contaminated with secretions
- And by airborne transmission - small particle aerosols in the vicinity of the infectious individual
- Transmission of influenza through the air over long distances is thought NOT to occur. All respiratory secretions and body fluids, including diarrheal stools, of patients with H1N1 influenza should be considered potentially infectious.

Facilities should use several strategies to prevent influenza transmission within healthcare settings. Eliminate the potential source of exposure. Minimize outpatient or emergency room visits for patients without risk factors for complications. Consider telephone consultation and triage instead. If a patient with respiratory symptoms needs to come in, provide them with a face mask, isolate them from other patients, and follow triage procedure.

- Deny entry to patient visitors who are sick, and instruct all visitors on proper hand-hygiene before they enter the patient's room
- Keep personnel at home while they are ill

Engineering controls rank second in the hierarchy of controls and reduce or eliminate exposures at the source:

- When possible, use partitions to shield personnel and other patients
- Adhere to infection control precautions for all aerosol generating procedures and laboratory manipulations
- Use ventilation controls in ambulances
- Install hands-free devices –soap, water, garbage receptacles- to minimize environmental contact
- Ensure effective general ventilation and thorough environmental surface hygiene
- Use closed suctioning systems for airway suction in intubated patients.
- Use high efficiency particulate filters on mechanical and bag ventilators

Institute work practices and policies that prevent exposures:

- Promote and provide vaccination to all healthcare personnel
- Perform hand hygiene frequently, with soap and water or alcohol-based hand sanitizers
- Avoid touching the eyes, nose, ears, and mouth
- Enforce exclusion of ill healthcare personnel
- Implement respiratory hygiene and cough etiquette strategies – when patients arrive with respiratory symptoms, provide them with instructions on respiratory hygiene, hand hygiene and cough etiquette
- Have tissues, hand sanitizer, and masks available in waiting areas
- Place face masks on patients when entering emergency rooms or when being moved from one area to another
- Limit movement of patients from one area to another and move only when medically necessary
- Minimize wait times in waiting or multi-patient holding areas
- Rapidly identify and isolate patients with suspected or known cases of influenza, and assign dedicated staff to them. This minimizes personnel exposed to the virus
- Communicate with other departments before transferring suspected or confirmed influenza patients
- Limit the number of persons involved with aerosol-generating procedures such as bronchoscopy, open suctioning of airways, CPR, and autopsies.
- Since the H1N1 virus may live 2 to 8 hours on hard surfaces, establish protocols for cleaning high-touch surfaces such as elevator buttons and work stations.

Use personal protective equipment or PPE. PPE is only effective if used throughout potential exposure periods, if used and maintained properly, and functions properly.

On February 24, 2010 vaccine experts voted that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. To improve adherence, the CDC recommends that vaccination be offered free of charge and during working hours, for all healthcare employees, emergency medical services personnel, and healthcare volunteers.

When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to these groups:

- Those aged 6 months-4 years and aged 50 years and older;
- People with chronic disorders
- The immunosuppressed
- Women who are or will be pregnant during the influenza season
- Patients aged 6 months-18 years and receiving long-term aspirin therapy. They might be at risk for Reye syndrome after an influenza virus infection
- Residents of nursing homes and other chronic-care facilities
- American Indians or Alaska Natives
- The morbidly obese
- Health-care personnel
- Household contacts and caregivers of people who fall into those categories

The 2010-2011 flu vaccine will protect against 2009 H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus).

Current Recommendations - as of September, 2010, the CDC recommends the following precautions for all healthcare personnel working with patients with suspected and confirmed influenza:

Use Standard Precautions - use non-sterile gloves for any contact with potentially infectious material, followed by hand hygiene immediately after glove removal; use gowns along with eye protection for any activity that might generate splashes of respiratory secretions or other infectious material.

Use droplet precautions - wear a face mask when entering the patient's room, remove and dispose of it when leaving, and perform hand hygiene.

Patients with suspected or confirmed influenza should be in a private room or area. If this is not possible, consult with infection control personnel to assess the risks associated with other patient placement options. Use caution when performing aerosol-generating procedures.

Monitor and manage ill personnel. Personnel should self-assess for symptoms of febrile respiratory illness. In most cases, decisions about work restrictions and assignments for personnel should be guided by clinical signs and symptoms rather than by laboratory testing for influenza.

Healthcare personnel who develop a fever and respiratory symptoms should not report to work, or if at work, immediately put on a face mask then notify their supervisor and infection control or occupational health personnel. They should stay home for at least 24 hours after they no longer have a fever without the use of fever reducing medicines.

Those caring for immune-compromised patients should be excluded from work or reassigned for 7 days from symptom onset or until resolution of symptoms, whichever is longer. They should wear a face mask during patient care if coughing and sneezing are present after they return to work. Practice frequent hand hygiene, respiratory hygiene, and cough etiquette after returning to work.

