Core Mandatories Part II

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## Hazardous Chemicals

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Hazardous Chemicals

INTRODUCTION

To protect and inform workers about potential hazards they may be exposed to, the United States Occupational Safety and Health Administration (OSHA) created certain standards. These standards state that:

- You have the right to know about chemical hazards in your workplace.
- Facilities are required to educate and train individuals who may work with hazardous substances.

OSHA also provides specific criteria for how health and physical standards are classified, and how chemicals are classified, based on international standards. Hazardous chemical labeling requirements are now consistent worldwide, to protect those who work with them.

PURPOSE/OVERALL GOAL

This module outlines what you as a healthcare worker need to know about working with hazardous chemicals. In particular, the focus is on how to read and understand the labels and Safety Data Sheets (SDS) that accompany every chemical in your facility.

The goal of this module is to keep you as safe as possible from accidental chemical exposure in your workplace.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Describe the chemical hazards that may be faced on the job
2. Describe how to protect him/herself as well as coworkers, patients, and visitors from these hazards
3. Demonstrate understanding of chemical labels and Safety Data Sheets
4. Explain safety procedures when working with chemicals
5. Understand what to do in the event of a hazardous spill
CHEMICAL SAFETY

In healthcare, chemical safety is everyone’s responsibility.

To ensure consistent safety information worldwide on hazardous chemical products, the United Nations adopted the Globally Harmonized System (GHS). This system defines and classifies the hazards of chemical products, and calls for consistent health and safety information on labels and safety data sheets.

The United States Occupational Safety and Health Administration (OSHA) requirements are in line with the GHS. The goal is to give workers easy-to-understand information to help avoid injuries and illnesses related to exposure to hazardous chemicals.

Information for every chemical is provided on a Safety Data Sheet, or SDS (formerly known as a Material Safety Data Sheet, or MSDS). To protect yourself, it is critical that you understand chemical labels and the SDS.

Healthcare workers MUST:
1. Know what chemical hazards they may face on the job
2. Know how to protect themselves, coworkers, patients, and visitors from these hazards
3. Read and understand labels and Safety Data Sheets, and follow instructions and warnings
4. Follow safety procedures on the job

Facilities MUST implement a written hazard communication program including:
1. Listing hazardous chemicals in the workplace
2. Labeling on-site chemical containers
3. Making chemical information available to healthcare workers in the form of labels and SDS

Chemical manufacturers MUST:
- Determine the physical and chemical hazards of their products and the possible health effects
- Label chemical containers
- Provide SDS that details information about hazardous chemicals
PHYSICAL AND HEALTH HAZARDS

Hazardous chemicals can create two types of hazards: physical hazards and health hazards.

Physical hazards usually result from improper use or storage of hazardous chemicals. Physical hazards are posed by chemicals that are:
- Flammable (catch fire easily)
- Explosive (causes a sudden release of pressure, gas, and heat)
- Reactive (burns, explodes, or releases toxic vapor if exposed to other chemicals, heat, air, or water)

Health hazards are posed by chemicals that, upon exposure, can affect body organs or systems including:
- Lungs
- Eyes
- Kidneys
- Skin
- Mucous membranes
- Blood-producing system
- Reproductive system

Signs and symptoms of chemical exposure include:
- Skin rashes
- Headache
- Eye irritation
- Dizziness
- Nausea
- Difficulty breathing or wheezing

Existing medical conditions can also be aggravated by exposure to hazardous chemicals. Effects can be acute and appear right after the exposure, such as a rash, burn, or wheezing. Effects can also be chronic or long-term and may take years to develop, such as cancer, birth defects, or sterility.
TYPES OF CHEMICAL EXPOSURE

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

1. **Inhalation.** Inhaling hazardous chemicals could cause:
   - Dizziness
   - Headaches
   - Nausea
   - Vomiting
   - Throat and/or lung damage

2. **Absorption.** Skin and eye contact could cause:
   - Burns
   - Allergies
   - Vision problems
   - Blindness
   In addition, cuts and other skin injuries may allow chemicals to pass into your bloodstream.

3. **Ingestion.** Swallowing hazardous chemicals when you eat, drink, or smoke in areas where chemicals are located could damage your internal organs.

4. **Injection.** An accidental puncture with a needle, scalpel, or any sharp object can allow toxins to enter your bloodstream directly and circulate throughout your body.
CHEMICAL INFORMATION

Before you use a chemical, you must know this important information about it:

1. Proper use
2. Precautions
3. Treatment if accidentally exposed to it

This information has been researched by the chemical manufacturers and can be found on container labels and Safety Data Sheets (SDS).

It is the manufacturer’s responsibility to research the product and the chemicals it contains, provide a SDS for the product, and provide a warning label.

Common chemical hazards in a healthcare facility may include:
- Acids and bases
- Natural rubber latex (proteins)
- Resins and adhesives
- Soaps and detergents
- Solvents
- Cadmium/lead
- Ethylene oxide
- Formaldehyde
- Glutaraldehyde
- Mercury
- Phenol
- Xylene
LABELS

Chemical manufacturers must label every container of hazardous chemicals. The format will differ from company to company, but the labels must contain similar types of information.

- All chemical containers **MUST** be labeled.
- If you pour a chemical from a larger container into a smaller one, the smaller container **MUST** still be labeled.
- If the chemical is a disinfectant, the date it was poured or mixed and the contact time **MUST** also be included on the label. The contact time is the time the chemical must remain on the surface for effective cleaning and disinfecting.

Some key points regarding labels:
- The labels will help you know how to properly store the hazardous chemicals.
- The information on the label works together with information contained on the Safety Data Sheet (SDS). For example, the precautionary statements will be the same on the label and on the SDS.
- The information on the labels can also help you or emergency personnel to quickly find information on first aid if needed.

The following six items are what you should expect to see on labels:

1. **Product Identifier.** This is how the hazardous chemicals are identified and includes the chemical name and code/batch number.
   - The manufacturer, importer or distributor can decide the appropriate product identifier.
   - However, the same product identifier that is used must be both on the label and in Section 1 of the SDS for Identification.

2. **Signal Word.** This is used to indicate the relative level of severity of hazard. It also alerts you to a potential hazard on the label. Only two signal words are used:
   - “Danger” is used for the more severe hazards
   - “Warning” is used for the less severe hazards
3. **Pictogram.** When chemicals have multiple hazards, different pictograms are used to identify the various hazards. The healthcare worker should expect to see the appropriate pictogram for the corresponding hazard class.
   - The pictogram that must be included on the labels must be in the shape of a square set at a point.
   - It must include a black hazard symbol on a white background with a red frame that must be wide enough to be clearly visible.

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4. **Hazard Statement.** This should include the nature of the hazard(s) of a chemical, including the degree of the hazard, where appropriate. One example of this is: “Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.”
   - **ALL** of the applicable hazard statements must appear on the label.
   - Hazard statements may be combined where appropriate to reduce redundancies and improve readability.
   - All chemical users should always see the same statement for the same hazards, no matter what the chemical is or who produces it.

5. **Precautionary Statement(s).** This phrase describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling. In cases where there are similar precautionary statements, the one providing the most protective information will be included on the label.

6. **Name, Address & Phone Number of Chemical Manufacturer, Distributor, or Importer.** This information should always be displayed on each label.
SAFETY DATA SHEETS (SDS)

The Safety Data Sheet (SDS), formerly called MSDS, is a basic hazard communication tool that provides details on:
1. Chemical and physical dangers
2. Safety procedures
3. Emergency response techniques

There are 16 sections to the SDS. As a healthcare worker, you will find information on exposure limits, engineering controls, and personal protective equipment in Section 8.

The SDA gives you all of the information you need to work safely with chemicals. Check with your supervisor for the location of your facility’s SDS.

Here is the information provided in each section of the 16 SDS sections:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TOPIC</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identification</td>
<td>✓ Common name, product, manufacturer/ importer/ responsible party name, address, and telephone number&lt;br&gt;✓ Recommended use of the chemical (for example, flame retardant) and restrictions on use (for example, recommendations given by supplier)</td>
</tr>
<tr>
<td>2</td>
<td>Hazard(s) identification</td>
<td>✓ Hazardous classification (such as “flammable liquid”)&lt;br&gt;✓ Signal Word&lt;br&gt;✓ Hazard Statement(s)&lt;br&gt;✓ Pictograms&lt;br&gt;✓ Precautionary Statement(s)&lt;br&gt;✓ Description of any hazards not otherwise classified&lt;br&gt;✓ For a mixture that contains an ingredient with unknown toxicity, percentage of how much of the mixture consists of ingredient(s) with unknown toxicity</td>
</tr>
<tr>
<td>3</td>
<td>Composition/ information on ingredients</td>
<td>For substances:&lt;br&gt;✓ Chemical name&lt;br&gt;✓ Common name and synonyms&lt;br&gt;✓ Chemical abstracts&lt;br&gt;✓ Impurities/stabilizing additives&lt;br&gt;For mixtures:&lt;br&gt;✓ Same information as required for substances&lt;br&gt;✓ Chemical name and concentration (such as exact percentage) of all ingredients classified as a health hazard</td>
</tr>
<tr>
<td>SECTION</td>
<td>TOPIC</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>First-aid measures</td>
<td>✓ Necessary first-aid instructions by relevant routes of exposure (such as what to do in the event of inhalation, skin and eye contact, ingestion)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Description of the most important symptoms or effects, and any symptoms that are acute or delayed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Recommendations for immediate medical care and special treatment needed, when necessary</td>
</tr>
<tr>
<td>5</td>
<td>Firefighting measures</td>
<td>✓ Recommendations of suitable extinguishing equipment, and information about extinguishing equipment that is not appropriate for a particular situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Advice on specific hazards that develop from the chemical during the hazardous combustion products created when the chemical burns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Recommendations on special protective equipment or precautions for firefighters</td>
</tr>
<tr>
<td>6</td>
<td>Accidental release measures</td>
<td>✓ Use of personal precautions (such as removal of ignition sources or providing sufficient ventilation) and protective equipment to prevent the contamination of skin, eyes, and clothing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Methods and materials used for containment (such as covering drains and capping procedures)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Cleanup procedures (such as appropriate techniques for neutralization, decontamination, cleaning/vacuuming, adsorbent materials; and/or equipment required for containment/cleanup)</td>
</tr>
<tr>
<td>7</td>
<td>Handling and storage</td>
<td>✓ Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices (such as stating that eating or drinking in work areas is prohibited)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Recommendations on the conditions of safe storage and incompatibilities, as well as specific storage requirements (such as ventilation requirements)</td>
</tr>
<tr>
<td>8</td>
<td>Exposure controls/personal protection</td>
<td>✓ Exposure limits as used or recommended by agency (OSHA, etc.), chemical manufacturer, importer, or employer, where available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Appropriate engineering controls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE)</td>
</tr>
<tr>
<td>SECTION</td>
<td>TOPIC</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>---------</td>
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<td>-------------</td>
</tr>
<tr>
<td>9</td>
<td>Physical and chemical properties</td>
<td>✓ Minimum required information (as applicable/available) consists of: Appearance (physical state, color, etc.), Odor, Odor threshold, pH, Melting point/freezing point, Initial boiling point/range, Flash Point, Evaporation rate, Flammability (solid, gas), Upper/lower flammability/explosive limits, Vapor pressure/density, Relative density, Solubility(ies), Partition coefficient (n-octanol/water), Auto-ignition temperature, Decomposition temperature, and Viscosity</td>
</tr>
</tbody>
</table>
| 10      | Stability and reactivity | ✓ Reactivity: Description of the specific test data such as class or family of the chemicals  
✓ Chemical Stability: Indication of whether the chemical is stable or unstable |
| 11      | Toxicological information | ✓ Information on the likely routes of exposure (such as inhalation, skin, eye contact)  
✓ Description of delayed, immediate, or chronic effects from short-term and long-term exposure  
✓ Numerical measures of toxicity  
✓ Description of symptoms  
✓ Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens, or has been found to be a potential carcinogen by International Agency for Research on Cancer (IARC) Monographs or by OSHA |
| 12      | Ecological information (non-mandatory) | ✓ This section provides information to evaluate the environmental impact of the chemical |
| 13      | Disposal considerations (non-mandatory) | ✓ This section provides guidance on proper disposal practices, recycling, or reclamation of the chemical(s) or its container, and safe handling practices (refer to Section 8 of the SDS for information on Exposure Controls/Personal Protection) |
| 14      | Transport information (non-mandatory) | ✓ This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea |
| 15      | Regulatory information (non-mandatory) | ✓ This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS |
| 16      | Other information | ✓ This section indicates when the SDS was prepared or when the last known revision was made |
DEALING WITH HAZARDOUS SPILLS

Your facility will have specific clean-up policies for various types of hazardous spills. Please consult with your supervisor in the event you encounter a hazardous spill in an area in which you are working.