Those with acute respiratory symptoms without fever should:

- Be evaluated to determine the appropriateness of patient contact
- Be allowed to continue or return to work unless assigned to a protective environment. In this case they should be reassigned or excluded from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.
- Practice frequent hand hygiene, respiratory hygiene, and cough etiquette while at work or when returning to work.

Facilities should consider accommodating employees at higher risk for complications by allowing them to avoid possible high-risk exposure scenarios. Personnel at higher risk for complications from influenza infection include:

- Pregnant women
- Persons 65 years of age or older
- Persons with chronic diseases

Vaccination and early treatment with antiviral medications can prevent hospitalizations and death in these people. See the CDC website for more information and current recommendations on prevention strategies.

Tuberculosis

Tuberculosis (TB) continues to be a public health problem in the United States.

Major contributing factors include:

- HIV/AIDS (human immunodeficiency virus and acquired immunodeficiency syndrome) and other immune-compromising diseases
- Travel to and from areas with a high prevalence of TB such as the Middle East, Asia, Africa, the Caribbean, and Latin America
- High risk areas of transmission such as nursing homes, prisons, and homeless shelters
- Certain populations such as the very young, the very old, and economically suppressed
- Close contact with individuals known to have infectious TB
- Alcoholics and IV drug users
- Groups known to have a high incidence of tuberculosis include African Americans, Asians, Pacific Islanders, Native Americans, Alaska Natives, and Hispanics.

In addition, recent military deployments to Iraq and Afghanistan have raised concerns about TB exposure. Iraq and Afghanistan are reported to have among the highest rates of active TB in the world. "Since the year 2000, about 108,000 cases have been reported in Iraq and 92,000 people with tuberculosis have successfully been provided with treatment and care through DOTS, the basic package that underpins the global Stop TB strategy," said, H.E Dr Salih

Al-Hisnawi, Minister of Health in Iraq. However, many service members do not have sufficient contact with local residents to raise their risk of contracting TB.

TB is an airborne, infectious, communicable disease. The disease is spread when a person with untreated, active TB coughs, sneezes, laughs, talks, or sings and susceptible people inhale the airborne bacteria.

Some infection control measures to minimize the risk for transmission of TB are:

- Early detection and appropriate isolation of patients with suspected or confirmed tuberculosis
- Effective drug therapy
- Teaching and adherence to respiratory hygiene and cough etiquette
- Avoiding aerosol-generating procedures such as bronchoscopy unless medically necessary in patients with suspected or confirmed cases of TB
- Adequate ventilation, high efficiency particulate air (or HEPA) filtration, and open air
- Ultraviolet lights
- Proper cleaning and sterilization or disinfection of potentially contaminated equipment such as bronchoscopes and endoscopes
- Training and educating health-care workers regarding TB, with specific focus on prevention, transmission, and symptoms

If you believe you have been exposed to tuberculosis, you should contact your doctor or local health department to receive a TB skin test or a special TB blood test. If you believe you have been exposed while working in the hospital environment, notify your supervisor and report to Occupational Health. Tell the healthcare provider when and where you believe you were exposed to a person with TB.

For healthcare personnel, screening for TB is required upon employment. The CDC recommends annual screening in medium risk facilities, and more frequent screening in high risk facilities, or when necessary.

Some symptoms of tuberculosis include:

- Loss of weight and appetite
- Feeling good in the morning but excessively tired in the evening
- The need to cough and clear the throat in the morning
- Possible elevated temperature in the evening
- And blood in the sputum

As the disease progresses, the symptoms worsen and often include:

- Indigestion, abdominal pain, or vomiting
- Persistent cough lasting longer than three weeks
- Night sweats that are so extreme bedding is soaked
- Rapid weight loss and loss of strength

Completed drug therapy is essential. Treatment may last for 6-9 months and include several drugs. People hospitalized with suspected TB should be placed in airborne isolation precautions that include a negative pressure ventilated private room with the door kept closed. All people entering the room should wear a personal respirator (N95 respirator mask) and wash their hands upon entering and leaving the room. Fit testing for selective respiratory equipment, such as the N-95 mask, is mandatory and must adhere to OSHA guidelines for use and testing.

Transporting patients with suspected or confirmed TB should be avoided unless medically necessary. However, when necessary, they should wear a surgical mask while out of the negative pressure environment, and observe respiratory hygiene and cough etiquette.

For additional training on the topics in Module 7 see the following Health.edu courses:

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER HEALTH.EDU

410210 Safety Storm Alpha-2011

MODULE 1: Personal Workplace Safety

Poor posture and weak supporting muscles are to blame for most serious back pain. Practice correct posture when sitting, standing, lifting, moving, and reclining to decrease the risk of back injury. Exercising to strengthen and increase flexibility can be beneficial too. But when lifting items at work, use your head first. Safe lifting skills are easy to learn, simple to do, and will keep you safe.

Here's how to visualize the lift.