In general, you should respond to a hazardous spill by:
- Protecting your safety and the safety of others
- Isolating the scene and denying entry to it
- Notifying the individual or department responsible for cleaning up hazardous spills
CONCLUSION

Hazardous chemical communication is a valuable way to ensure everyone benefits from the same safety warnings. But it can protect you only if you:

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

REFERENCES:

HIPAA
Health Insurance Portability and Accountability Act

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HIPAA: Health Insurance Portability and Accountability Act

INTRODUCTION

Healthcare workers and organizations rely heavily on the sharing of patient information. As the industry continues to move toward electronic sharing of patient records, protecting the privacy of health information becomes more of a challenge.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted in 1996 to address these concerns.

HIPAA establishes standards for the fast and accurate exchange of health information data, while maintaining the security of that information.

PURPOSE/OVERALL GOAL

This module outlines what you as a healthcare worker need to know about Protected Health Information (PHI) and HIPAA rules and regulations concerning patient privacy and the confidentiality of health information.

The goal of this module is to provide the information you need to comply with HIPAA privacy and security rules at all times.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Describe the importance of complying with HIPAA rules and regulations
2. Define Protected Health Information (PHI)
3. Describe how PHI can become compromised
4. Explain what to do in the event of a HIPAA violation
5. Describe the penalties for HIPAA violations
WHO MUST COMPLY WITH HIPAA?

HIPAA’s main goal is to assure that a person’s health information is properly protected – while still allowing the flow of health information needed to provide high-quality healthcare and to protect the public’s health and well-being.

According to HIPAA, all “Covered Entities” must comply with privacy and security rules.

“Covered Entities” include:

1. Healthcare providers (including doctors, nurses, hospitals, dentists, nursing homes, and pharmacies). Under HIPAA, a healthcare provider is defined as:
   - Any person or organization that furnishes, bills, or is paid for healthcare services in the normal course of business, and transmits and stores that healthcare information
   - A person or organization that engages a third party to process, transmit, and store claims

2. Health plans (insurance companies)

3. Healthcare clearinghouses, which are entities that process certain information, such as:
   - Billing services
   - Repricing companies
   - Community health management information systems

As a healthcare worker, you are part of the “healthcare provider” network and therefore are required to comply with HIPAA rules and regulations regarding Protected Health Information (PHI).
WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is:
- Individually identifiable health information
- Information that is linked to a patient

PHI relates to:
- A person’s past, present, or future physical or mental health or condition
- The provision of healthcare to a person
- The past, present, or future payment for the provision of healthcare to the person

Individually identifiable health information is either:
- Health information that specifically identifies a person, or
- Information that could reasonably be expected to identify a person, even if that person is not named

An example of Protected Health Information (PHI):

Mary Smith is the only 50-year-old patient with a diagnosis of lung cancer at XYZ Hospital.

The following statement DOES NOT provide individually identifiable health information about Mary Smith and is therefore NOT PHI:
- There are presently 7 persons of all ages with a diagnosis of lung cancer at XYZ Hospital.

The following statement DOES provide individually identifiable health information:
- There is a 50-year-old woman with lung cancer at XYZ Hospital.

Though the second statement does not mention Mary Smith by name, it is PHI because Mary Smith is the only person who fits the description.

Many different types of information can identify an individual's PHI under HIPAA, including but not limited to:
- Patient’s name
- Patient’s address
- Dates directly related to a person, such as birth date, admission date, discharge date, death date
- Telephone number, fax number, email address
- Social security number, medical record number, account number
- The individual's e-mail, URL, or IP address
- Health plan beneficiary number (insurance number)
- Certificate/license number
- Vehicle identifier and serial number, including license plate number
- Biometric identifier, including fingerprints and voice prints
- Full-face photographs and any comparable images
- Any other unique identifying number, characteristic, or code

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HOW SHOULD PHI BE USED AND DISCLOSED?

HIPAA protects the privacy of Personal Health Information (PHI). Here are some important facts to keep in mind:

- As a healthcare worker, if you are involved in the gathering, storing, and transmission of patient information, you MUST comply with HIPAA.
- Failure to follow HIPAA regulations could result in fines for you and/or your employer.
- However, PHI can be used and disclosed without a signed or verbal authorization from the patient when it is a necessary part of treatment, payment, or healthcare operations.

HIPAA allows the use or disclosure of PHI for the following reasons:

1. For treatment
2. For payment
3. For healthcare operations
4. When authorized by the individual
5. When required by law

About the Minimum Necessary Standard Rule

The Minimum Necessary Standard Rule states that only the information needed to get the job done should be provided.

- Healthcare organizations MUST obtain permission or authorization from a patient for the purpose of marketing, advertising, and other purposes.
- Healthcare organizations must establish written privacy policies and procedures regarding protected health information.
- Caregivers should refer to their facility’s health information policies and procedures regarding the use and disclosure of PHI.

The Minimum Necessary Standard Rule does NOT apply to the following:

1. Disclosures to or requests by a healthcare provider for treatment purposes (such as communication hand-offs)
2. Disclosures to the patient
3. Uses or disclosures made with a patient’s authorization
4. Uses or disclosures required for compliance with HIPAA Rules
5. Disclosures to the U.S. Department of Health and Human Services when disclosure of information is required under HIPAA for enforcement purposes
6. Uses or disclosures that are required by other laws

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HIPAA PRIVACY AND SECURITY RULES

The Privacy Rule

Under HIPAA, the Privacy Rule protects the privacy of all Protected Health Information (PHI), which is individually identifiable health information that is gathered, stored, or transmitted on paper, orally, or by electronic or any other media.

It is important to know that the HIPAA Privacy Rule requirements:

- Apply to most healthcare providers
- Set a federal standard for protecting individually identifiable health information across all mediums (electronic, paper, and oral)
- Limit how Covered Entities may use and disclose individually identifiable health information they receive or create
- Give individuals rights with respect to their PHI, including:
  - The right to examine and obtain a copy of information in their medical records
  - The right to ask Covered Entities to amend their medical record if information is inaccurate or incomplete
- Impose administrative requirements for Covered Entities; and establish civil penalties

Under the HIPAA Privacy Rule:

- All patients MUST receive a healthcare organization’s Notice of Privacy Practices.
- Patients may give a verbal authorization to provide PHI to family members and friends.
- Patients are notified of their rights to complain about an organization’s compliance with the Privacy Rule.
- Patients have the right to access and amend their own Personal Health Information.

The Security Rule

The Security Rule establishes national standards to protect certain health information that is held or transferred in electronic form.

The Security Rule requires appropriate safeguards to ensure the confidentiality, integrity, and security of electronic Protected Health Information (PHI).

The U.S. Office of Civil Rights, in conjunction with the federal Department of Justice, is responsible for enforcing this rule and imposing criminal penalties of imprisonment and fines for HIPAA violations involving PHI.
HOW PHI CAN BE COMPROMISED

In order to understand how a caregiver can safeguard Protected Health Information (PHI), it is important to understand how PHI can be compromised.

Here are ways in which PHI could be compromised:
- Face-to-face conversations
- Telephone or dictated conversations
- On unprotected computer hard drives or on copy machines
- Via fax transmissions
- Through mobile devices, laptops, flash drives, CDs
- Via cell phones or PDAs (personal digital assistants that function as electronic organizers)
- Through email, text messages, or social media posts
- By disposing PHI in the trash
- Having unsecured PHI (no data encryption, unsecured networks, unlocked file cabinets)
- Through inappropriate access, such as a caregiver accessing the PHI of a patient they are not caring for

An example of how Protected Health Information (PHI) can be compromised:

A caregiver is in a hallway talking on a cell phone about a patient, and someone passing by overhears the conversation. This is a violation of HIPAA rules.

Conversations of this nature should be in a private location where confidentiality of PHI cannot be compromised. As a healthcare worker, you are responsible for the privacy and security of patients’ health information.
PHI ACCESS AND DISCLOSURE

Under HIPAA, patients have certain rights regarding their Protected Health Information (PHI).

- Patients have the right to request, inspect, and receive a copy of their own PHI, including electronic records.
- A response to such a request must be made within 30 days. An exception of this would be psychotherapy notes and information that has been gathered in anticipation of civil, criminal, or administrative action.
- Patients also have the right to amend their Protected Health Information. An organization can require that these requests are in writing and that the individual explains the reason for the change.
- Patients also have a right to know the identities of individuals or agencies that have accessed their PHI for the past six years.

Special Circumstances

Protecting public health – such as through public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, and other public health activities – often requires access to or the reporting of Protected Health Information.

HIPAA permits Covered Entities to disclose protected health information without authorization for specified public health purposes.

There may be more rigorous state laws regarding special circumstances, so it is important for you as a healthcare worker to know about the policies and procedures in place for your organization.
HIPAA VIOLATIONS

A HIPAA violation is the use or disclosure of Protected Health Information (PHI) in a way that compromises an individual’s right to privacy or security and poses a significant risk of financial, reputational, or other harm.

The HIPAA Breach Notification Rule requires Covered Entities to promptly notify the affected person as well as the U.S. Secretary of Health and Human Services of the loss, theft, or certain other impermissible uses or disclosures of PHI.

As a healthcare worker, you must report any knowledge of potential or actual violations immediately to your supervisor.

An example of a HIPAA violation:

A well-known actress is being treated at your hospital, and there is much excitement among the staff. The fact that she has been hospitalized has not been made known or reported in the media.

This actress is a favorite of your best friend, so you text your friend to say that the celebrity is a patient at your facility. You don’t disclose the reason; only the fact that she is there.

This is a HIPAA breach that could leave you and your employer open to penalties that may include fines and imprisonment.
PENALTIES FOR HIPAA VIOLATIONS

All healthcare workers must follow their organization’s health information privacy and security policies and procedures mandated under HIPAA.

Workers who violate these policies could place themselves and their organization at risk for investigative or enforcement actions by the U.S. Department of Health and Human Services. In addition, there may be penalties imposed by their respective state and professional licensing boards.

The U.S. Department of Health and Human Services’ Office for Civil Rights (OCR):
• Is responsible for administering and enforcing the HIPAA Privacy and Security Rules
• Conducts associated complaint investigations, compliance reviews, and audits
• May impose fines on covered providers for failure to comply with the HIPAA Rules

The State Attorney General may also enforce provisions of the HIPAA Rules.

Failure to comply with the HIPAA Rules can result in the following civil and criminal penalties:

<table>
<thead>
<tr>
<th>Civil Monetary Penalties under HIPAA</th>
<th>Per Violation (Minimum)</th>
<th>Maximum Civil Monetary Penalties for Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA</td>
<td>$100 per violation, with an annual maximum of $25,000 for repeat violations</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
<tr>
<td>Reasonable cause (not due to willful neglect)</td>
<td>$1,000 per violation, with an annual maximum of $100,000 for repeat violations</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
<tr>
<td>HIPAA violation due to willful neglect but violation is corrected (within required time period)</td>
<td>$10,000 per violation, with an annual maximum of $250,000 for repeat violations</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
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<tr>
<td>HIPAA violation is due to willful neglect (not corrected)</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
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<thead>
<tr>
<th>Criminal Penalties under HIPAA</th>
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<tbody>
<tr>
<td>• Up to $50,000 and 1 year in prison for improperly obtained or disclosed PHI</td>
</tr>
<tr>
<td>• Up to $100,000 and up to 5 years in prison for offenses committed in obtaining PHI under false pretenses</td>
</tr>
<tr>
<td>• Up to $250,000 and up to 10 years in prison for offenses committed in disclosing PHI with the intent to sell, transfer, or use this information for commercial advantage, personal gain, or malicious harm</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS FOR CAREGIVERS

As a healthcare worker, here are recommendations to help you follow HIPAA rules and regulations regarding patient confidentiality:

- Ensure conversations regarding patients, such as hand-off communications, are done in a confidential area.
- Avoid discussing a patient's condition in front of other patients, visitors, or family members in a hallway.
- Lower your voice when discussing patient information in person and/or over the phone.
- Avoid having conversations about patients in public places, such as elevators, public hallways, or the cafeteria.
- Ensure that patient-related information is not visible to the public, such as on computer screens.
- Sign off of computers when not in use.
- Use passwords on desktop and portable media devices, and change them as often as your organization’s policy allows.
- Never share your password.
- Ensure data-encrypted computers are used for Protected Health Information (PHI).

Use these precautions to protect PHI from accidental disclosure:

- Avoid sending PHI by email if at all possible.
- Do not post patient information or photos on social media (such as Facebook, Twitter, Instagram, etc.).
- Use a fax cover sheet when faxing PHI and double-check the fax number to be sure it is correct.
HITECH ACT REGARDING ELECTRONIC HEALTH RECORDS

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was created in 2009 to stimulate the adoption of electronic health records (EHR) while addressing the privacy and security of electronically transmitted health information.

An EHR is an electronic version of a patient’s medical history and is maintained by the provider. The EHR is a means to automate access to personal health information and improve clinical workflow processes.

The EHR may include clinical data such as:
- Demographics
- Progress notes
- Problems
- Medications
- Vital signs
- Past medical history
- Immunizations
- Laboratory data
- Radiology reports

The HITECH Act is an amendment to HIPAA that provides increased responsibility for the protection of Protected Health Information (PHI) in electronic form. It is essential for you as a healthcare worker to understand how the HITECH Act affects you in the workplace setting.

The HITECH Act requires:
- Increased development and use of EHR in the workplace
- Increased development and monitoring of EHR security in the workplace; in other words, who is accessing EHR and do they have a “need to know”
- Immediate reporting of any and all EHR security breaches
- Increased penalties for HIPAA breaches
- Periodic audits by the U.S. Department of Health and Human Services
- Mandatory penalties imposed for “willful neglect”
CONCLUSION

For healthcare workers, it is crucial to know how to balance patient confidentiality with the need for effective communication to ensure quality patient care.

Understanding HIPAA rules and regulations, as well as your facility's policies and procedures, can ensure that Protected Health Information (PHI) remains safeguarded and in the hands of only the individuals who have a need and a right to know it.

REFERENCES:
Infection Control/Bloodborne Pathogens

1. Introduction
2. Purpose/Overall Goal
3. Course Objectives
4. Hand Hygiene
5. Gloves
6. Gowns, Masks, Eye Protection
7. Safe Injection Practices
8. Respiratory Infections/Cough Etiquette
9. Bloodborne Pathogens
10. Hepatitis
11. HIV/AIDS
12. Transmission-Based Precautions
13. Multidrug-Resistant Organisms (MDROs)
14. Tuberculosis
15. Ebola
16. Handling and Disposal of Infectious Waste
17. Conclusion
Infection Control/Bloodborne Pathogens

INTRODUCTION

Infectious diseases are caused by microscopic organisms that penetrate the body’s natural barriers and multiply. They create symptoms that can range from mild to fatal.

The U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization, and other agencies have established guidelines to help protect patients and healthcare workers from exposure to potential infections. These guidelines establish policies for hand-washing, the use of Personal Protective Equipment (PPE), safe injection practices, cough etiquette, and more.

Following Standard Precautions is a requirement, not an option. It will reduce your risk of cross contamination from infected patients to yourself and others, as well as from yourself to patients. Standard Precautions must be used for all patients, at all times, by all healthcare workers.

PURPOSE/OVERALL GOAL

This module outlines procedures for healthcare workers to avoid personal exposure to infections and bloodborne pathogens, and to keep infections from spreading to patients, visitors, and other workers.

The goal of this module is to instruct you on how to stay safe from infection as you go about your work at your facility.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Explain the importance of standard infection-control precautions
2. Explain how to protect themselves and others from infection
3. Define Personal Protection Equipment and how to use it
4. Describe precautions to take for patients with serious infections
5. Describe how to handle and dispose of infectious waste
HAND HYGIENE

Hand-washing is considered the single most important procedure for preventing nosocomial (hospital-acquired) infections. Any healthcare worker involved in direct or indirect patient care must know how and when to perform proper hand hygiene.

The World Health Organization states that hands must always be properly washed:
1. Before patient contact
2. Before performing an aseptic procedure (a procedure that must be free from bacteria and other microorganisms)
3. After exposure to any body fluids
4. After patient contact
5. After contact with patient surroundings (touching items in the immediate patient care environment, even if you don’t touch the patient)

If your hands are not visibly soiled, you may use an alcohol-based rub:
1. Apply the product to the palm of one hand.
2. Rub your hands together, covering all surfaces of hands and fingers.
3. Rub until your hands are dry.

If your hands are soiled, wash with soap and water following these procedures:
1. Wet your hands first with water.
2. Apply soap; liquid, bar, or powdered forms of plain soap are acceptable.
3. Rub your hands together vigorously for at least 15 seconds, covering all surfaces of your hands and fingers.
4. Rinse your hands with water and dry thoroughly with a disposable towel.
5. Use the towel to turn off the faucet.
6. Avoid using very hot water, since repeated exposure to hot water may increase the risk of dermatitis.

If you use hand lotion:
- You should have your own container; shared bottles can easily become contaminated.
- Use only water-based products and only those that are hospital-approved. Just because a product washes off with water does not mean it is water-based.
- Using lanolin or oil-based lotions before donning gloves will seriously weaken the gloves, increasing the risk that germs will pass through the gloves.

Fingernails:
- Numerous studies have been conducted on artificial nails, the nail hygiene of healthcare personnel, and the transmission of healthcare-associated infections to patients.
- The U.S. Centers for Disease Control and Prevention (CDC) states that nail tips should be less than one-quarter inch long.
- The CDC and the World Health Organization state that those who have direct contact with patients at high risk should not have artificial fingernails or extenders.
GLOVES

Personal Protective Equipment (PPE) is specialized clothing or equipment designed for your protection against infection. Gloves are a type of PPE.

Gloves MUST be worn when there is a possibility of contact with:
1. Blood and/or body fluids
2. Mucous membranes
3. Non-intact (broken) skin
4. Contact with contaminated items

Keep these important facts in mind regarding gloves:
- Wear gloves that fit properly.
- Do not wear the same pair of gloves for the care of more than one patient.
- Do not wash gloves so that you can reuse them.
- Remove and/or change gloves after you complete your task and whenever the gloves become soiled or damaged.
- Turn the gloves inside out when removing them, and dispose of them in the proper receptacle.
- Clean your hands before putting gloves on and also immediately after removing them.
- Always wear the right gloves for the job:
  - Wear heavy work gloves for cleaning.
  - Never wear latex gloves when caring for a patient with a latex allergy; instead, wear a synthetic glove such as vinyl.

Latex Allergies

Latex is contained in a variety of products such as gloves, catheters, adhesive bandages and tape, and more. It is also present in a variety of household items such as rubber bands, balloons, condoms, and dental dams.

Allergic reactions to latex range from skin irritation and itching to life-threatening episodes of anaphylactic shock. It is the responsibility of healthcare workers to protect themselves, coworkers and patients from unnecessary exposure to latex.

Some important points to remember about latex allergies:
- Ask patients questions about allergies, including latex allergies, in terms that they understand.
- Document findings in the patient chart.
- All latex products, including gloves, MUST be kept away from allergic patients and staff.
- Latex products release latex allergens into the air, and these allergens may cause reactions in latex-allergic persons.
- Glove powder from latex gloves may carry enough latex allergen through the air to cause reactions in allergic persons.
- If you suspect that you have a latex allergy, contact Employee Health for an appointment to rule out this allergy.
GOWNS, MASKS, EYE PROTECTION

Other types of Personal Protective Equipment (PPE) include gowns, masks, and eye protection.

Wear a gown that is appropriate to your task, to protect your skin and prevent soiling or contamination of your clothing during procedures or activities when you are likely to come in contact with blood, body fluids, excretions, or secretions.

- Do not wear the same gown for the care of more than one patient.
- Remove a soiled gown as soon as possible.
- Practice hand hygiene after removal of gown.

Wear a mask and eye protection or a face shield to protect the mucous membranes of your eyes, nose, and mouth during procedures or activities when you are likely to come in contact with blood, body fluids, excretions, or secretions.

To protect your respiratory tract from airborne infectious agent such as tuberculosis (TB), use a respirator (commonly called the “N95 mask”) when necessary.
SAFE INJECTION PRACTICES

According to the U.S. Centers for Disease Control and Prevention (CDC), improper use of syringes, needles, and medication vials during routine healthcare procedures have resulted in transmission of bloodborne viruses such as hepatitis and human immunodeficiency virus (HIV).

Recommendations by the CDC for safe injection practices include:

- Follow proper infection control practices.
- Maintain Aseptic Technique when preparing and administering injected medications (follow hand-washing guidelines and maintain a sterile field).
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Never enter a vial with a used syringe or needle.
- Do not use medications packaged as single-dose or single-use for more than one patient.
- Do not use bags of intravenous solution as a common source of supply for more than one patient.
- Limit the use of multi-dose vials and dedicate them to a single patient whenever possible.
- Always use facemasks when injected material or inserting a catheter into the epidural or subdural space.
RESPIRATORY INFECTIONS/COUGH ETIQUETTE

Coughs and sneezes produce droplets that can be inhaled by people nearby, spreading viruses. Following simple “cough etiquette” procedures can help protect you as a healthcare worker as well as patients and visitors at your facility.

- Cover your mouth and nose when you cough or sneeze, with a tissue if at all possible.
- Throw used tissues away immediately.
- Use a surgical mask for patients who are coughing, if tolerated and appropriate.
- Use a surgical mask yourself if you are coughing.
- Clean your hands after contact with respiratory secretions.
- Stay at least three feet away, if possible, from people with respiratory infections.
BLOODBORNE PATHOGENS

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease. Examples are hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV, the virus that causes AIDS).

Healthcare workers are at risk for exposure through needle sticks or other sharps related injuries. All used sharps are considered contaminated.

It is essential to follow these guidelines:
- Never bend or break needles and other used sharps after use.
- Never recap contaminated needles.
- Always use needle-based safety devices when available.
- Never carry a used sharp in a pocket.
- Dispose of sharps in designated sharps disposal containers.
- Sharps disposal containers should be sealed and removed when three-quarters full to avoid overflow.
- Do not attempt to remove anything from a sharps disposal container.
- Properly dispose of all sharp objects, such as syringes with needles and scalpels, after use.

The U.S. Occupational Safety and Health Administration requires employers to:
- Establish an exposure control plan and update it annually
- Implement the use of Standard Precautions (treating all blood and other potentially infectious material as if known to be infectious for bloodborne pathogens)
- Identify and use engineering controls (sharps disposal containers, self-sheathing needles, and safer medical devices such as needleless systems)
- Identify and ensure the use of work practice controls (appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items)
- Provide Personal Protective Equipment (PPE)
- Make hepatitis B vaccinations available to all workers with occupational exposure
- Make post-exposure evaluation and follow-up available to any occupationally exposed worker who experiences an exposure incident
- Use labels and signs to communicate hazards
- Provide information and training to workers, and maintain worker medical and training records
HEPATITIS

Hepatitis is a serious disease of the liver, an organ necessary for life. Hepatitis B (HBV) and hepatitis C (HCV), the two most serious kinds of hepatitis, are similar kinds of liver infections caused by different viruses.

Although there are fewer new hepatitis C infections each year compared with hepatitis B, there are more deaths in the long term due to hepatitis C.

About 50% of hepatitis B infections and 75% of hepatitis C infections cause no initial symptoms. When symptoms do occur, they include:
- Jaundice (yellowing of skin and eyes)
- Loss of appetite
- Dark urine
- Nausea and vomiting
- Fever
- Fatigue
- Clay-colored bowel movements
- Joint pain
- Abdominal pain

Hepatitis B and hepatitis C viruses are transmitted through blood and body fluids. Methods of bloodborne transmission of HBV and HCV that you should be aware of include:
- Blood splashes from minor cuts and nosebleeds
- Procedures that involve blood
- Hemodialysis
- Sharing personal items like nail clippers, razors, and toothbrushes
- Sharing needles for intravenous drug use
- Body piercing and tattoos

Precautions for Healthcare Workers
Although it is rare, healthcare workers are at risk of becoming infected with hepatitis. Even exposure to a small amount of blood from an infected person can cause hepatitis.