- Look at the load and ask yourself these three questions: One, can I reasonably lift this load myself without risk of injury to myself or anyone else? A small package doesn't necessarily mean a light load. Judge its weight by performing a lift test by pushing lightly on the package or lifting a corner with a finger.
 - Two, is this load compact enough to hold close to my body? Remember, the further a heavy object is from your body, the greater the stress on your back. Three, is there anything in the path WHERE I'll be carrying the load? If so, can I remove it? Not only check the route for obstructions, but judge the distance you'll have to carry the item—the longer the route, the harder the load is on your body. If the answer to any of these questions is "no" or "I'm not sure," stop and get help. Remember this other important tip: NEVER attempt to lift a patient on your own, without the help of staff or appropriate equipment.
- When lifting, balance your stance by placing your feet shoulder-width apart.
 - Tuck your pelvis slightly forward and tighten your abdominal muscles.
 - Bend your knees and use the large muscles in your legs to support your back to carry the weight.
 - DO NOT use the muscles in your back to provide support for the load.
 - Hold the load as close to your body as possible, and keep your head and neck in a straight line by tucking in your chin.
 - Grip the object with the palms of your hands and your fingers.
 - Avoid twisting at the hips or knees while lifting or carrying.
 - Turn by moving with your feet and walking in the direction you want to move.

When TWO or more people are involved in lifting, talk it out: clear and direct communication is essential to a smooth, injury-free process for all involved. The team lead should make sure the team is ready for the lift by checking posture, grip, position, and verbal confirmation that everyone is ready. He or she should communicate the lifting plan by making sure everyone understands the transfer goal, route, final destination, and any special instructions.

Slips, Trips & Falls

According to the Occupational Safety and Health Administration, slips, trips and falls account for 15% of all accidental deaths and cost businesses billions of dollars each year in lost productivity, workers compensation claims, and lawsuits. Healthcare facilities can be especially prone to these accidents. When a person slips, there is too little traction (or friction) between his or her feet and the walking surface and balance is lost.

In a trip, the foot hits an object and momentum carries the body forward or backward, losing balance. A rise less than 10mm can cause a person to trip.

Falls occur when a person's center of balance is lost altogether. There are 2 basic types of falls. Walking surfaces are even in same level falls, which are more common and less likely to cause serious injury.

Elevated falls are less common but more serious and occur on surfaces not at an even level, like stairs.

These steps should work to make your facility a fall free zone:

- Wear appropriate shoes with nonskid soles for your job duties. High heels or leather soles are less stable on waxed floors.
- All work areas, aisles, hallways, and stairs should be properly lit, unobstructed, and free of clutter.

- Exits and walkways should NEVER be blocked.
- Keep equipment, tools, and power cords off floors and correctly stored. If cords must be placed in walkways, tape them down or use a cord cover to minimize the trip hazard.
- Loose carpet, tiles and broken pavement can result in trips. Report them immediately.
- Also report the presence of ice, snow, or standing water on walking surfaces.
- Clean up spills right away and post a “wet floor” sign.
- When working above floor level always use proper ladders or step stools – NEVER use a chair or climb on furniture.

The feet of the ladder should be on stable, level ground and NEVER in front of a door unless the door is locked or guarded. Remember the “rule of 3” - DO NOT stand higher than a ladder’s third-highest rung, and always have at least one hand and two feet in contact with it at all times. Avoid actions that can result in losing your balance – that can cause falls when you are on a ladder. Do NOT stretch, stand on your toes, or reach beyond your normal arms’ length while on a ladder - use a taller ladder instead. Do NOT jump from ladders, loading docks or other elevated locations - no matter HOW close to the ground you are.

Ergonomics

According to the Bureau of Labor, more than 600,000 people miss work due to musculoskeletal disorders (or MSD injuries) every year, accounting for one-third of all workplace injuries. At healthcare facilities, lengthy spells at computers and video display terminals may also result in pain and injury. Nationwide, 38% of nurses report MSD injuries each year. Lifting heavy patients, standing in awkward positions over patients, walking miles on hard floors, and performing other physically demanding tasks can all contribute to musculoskeletal disorders and injuries.

In response, the Occupational Safety and Health Administration created the Ergonomic Standard for Industry. Studying work environments and work itself to fit the bodies and needs of workers is called ergonomics. Under the Standard, facilities must effectively isolate, report, and prevent common MSD injuries in the following manner.

Employers must provide all current and new employees with basic information regarding common MSD injuries; their risk factors, signs and symptoms; and a way to report them. Employers should provide a copy of the OSHA Standard.

This policy should promote employee participation, specifically by encouraging reports of MSD injuries, responding promptly, and involving employees in developing, implementing and evaluating ergonomics programs.