Here are guidelines to follow:
- Assume that blood and other body fluids from all patients are potentially infectious.
- Routinely use Personal Protective Equipment (PPE) such as goggles and masks if you might come in contact with blood or body fluids
- Immediately wash your hands and other skin surfaces after contact with blood and body fluids.
- Carefully handle and dispose of sharp instruments during and after use.
- The CDC’s Advisory Committee on Immunization Practices recommends that all healthcare workers at risk for exposure to blood or blood-contaminated body fluids receive the hepatitis B vaccination.
HIV/AIDS

HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immunodeficiency syndrome).

HIV weakens a person’s immune system by gradually destroying the body’s CD4 cells, which fight disease and infection. This makes a person more likely to get other infections or infection-related cancers. AIDS is considered to be the last stage of HIV infection.

Currently, no effective cure exists for HIV or AIDS. With antiretroviral therapy (ART), people can be treated before HIV progresses and have a nearly normal life expectancy. However, ART treatment is a lifetime therapy and must be strictly followed.

Many people infected with HIV may not feel sick or even know they have the virus for many years. During that time, the virus, a bloodborne pathogen, can infect other people – including healthcare workers.

To prevent the transmission of HIV, implement Standard Precautions (treating all blood and other potentially infectious material as if known to be infectious for bloodborne pathogens).
TRANSMISSION-BASED PRECAUTIONS

As a healthcare worker, you should be aware of the three specific Transmission-Based Precautions that are used for patients when there is a risk of the spread of infection by direct or indirect contact:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Contact Precautions
Contact Precautions are used for:

- Patients infected with multidrug-resistant organisms (MDROs)
- Situations where excessive wound drainage, fecal incontinence (may include patients with norovirus, rotavirus, or C. difficile), or other discharges from the body suggest an increased risk of transmission

Healthcare workers caring for patients on Contact Precautions should:

- Wear appropriate Personal Protective Equipment (PPE) such as gown and gloves when entering the patient’s room
- Discard the PPE before exiting the patient’s room to contain the pathogens
- Place those patients in a single room when possible

Droplet Precautions
Droplet Precautions are used in cases where respiratory secretions (saliva, mucus) could spread an infection. These patients may not need special air handling and ventilation in their room, but a single room is preferred.

Droplet Precautions may be used for patients with:

- Influenza (the flu)
- Whooping cough (pertussis)
- Adenovirus, which can cause bronchitis, pneumonia, diarrhea, and pink eye
- Group A streptococcus, which can cause strep throat

Healthcare personnel caring for patients on Droplet Precautions should:

- Wear a mask (a respirator is not necessary) for close contact with the patient
- Put the mask on as soon as they enter the patient’s room
- Put a mask on the patient, if tolerated, when transporting the patient outside the room
Airborne Precautions

Airborne Precautions are used for patients with pathogens that remain infectious over long distances when suspended in the air. This includes:

- Measles
- Chickenpox (varicella)
- Tuberculosis
- Smallpox

When Airborne Precautions are necessary:

- An airborne infection isolation room (AIIR), which is a room with special air handling and ventilation equipment, is preferred.
- Healthcare personnel caring for patients on Airborne Precautions should wear a mask or respirator, depending on the disease-specific recommendations, which is donned prior to room entry.
- Whenever possible, non-immune healthcare workers should not care for patients with vaccine-preventable airborne diseases (measles, chickenpox, smallpox).
MULTIDRUG-RESISTANT ORGANISMS (MDRO)

Multidrug-resistant organisms (MDROs) are microorganisms, primarily bacteria, that are resistant to antimicrobial agents and therefore can be difficult to treat. Common MDROs are VRE and MRSA.

VRE (Vancomycin-Resistant Enterococci)
Vancomycin-resistant enterococci (VRE) are bacterial strains of the genus Enterococcus that are resistant to the antibiotic vancomycin. Enterococci are organisms found normally in the intestinal tract and, in females, in the vaginal tract.

People at higher risk for VRE are those who have been ill and have been taking many antibiotics or have weakened immune systems due to illness or age.

VRE:
- Are found most often in the stool
- Can also be found in the blood, urine, and wounds, or wherever it can be carried by blood
- Can be spread to other people by contact between persons

VRE are hardy organisms. They can survive on hard surfaces for 7 to 10 days and on hands for hours. But it is easy to kill them with hand-washing and the proper use of disinfectants.

Healthcare workers treating VRE patients must follow these rules:
- Gloves MUST be worn before or upon entry to patient’s room.
- Hands MUST be washed after glove removal and before leaving the room.
- Gowns MUST be worn by anyone having contact with VRE patients or items that the patient may have come in contact with.
- A standard surgical mask is necessary if the organism is in the respiratory tract for close contact with the patient, which is defined as being within 2 to 3 feet.

MRSA (Methicillin-Resistant Staphylococcus Aureus)
MRSA is a strain of the germ Staphylococcus aureus that has developed resistance to most of the antibiotics commonly used to treat staph infections.

MRSA is passed from person to person through contact.
- A person who is infected with MRSA may have it in their nose as well as on their hands – so whenever they touch others, they can pass the germ along.
- MRSA can be transmitted from someone in contact with a MRSA patient to another patient.

Healthcare workers treating MRSA patients must follow these rules:
- Use Personal Protective Equipment (PPE), including gloves and gowns, if it can be reasonably anticipated that contact with blood or other potentially infectious materials may occur.
- Hands must be washed after touching blood, body fluids, secretions, excretions, and contaminated items. Also wash hands after glove removal and before leaving the room.
- A standard surgical mask is necessary if the organism is in the respiratory tract and close contact with the patient is required, which is defined as being within 2 to 3 feet.
**TUBERCULOSIS**

Tuberculosis (TB) is a disease that is caused by bacteria that are carried through the air by tiny droplets. TB mainly attacks the lungs, but any part of the body can be affected, including the kidneys, spine, and brain. With long-term medication, tuberculosis can be cured.

Symptoms of TB include:
- Chest pain
- Prolonged productive cough (3 weeks or longer)
- Coughing up of blood or sputum
- Fever, chills, night sweats
- Weight loss, lack of appetite
- Weakness or fatigue

TB transmission:
- TB is transmitted through the air when a person with TB in the lungs or throat coughs, sneezes, or speaks, infecting those nearby if they inhale the infectious airborne droplets.
- According to the U.S. Centers for Disease Control and Prevention (CDC), TB is NOT spread by shaking someone’s hand, sharing food or drink, touching bed linens or toilet seats, sharing toothbrushes, or kissing.

There are two types of tests for TB – a skin test or TB blood test. People working in healthcare settings should receive an initial TB skin test upon hire, and then annual tests depending on the type of setting.

Special precautions for healthcare workers regarding TB patients:
- TB patients should be in private rooms with their door kept closed.
- Pulmonary TB patients should be in a negative pressure ventilated room or an AIIR (airborne infection isolation room).
- Healthcare workers should wear a special “fit-tested” mask such as an N-95 or greater to provide at least 95% efficiency, and receive training on proper fitting and how to wear it correctly.
- The N-95 or greater efficiency mask should be worn when entering the patient’s room and while in the room.
- Patients should be kept in their rooms as much as possible; if transportation is necessary, patient MUST wear a high-efficiency mask (if medically feasible).
- Patients should be encouraged to cough or sneeze directly into tissues and to dispose of them.
- HANDS MUST BE WASHED after touching the patient or potentially contaminated articles, and after taking off gloves, mask, and/or gown.
EBOLA

Ebola is a rare and deadly disease that first occurred in remote villages in central Africa but has affected people in other countries around the world.

Symptoms of Ebola may appear between 2 and 21 days after exposure and include:
- Fever
- Muscle pain
- Weakness
- Vomiting
- Fatigue
- Severe headache
- Diarrhea
- Abdominal pain
- Internal or external bleeding (from skin, eyes, gums)

It is difficult to diagnose a person in the first few days of contracting Ebola, mainly because the early symptoms are often seen in many other illnesses. The screening process includes taking a recent travel history. Confirmation of Ebola virus infection is with blood tests.

How Ebola is Transmitted

Ebola can infect humans and other mammals, including bats, monkeys, and apes. Human-to-human transmission occurs through direct contact with blood or body fluids of an infected person.

Healthcare providers caring for Ebola patients, as well as the family and friends in close contact with Ebola patients, are at the highest risk of contracting Ebola because they are more likely to come into contact with their blood or body fluids.

The virus also can be spread through contact with objects that have been contaminated with the virus, such as:
- Clothes
- Bedding
- Needles
- Syringes/sharps
- Medical equipment

Currently there is no FDA-approved vaccine or medicine available for Ebola. These basic interventions, when used early, can significantly improve the chances of survival:
- Providing intravenous (IV) fluids and electrolytes
- Maintaining oxygen status and blood pressure
- Treating other infections that may occur
Caring for a Suspected Ebola Patient
If a patient has met the criteria for Ebola:

- Healthcare providers should implement Standard, Contact, and Droplet Precautions using appropriate Personal Protective Equipment (PPE).
- The patient should be placed in isolation in a single patient room with a private bathroom.
- The patient’s door(s) should be kept closed.
- A log should be maintained of all persons entering the patient's room.
- Public health officials should be notified.

Special Precautions for Healthcare Workers
Here are recommendations from the U.S. Centers for Disease Control and Prevention (CDC) for healthcare workers in close contact with patients who have suspected or known Ebola infection:

1. All body parts should be completely covered when putting on Personal Protective Equipment (PPE).
2. Impermeable garment should be:
   - Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf, OR
   - Coverall without integrated hood
3. Respiratory protection should be:
   - PAPR (powered air purifying respirator), a hooded respirator with a full-face shield, helmet, or headpiece. Any reusable helmet or headpiece must be covered with a single-use hood that extends to the shoulders and fully covers the neck and is compatible with the selected PAPR, OR
   - A single-use N95 respirator in combination with single-use surgical hood extending to the shoulders and single-use full-face shield.
4. Single-use boot covers that are waterproof and go to at least mid-calf
5. Single-use examination gloves with extended cuffs, using double-glove technique (sterile for some procedures)
6. Single-use apron that is waterproof and covers the torso to the level of the mid-calf should be used if Ebola patients have vomiting or diarrhea

Healthcare workers should receive rigorous and repeated training to ensure they are knowledgeable and proficient in putting on (donning) and taking off (doffing) PPE prior to managing an Ebola patient. The sequence for donning and doffing are critical to avoiding exposure.

A clear layout and separation between clean and potentially contaminated areas is critical to prevent contamination and exposure.

Non-dedicated, non-disposable equipment used for patient care should be immediately cleaned and disinfected according to manufacturer’s instructions and hospital policies.
Additional Infection Control Practices for Ebola

1. Limit the use of needles and other sharps as much as possible.
2. All needle and sharps should be handled with extreme care.
3. Dispose of all needles and sharps in puncture-proof, sealed containers.
4. Keep hands away from the face.
5. Limit touching surfaces and body fluids.
6. Immediately disinfect any visibly contaminated PPE surfaces, equipment, or patient care area surfaces using an EPA-registered disinfectant wipe.
7. Perform regular cleaning and disinfection of patient care surfaces, even if visible contamination is not seen.
8. Perform frequent disinfection of gloved hands using an alcohol-based hand rub, particularly after handling body fluids.

Aerosol Generating Procedures (AGP’s)

It has not been established that Ebola can be contracted through airborne transmission; however, there may be some patients with severe pulmonary involvement or who during certain invasive procedures can potentially produce aerosols. Aerosol Generating Procedures (AGPs) include:

- Airway suctioning
- Aerosolized or nebulized medication administration
- Bronchoscopy
- Endotracheal intubation and extubation
- Positive pressure ventilation via face mask

In these instances, facilities may choose to adhere to the following CDC recommendations:

- Visitors should not be present.
- Limit number of individuals entering room.
- Only pertinent healthcare personnel needed for procedure are present.
- Conduct the procedure in a private room or ideally, when possible, in an airborne infection isolation room (AIIR).
- All doors should be kept closed; entry and exit should be limited or eliminated if possible during the procedure.
- Use strict PPE recommendations for these procedures.

Environmental Cleaning & Control

The CDC recommends the following environmental cleaning practices for any care areas of known or suspected Ebola virus patients. This especially applies to Environmental Services staff but is also for anyone who would be performing cleaning tasks.

- Wear Ebola PPE during cleaning procedures, and follow Ebola donning and doffing procedures.
- Use an EPA-registered hospital disinfectant with a label claim for a non-enveloped virus (norovirus, rotavirus, adenovirus, poliovirus).
- Avoid contamination of reusable porous surfaces that cannot be made single use.
- Use disposable cleaning cloths, mop cloths, and wipes, and dispose of these in leak-proof bags.
- Use a rigid waste receptacle designed to support the bag to help minimize contamination of the bag’s exterior.
Keep these cleaning facts in mind in cases of diagnosed or suspected Ebola:

- Daily cleaning and disinfection of hard, non-porous surfaces (high-touch surfaces such as bed rails and over bed tables, housekeeping surfaces such as floors and counters) should be done.
- Remove all upholstered furniture and decorative curtains from patient rooms before use.
- Mattresses and pillows should have plastic covers or other protective covering to prevent fluids from leaking through.
- Patient rooms should not be carpeted.
- Basic principles for blood or body substance spill management should be followed as outlined by OSHA’s Bloodborne Pathogen.
- Ebola-associated waste that has been appropriately incinerated, autoclaved, or otherwise inactivated is not infectious, does not pose a health risk, and is not considered to be regulated medical waste or a hazardous material under federal law.
- Waste items transported offsite for disposal that is contaminated or suspected of being contaminated with Ebola virus must be packaged and transported in accordance with the Department of Transportation’s (DOT) Hazardous Materials Regulations. This includes:
  o Medical equipment
  o Sharps
  o Linens
  o Used healthcare products (such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets, or byproducts of cleaning)
  o Used Personal Protection Equipment (gowns, masks, gloves, goggles, face shields, respirators, booties, etc.)

If You Are Exposed to Ebola

If you are exposed to the blood, other body fluids, secretions, or excretions of an Ebola patient:

- Stop working and immediately wash the affected skin surfaces with soap and water. Eyes should be irrigated with copious amounts of water or eyewash solution.
- Immediately contact your occupational health/supervisor for assessment and access to post-exposure management services.

If you develop sudden fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after exposure to an Ebola patient, you should:

- Not report to work or should immediately stop working
- Notify your supervisor
- Seek prompt medical evaluation and testing
- Notify local and state health departments
- Comply with work exclusion until it is established that you are no longer infectious to others

Post-Mortem Care for Ebola Patients

Unfortunately, there will be Ebola-related deaths. Healthcare workers who will provide post-mortem care for these patients must know and understand their organization’s policies and procedures related to providing post-mortem care for Ebola patients.
HANDLING AND DISPOSAL OF INFECTIOUS WASTES

Remember these simple steps when dealing with infectious materials or waste (such as blood and body fluids, human tissue, sharps, needles, scalpels, IV tubing):

1. Infectious waste should be placed in closable leak-proof containers – color-coded, labeled, or tagged with the biohazard symbol.
2. Waste MUST be separated into appropriate containers.
3. Biohazard bags should be used for contaminated materials that are saturated with blood or other potentially infectious material.
4. Sharps MUST NOT be recapped.
5. Sharps MUST be placed in approved puncture-resistant biohazard sharps container, only up to the three-quarters-full mark.
6. Fluids MUST be emptied into the sanitary sewer system.
7. Fluid-filled container that cannot be emptied prior to disposal MUST be placed in biohazard receptacle.
8. Always protect yourself by wearing Personal Protective Equipment (PPE) when handling infectious waste.

When handling specimens:

1. Laboratory specimens from all patients should be handled with equal care.
2. All non-blood specimen containers MUST be securely closed before transport.
3. Blood specimens and other glass containers MUST be transported in a manner that reduces the risk of breakage.
4. Specimens with visible soiling on their containers MUST be properly cleaned before transport to the lab.
5. If the lab tag becomes visibly soiled, issue a replacement tag for the specimen.
6. Workers transporting specimens should wash their hands after delivering them to the lab. A glove may be worn on the hand used to carry the specimen, leaving the un gloved hand free for opening doors, pushing elevator buttons, etc. A tray or box can make it easier to transport multiple specimens.
CONCLUSION

In the healthcare setting, infections are a major threat. As a healthcare worker, you are an important part of infection prevention at your facility.

Understanding ways to protect yourself and others, particularly when exposed to a patient with a serious transmittable infection, is crucial. By observing certain precautions and following certain procedures, you can reduce the risk that an infection will spread.

REFERENCES:


# National Patient Safety Goals for Hospitals

## Nursing Manual

### National Patient Safety Goals for Hospitals

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Goal 1

*Improve the accuracy of patient identification.*

**NPSG.01.01.01**

*Use at least two patient identifiers when providing care, treatment, and services.*

**Rationale for NPSG.01.01.01**

Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual’s name, an assigned identification number, telephone number, or other person-specific identifier.

**Elements of Performance for NPSG.01.01.01**

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11; NPSG.01.03.01, EP 1)

2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1)

**NPSG.01.03.01**

*Eliminate transfusion errors related to patient misidentification.*

**Elements of Performance for NPSG.01.03.01**

1. Before initiating a blood or blood component transfusion:
   - Match the blood or blood component to the order.
   - Match the patient to the blood or blood component.
   - Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding.

   (See also NPSG.01.01.01, EPs 1 and 2)
2. When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.

3. When using a two-person verification process, the second individual conducting the identification verification is qualified to participate in the process, as determined by the hospital.

**Goal 2**  
*Improve the effectiveness of communication among caregivers.*

**NPSG.02.03.01**  
*Report critical results of tests and diagnostic procedures on a timely basis.*

**Rationale for NPSG.02.03.01**

Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

**Elements of Performance for NPSG.02.03.01**

1. Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following:
   - The definition of critical results of tests and diagnostic procedures
   - By whom and to whom critical results of tests and diagnostic procedures are reported
   - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures

2. Implement the procedures for managing the critical results of tests and diagnostic procedures.

3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.

**Goal 3**  
*Improve the safety of using medications.*

**NPSG.03.04.01**  
*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.
Rationale for NPSG.03.04.01

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of safe medication management, yet it is routine in many organizations.

The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings. Labels for medications and medication containers are also addressed at MM.05.01.09.

Elements of Performance for NPSG.03.04.01

1. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.

   Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.

2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.

3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:
   - Medication or solution name
   - Strength
   - Amount of medication or solution containing medication (if not apparent from the container)
   - Diluent and volume (if not apparent from the container)
   - Expiration date when not used within 24 hours
   - Expiration time when expiration occurs in less than 24 hours

   Note: The date and time are not necessary for short procedures, as defined by the hospital.

4. Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

5. Label each medication or solution as soon as it is prepared, unless it is immediately administered.
Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.

6. Immediately discard any medication or solution found unlabeled.

7. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.
   Note: This does not apply to multiuse vials that are handled according to infection control practices.

8. All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

**NPSG.03.05.01**

*Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.*

Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient’s laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thromboembolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient’s laboratory values for coagulation will remain within, or close to, normal values.

**Rationale for NPSG.03.05.01**

Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant. However, it is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. This National Patient Safety Goal has great potential to positively impact the safety of patients on this class of medications and result in better outcomes.

To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program. Effective anticoagulation patient education includes face-to-face interaction with a trained professional who works closely with patients to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring. The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.
Elements of Performance for NPSG.03.05.01

1. Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.

   Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.

2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.

3. Before starting a patient on warfarin, assess the patient’s baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.

   Note: The patient’s baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors.

4. Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.

5. When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing.

6. A written policy addresses baseline and ongoing laboratory tests that are required for anticoagulants.

7. Provide education regarding anticoagulant therapy to staff, patients, and families.

   Patient/family education includes the following:
   - The importance of follow-up monitoring
   - Compliance
   - Drug-food interactions
   - The potential for adverse drug reactions and interactions

8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.
Introduction to Reconciling Medication Information

The large number of people receiving health care who take multiple medications and the complexity of managing those medications make medication reconciliation an important safety issue. In medication reconciliation, a clinician compares the medications a patient should be using (and is actually using) to the new medications that are ordered for the patient and resolves any discrepancies.

The Joint Commission recognizes that organizations face challenges with medication reconciliation. The best medication reconciliation requires a complete understanding of what the patient was prescribed and what medications the patient is actually taking. It can be difficult to obtain a complete list from every patient in an encounter, and accuracy is dependent on the patient’s ability and willingness to provide this information. A good faith effort to collect this information is recognized as meeting the intent of the requirement. As health care evolves with the adoption of more sophisticated systems (such as centralized databases for prescribing and collecting medication information), the effectiveness of these processes will grow.

This National Patient Safety Goal (NPSG) focuses on the risk points of medication reconciliation. The elements of performance in this NPSG are designed to help organizations reduce negative patient outcomes associated with medication discrepancies. Some aspects of the care process that involve the management of medications are addressed in the standards rather than in this goal. These include coordinating information during transitions in care both within and outside of the organization (PC.02.02.01), patient education on safe medication use (PC.02.03.01), and communications with other providers (PC.04.02.01).

In settings where medications are not routinely prescribed or administered, this NPSG provides organizations with the flexibility to decide what medication information they need to collect based on the services they provide to patients. It is often important for clinicians to know what medications the patient is taking when planning care, treatment, or services, even in situations where medications are not used. A new requirement in this NPSG addresses the patient’s role in medication safety: it requires organizations to inform the patient about the importance of maintaining updated medication information.

**NPSG.03.06.01**

*Maintain and communicate accurate patient medication information.*

**Rationale for NPSG.03.06.01**

There is evidence that medication discrepancies can affect patient outcomes. Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. The comparison addresses duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose. Organizations should identify the information that needs to be collected to reconcile current and newly ordered medications and to safely prescribe medications in the future.
Elements of Performance for NPSG.03.06.01

1. Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.

   Note 1: Current medications include those taken at scheduled times and those taken on an as-needed basis.

   Note 2: It is often difficult to obtain complete information on current medications from a patient, a good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the Element of Performance.

2. Define the types of medication information to be collected in non-24-hour settings and different patient circumstances.

   Note 1: Examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.

   Note 2: Examples of medication information that may be collected include name, dose, route, frequency, and purpose.

3. Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.

   Note: Discrepancies include omissions, duplications, contraindications, unclear information, and changes. A qualified individual, identified by the hospital, does the comparison. (See also HR.01.06.01, EP 1)

4. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose).

   Note: When the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications. For more information about communications to other providers of care when the patient is discharged or transferred, refer to Standard PC.04.02.01.

5. Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

   Note: Examples include instructing the patient to give a list to his or her primary care physician to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations. For information on patient education on medications, refer to Standards MM.06.01.03, PC.02.03.01, and PC.04.01.05.
Goal 6
Reduce the harm associated with clinical alarm systems.

NPSG.06.01.01
Improve the safety of clinical alarm systems

Rationale for NPSG.06.01.01

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow. These issues vary greatly among hospitals and even within different units in a single hospital.

There is general agreement that this is an important safety issue. Universal solutions have yet to be identified, but it is important for a hospital to understand its own situation and to develop a systematic, coordinated approach to clinical alarm system management. Standardization contributes to safe alarm system management, but it is recognized that solutions may have to be customized for specific clinical units, groups of patients, or individual patients. This NPSG focuses on managing clinical alarm systems that have the most direct relationship to patient safety. As alarm system management solutions are identified, this NPSG will be updated to reflect best practices.

Additional information on alarm safety can be found on the AAMI website http://www.aami.org/htsi/alarms/. Also, the ECRI Institute has identified alarm hazards as one of the top technology hazards for 2013; more information on this hazard list can be found at http://www.ecri.org/Forms/Pages/Alarm_Safety_Resource.aspx.

Elements of Performance for NPSG.06.01.01

1. Leaders establish alarm system safety as a hospital priority.

2. Identify the most important alarm signals to manage based on the following:
   - Input from the medical staff and clinical departments
   - Risk to patients if the alarm signal is not attended to or if it malfunctions
   - Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
   - Potential for patient harm based on internal incident history
   - Published best practices and guidelines

(For more information on managing medical equipment risks, refer to Standard EC.02.04.01.)
3. Establish policies and procedures for managing the alarms identified in EP 2 above that, at a minimum, address the following:
   • Clinical appropriate settings for alarm signals
   • When alarm signals can be disabled
   • When alarm parameters can be changed
   • Who in the organization has the authority to set alarm parameters
   • Who in the organization has the authority to change alarm parameters
   • Who in the organization has the authority to set alarm parameters to “off”
   • Monitoring and responding to alarm signals
   • Checking individual alarm signals for accurate settings, proper operation, and detectability (For more information, refer to Standard EC.02.04.03)

4. Educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.

Goal 7
Reduce the risk of health care–associated infections.