Also, there must be a job hazard analysis and control policy. If an MSD injury is reported, employers must promptly evaluate it for what is called an “action trigger,” whose criteria is set forth by OSHA in the Standard. If these criteria are met, employers will designate the job as a [quote] “problem job.” Then, they must re-engineer the job, implement work practices and controls, and provide personal protective equipment - all to reduce hazards and reduce injury. The policy must implement follow-up training every three years to each employee in these designated “problem jobs.” Training should include requirements of the OSHA Standard and specific hazards and controls for the workplace. The policy should provide MSD injury management at no cost to an employee with work-related

MSD injuries, allow access to healthcare, allow for necessary work restrictions (including time off), provide work restriction protection, and conduct an evaluation or follow-up of the incident. Finally, we’ll examine computer station ergonomics.

Follow these simple rules:

- Documents should always be directly in front of you; NEVER twist your neck to read.
- Position screens at an appropriate distance, adjusting the screen face to avoid reflection.
- Display terminals should be about 20 degrees below the line of sight.
- Have forearms parallel to the floor, elbows at a 90 to 110 degree angle.

- Keep thighs parallel to floor as well, with feet ON the floor or at a footrest. Wrists should be flat and straight with NO tension in the shoulders. Your back should be straight but slightly reclined, with firm lumbar support.
- The home row should be fingertip height on your keyboard.
- To prevent eye strain, follow the 20/20/20 rule - look 20 feet away for 20 seconds every 20 minutes.
- Get up and move around! Mix up daily tasks so that you don't sit for long periods of time.

MODULE 2: Environmental Workplace Safety

Hazardous Energy/LOTO

According to the Centers for Disease Control and Prevention, 7% of all deaths in the workplace are a result of electrocution. Follow electrical safety procedures to ensure a safe environment for staff and patients.

When on the job, remember these key elements of working safely with electricity:

- Replace and report any defective electrical cords, plugs, or equipment.
- Investigate and report any unusual odors coming from electrical equipment or appliances.
- Do NOT use any electrical equipment when hands, floors or equipment are wet.
- Do NOT overload electrical circuits. In most cases, only one piece of electrical equipment should be plugged into an outlet. If you use an extension cord or power strip, it must be approved by the maintenance department prior to use, and un-fused multiple-outlet extension cords should NOT be used.
- Typically, workers should unplug any electrical appliances NOT in use.
- Do NOT use an adapter that converts 3-prong plugs to 2-prong plugs.

Report any equipment that is damaged. Report any shock from equipment, including small tingles – these may indicate the potential for major shocks. Take that equipment out of service immediately. Lockout/tagout procedures are necessary to shut down and prevent the accidental or intentional restarting of faulty equipment. Equipment needing maintenance should have locks placed on them to prevent anyone from reenergizing the equipment. This process is referred to as “lockout.” When locks are not available, apply labels to equipment indicating that it must not be used. This is called “tagout.”

Remember these rules to maximize worker safety:

- Do not attempt to use any equipment that has been locked out or tagged out.
- Immediately unplug all faulty equipment and move to a location designated by your facility for inoperative equipment.
- Do not attempt to remove any lockout/tagout devices, or otherwise tamper with lockout/tagout measures. Lockout/Tagout devices should be removed only by a qualified technician following repair and testing.
- Your facility should develop their own lockout/tagout policy suited to their specific needs and equipment.

Employers must provide the appropriate training for employees who use electrical or mechanical equipment.

Latex Allergies

According to the National Institute for Occupational Safety and Health, 8-12% of healthcare workers are sensitive to latex products. These allergies should be taken seriously. Negative reactions to contact can range from irritated skin to life-threatening symptoms.

Symptoms of a natural rubber latex allergy can present themselves as skin rashes or hives; sinus, nasal or eye irritation; asthma; or even anaphylactic shock. Early evidence suggests that people with multiple allergic reactions, spina bifida, and allergies to foods like avocados, potatoes, bananas, and tomatoes (among others) may be more likely to be allergic to natural rubber latex.

Latex allergy can result from sensitization after repeated exposure to latex. Reducing exposure can reduce the risk of sensitization.

An FDA-approved blood test exists that can detect latex allergy. If you know or suspect you have this allergy, consult your physician regarding contact with latex products, especially gloves. Know how to avoid areas where you might inhale powder from gloves worn by others, and tell your employer, nurses, and

dentists about your allergy. Wearing a medical alert bracelet may make you feel safer, as well. If you have this allergy, use non-latex gloves for work that is unlikely to involve threats of infectious substances.

If your work guarantees exposure to natural rubber latex and the risk of exposure to bloodborne pathogens, take these recommended steps:

- If you must use latex gloves, use powder-free gloves
- Substitute non-latex products whenever possible and practical
- Avoid oil-based hand creams or lotions unless there is evidence that they can reduce latex-related problems
- Frequently clean work areas
- Check with your utility or facility managers to see that vacuum and ventilation systems are under proper maintenance

The best way to stay safe is to know the symptoms of allergic reactions, and avoid contact whenever possible. Know the areas where contact with latex may occur. Be aware that patients and visitors may need to be protected from latex as well – before allowing contact with latex-containing products, ask if they are allergic. Check for a wristband which indicates latex allergy.