NPSG.07.01.01
Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Rationale for NPSG.07.01.01
According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, and services in a health care organization. Consequently, health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

Elements of Performance for NPSG.07.01.01

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines. (See also IC.01.04.01, EP 5)
2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)

3. Improve compliance with hand hygiene guidelines based on established goals.

**NPSG.07.03.01**

*Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals.*

Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria.

**Rationale for NPSG.07.03.01**

Patients continue to acquire health care–associated infections at an alarming rate. Risks and patient populations, however, differ between hospitals. Therefore, prevention and control strategies must be tailored to the specific needs of each hospital based on its risk assessment. The elements of performance for this requirement are designed to help reduce or prevent health care–associated infections from epidemiologically important multidrug-resistant organisms (MDROs).

Note: Hand hygiene, contact precautions, as well as cleaning and disinfecting patient care equipment and the patient’s environment are essential strategies for preventing the spread of health care–associated infections. Hand hygiene is addressed in NPSG.07.01.01. Contact precautions for patients with epidemiologically significant multidrug-resistant organisms (MDROs) are covered in IC.02.01.01, EP 3. Cleaning and disinfecting patient care equipment are addressed in IC.02.02.01.

**Elements of Performance for NPSG.07.03.01**

1. Conduct periodic risk assessments (in time frames defined by the hospital) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EPs 1-5)

2. Based on the results of the risk assessment, educate staff and licensed independent practitioners about health care–associated infections, multidrug-resistant organisms, and prevention strategies at hire and annually thereafter.

   Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the hospital.

3. Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection strategies.

4. Implement a surveillance program for multidrug-resistant organisms based on the risk assessment.

   Note: Surveillance may be targeted rather than hospital-wide.
5. Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following:
   - Multidrug-resistant organism infection rates using evidence-based metrics
   - Compliance with evidence-based guidelines or best practices
   - Evaluation of the education program provided to staff and licensed independent practitioners

   Note: Surveillance may be targeted rather than hospital-wide.

6. Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

7. Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).

8. When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms.

   Note: The alert system may use telephones, faxes, pagers, automated and secure electronic alerts, or a combination of these methods.

9. When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients who are known to be positive for multidrug-resistant organisms.

   Note 1: The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both.

   Note 2: Each hospital may define its own parameters in terms of time and clinical manifestation to determine which re-admitted patients require isolation.

**NPSG.07.04.01**

*Implement evidence-based practices to prevent central line–associated bloodstream infections.*

Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

**Elements of Performance for NPSG.07.04.01**

1. Educate staff and licensed independent practitioners who are involved in managing central lines
about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities.

2. Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line–associated bloodstream infection prevention.

3. Implement policies and practices aimed at reducing the risk of central line–associated bloodstream infections. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).

4. Conduct periodic risk assessments for central line–associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the hospital, and this infection surveillance activity is hospital-wide, not targeted.

5. Provide central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

6. Use a catheter checklist and a standardized protocol for central venous catheter insertion.

7. Perform hand hygiene prior to catheter insertion or manipulation.

8. For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.

9. Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.

10. Use a standardized protocol for sterile barrier precautions during central venous catheter insertion.

11. Use an antiseptic for skin preparation during central venous catheter insertion that is cited in scientific literature or endorsed by professional organizations.

Note: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.

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12. Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.

13. Evaluate all central venous catheters routinely and remove nonessential catheters.

### NPSG.07.05.01

Implement evidence-based practices for preventing surgical site infections.

#### Elements of Performance for NPSG.07.05.01

1. Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual’s job responsibilities.

2. Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.

3. Implement policies and practices aimed at reducing the risk of surgical site infections. These policies and practices meet regulatory requirements and are aligned with evidence-based guidelines (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).

4. As part of the effort to reduce surgical site infections:
   - Conduct periodic risk assessments for surgical site infections in a time frame determined by the hospital.
   - Select surgical site infection measures using best practices or evidence-based guidelines.
   - Monitor compliance with best practices or evidence-based guidelines.
   - Evaluate the effectiveness of prevention efforts.

Note: Surveillance may be targeted to certain procedures based on the hospital’s risk assessment.

5. Measure surgical site infection rates for the first 30 or 90 days following surgical procedures based on National Healthcare Safety Network (NHSN) procedural codes. The hospital’s measurement strategies follow evidence-based guidelines.

Note 1: Surveillance may be targeted to certain procedures based on the hospital’s risk assessment.

Note 2: The NHSN is the Centers for disease Control and Prevention’s health care-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data...
needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate health care-associated infections. For more information on NHSN procedural codes, see [http://www.cdc.gov/nhsn/CPTcodes/ssi-cpt.html](http://www.cdc.gov/nhsn/CPTcodes/ssi-cpt.html).

6. Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders.

7. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations.

Note: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.**

8. When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations.

Note: ** See note above.**

**NPSG.07.06.01**

*Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).*

Note: This NPSG is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is not consensus that these practices apply to children.

**Elements of Performance for NPSG.07.06.01**

1. Educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of infection prevention.
   - Education occurs upon hire or granting of initial privileges and when involvement in indwelling catheter care is added to an individual’s job responsibilities.
   - Ongoing education and competence assessment occur at intervals established by the organization.
2. Educate patients who will have an indwelling catheter, and their families as needed, on CAUTI prevention and the symptoms of a urinary tract infection.

3. Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter.
   - Written criteria are revised as scientific evidence changes.
   - Note: Examples of criteria for placement of an indwelling urinary catheter include the following:
     - Critically ill patients who need accurate urinary output measurements
     - Patients with acute urinary retention or bladder outlet obstruction
     - Patients who require prolonged immobilization (for example, a potentially unstable thoracic or lumbar spine or multiple traumatic injuries such as pelvic fractures)
     - Incontinent patients with an open sacral wound or perineal wounds
     - Perioperative use for selected surgical procedures, such as patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract; patients who will have a prolonged duration of surgery (catheters inserted for this reason should be removed in a post-anesthesia care unit)
     - Patients anticipated to receive large volume infusions or diuretics during surgery
     - Patients needing intraoperative monitoring of urinary output
     - End-of-life care
     - Neurogenic bladder

4. Follow written procedures based on established evidence-based guidelines for inserting and maintaining an indwelling urinary catheter. The procedures address the following:
   - Limiting use and duration
   - Performing hand hygiene prior to catheter insertion or maintenance care
   - Using aseptic techniques for site preparation, equipment, and supplies
   - Securing catheters for unobstructed urine flow and drainage
   - Maintaining the sterility of the urine collection system
   - Replacing the urine collection system when required
5. Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:
   - Selecting measures using evidence-based guidelines or best practices
   - Having a consistent method for medical record documentation of indwelling urinary catheter use, insertion, and maintenance
   - Monitoring compliance with evidence-based guidelines or best practices
   - Evaluating the effectiveness of prevention efforts

   Note: Surveillance may be targeted to areas with a high volume of patients using in-dwelling catheters. High-volume areas are identified through the hospital’s risk assessment as required in IC.01.03.01, EP 2.

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**Goal 15**

*The hospital identifies safety risks inherent in its patient population.*

**NPSG.15.01.01**

*Identify patients at risk for suicide.*

Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

**Rationale for NPSG.15.01.01**

Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

**Elements of Performance for NPSG.15.01.01**

1. Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.

2. Address the patient’s immediate safety needs and most appropriate setting for treatment.

3. When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.
Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Surgery™

The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Organizations can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

The Universal Protocol is based on the following principles:

- Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
- A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
- To the extent possible, the patient and, as needed, the family are involved in the process.
- Consistent implementation of a standardized protocol is most effective in achieving safety.

The Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol. In some hospitals, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements.

Organizations should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site marking precede the final verification in the time out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the hospital.

Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.
UP.01.01.01
Conduct a preprocedure verification process.

Rationale for UP.01.01.01

Hospitals should always make sure that any procedure is what the patient needs and is performed on the right person. The frequency and scope of the verification process will depend on the type and complexity of the procedure.

The preprocedure verification is an ongoing process of information gathering and confirmation. The purpose of the preprocedure verification process is to make sure that all relevant documents and related information or equipment are:

- Available prior to the start of the procedure
- Correctly identified, labeled, and matched to the patient’s identifiers
- Reviewed and are consistent with the patient’s expectations and with the team’s understanding of the intended patient, procedure, and site.

Preprocedure verification may occur at more than one time and place before the procedure. It is up to the hospital to decide when this information is collected and by which team member, but it is best to do it when the patient can be involved. Possibilities include the following:

- When the procedure is scheduled
- At the time of preadmission testing and assessment
- At the time of admission or entry into the facility for a procedure
- Before the patient leaves the preprocedure area or enters the procedure room

Missing information or discrepancies are addressed before starting the procedure.

Elements of Performance for UP.01.01.01

1. Implement a preprocedure process to verify the correct procedure, for the correct patient, at the correct site.

   Note: The patient is involved in the verification process when possible.

2. Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:

   - Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and preanesthesia assessment)
   - Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
- Any required blood products, implants, devices, and/or special equipment for the procedure

Note: The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.

3. Match the items that are to be available in the procedure area to the patient.

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**Introduction to UP.01.02.01**

Wrong site surgery should never happen. Yet it is an ongoing problem in health care that compromises patient safety. Marking the procedure site is one way to protect patients; patient safety is enhanced when a consistent marking process is used throughout the hospital. Site marking is done to prevent errors when there is more than one possible location for a procedure. Examples include different limbs, fingers and toes, lesions, level of the spine, and organs. In cases where bilateral structures are removed (such as tonsils or ovaries) the site does not need to be marked.

Responsibility for marking the procedure site is a hotly debated topic. One position is that since the licensed independent practitioner is accountable for the procedure, he or she should mark the site. Another position is that other individuals should be able to mark the site in the interests of work flow and efficiency.

There is no evidence that patient safety is affected by the job function of the individual who marks the site. The incidence of wrong-site surgery is low enough that it is unlikely that valid data on this subject will ever be available. Furthermore, there is no clear consensus in the field on who should mark the site. Rather than remaining silent on the subject of site marking, The Joint Commission sought a solution that supports the purpose of the site mark. The mark is a communication tool about the patient for members of the team. Therefore, the individual who knows the most about the patient should mark the site. In most cases, that will be the person performing the procedure.

Recognizing the complexities of the work processes supporting invasive procedures, The Joint Commission believes that delegation of site marking to another individual is acceptable in limited situations as long as the individual is familiar with the patient and involved in the procedure. These include:

- Individuals who are permitted through a postgraduate education program to participate in the procedure
- A licensed individual who performs duties requiring collaborative or supervisory agreements with a licensed independent practitioner. These individuals include advanced practice registered nurses (APRNs) and physician assistants (PAs).

The licensed independent practitioner remains fully accountable for all aspects of the procedure even
when site marking is delegated.

**UP.01.02.01**

*Mark the procedure site.*

**Elements of Performance for UP.01.02.01**

1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.

   Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.

2. Mark the procedure site before the procedure is performed and, if possible, with the patient involved.

3. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:
   - An individual in a medical postgraduate education program who is being supervised by the licensed independent practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed
   - A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed independent practitioner performing the procedure (that is, an advanced practice registered nurse (A.P.R.N.) or physician assistant (P.A.)); who is familiar with the patient; and who will be present when the procedure is performed.

   Note: The hospital's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.

4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

   Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the
5. A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum).

Note: Examples of other situations that involve alternative processes include:
- Minimal access procedures treating a lateraled internal organ, whether percutaneous or through a natural orifice
- Teeth
- Premature infants, for whom the mark may cause a permanent tattoo

UP.01.03.01

A time-out is performed before the procedure.

Rationale for UP.01.03.01

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. A hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a timeout, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the hospital.

Elements of Performance for UP.01.03.01

1. Conduct a time-out immediately before starting the invasive procedure or making the incision.

2. The time-out has the following characteristics:
   - It is standardized, as defined by the hospital.
   - It is initiated by a designated member of the team.
   - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

3. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.

4. During the time-out, the team members agree, at a minimum, on the following:
- Correct patient identity
- The correct site
- The procedure to be done

5. Document the completion of the time-out.

Note: The hospital determines the amount and type of documentation.
Pain Management

INTRODUCTION

The American Pain Society and The Joint Commission considers pain to be the fifth vital sign – as important to assess and measure as pulse, respiration, temperature, and blood pressure. As with the traditional vital signs, steps must be taken to correct the situation when an assessment shows something is amiss.

Every patient has the right to effective pain management. Treatment of pain is also important to recovery. Uncontrolled pain can lengthen a patient’s hospital stay, decrease a patient’s activity level, and cause unnecessary stress on the body.

PURPOSE/OVERALL GOAL

This module explains types of pain, how it is evaluated, and how it is treated. Myths about pain, pharmacologic and non-pharmacologic management options, and end-of-life care are included.

The goal of this module is to help you as a healthcare worker understand effective ways in which pain can managed in order to deliver the highest quality care possible to patients.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Describe the types of pain that may be experienced
2. Define the impact of pain on individuals
3. Demonstrate how pain is assessed and evaluated
4. Define pharmacologic and non-pharmacologic ways of managing pain
5. Describe the role of pain management in end-of-life care
DEFINING PAIN

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. It can be caused by trauma and a wide variety of disorders, diagnostic tests, or treatments.

Pain is the most common reason why people in the United States seek medical care.

- One in three Americans suffers from some form of chronic pain.
- More than 100 million Americans report chronic pain.
- Approximately 50 million Americans are partially or totally disabled by chronic pain.
- The annual economic cost of chronic pain in adults, including healthcare expenses and lost productivity, is estimated at $560 to $630 billion.

The Joint Commission (TJC) sets these standards to assess and manage pain:
1. All patients are screened for pain when admitted.
2. Patients are reassessed regularly for pain.
3. Patients are taught about pain control.

According to TJC, strategies for managing pain should take into account:
- The patient’s current presentation
- The healthcare provider’s clinical judgment
- The risks and benefits associated with pain-relief strategies, including potential risk of dependency, addiction, and abuse

It is important to remember that:
- Pain is very subjective.
- Pain is whatever the patient says it is.
- Pain may be experienced differently by each individual.
FACTORS INFLUENCING PAIN

A number of factors can influence the way in which pain is experienced:
- A person’s previous experience with pain
- The meaning of pain for each person
- A person’s beliefs about pain
- A person’s usual coping mechanisms
- A person’s psychological state

Family and social expectations can also play a role. The experience of pain may be influenced by the way a person was brought up to view and deal with pain, and by the expectations of the patient’s culture or society. In addition, some people are physically more or less sensitive than others to actual or anticipated injury.

It is also important to recognize that pain can increase because of social and emotional factors as well as changes in disease state.

In addition to discomfort, lack of pain relief can affect a patient’s:
- Immune system function
- Activities of daily living, such as sleep, nutrition, and mobility
- Ability to work
- Length of hospital stay

Remember: It is easier to manage pain BEFORE it becomes severe.
TYPES OF PAIN

Pain is often described as either acute or chronic. These terms describe the duration of pain and how it may respond to treatment – but they do not describe how severe the pain is. Cancer pain is sometimes considered as a separate type of pain.

Acute Pain
Acute pain is caused by a specific physical condition and generally lasts less than 4 weeks. Some examples are:

- Pain following surgery or a procedure
- Pain from an illness such as a sore throat or ear infection
- Pain following an injury

Acute pain:
- Has a well-defined onset
- Is temporary
- Is predictable
- Is treatable

Once the condition causing the pain no longer exists, the pain will go away.

Chronic Pain
Chronic pain is defined in various ways because it may not have a specific onset or time course. Typically, pain that lasts 3 to 6 months or longer is said to be chronic.

Chronic pain:
- May not respond predictably to treatment
- May not result from a particular injury or event

Cancer Pain
Cancer pain can be acute or chronic. If the cancer is not curable, the pain may worsen as the disease progresses. Cancer pain may be caused by:

- The disease itself
- Treatments (such as surgery, chemotherapy, radiation)
- Infections

Chronic pain and cancer pain can cause the most serious problems by:

- Interfering with a patient’s lifestyle and activities
- Reducing a patient’s quality of life
- Wearing a patient down
- Causing a patient to give up hope
- Causing a patient to consider suicide
MYTHS ABOUT PAIN

There are many myths about pain, and they can have a negative influence on effective pain management.

One common myth is that pain medication (especially drugs such as morphine, Demerol, or codeine) should not be used for long-term illness until there is no other choice, because they are addictive.

This may mean, for example, that an opioid medicine may not be ordered for someone with cancer pain until the patient is dying, in order to prevent addiction. In some cases, pain medication may be withheld even at the end of life, because of side effects.

Other common myths are:
- Chronic pain cannot be managed.
- Sleep is a sign that a patient has no pain.
- Pain in the absence of obvious injury or other factors is a sign of serious illness.
- People of certain ethnic or cultural backgrounds will over-report pain and other groups will under-report pain.
- Someone in pain will always have changes in vital signs.
ASSESSING PAIN

As with other vital signs, pain needs to be assessed when a patient is first admitted and at certain times during treatment. Follow-up pain assessments should take place:

- At regular intervals
- After any intervention to decrease pain (to find out if the intervention helped)

There are a number of physical signs that can show that someone may be in pain, including:

- Grimacing, crying, moaning
- Tension
- Withdrawal
- Restlessness
- Guarded movements
- Rubbing the area of pain

Also keep in mind:

- Increased pulse, respirations, and blood pressure may also be signs of pain. These may not be accurate signs, however, so they should only be used when a patient is not able to report pain verbally.
- Record any physical signs you see, as well as the patient’s report of any pain. This will help you and other staff to be alert for the signs later.
- Remember that every patient experiences pain differently. Any signs you observe apply only to that patient.

Even though there may be some physical signs, the best indication of pain is what the patient says. To assess pain, your healthcare facility will have a pain assessment tool. The tool will have some kind of a rating scale. You need to become familiar with the assessment tool your facility uses.

For example, the tool might ask patients to rate their pain on a scale from 1 to 10, with 1 being no pain and 10 being the worst pain imaginable. Some facilities use a graphic scale with faces that range from a smiley face to one with a large grimace and tears for severe pain.

In addition to assessing patients for pain, you should discuss your facility’s policy regarding pain control. Explain to the patient and family the facility’s commitment to pain management, and tell them whom to notify if:

- The patient experiences pain
- The pain is not relieved after an intervention
EVALUATING PAIN

When a patient does report pain, evaluate using the following seven considerations.

1. **Onset:**
   o When did the pain begin?

2. **Duration:**
   o Is the pain continuous, or does it come and go?
   o If the pain is not continuous, how long does it last?

3. **Location:**
   o Where does it hurt?

4. **Description:**
   o What kind of pain is it? (for example, burning, stabbing, cramping, aching, biting, dull, sharp, gnawing)

5. **Severity:**
   o How severe is the pain? (using your facility’s pain assessment tool)
   o What kinds of things make the pain worse?
   o Is the pain associated with any particular activity? (for example, eating)

6. **Relief:**
   o Does anything relieve the pain and, if so, for how long?
   o What prescribed or over-the-counter medications (including dosage and frequency) has the patient taken to relieve the pain?

7. **Effects:**
   o How does the pain interfere with the patient’s normal activities of daily living?
PAIN MANAGEMENT STRATEGIES

Pain management strategies must be selected to meet the individual needs of each patient. This requires:

- An assessment of the pain
- An assessment of the effectiveness of previous interventions

Pain management decisions are not made by healthcare professionals alone. Pain is a unique experience for each individual, and patient education is an important part of the process.

When developing a pain management strategy, it is important to anticipate the patient’s pain needs and to take a preventive approach. This is especially true when the patient is undergoing procedures that are known to be painful, such as surgery.

A preventive approach to pain management can help to minimize stress on the patient and family. This approach also reduces problems associated with poor pain management, such as:

- Longer hospital stay
- Reduced mobility
- Increased stress on immune system
- Decreased energy reserves
NON-PHARMACOLOGIC PAIN MANAGEMENT

Non-pharmacologic interventions are alternative measures that do not use drugs. The methods selected depend on the needs of the patient.

Non-pharmacologic pain management methods include:
- Relaxation and distraction techniques
- Physical interventions

Relaxation and distraction techniques work best if they are practiced before they are needed for pain relief. They include:
- Deep breathing (with focus on breathing techniques)
- Listening to music
- Guided imagery
- Biofeedback
- Hypnosis

Physical interventions that can help in the treatment of pain include:
- Massage
- Exercise (especially for chronic pain)
- Applying heat or cold
  - No longer than 20 minutes
  - Be careful of extreme heat or cold that could damage tissue
- Acupuncture
- Position change
- TENS (transcutaneous electrical nerve stimulation), which controls pain by stimulating the nerves at the pain location and helping to block pain signals
NON-OPIOID MEDICATIONS

When medication is used to control pain, the best strategy is to use the least strong drug that still gives adequate pain relief. Usually, pain control measures begin with non-opioid (non-narcotic) drugs.

Non-opioids are generally available in both over-the-counter and prescription strengths. They include:
- Acetaminophen (Tylenol)
- Nonsteroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen (Advil), and naproxen sodium (Aleve)

Non-opioids are usually taken by mouth or by suppository. They may also be used in combination with opioids.
- The most common side effect of acetaminophen is hepatotoxicity (liver involvement), which is most common with an overdose.
- The most common side effects of NSAIDS are stomach irritation and prolonged bleeding time.

If the non-opioid medication does not relieve the pain, it may require:
- An increase in dosage
- An increase in frequency
- An increase to the next level of drug
OPIOID MEDICATIONS

Opioids (narcotics):
- Are drugs developed from plant-based opium
- Can be either natural or synthetic
- Are used for moderate to severe pain

Pure Agonists
One class of opioids is known as pure agonists, which refers to their specific mechanism for pain relief. These types of opioids include:
- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine

Side effects of opioids include:
- Euphoria
- Sedation
- Constipation
- Nausea and vomiting
- Itching
- Urinary retention
- Hypotension
- Respiratory distress

Over time, patients may develop a tolerance for opioids, meaning they require higher dosages to achieve the same pain relief. However, the usual reason for increasing dosage is because of disease progression.

Patients who have received opioids for a long period of time may experience withdrawal when the drug is stopped. This means that patients should not be taken off the drug suddenly but should gradually decrease the drug level over several days.

There are two important things to remember about opioids and other pain drugs:
- Drug-seeking behavior MAY NOT be a sign of addiction.
- Drug-seeking behavior MAY BE a sign of inadequate pain relief.

Other Opioids
Other types of opioids – such as nalbuphine (Nubain) and butorphanol (Stadol) – provide less analgesia but fewer side effects. There is also a limit to their effectiveness.
- After a point, higher doses do not increase analgesia.
- These drugs are sometimes used to reverse analgesia and side effects caused by pure agonists.
Administration of Opioids

Opioids are given by mouth. As pain level increases, they can be administered in other ways to deliver a higher level of pain relief:

- Sublingually (under the tongue)
- Bucally (placed in the cheek area if the patient is unable to swallow)
- Dermal patch (for continuous release)
- Intravenous (IV) by continuous infusion or intermittent dosage
- Patient-controlled analgesia (PCA), which allows a patient to increase the dosage of an intravenous drug when the pain increases
- Intramuscular or subcutaneous injection
- Suppository
ADJUVANT MEDICATIONS

Other drugs that may help in pain control are adjuvants. These include:

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants

These drugs are used to:

- Enhance the effectiveness of a primary analgesic
- Limit the side effects of a primary analgesic (usually an opioid)
- Treat concurrent symptoms that increase pain
- Provide analgesia for certain types of pain that are not relieved by opioids
PAIN AND END-OF-LIFE CARE

In healthcare, much of the focus is on curative care, in which the goal is for patients to get better. When this goal cannot be met, a patient is considered to be terminally ill.

The patient or family may have decided to discontinue curative treatment or there may be no curative treatment available. In this case, palliative care becomes necessary.

The objectives of palliative care are:
- To make the patient as comfortable as possible
- To support the patient and family during this end-of-life period

When caring for a terminally ill patient, you should:
1. Anticipate pain needs and provide relief before the pain becomes severe
2. Remember that larger doses of analgesia may be needed because of tolerance to the drug and/or because of the progressive disease state
3. Assess the patient frequently for pain management needs
4. Discuss the pain management plan with the patient and family
5. Assure the family that everything possible is being done to keep the patient comfortable

Opioids are often the medication of choice for end-of-life pain.
- They are safe and effective for treating moderate to severe pain.
- They have side effects that can be managed effectively.
CONCLUSION

Pain management is a critical part of patient care, and it is easier to manage pain before it becomes severe. So it is vital for healthcare workers to be able to identify signs of pain while setting aside their own beliefs and misconceptions about how pain is tolerated.

All patients in your care have the right to effective pain management. Your understanding of when and how to assess and treat pain is an integral part of your role as a healthcare provider.