MODULE 3: Hazard Communication

Hazardous Materials/SDS

Each year, an estimated 650,000 different chemical products are shipped across the United States, with more than 30 million workers exposed to them. OSHA requires employers to keep all employees safe from harm when workers are near hazardous chemicals. Safety Data Sheets, or SDSs, are especially helpful in effectively communicating to workers facts about hazardous chemicals and their use.

Safety Data Sheets are prepared and distributed by each manufacturer of a hazardous chemical. OSHA expressly requires that completed Safety Data Sheets must accompany the first delivery of that material and each MSDS must be in English.

SDSs must include the following information in sufficient detail:

- Name of the chemical or chemical compound; its physical characteristics; pertinent fire and explosion information;
- Reactivity and health hazards; any specific special protection precautions; and
- Use, handling, and storage procedures.

OSHA insures that employees have the right to be informed of potential exposure to hazardous chemicals in the workplace. This information must include a written plan. Employees have the right to access their institutions' list of chemicals and Material Safety Data Sheets. If you request a copy of an SDS for a product used at work, and your employer CANNOT produce the information after one working day, you may refuse to work with that product until the information is made available. You may also request a personal copy of an SDS, to be provided within 15 days.

An employee must be trained on the hazards of chemicals they may be exposed to at work. Employees must also be informed of protective measures needed, and be provided appropriate personal protective equipment or PPE. Finally, employees may register a complaint on these issues without fear of reprisal or retaliation. Individual work areas should maintain a Safety Data Sheet for every chemical used or stored in the area, with easy access for each employee. SDS information should NOT be kept in a locked filing cabinet, or behind any locked office door. One employee should be responsible for checking, obtaining and maintaining SDSs.

Know where the SDS sheets are located in your area and how to use them. Finally, consult this website for help: www.hazard.com/msds.

Bloodborne Pathogens

The CDC estimates that between 600,000 to 800,000 healthcare workers sustain injuries involving contaminated needles or sharps each year. This number is vague because the CDC believes it is likely that half of those injuries go unreported. Additionally, splashes, and other non-sharp related incidents also endanger healthcare workers by putting them in proximity to potentially fatal bloodborne pathogens.

Bloodborne pathogens (or BBPs) are viruses or infectious agents carried in human blood or other potentially infectious materials such as semen, vaginal secretions, tissues or organs. There are several ways these infections could enter the body – generally through contact with an infected patient's open wounds or body fluids, cleaning or working with contaminated equipment and instruments, and cleaning contaminated surfaces.

Direct transmission of BBPs may occur when infectious material comes in contact with open cuts, nicks, punctures, abrasions, skin rashes, or the mucous membranes of the eyes and mouth. BBPs may enter the body through an accidental injury with any contaminated sharp object such as used needles or broken glass. Indirect transmission may occur by touching a contaminated surface and then transferring the infected material to eyes, mouth, or an open sore.

The human immunodeficiency virus (HIV), the hepatitis B virus, and the hepatitis C virus are all bloodborne pathogens.

Follow these protocols to reduce chances of exposure:

- First and foremost, all healthcare workers must treat all blood and body fluids as potentially infectious.
- Follow proper hand hygiene, especially before eating, drinking, applying makeup, or handling contact lenses. Don't do any of these things if you think you've been exposed to BBPs.
- Cover cuts and sores with bandages that seal the wound.
- Never recap, bend, break, or shear a used needle. Use specially-engineered safety devices to avoid the risk of these actions and never dispose of sharps anywhere but in an approved sharps container. Don't force sharps into the containers.
- Use common sense!

Personal protective equipment (or PPE) should be used every time there is a potential for contact with blood or body fluids. PPE should include, at a minimum, gloves and protective gowns, and masks or face shields must be worn when the potential for contact with blood or body fluids is present. Any torn, punctured, or damaged should be replaced immediately. When removing contaminated PPE, avoid touching the outside of gloves or other PPE with bare skin and be sure to dispose of them in an approved container. Use correct hand hygiene immediately after removing them.

OSHA's standards for blood borne pathogens require facilities and hospitals to identify employees that have a risk of exposure and to keep a written exposure control plan to minimize risks to those employees. All facilities should offer the hepatitis B vaccine to at-risk employees free of charge within 10 days of initial appointment.

The vaccine is effective, safe, and highly recommended. Standards of The Joint Commission require that all staff be oriented to their job risk or area-specific risk, and the protective measures employed to minimize exposure. Ask your supervisor for your facility's exposure control plan, the location of all PPE, and your facilities' spill clean-up procedures.

What should you do if you suspect you have been exposed?

- If intact skin has had contact with blood or body fluids, wash with non-abrasive antibacterial soap and water.
- Immediately flush mucous membranes with water.
- Remove contact lenses and rinse with saline or water after any suspected contact with eyes.
- For needle sticks or contact with cuts or non-intact skin - wash thoroughly with antimicrobial soap and water.
- Any exposure should be reported immediately to a supervisor.
- OSHA requires all facilities to make a free, confidential medical evaluation and follow up available to the exposed employee. Further recommendations for suspected exposure to hepatitis B, hepatitis C, or HIV may be found at the CDC website
- Finally, all percutaneous injuries from contaminated sharps must be recorded in an OSHA 300 log.

Your employer must keep a sharps injury log. Entries in that log must include the type and brand of device involved in the exposure, the department and work area involved, and an explanation of how the incident occurred.

MODULE 4: Organizational Workplace Safety ***Workplace Violence Safety***

In 2008, the U.S. Bureau of Labor Statistics counted 816 deaths which occurred in the workplace as a result of assaults or violent acts. In light of this potential hazard, the Occupational Safety and Health Administration's General Duty Clause requires employers to provide a safe and healthful workplace for all workers covered by OSHA. Failure to do so could result in sanctions or fines. Additionally, The Joint Commission has warned healthcare workers that this danger is on the rise and urges their organizations to address this issue thoroughly.

Environment of Care standards of The Joint Commission require facilities to create and maintain a written plan to provide for security for patients, staff and visitors including ongoing risk assessment, prevention strategies, and a response plan that is enacted when an incident occurs.

Follow these guidelines to protect yourself from potential workplace violence:

- If a situation seems strange, out of the ordinary, unsafe, or if someone threatens or reveals a weapon, alert the proper authorities immediately, stay away, and prevent others from entering the area.
- Learn how to recognize, avoid, or defuse potentially violent situations.
- If you find yourself in a potentially violent situation, leave the scene and quickly call security. NEVER
- Intentionally put yourself in a potentially harmful situation.
- If you've experienced a potentially violent incident, notify supervisors of the event and any concerns about safety or security.
- Report ALL incidents in writing.
- Be aware of your location at all times and know your area's floor plan. Knowing the exits prevents you from becoming trapped in a space with a potentially violent person.
- Finally, carry only minimal amounts of money and required identification in the workplace.
- Avoid traveling alone into unfamiliar locations or situations whenever possible. Remember, your employers must have a plan in place to keep you safe, but your best defense is to be aware of your surroundings and know the signs of workplace violence.

Sexual Harassment

Unwelcome conduct by a coworker or supervisor can poison what should be a safe and positive work environment. Title VII of the Civil Rights Act of 1964 declares sexual harassment - a form of discrimination affecting a person's job - is not only wrong but illegal. The U.S. Equal Opportunity Commission defines sexual harassment as:

- Unwelcome sexual advances
- Requests for sexual favors, and
- Other verbal or physical conduct of a sexual nature that is used as a basis of employment decisions, has the purpose of interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

It is important to note that the victim or the person harassing them can be either male or female and they do not have to be of the opposite sex for sexual harassment to occur.

Sexual harassment can take two forms.

- First, hostile work environment describes gender-based, unwanted conduct from supervisors, coworkers, vendors, customers or others. This includes:
 - Unfulfilled threats to impose an employment stipulation based on a sexual act
 - Discussing sexual activities, telling off-color jokes, commenting on physical appearance, or using crude/offensive language
- Unnecessary touching, using indecent gestures, or hostile, physical contact

- Displaying sexually explicit pictures
- Using demeaning or inappropriate terms such as “babe”
- Sabotaging the victim’s work

To create a sexually hostile environment, unwelcome conduct based on gender must meet two requirements: it must be subjectively abusive to the person affected and it must be objectively severe or pervasive enough to create a work environment that a reasonable person would find abusive.

The second form of discrimination is called quid pro quo. The term literally means “this for that” and describes a type of harassment by a supervisor or someone with authority and based solely on sex, that is, a supervisor demanding sexual favors and basing an employment requirement, positive or negative, on the employee’s reaction to it.

Detecting and preventing sexual harassment can be simple. Ask the following questions:

- Is the conduct sexual in nature?
- Is the conduct offensive to persons who witness it?
- Is the behavior being initiated by only one of the parties who have power over the other party?
- Does the employee have to tolerate that type of conduct in order to keep his or her job?
- Does the conduct make the employee’s job unpleasant?

If any answer is yes, this behavior should be stopped.

If you experience or witness sexual harassment, tell the person doing it that the behavior is unwelcome. If it doesn’t stop, report it to your supervisor or a human resources representative immediately. If an investigation is needed, it is important that you cooperate completely in the process. If an employer finds that sexual harassment did occur, disciplinary measures may be taken. They may include written or verbal warnings, deferral of a raise or promotion, or demotion, suspension, or termination.

Recognizing the Impaired Healthcare Worker

According to the U.S. Department of Health and Human Services, people that abuse drugs or alcohol are three and a half times more likely to be involved in an accident at work. More than 500 million workdays are lost to substance-abusing workers. Clearly, the stakes are even higher for healthcare workers, an environment that can truly mean life or death.

The Concise Dictionary of Modern Medicine definition: “An impaired worker is a healthcare worker (including physicians, nurses, etc.) whose ability to function in their usual role has been reduced or otherwise compromised by internal or external forces.”

These forces include prescription, over-the-counter, or illegal drug use, or the consumption of alcohol. Making a mistake doesn’t mean a worker is impaired, but when a persistent pattern emerges, attention and possible intervention may be needed.

Signs of a dangerous, impaired healthcare coworker include:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Bloodshot eyes <input type="checkbox"/> Constricted/dilated pupils <input type="checkbox"/> Shivering when it wasn’t cold <input type="checkbox"/> Tremors/shaking <input type="checkbox"/> Alcohol smell on breath <input type="checkbox"/> Their clothing smells of burning leaves <input type="checkbox"/> Lack of coordination in walking <input type="checkbox"/> Inappropriate drowsiness <input type="checkbox"/> An unexplained change in the way someone dresses or their hygiene <input type="checkbox"/> Wearing long sleeves when inappropriate <input type="checkbox"/> Takes longer than usual to perform an ordinary task | <p>There are behaviors and personality changes that may indicate impairment, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excessive absenteeism or an excessive number of sick days <input type="checkbox"/> Frequent disappearances from work areas; for example, long restroom breaks. <input type="checkbox"/> Slurred or nonsensical speech <input type="checkbox"/> Wild mood swings - happy to sad, helpful to unhelpful, etc. <input type="checkbox"/> Unreliable for meetings, appointments, and shifts <input type="checkbox"/> Frequent confusion, memory loss, trouble remembering details/instructions <input type="checkbox"/> Worsening handwriting or charting <input type="checkbox"/> Seeming unusually withdrawn |
|---|--|

Additionally, impaired workers may exhibit these behaviors:

- Spending an excessive amount of time near drug supplies during shifts
- Varied work performance - great one day, many mistakes the next
- Writing or requesting prescriptions for large doses of narcotics
- Heavy rate of recorded drug waste during shifts
- Sloppy or inappropriate record-keeping especially in relation to drug shortages
- Insisting on administering narcotics or other drugs to patients themselves

Based on these signals, what should you do?

You have a legal, professional, and ethical responsibility to protect your patients and other coworkers from the potential dangers of an impaired healthcare worker. The law requires that theft of any controlled substance from a healthcare facility should be reported to federal authorities immediately. Know your facility's rules and procedures - they often require that you discuss any concerns with a supervisor if you think a co-worker is working while impaired.

While each response differs, most supervisors will talk with the employee personally and intervene, if further action is needed. Protect patients, your facility, and yourself. Be vigilant for the impaired healthcare worker.

MODULE 5: Emergency Management
Emergency Management

Your healthcare facility is required to plan, describe, and test their ability to respond effectively to disasters and emergencies that impact their environment of care.

In this process, they must:

- Identify potential hazards impacting the organization and the community
- Mitigate the impact of a potential emergency
- Build and identify resources for use in a potential disaster
- Respond appropriately to ensure safety and security of patients, staff, and visitors; and
- Plan ways to reestablish the facility's function and structure following an emergency as quickly as possible

To do these things, an Emergency Operations Plan must be in place.

This plan must include:

- Procedures to conduct a hazards vulnerability analysis
- A description of how, when, and by whom the plan is activated
- The organization's relationship with community emergency response agencies
- How the hospital will communicate, manage resources and assets, manage security and safety, and manage staff, utilities and patients during emergencies
- How and when to notify personnel when emergency response measures are initiated
- Procedures to allow assignment of volunteer personnel in emergencies to cover necessary staff positions
- Procedures for security, crowd control, traffic, and media
- Processes for evacuation (both horizontally and vertically) when patient care can no longer be provided
- Provisions for an alternate care site when the environment can no longer support adequate care and treatment, including management of:
 - o Patient care necessities
 - o Patient tracking
 - o Communication between facilities
 - o Transportation of patients, staff, equipment , and supplies
 - o Reestablishing operations following a disaster

The Joint Commission requires that every accredited hospital evaluate the effectiveness of its Emergency Operations Plan by conducting two emergency response exercises every year and that one of those exercises must include an influx of simulated patients.

If you do not know where to report, what your role will be, where supplies are located and distributed, and how communication will be handled, talk with your supervisor or contact your safety officer.

Utility Management

Systems at work in your facility keep the lights on and control the temperature: fight infection, make the building secure and keep people alive. These are some of your facility's utility systems.

According to The Joint Commission your facility must ensure the operational reliability of these systems. It must design a plan to protect people, equipment, property, and the environment, by ensuring the safe and reliable operation of the utility systems that impact life support, infection control, environmental support, equipment support, and communications.

All members of your facility's staff should be trained in their role or job, in the event of a utility system failure or malfunction, and be competent in safe operation or use of utility system and emergency response.

Elements of a good utility management plan should include:

- Compliance with regulations, standards, manufacturer's instructions and guidelines
- Effective preventive maintenance programs
- Adequate and job-specific orientation and training
- Proper documentation, including necessary permits and licenses

Additionally, the plan should educate employees on how and when to report a failure or malfunction, how to turn malfunctioning systems off, and how to access alternative sources or backup utilities during a failure.

All these steps should bear in mind which areas of the facility need emergency utility systems. These areas are known as critical areas, and may include operating rooms, blood storage units, emergency care areas, critical care areas with life support systems, elevators, or other means of egress.

Know what your role is in a utility system failure. Ask your supervisor if you are unclear on your responsibilities in an emergency.

MODULE 6: Information Technology ***Password Management***

The data and information at your computer station, and throughout your facility's network, must be secure to protect the rights of patients. Patients must know their personal information will remain private, limited only to those who need the information for treatment, payment, and healthcare services. The Health Insurance Portability and Accountability Act of 1996 (or HIPAA) contains standards and practices to protect electronic and non-electronic records containing personal health information.

HIPAA:

- Gives patients control over their health information
- Sets boundaries over its use and release
- Requires healthcare providers to have appropriate safeguards in place
- Holds violators accountable (both civilly and criminally) if they violate patient's rights, and
- Strikes a balance between responsibilities to public health with personal privacy

The HHS Office for Civil Rights (OCR) enforces:

- The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information
- The HIPAA Security Rule, which sets national standards for the security of electronic protected health information
- The confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety, and
- The Breach Notification regulations requiring HIPAA covered entities and their business associates to notify individuals when their health information is breached

Civil penalties for failing to protect personal health information may include fines up to \$1.5 million dollars. There could also be criminal penalties for wrongful disclosure.

Because of these rules, be sure you are taking steps to secure the information on your computer. This begins with solid password management. Remember, passwords should be changed at least every 90 days and be different from previously used passwords. Some facilities require that you change your password every 30 days. Be familiar with the requirements in your organization.

Let's examine the quality password –

- it should be 8 to 15 characters long with a combination of letters (upper and lower case), numbers, and symbols.
- Never use your name or a nickname.
- Never use information that's easy to find (phone numbers, family or pet names, street names, etc.)
- Don't use a word from the dictionary.
- Don't use birthdays or anniversaries.
- NEVER share your password with anyone (even coworkers). Never include it in emails or write it down anywhere.

Malware and Workstation Security

- Your facility's computer network is constantly under attack from people who want to steal patient and organizational information. Here are some of the ways they try. Spyware technologies (or spybots or tracking software) gather information about a person or organization based on computer use, and sends it to advertisers or others who want this information. Spyware could even change the configuration of your computer.
- Usually it gets on the system through either a virus or by installing a program. You can expose yourself to spyware by visiting a website, viewing an HTML email, or clicking on a pop-up window. Be very careful which websites you visit and when clicking on pop-up ads. Be wary of free music or movie-sharing programs, too.
- A computer virus is a small software program that spreads from one computer to another computer and
- interferes with computer operation. A computer virus may corrupt or delete data on a computer, or even delete everything on the hard disk. It may use an e-mail program to spread to other computers. Viruses are often spread by attachments in e-mail messages or by instant messaging messages. NEVER open an e-mail attachment unless you know who sent the message or unless you are expecting the e-mail attachment. This is an especially good rule if the attachment is an executable file. An executable file usually ends with the file name .exe.
- Computer viruses can be disguised as attachments of funny images, greeting cards, or audio and video files.
- Computer viruses also spread by using downloads on the Internet. Computer viruses can be hidden in pirated software or in other files or programs that you may download.
- Additionally, social engineering software is used to trick individuals into giving passwords or other information. One such trick is in a forged email claiming to be from a system administrator asking for your passwords. This is called phishing. It is better to always remember that you should NEVER be asked to give a password or other account information, to anyone, EVER.
- Be aware of the actual space around your computer station. Don't enter a password if someone is watching.
- Be sure to log off when you leave your station, and never leave your laptop unattended. Ask for identification if someone tells you they need to add programs to your computer (your IT staff will have their IDs on them).
- Also, keep track of any portable data storage devices like CDs, flash drives, or external hard drives.
- To protect yourself further, your computer should be kept up-to-date with the latest operating system and security software, and their necessary updates and patches. If your computer slows or has other problems, be sure to report the incident to your supervisor and IT department. If you suspect your information has been compromised, your computer has drastically slowed in operation, you can't get into the computer or its data, your password doesn't work, or you suspect

someone has tried to use your computer without authorization, make sure IT knows what happened in detail and when it occurred.

- Be vigilant and you'll not only protect your data, you will be protecting your facility and those it cares for.