REFERENCES:

- Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Institute of Medicine (US) Committee on Advancing Pain Research, Care, and Education.
Patient Rights

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Patient Rights

INTRODUCTION

Patient rights are outlined in the Patient’s Bill of Rights, developed by the American Hospital Association (AHA). This bill refers to the legal rights, or guarantees, for patients receiving medical care, treatment, and services in the United States.

The intent of the Patient’s Bill of Rights is to provide patients with optimal healthcare services while also preserving their dignity, personal rights, and legal rights. In addition, each state defines specific patient rights that are protected under state law.

The AHA was one of the first advocates for developing the Patient’s Bill of Rights. In 1973, the AHA developed 12 rights to inform patients about what to expect during hospitalization.

PURPOSE/OVERALL GOAL

This module outlines the 12 rights that comprise the Patient’s Bill of Rights developed by the American Hospital Association, and explains the responsibilities of nurses and patients in ensuring those rights are honored.

The goal of this module is to make you, as a healthcare provider, aware of patient rights so you can deliver the highest quality care possible.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Describe the rights that patients have according to the Patient’s Bill of Rights
2. Explain the role of healthcare providers in protecting these patient rights
3. Define the role of nurses as patient advocates
4. Define the responsibilities that patients have related to their care
THE PATIENT’S BILL OF RIGHTS

First developed by the American Hospital Association (AHA) in 1973 and updated several times since then, the Patient’s Bill of Rights ensures that all patients receive the best possible healthcare while also maintaining their legal and personal rights and preserving their dignity. The following is a summary of these rights.

All patients have the right to:

1. **Considerate and respectful care**
   Patients should be in an environment that preserves their privacy, promotes a positive self-image, and be called by the name they prefer.

2. **Appoint someone to make healthcare decisions for them**
   This involves creating and executing an advance directive.

3. **Current and understandable information about their health**
   Patients have the right to be told the truth about their diagnosis and prognosis, and that it be provided in a language they understand.

4. **Refuse treatment**
   Patients can refuse any portion or all of the treatment recommended or prescribed to them by their medical provider.

5. **Privacy**
   Patients should be allowed privacy during health discussions with their provider, treatments, procedures, and examinations.

6. **Resolution of conflict**
   When patients have a grievance regarding any part of the care provided to them, they should be told about the process or policy involved in how to file a complaint.

7. **Review their medical records**
   A patient is entitled to see their records as well as receive an itemized bill for healthcare services provided.

8. **Refuse to participate in research studies**
   A patient is entitled to refuse an experimental drug or other therapy in a research study, even if it is recommended by their provider.

9. **Confidentiality of their information**
   All communication about a patient’s health, including their history, diagnosis, treatment, and plan of care should be kept confidential between the patient and only those involved in the care of the patient.
10. **Continuity of care**
   A patient is entitled to the most comprehensive, high-quality care at a reasonable cost.

11. **Knowledge of business relationships that influence care**
    Patients have the right to know about relationships among a hospital, educational institutions, other healthcare providers, or payers that may positively or negatively affect the care provided to them.

12. **Be transferred to another medical facility**
    In the event of an emergency, federal regulations require hospitals to either provide treatment until a patient is stabilized, or if capability does not exist, transfer the patient to another hospital. Hospitals are also required to accept transfers if they are capable and provide care as quickly as possible, regardless of the patient’s ability to pay or insurance coverage.

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**NURSES AS PATIENT ADVOCATE**

The toll that illness can take on a patient, and the complicated world of modern healthcare, can make it difficult for patients to understand and exercise their rights.

So it is important for all healthcare professionals, particularly nurses, to serve as advocates in helping to protect the rights of patients who can’t speak or act for themselves.

As advocates, nurses can assist vulnerable patients and their families in creating, implementing, following, and evaluating a plan of care – while ensuring that this plan is consistent with the patient’s values and spiritual and cultural needs.

To become an effective advocate, you must embrace two important concepts:

1. **Reverence.** Reverence means a willingness to respect a patient’s autonomy. Healthcare professionals should not try to control the patient’s thoughts, ideas, suggestions, or principles.

2. **Fidelity.** Fidelity means accepting and upholding the patient’s decisions. This requires open communication and trust.
PATIENT RESPONSIBILITIES

High-quality, effective patient care is the responsibility not only of healthcare providers, but of patients as well.

Patients share these responsibilities related to their care:

1. To follow hospital rules and regulations, and ask about anything they don’t understand

2. To cooperate with caregivers and follow the plan of care to which they have agreed, with the understanding that they can change their mind at any time

3. To notify their physician, nurse, or other caregivers if they don’t understand their diagnosis, treatment, or prognosis

4. To inform caregivers if they feel overwhelmed or too sick to have visitors

5. To ask about what to expect regarding pain and pain management:
   o To discuss pain relief options with the doctor and/or nurse to develop a pain management plan
   o To ask for pain relief when pain first begins
   o To help the doctor and/or nurse in assessing their pain
   o To communicate with them when pain is not relieved
   o To discuss any worries related to taking pain medication

6. To respect the privacy of a roommate, if in a semi-private room

7. To accept financial obligations associated with their care

8. To let nurses, physicians, other caregivers, or the Patient Relations Department know if they are dissatisfied with any aspect of their care

9. To be considerate of the rights of other patients, staff, and policies of the facility, such as rules regarding a non-smoking campus and limits to the number of visitors
CONCLUSION

As a healthcare provider, it is your responsibility to:

- Learn about patient rights so you can advocate for your patients and protect their legal rights in your healthcare facility.
- Inform your patients of their legal rights.
- Ensure your patients have received a written copy of your facility’s Patient’s Bill of Rights in basic and clear language.
- Learn about patient rights that are protected under your state’s statute.

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Sexual Harassment

INTRODUCTION

Sexual harassment occurs in many different settings within society, including in the workplace. Healthcare organizations are unfortunately not immune to this type of conduct.

Some individuals may not immediately realize that their words or deeds can be considered sexual harassment. And others who are targets of sexual harassment may think that it must be tolerated.

Educating employees about the facts and misconceptions surrounding sexual harassment is an important step in preventing or stopping this type of harmful behavior.

PURPOSE/OVERALL GOAL

This module presents facts about sexual harassment in the workplace. It includes an overview of the laws pertaining to this type of harassment, what constitutes sexual harassment, the impact that it can have, and what you should do if you experience it.

The goal of this module is to equip you as a healthcare worker with the information you need to understand sexual harassment and deal with it appropriately if it occurs.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Define sexual harassment
2. Explain laws regarding sexual harassment
3. Describe various types of sexual harassment
4. Explain how sexual harassment can impact a victim
5. Describe the steps that a victim of sexual harassment should take
DEFINITION OF SEXUAL HARASSMENT

Sexual harassment is uninvited and unwelcome verbal or physical conduct directed at an employee or coworker because of his or her sex.

In general, sexual harassment in the workplace includes situations where:

- There is a demand for sexual favors in exchange for a job benefit
- An unwanted condition on any person's employment is imposed because of that person's sex

Sexual harassment in the workplace often takes the form of unwanted sexual favors or verbal or physical conduct of a sexual nature which:

- Either reveals or implies an effect on employment
- Unreasonably interferes with work performance
- Creates an intimidating, hostile, or offensive work environment

According to the U.S. Equal Employment Opportunity Commission, in 2015:

- Approximately 83% of sexual harassment cases were filed by females
- Approximately 17% of sexual harassment cases were filed by males
LAWS REGARDING SEXUAL HARASSMENT

Sexual harassment is an illegal form of sex discrimination, which is prohibited by Title VII of the Civil Rights Act.

To be considered sexual harassment, the physical or verbal conduct in question must be both unwelcome and of a sexual nature.

- Advances are unwelcome when they are not solicited and are considered undesirable and offensive.
- Even if a person concedes to these advances, it cannot be concluded that the advances are welcome.

According to the American Nurses Association, sexual harassment violates Title VII under two legal theories:
- Quid pro quo
- Hostile environment

**Quid pro quo harassment** is perpetrated by someone who is in a position of power or authority over another person. Quid pro quo means “this for that.” In this context, it involves expressed or implied demands for sexual favors in exchange for:

- Some benefit, such as a promotion or pay increase
- To avoid some detriment, such as termination or demotion

**Hostile work environment harassment** arises when speech or conduct is so severe and pervasive that it creates an intimidating or demeaning environment that negatively affects a person’s job performance. This type of harassment can be perpetrated by anyone in the work environment, including a peer, supervisor, subordinate, vendor, customer, or contractor.

Examples of conduct that might create a hostile work environment include:

- Inappropriate touching
- Sexual jokes or comments
- Repeated requests for dates
- A work environment where offensive pictures are displayed
IMPORTANT FACTS ABOUT SEXUAL HARASSMENT

Sexual harassment can occur in a variety of circumstances, such as:

- The victim and the harasser do not have to be of the opposite sex. They could both be female or both be male.
- A direct supervisor, a supervisor from another unit or department, a coworker, or a vendor could all be harassers.
- Anyone affected by the offensive conduct could be the victim – it does not have to be the person being harassed.

In order to prevent sexual harassment, all employees should:

- Be educated on harassment prevention
- Be given a variety of example cases of sexual harassment
- Understand the organization’s zero-tolerance policy

Training should also include:

- The process for filing a complaint
- Explaining how a grievance is handled

Maintaining confidentiality is a crucial step in ensuring that victims do not fear retaliation if they speak up.
TYPES OF SEXUAL HARASSMENT

1. **Gender Harassment**
   This is the most common type of sexual harassment. It involves generalized sexist statements and behavior that convey insulting or degrading attitudes about women. Examples include:
   - Insulting remarks
   - Offensive written comments or graffiti
   - Obscene jokes

2. **Seductive Behavior**
   This involves unwanted, inappropriate, and offensive sexual advances. Examples include:
   - Repeated unwanted sexual invitations
   - Insistent requests for dinner, drinks, or dates
   - Persistent letters, phone calls, text messages, posts on social media, and other invitations

3. **Sexual Bribery**
   This is solicitation of sexual activity or other sex-linked behavior by promise of reward. The proposition may be either overt or subtle.

4. **Sexual Coercion**
   This involves coercing sexual activity or other sex-linked behavior by threatening retaliation. Examples include:
   - Negative performance evaluations
   - Withholding of promotions
   - Threat of employment termination

5. **Sexual Imposition**
   This involves forceful touching, feeling, or grabbing, or sexual assault.
EFFECTS OF SEXUAL HARASSMENT

Being sexually harassed can impact a person’s:
- Psychological health
- Physical well-being
- Career development

According to the American Psychological Association, women who have been harassed often change their jobs, career goals, job assignments, educational programs, or academic majors.

Psychological and physical reactions to being harassed are similar to reactions to other forms of stress.

Psychological reactions:
- Depression, anxiety, shock, denial
- Anger, fear, frustration, irritability
- Insecurity, embarrassment, feelings of betrayal
- Confusion, feelings of being powerless
- Shame, self-consciousness, low self-esteem
- Guilt, self-blame, isolation

Physiological reactions:
- Headaches
- Lethargy
- Gastrointestinal distress
- Dermatological reactions
- Weight fluctuations
- Sleep disturbances, nightmares
- Phobias, panic reactions
- Sexual problems

Career-related effects:
- Decreased job satisfaction
- Unfavorable performance evaluations
- Loss of job or promotion
- Drop in work performance due to stress
- Absenteeism
- Withdrawal from work
- Change in career goals
WHAT TO DO IF YOU ARE A VICTIM

If you are a victim of sexual harassment, the American Psychological Association recommends the following actions.

You SHOULD:
- Say “NO” to the harasser. Explain that you find the harasser’s words, actions, and behavior offensive and request that it be stopped.
- Follow your employer’s policy for reporting the behavior.
- Keep a record of what happened and when, including dates, times, places, witnesses, etc.

You SHOULD NOT:
- Disregard sexually harassing behavior, hoping it will go away
- Blame yourself for the harassment

Sexual harassment is a very serious matter. It is important for all employees, regardless of profession, to understand their employer’s policy on how to report behavior that may be considered harassment.
CONCLUSION

Sexual harassment is a persistent and destructive problem in the U.S. workplace. In a facility that involves patient care, the toll that sexual harassment takes on a victim can impact the quality of care that is delivered.

Understanding what constitutes sexual harassment, and what should be done about it, will assist in minimizing or eliminating it. Consistent communication, empowerment, and appropriate interventions can help create a culture where sexual harassment is not tolerated.

REFERENCES: