

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD DEPARTMENT OF NURSING

Required Student Hospital Education
Program

LOCAL HEALTHCARE FACILITY ORIENTATION

Adapted from Adventist Health,
Dignity Health – Mercy & Memorial Hospitals,
Kern Medical,
Bakersfield Heart Hospital
Orientation Programs

HOSPITAL COMPLIANCE

What is the purpose of the Compliance Program?

- Reinforces commitment to being a values-based organization.
- Demonstrates commitment to ethical conduct.
- Provides us with guidelines.
- Assists in identifying strengths and weaknesses within our systems.
- Provides a structure through which problems can be identified and corrected.
- Decreases risk of regulatory violations.

Corporate Compliance

- Laws and Regulations

- Hospitals must comply with all laws and regulations affecting its business:

- Medicare / Medicaid
- Anti - Kickback
- Self - Referral (Stark)
- Taxes
- Private Benefits
- Federal False Claims Act
- EMTALA
- Lobbying and Political Contributions
- Antitrust
- Employment
- Physician Relations
- Health and Safety
- HIPAA

Corporate Compliance

- Laws and Regulations
 - All health care facilities and entities are required to:
 - Maintain honest and accurate records concerning the provision of health care services;
 - Submit accurate claims;
 - Never offer, pay, solicit, or receive any money, gifts or services in return for the referral of patients or to induce the purchase of items or services; and
 - Document services provided accurately and completely.

Medical Ethics

- Four Guiding Principles
 - Beneficence
 - Act in the best interest of the patient
 - Non-maleficence
 - Do no harm to the patient
 - Respect for patient autonomy
 - Protect the patient's ability to make informed decisions about their own care
 - Justice
 - Promote the fair distribution of healthcare resources in the community

Reporting Systems

- Manager / Supervisor
- Human Resources
- Facility Compliance Liaison
- Compliance Hotline – Office of Inspector General (OIG)



PATIENT RIGHTS

Advance Directives

- Caregivers should be aware of the patients advance directive status. If the patient has an advance directive, but it is not in the chart, the nurse should discuss with the patient/partner in care and document the general intent in the medical record.
- Examples:
 - Living will
 - Durable power of attorney for healthcare
 - POLST

EMTALA

- Emergency Medical Treatment and Active Labor Act
- We must provide emergency care to all patients, whether or not they can pay
- When a patient presents with an emergency:
 - We must Provide stabilizing treatment
 - May not be transferred out of the hospital until stabilized

Visitation Rights

- Patients have the right to determine who their visitors are
- This may include/but not limited to:
 - Spouses, domestic partners, family members
 - Friends or other support persons
 - Have full visitation rights as consented to by the patient
 - Be allowed to remain with the patient
- Visitors may be restricted or limited for clinical or safety reasons

- Refer to individual facility policy

CONFIDENTIALITY AND PROTECTED HEALTH INFORMATION

Shhhhhh!!!

Individually Identifiable Health Information (PHI)

- Defined as:
 - Any one of 18 defined demographics
 - the past, present and future physical or mental health conditions, treatments and payments.
- Applies to data that is electronically stored and transmitted, even if stored in a non-electronic form at a later time
- Name
- Address
- Names of relatives
- Names of employees
- Birth date
- Telephone number
- Fax numbers
- E-mail addresses
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate / license number
- Any vehicle or other device serial number
- Web URL
- IP address
- Finger or voice prints
- Photographic images and any other number, characteristic or code that may be used to uniquely identify an individual

PHI (continued)

- Policies specifically impacting the patient and facility are located in the policies of each facility under the HIPAA section.
 - Direct questions to the Instructor and Unit manager of the facility
- Policies are developed through collaboration of the facility compliance officer / team and administration or corporate leadership

Patient Confidentiality

- It is everyone's responsibility to protect patient information and confidentiality.
- Patients have the right to restrict the release of their information to others that are not part of treatment, payment, or operations.
- Do not contact anyone in the community about a patient admission unless it is part of your job function.
- Do not share or discuss patient information with those that don't need to know, i.e. with hospital staff or anyone in the community.
- Do not discuss patient information in public areas.
- If the law requires that you report patient information you don't need the patient authorization to do so i.e. reporting abuse.
- Access to protected health information is restricted by job function and need to know. This is based on the minimum needs of the position.
- Staff and physicians involved in the patient's TPO (Treatment, Payment, Health Care Operations) are permitted to discuss a patient's conditions or other types of protected health information.
- **“Do I need this in order to do my job and provide good patient care?”**
“What is the least amount of information I need to do my job?”

- Verbal Communication

- Do not discuss patient information in public areas, including elevators, stairways.
- Direct visitors to the information desk for assistance rather than giving out patient information.
- Never leave a phone message with a third party that contains specific patient information.

- Written Communication

- Do not leave patient medical records where others can see or gain access to them.
- Keep laboratory, radiology, and other ancillary test results private.
- Paper records with PHI must not leave the hospital and must be shredded or placed in locked “confidential” receptacles. They must never be left in trash cans.
- Do not release copies of patient records – refer requestors to the Medical Records Department/Health Information Management (HIM).

- Electronic Communication

- Do not send PHI or confidential information via unsecured E-mail or FAX; use only approved methods of secure file transport. Never leave a laptop containing PHI unsecured.
- Do not share computer passwords, write them down or post them where they are accessible to others.
- Control your workstation: do not leave your workstation logged in and unattended; do not allow unauthorized viewing of PHI or confidential information on your computer monitor.
- NEVER share patient, staff, or other confidential information in a blog or social network (like Facebook, other Internet-based communication, or store on smart phone), even if you think you are making it anonymous.

- Key Points to Remember:

- The HIPAA HITECH Act has increased the financial penalties for privacy violations.
- The State of California is fining individuals for just “snooping” out of curiosity.
- The State of California requires a report in 5 days of the event and the employee’s name must be submitted.

Investigation & Mitigation of a Breach of Privacy / Confidentiality

- If you know of a breach of patient privacy or confidentiality, you must immediately report it to your Facility Privacy Official (FPO).
- The FPO will investigate and respond to all privacy and security complaints.
- Any breach by a staff or others is subject to formal corrective action as set forth in policy.

Protecting Passwords

- Memorize your password and do not write it down or post it where it is accessible to others. If you do write them down, keep that piece of paper secure.
- Do disguise them as something else, like entries in an address book.
- Do not share your passwords, not even with your supervisor or IT personnel.
- If you suspect your password has been compromised, call the help desk to report and change your password.

Picking Good Passwords

- Do base them on a favorite phrase or image, so they'll be easier to remember (avoid names, birthdays, pet's names, etc.).
- Do make them long (at least seven characters, ideally longer).
- Do include mixes of uppercase letters, lowercase letters, numbers, and symbols like `_ * & ^ % $ # @ !`.
- Do use at least four different characters (don't just repeat the same ones).
- Do use different passwords for different systems, and change them once in a while.
- Don't use a real word in any language unless you alter the spelling substantially.
- Don't use consecutive letters, numbers or adjacent keyboard characters (“`abcdefg`” ... “`1234567`” ... “`qwertyu`”).

A Way of Conducting Business & Delivering Services

“What Can I Do?”

- Every Healthcare worker has the Right & Responsibility to:
 - Contact Instructors and Hospital Resources with Questions and / or Concerns
 - Contact the Compliance officer or Compliance Hot Line to the facility
 - Dignity Health Compliance Hotline 1-800-938-0031
 - Kern Medical Compliance Hotline 326-2665.

HOSPITAL SAFETY ORIENTATION

EMERGENCY HOSPITAL CODES

ADVENTIST HEALTH, DIGNITY HEALTH, KERN MEDICAL

- Code **RED** Fire Emergency
- Code **BLUE** Adult Cardiopulmonary Arrest
- Code **YELLOW** Child Cardiopulmonary Arrest
- Code **GRAY** Bomb Threat
- Code **SILVER** Combative Person
Person with a weapon &/or
hostage situation
- Code **PINK** Infant Abduction
- Code **PURPLE** Child Abduction
- Code **ORANGE** Hazardous Material
Spill/Release
- Code **Triage Internal** Internal Disaster
- Code **Triage External** External Disaster

EMERGENCY HOSPITAL CODES BAKERSFIELD HEART HOSPITAL

- Code **Blue** Respiratory/Cardiac Arrest
- Code **Green** Combative Situation
- Code **Red** Fire Emergency
- Code **Yellow** Disaster Alert (Standby)
- Code **Black** Disaster Plan in Effect
- Code **Silver** Situation Involving a Gun

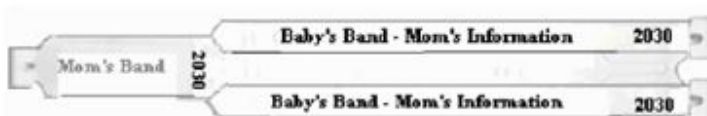
Wristbands and Alert Clips Used at Kern Medical



Blue Admission ID Band: Placed on all patients registered for care and treatment at KM.



Tiny White Admission ID Band: Newborns



Mother and Baby ID Bands: These bands with matching numbers are placed on the mother and baby at the time of birth. The mother's identifying information is written on the baby's band.

Wristbands and Alert Clips Used at Kern Medical

Visitor ID Bands



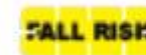
Authorized NICU Visitors: These bands are given to those family members authorized to visit NICU patients.

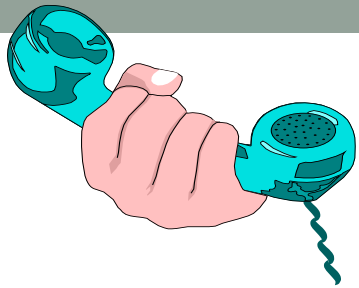


Nursery Visitor Band: This band is given to the person who can visit a baby in the Newborn Nursery.

Adventist Health – Color Coded Wristbands

- Below is a picture of what each alert clasp looks like. Be aware of these when performing any patient interventions.





Emergency

Phone Numbers

- **Bakersfield Memorial Hospital – Dial 77, Dial 70 for Security**
- **Kern Medical – Dial 5#**
- **Mercy Hospital & Mercy Southwest Hospital – Dial 7777**
- **Adventist Health Hospital – Dial 700**
- **Bakersfield Heart Hospital 5555**
- **Outside of the hospital facilities – Dial 911**



Fire Safety Management

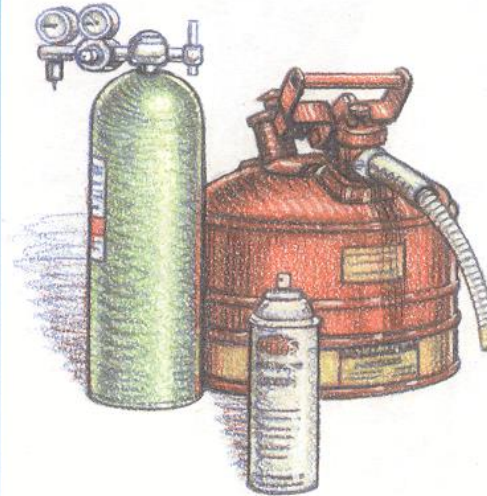
Fire Safety

- Code **RED**
- Dial the emergency number for the facility you are in
- R.A.C.E.
- P.A.S.S.
- Fire Extinguishers
- Drills
- Evacuation Plans
- Fire Alarms



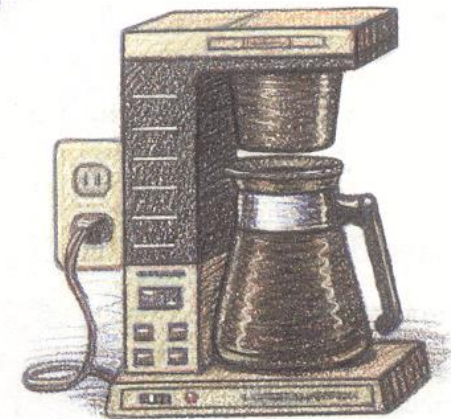
Causes of Fires

- **Class-A** fires involve the burning of ordinary combustibles like wood, paper, cloth, rubber or certain plastics.



- **Class-B** fires involve the burning of gases and liquids.

- **Class-C** fires involve the burning of energized electrical equipment such as appliances, air conditioning and heating units, motors and generators.



- **Class-D** fires involve the burning of certain metals.

As a healthcare worker you are at most risk for Class-A, Class-B and Class-C fires. You can identify and correct hazards related to these fires by following some simple rules.

Code RED Actions

• Learn to RACE in an Emergency

• Rescue

Get everyone away from immediate danger.

• Alarm

Pull fire alarm station and call PBX with notification.

• Confine

Close doors and windows to help keep fire and smoke from spreading.

• Extinguish / Evacuate

Use fire extinguisher to extinguish fire and evacuate, if fire is out of control.



The Fire Extinguisher

- **The Fire Extinguisher**

- **P**ull

Pull the pin.

- **A**im

Aim the nozzle at the base of the fire.

- **S**queeze

Squeeze the operating handle to release the extinguishing agent.

- **S**weep

Sweep from side to side at the base of the fire until the fire goes out.



Smoking Policy

- Kern Medical, Adventist Health and Dignity Health Hospitals are non smoking facilities.

This smoking policy has been developed to :

- Reduce risk to patients who smoke, including possible adverse effects on treatment;
- Reduce risks of passive smoking for others; and
- To promote safety by reducing the risk of fire.

Code **BLUE**

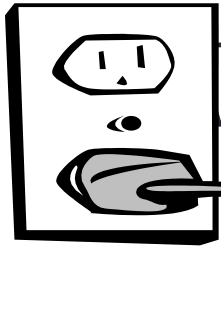
Medical Emergency / Alert

- Dial the appropriate emergency number or use the “panic button”.
- Determine unresponsiveness.
- Call a Code **Blue**.
- Begin your CAB Assessment.
- If needed begin CPR.



Utilities Management

- The Utility Systems Management Program addresses processes that provide for emergency procedures to be activated in the event of utility system failure including:
 - Specific procedures in the event of utility systems malfunction;
 - Identification of an alternative source of essential utilities;
 - Shutoff malfunctioning systems and notification of staff in affected areas;
 - Obtaining repair services; and



How and when to perform emergency clinical interventions when utility systems fail.

Medical Equipment Management

- Reporting medical device events involves everyone. Immediately report the event to your supervisor who shall contact the appropriate person(s) or department.
- Any equipment that an employee feels is unsafe shall be taken out of service immediately.
- Equipment has been place on a preventative maintenance program. **PM Tags** are found on medical equipment which identifies date and by when equipment is due for maintenance.

Electrical Safety

- Medical devices can cause electric shock and lead to serious injury or illness
- Prevent electrical accidents:
 - Remove and report electrical hazards
 - Use equipment properly
 - Maintain, inspect & test equipment regularly
 - Use power cords & outlets correctly
 - Protect patients from electrical shock
 - Report any electrical accidents immediately

Radiation Safety

- Factors for limiting exposure:

Minimize time

Maximize distance

Use shielding/personal protective equipment/wear
issued monitoring badge

Use common sense

Hazardous Waste & Materials Management



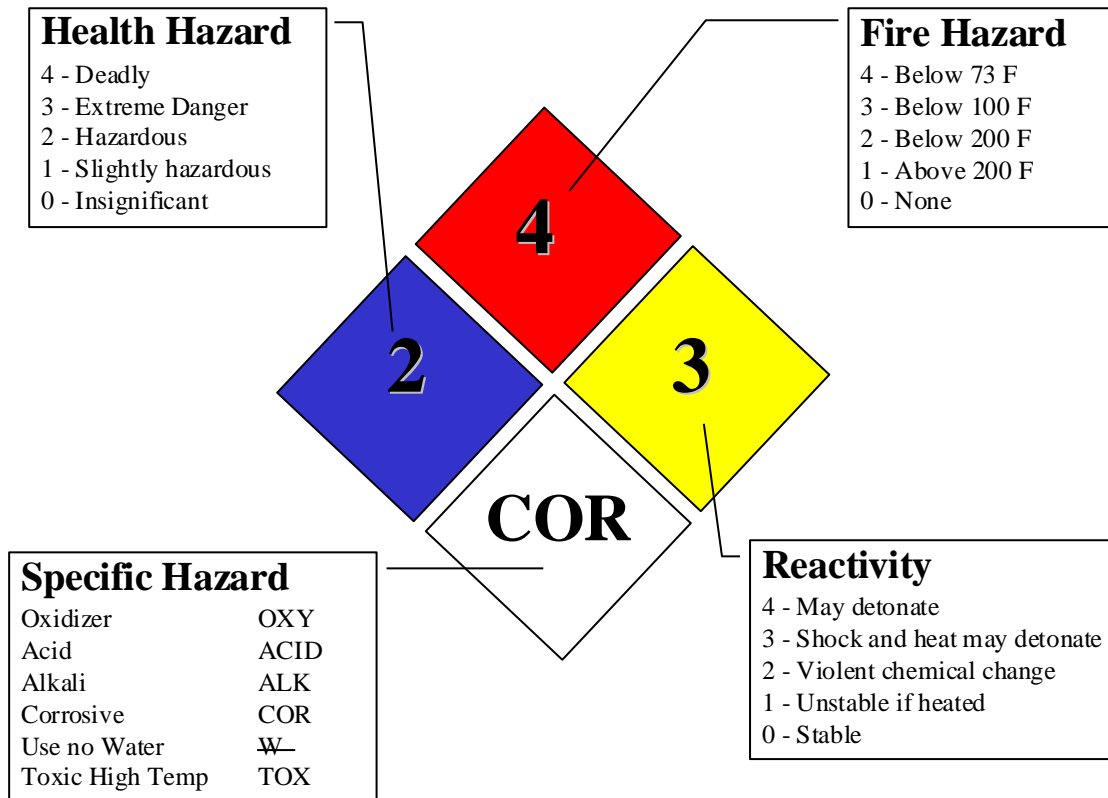
- Learn to recycle!
- Proper bags for proper use. **RED**, WHITE, **BLUE** **YELLOW** and CLEAR.
- Proposition 65 - Safe Drinking Water & Toxic Enforcement Act. The State of California lists substances known to cause cancer or reproductive harm.
- Chemical Safety - Your Right to Know Chemicals in the Workplace.
- Asbestos notification requirements when asbestos is present.
- How Do I Report a Chemical Spill / Hazmat – see specific hospital codes
- MSDS on Demand Program.
- NFPA / MHMIS Labels (next slide).

Waste Disposal

					
<p>Regular Waste: Clear or Black Bag</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV bags and tubing without medication additives <input type="checkbox"/> IV Plain & Electrolyte <input type="checkbox"/> TPN <input type="checkbox"/> Empty medication vials or containers <input type="checkbox"/> Trash /wrappers <input type="checkbox"/> Dressings (bandaids) <input type="checkbox"/> Chux & Diapers <input type="checkbox"/> Gloves <input type="checkbox"/> Empty foley bags and other drainage bags <input type="checkbox"/> Disposable patient items <input type="checkbox"/> Sanitary napkins <input type="checkbox"/> Food products 	<p>Biohazardous Waste: Red Bag</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood and all OPIM (Other Potentially Infectious Material) <input type="checkbox"/> Blood tubing/bags/hemovac's/pleurevac's <input type="checkbox"/> Soaked/ dripping bloody dressings <input type="checkbox"/> Intact glass or plastic bottles with bloody fluid or OPIM <input type="checkbox"/> Suction liners with bloody fluid or OPIM <input type="checkbox"/> All disposable items soaked or dripping with blood or OPIM 	<p>Sharps Waste: Sharp's Disposal Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> All sharps Examples: <i>needles, broken glass vials, broken ampules, blades, scalpels, razors, pins, clips, staples</i> <input type="checkbox"/> All empty syringes, tubexes, carpujects or those with trace (unpourable) amount of medication <input type="checkbox"/> Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. (Use large volume sharps container with foot pedal if needed) 	<p>Pharmaceutical Waste: Blue Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> No sharps <input type="checkbox"/> Syringes without sharps containing residual medication <input type="checkbox"/> Residual or wasted narcotics and/or controlled drugs – <u>expel content into container</u> <input type="checkbox"/> Used Narcotic patches (fold in half)Ex: Fentanyl <input type="checkbox"/> IV bags and tubing with residual medication <input type="checkbox"/> Partially used/ residual prescription or non-prescription medication <input type="checkbox"/> Creams, ointments, eye drops, suppositories <i>Ex: vials, tablets, capsules, powders, liquids, eye drops, cream/lotions, suppositories</i> 	<p>Chemo Waste: Yellow Containers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Return all unused Chemo to Pharmacy for credit or disposal in chemo container provided at the time of dispensing. Trace Chemo is: <ul style="list-style-type: none"> <input type="checkbox"/> All supplies used to make and administer chemo medication Example: <i>tubing empty bags/bottles/ vials, syringes, gloves, pads, masks, gowns, wipes etc.</i> 	<p>Hazardous R.C.R.A.* Pharmaceuticals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Return to Pharmacy <i>Examples:</i> <ul style="list-style-type: none"> • <i>Inhalers with residual (if empty-regular trash).</i> • <i>Unused/residual acetone</i> • <i>Barium</i> • <i>Epinephrine (Except surgical irrigation)</i> <p><small>*Federal Resource Conservation and Recovery Act (RCRA)</small> UNOPENED / EXPIRED MEDICATIONS: Return to Pharmacy</p>

NFPA Label

The National Fire Protection Association (NFPA) 704 labeling system is sometimes used for secondary containers.



Security Management

- **Public Safety**

Provides protection to staff, patients and visitors to facilities.

- Enforce Parking regulations.
- Oversees Workplace Violence Training.
- Offer employee and visitor escort services.
- Handle Lost and Found Items.
- Investigates security and safety issues.
- Respond to Emergency Codes.

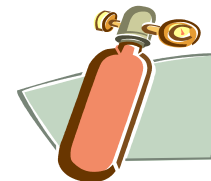


- **Minimize Violence in the Workplace**

Learn and use security procedures.

- Take advantage training offered.
 - **Violence in the Workplace.**
- Take threatening or violent behavior seriously.
- Take quick action and stay calm when dealing with angry or violent people.
- Have an action plan in place before a violent incident occurs and practice it.
- Learn what causes anger and the warning signs of violent behavior.
- Obtain and know policies and procedures dealing with Violence in the Workplace.

Oxygen Safety Next



Oxygen Safety Training

- Oxygen is essential for life.
- Oxygen can also be dangerous during a fire emergency. Your knowledge of the interruption of piped-in oxygen and what to do with flowing oxygen in the event of a fire is crucial to saving lives.



Safe Oxygen Handling and Storage

- Oxygen gas is contained in traditionally **Green**, 30 lb. steel tanks or cylinders.
- As oxygen is a hazardous chemical, each tank must be labeled. All gases for medical use are contained in **color - coded** tanks.
- **ALWAYS READ THE LABEL** and confirm that the tank you are going to use does contain oxygen.
 - *Carbon Dioxide – Helium - Nitrogen*
 - *Nitrous Oxide - Specialty Gas Mixtures*



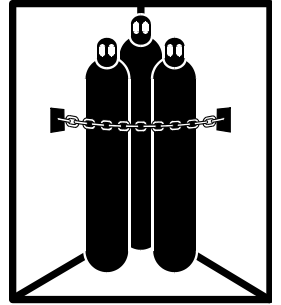
Safe Oxygen Handling and Storage

- Oxygen tanks should be stored in a rack or carrier in an upright position. If no rack or carrier is available, the oxygen tanks may be secured to the wall in an upright position by a chain or strap.
- Oxygen tanks should never be stored lying down.
- If a tank is stored with the regulator and/or flow meter attached, make sure both the regulator and flow meter are turned **OFF**.

**OXYGEN TANK MUST BE STORED WITH
THE VALVE CLOSED.**

- **Tanks should be stored in such a way to prevent falls.** A falling 30 lb. tank can cause injury. If the valve of an oxygen tank breaks due to a fall, the oxygen tank can become a 30 lb. missile which can cause grave danger to people, and loss of and/or expensive repairs to equipment and the structure.

Safe Oxygen Handling and Storage



- Oxygen tanks are heavy and should be handled in a carrier for safety.
- Oxygen tanks that are empty or “not in use” may be stored in an oxygen storage room. Check with your supervisor for the location of the floors or department’s oxygen storage rooms.
- Storage of compressed gas cylinders are governed by codes of the National Fire Protection Association (NFPA), along with local codes.

Oxygen and Fire Danger

- Intentional oxygen shut - off should only occur in the event of a fire emergency or leak in the system. While oxygen itself is not flammable or explosive, it will feed a fire and cause it to burn hotter and faster. If you discover a fire in a patient room, rescue the patient from the room, activate the R.A.C.E. protocol, and follow institution specific instructions.
- **ABSOLUTELY NO SMOKING IS PERMITTED IN ANY ROOM WHERE OXYGEN IS IN USE OR ON STANDBY!!! AN “OXYGEN IN USE” SIGN SHOULD BE POSTED WHEN O2 IS IN USE.**
- Only designated personnel should shut off the floor or zone oxygen after assessing the consequences. Patients requiring oxygen will need to be connected to portable oxygen.
- Know the locations of how to obtain and the use of portable oxygen tanks, regulators, flow meters, “Christmas tree” or multi prong adapters, as well as the tank key.

Emergency Management

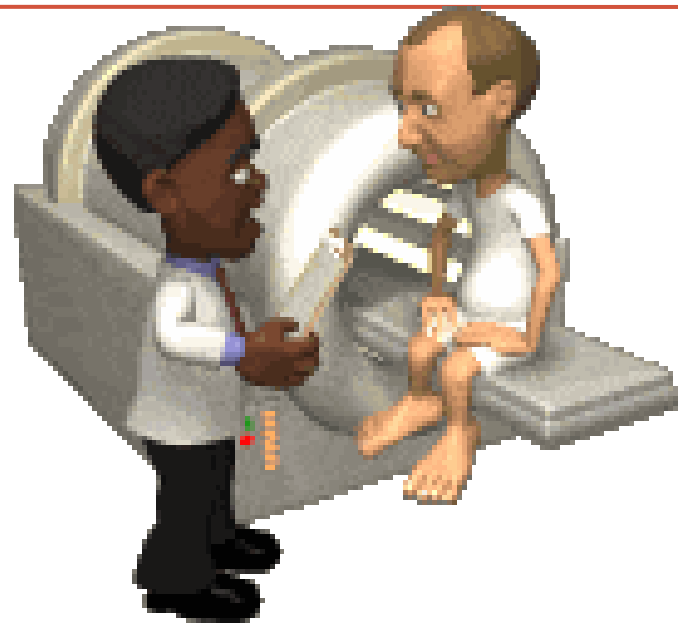
- The Emergency Management Plan is designed to provide resources for the continuation of safe patient care during an unusual occurrence that disrupts normal operations of the hospital.
-
- Types of Disasters:
 - Code Triage - Internal: Any incident occurring within the hospital that may disrupt hospital operations and / or impact life safety
 - Code Triage - External: Any incident occurring within the community that may impact life safety and / or result in a surge of patients.

Back Safety

- Healthcare is a high-risk setting for back pain & injury
- Injury may be prevented through:
 - Proper posture
 - Regular exercise
 - Proper care of the spine while lifting or transferring a patient
 - Use of lifting devices
 - Use of proper body mechanics
 - Use of appropriate number of staff members

Patient Safety

Prevention of Harm



What is Patient Safety?

- Providing safe patient care.
- Providing a safe environment for patients, families, visitors and staff.
- Reporting errors.

Why is Patient Safety Important?

- Patients expect to receive excellent and safe care.
- It's why we are in business. It's the RIGHT thing to do.
- Regulatory agencies require excellent, safe care to be provided.

National Patient Safety Goals

**Guide Joint Commission accredited organizations
address specific areas of concern in regards to patient
safety**

National Patient Safety Goals (continued)

- **GOAL 1: Improve the accuracy of patient identification.**
 - Use at least two patient identifiers when providing care, treatment or services.
 - Patient name and Date of Birth
 - Eliminate transfusion errors related to patient misidentification.
- **GOAL 2: Improve the effectiveness of communication among caregivers.**
 - For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

National Patient Safety Goals (continued)

- **GOAL 3: Improve the safety of using medications.**
 - Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
 - Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
 - Maintain and communicate accurate patient medication information.
- **GOAL 6: Reduce the harm associated with clinical alarm systems**

National Patient Safety Goals (continued)

- **GOAL 7: Reduce the risk of health care-associated infections.**
 - Comply with current [World Health Organization \(WHO\) Hand Hygiene Guidelines](#) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
 - Implement evidence based practice (EBP) to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
 - Implement EBP to prevent central line-associated bloodstream infections.
 - Implement EBP for preventing surgical site infections.
 - Implement EBP to prevent indwelling catheter-associated urinary tract infections (CAUTI)

National Patient Safety Goals (continued)

- **GOAL 15: The hospital identifies safety risks inherent in its patient population**
 - Identify patients at risk for suicide
- **The Universal Protocol**
 - Pre-procedure verification-correct patient, procedure & site
 - Mark the site
 - Time out performed before the procedure

What Do I Do, if I Make a Mistake?

1. Notify your instructor or charge nurse immediately of any error or unsafe conditions.
2. Complete an Event Report Form - you can remain anonymous.
3. Assist in any investigation and follow up to help determine why the mistake happened and how to prevent this from happening again.

PATIENT SAFETY

**You Make it
Happen!!!**



Hospital Infection Control Education



INFECTION CONTROL

**IT'S
EVERYONE'S
BUSINESS
24 / 7.**



Purpose Statement



Learn to Identify:

- How infections are spread.
- How to protect patients and visitors from cross - infection.
- How to protect yourself.

Standard Precautions & Expanded Precautions



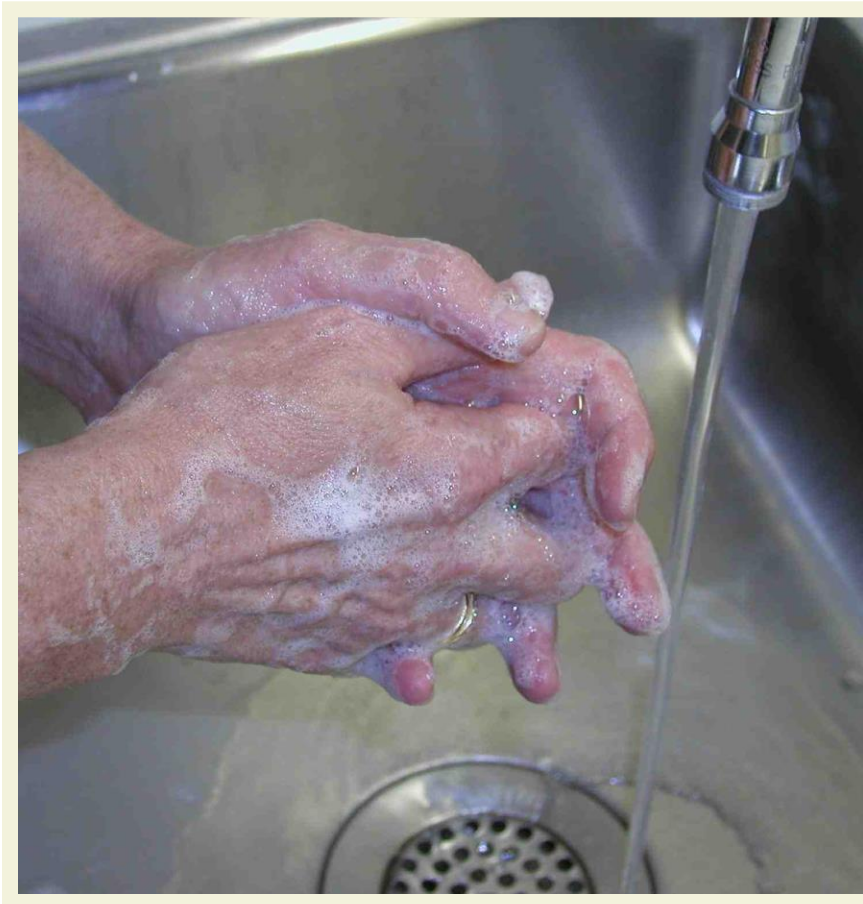
- ❑ Consider all patients potentially infectious.
- ❑ Use appropriate barrier precautions at all times.

Hand Washing



- ❑ The most important measure you can use to prevent the spread of infection.

Hand Washing



- ❑ Most hospital -acquired infections are transmitted on the hands of healthcare workers who don't wash hands, or inadequately wash their hands.

Healthcare – Associated Infections is the U.S.



- ❑ Most common complication of hospitalized patient.
- ❑ 2 million patients per year.
- ❑ 90,000 deaths result.
- ❑ Cost \$4 to 6 billion.

Self - Reported Factors for Poor Adherence with Hand Hygiene

- Handwashing agents cause irritation and dryness.
- Sinks are inconveniently located / lack of sinks.
- Lack of soap and paper towels.
- Too busy / insufficient time.
- Understaffing / overcrowding.
- Patient needs take priority.
- Low risk of acquiring infection from patients.

Another Reason Why Personnel Don't Wash Their Hands Often

- ❑ Frequent handwashing with soap and water often causes skin irritation and dryness.
- ❑ In the winter months, some personnel may even develop cracks in their skin that cause bleeding, as seen in the adjacent figure.



Many Personnel Don't Realize When They Have Germs on Their Hands

- ❑ Nurses, doctors and other healthcare workers can get 100's or 1000's of bacteria on their hands by doing simple tasks, like:
 - pulling patients up in bed;
 - taking a blood pressure or pulse;
 - touching a patient's hand;
 - rolling patients over in bed;
 - touching the patient's gown or bed sheets;
 - touching equipment like bedside rails, IV pumps.



- Culture plate showing growth of bacteria 24 hours after a nurse placed her hand on the plate.

Specific Indications for Hand Hygiene

❑ Before:

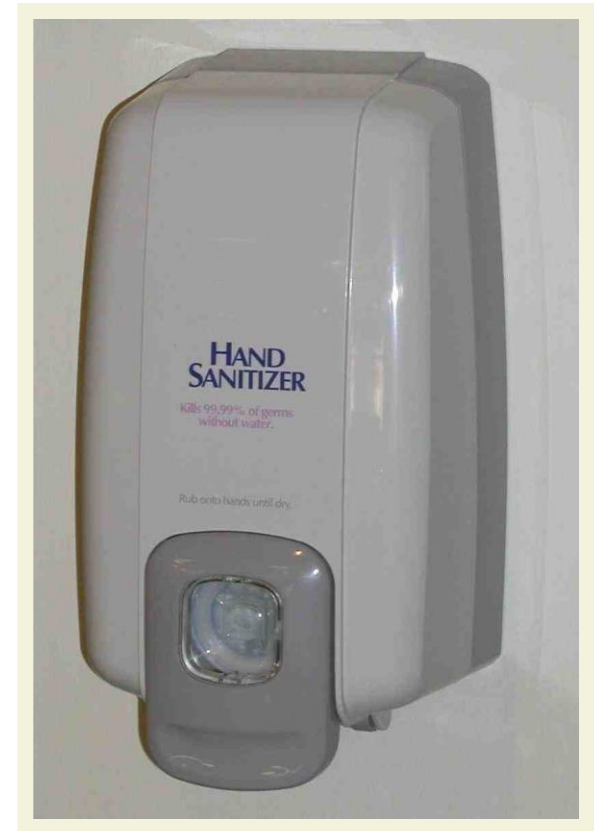
- Patient contact.
- Donning gloves when inserting a CVC.
- Inserting urinary catheters, peripheral vascular catheters or other invasive devices that don't require surgery.

❑ After:

- Contact with a patient's skin.
- Contact with body fluids or excretions, non – intact skin or wound dressings.
- Removing gloves.

Are Alcohol – Based Handrubs Really Effective?

- More than 20 published studies have shown that alcohol - based handrubs are more effective than either plain soap or antibacterial soaps in reducing the number of live bacteria on the hands.
 - *But wash hands if soiled with blood, secretions or dirt.*



SUMMARY:

Alcohol – Based Handrubs

(What benefits do they provide?)

- Require less time.
- More effective for standard handwashing than soap.
- More accessible than sinks.
- Reduce bacterial counts on hands.
- Improve skin condition.

Recommended Hand Hygiene Technique

☐ Handrubs

- Apply to palm of one hand, rub hands together covering all surfaces until dry.
- Volume: based on manufacturer.

☐ Handwashing

- Wet hands with water, apply soap, rub hands together for at least 15 seconds.
- Rinse and dry with disposable towel.
- Use towel to turn off faucet.

Fingernails & Artificial Nails

- ❑ Natural nail tips should be kept to ¼ inch in length.
- ❑ Artificial nails are not permitted for health care workers with responsibilities for direct patient contact, preparation of food or medical supplies.

Wear Gloves

- ❑ When touching blood, body fluids, mucous membranes or non-intact skin of all patients.
- ❑ When handling items or touching surfaces contaminated with blood or body fluids.
- ❑ Wash hands after removing gloves.
- ❑ Change gloves when moving from a dirty to a clean area on the patient.
- ❑ Change gloves between patients.

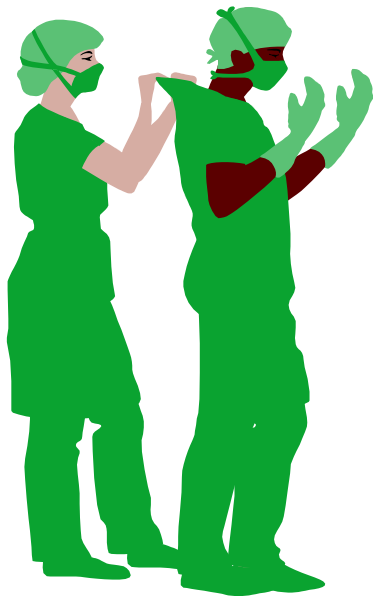


Wear Masks & Protective Eye Wear

- During procedures that are likely to cause splashes of blood or other body fluids (to protect the mucous membranes of the eyes, nose, and mouth).



Wear Gowns



- During procedures that are likely to generate splashes of blood or other body fluids.

Standard Precautions & Expanded Precautions

- Additional isolation measures are necessary to prevent transmission of:
 - Antibiotic - resistant bacteria.
 - Highly - contagious microorganisms.

Standard Precautions & Expanded Precautions

Contact Precautions

- ❑ **Strict Contact Isolation -**
 - MRSA, Vancomycin Resistant Enterococci (VRE), C. Difficile

Droplet Precautions

- ❑ **Droplet Precautions -**
 - Pertussis, Meningococcal Pneumonia / Meningitis

Airborne Precautions

- ❑ **Airborne Precautions -**
 - TB, Measles, Chickenpox

Standard Precautions & Expanded Precautions

Contact Precautions

- ❑ Strict Contact Isolation -
 - MRSA, VRE, C. Difficile
- ❑ Requires that all persons entering the Strict Contact Isolation Room must wear a gown and gloves.
- ❑ All equipment must be disinfected prior to being removed from the isolation room and again after leaving the room

- Droplet Precautions

- Droplet Precautions
 - Pertussis, Meningitis, Meningococcal Pneumonia
- Place in private room.
- Wear mask when entering room
- If patient is transported, patient to wear a mask

Airborne Precautions

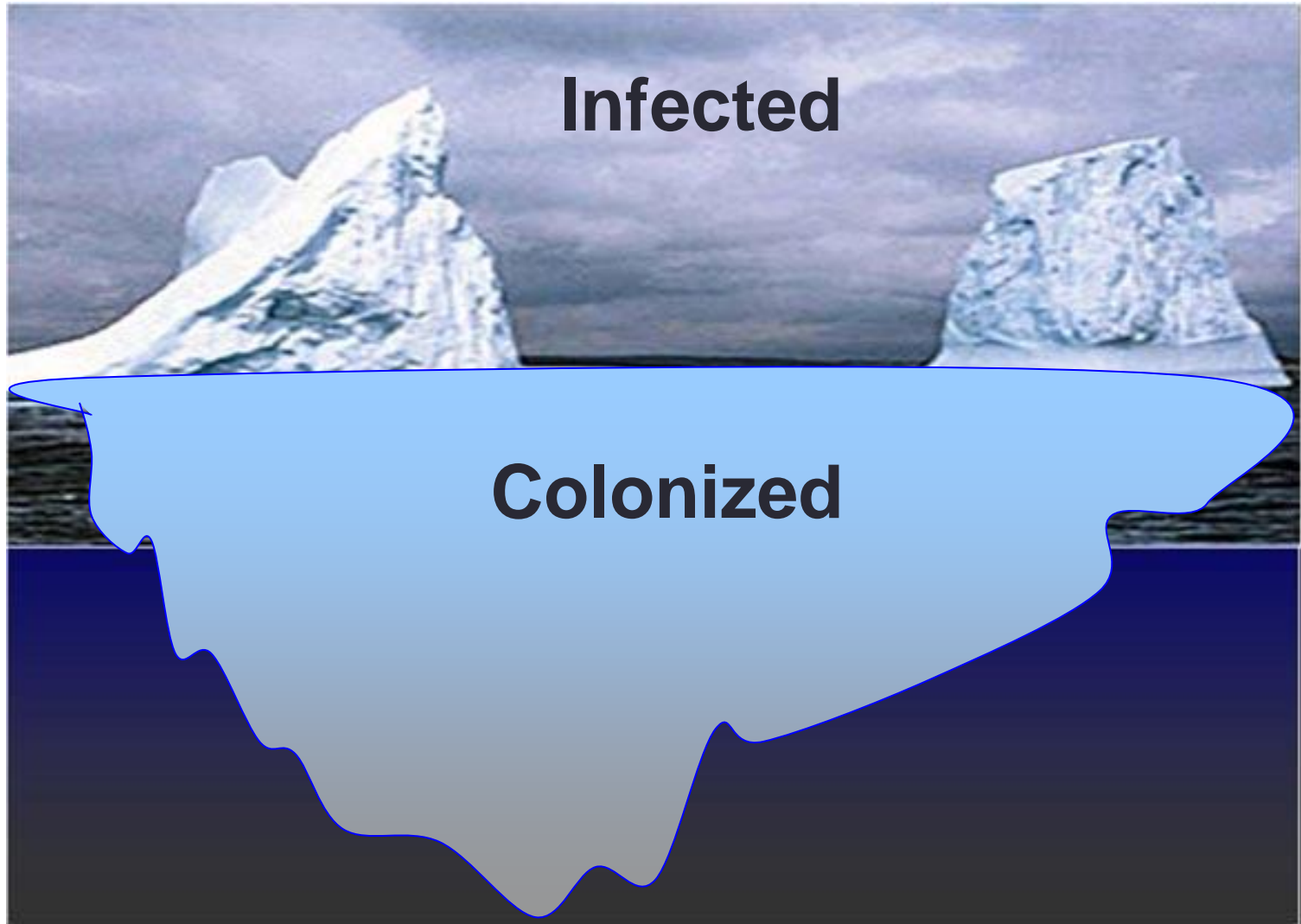
- ❑ Airborne Precautions -
 - TB, Measles, Chickenpox,
- ❑ Requires that all persons be placed in a room with negative airflow and the door be closed at all times
- ❑ Employees to wear a TB fitted mask or PAPR

Colonized or Infected

(What is the Difference?)

- ❑ People who carry bacteria without evidence of infection (fever, increased white blood cell count) are **colonized**.
 - ❑ If an infection develops, it is usually from bacteria that colonize patients.
 - ❑ Bacteria that colonize patients can be transmitted from one patient to another by the hands of healthcare workers.
- ~ **Bacteria can be transmitted even if the patient is not infected.** ~

The Iceberg Effect



Recovery of VRE from Hands & Environmental Surfaces

- ❑ Up to 41% of healthcare worker's hands sampled (after patient care and before hand hygiene) were positive for VRE¹.
- ❑ VRE were recovered from a number of environmental surfaces in patient rooms.
- ❑ VRE survived on a countertop for up to 7 days².

¹ Hayden MK, *Clin Infect Diseases* 2000;31:1058-1065.

² Noskin G, *Infect Control and Hosp Epidemi* 1995;16:577-581.

Bad Bugs are Survivors

Hospital pathogens survive on surfaces for extended periods of time:

- | | |
|---------------------------|-----------------|
| ❑ Hepatitis B | at least 1 week |
| ❑ Acinetobacter baumannii | 33 days |
| ❑ Clostridium difficile | 70 days |
| ❑ VRE | 4 months |
| ❑ MRSA | 9 months |

Clean is the Best Defense

Daily clean high - touch surfaces with a disinfectant:

- Bed rails
- Overbed tables
- Light switches
- IV pump controls
- Phones
- Computer keys

Bloodborne Pathogens



Healthcare workers have an occupational risk of exposure to Bloodborne Pathogens:

HIV, Hepatitis B, Hepatitis C

Bloodborne Pathogens

Bloodborne viruses may infect a person by being introduced via:

- ❑ Openings in the skin (cuts,nicks).
- ❑ Punctures or cuts from contaminated sharps.
- ❑ Mucous membranes - eyes, nose and mouth.

HIV

The virus may be present in these body fluids:

- ❑ Blood, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluid
- ❑ Unfixed tissue or organs
- ❑ Any body fluid containing blood

HIV

Risk of HIV infection:

- ❑ Needlestick 0.3%
- ❑ Non-intact skin or mucous membrane exposure <0.1%

Centers for Disease Control (2010). Retrieved from <http://www.cdc.gov/hepatitis/statistics.htm>

Hepatitis B

- Risk of infection from a needle stick or mucous membrane contact ranges from 3 - 30%

Hepatitis C

Spread by contact with infected blood.

- ❑ Risk of infection from a needlestick or mucous membrane contact ranges from 1 - 10%.

Centers for Disease Control (2010). Retrieved from <http://www.cdc.gov/hepatitis/statistics.htm>

Safe Handling of Needles & Sharps

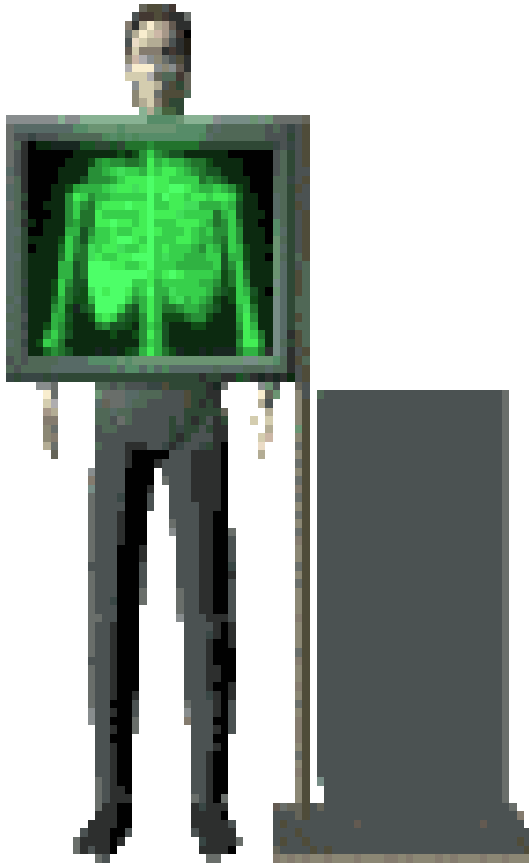
- ❑ Use appropriate sharps containers.
- ❑ Discard used sharps immediately.
- ❑ Avoid recapping needles.



Blood / Body Fluid Exposures

- ❑ Apply First Aid.
 - ❑ Immediately wash or rinse exposed area
- ❑ Report exposures immediately.
 - ❑ contact clinical instructor as well as charge nurse. Charge nurse will facilitate contact with Employee Health. If after hours, the charge nurse will contact the nursing supervisor.
- ❑ Fill out facility required documents.
- ❑ Follow facility directions regarding contacting Employee Health.

Tuberculosis (TB)



- ❑ Why It's Back.
- ❑ How We Can Protect Ourselves.

Signs & Symptoms of TB

- ❑ Productive cough.
- ❑ Hemoptysis (blood in sputum).
- ❑ Night sweats.
- ❑ Fatigue.
- ❑ Unexplained weight loss, (15 - 20 lbs.).

TB Control Measures

Airborne
Precautions



- TB risk-assessment of all patients.
- Airborne Isolation.
- Negative Pressure Room.
- TB respirator.
- TB skin tests (INH for converters).

Individual Employee Health

- Practice good personal hygiene.
- Keep current on immunizations.
- At least annual PPD screening.
- Report exposures to communicable diseases.
- Work restrictions for some infections.
- Other.

Latex Sensitivity

- Results from hypersensitivity to specific proteins or chemicals in the latex product.
- Precautions
 - Do not use any latex products in patient room, including cleaning
 - Remove latex gloves and wash hands with soap & water before entering patient room
 - Identify patient as latex sensitive

DEVELOPING CULTURAL DIVERSITY

“It Starts With Self - Awareness.”

Considering Every Patient's Culture When Giving Care.

- **CULTURE** – the values, beliefs and practices share by a group -- can affect how a patient views health care. A patient may belong to different ethnic, regional, religious and other groups.

TREATING EVERY PATIENT AS AN INDIVIDUAL – IT'S IMPORTANT TO CONSIDER CULTURE. BUT IT'S ALSO IMPORTANT TO:

- Avoid stereotyping;
- Consider other factors that may affect care, such as age; and
- Learn about each patient's unique views on health care.

Why Learn About Cultural Diversity?

BECAUSE DEVELOPING AN UNDERSTANDING OF CULTURAL DIVERSITY BENEFITS EVERYONE. YOU CAN:

- **Help patients receive more effective care** – taking patients' cultural views on health into account helps maintain their right to be treated with respect. They also respond better to their care.
- Helps our facility meet or exceed the standards of regulatory agencies.
- **Improve your job performance** – helping patient get the best possible care can also increase your job satisfaction.

There are Many Cultural Factors to be Aware of.

- Country of Origin
- Preferred Language
- Communication Style
- Views on Health
- Family and Community Relationships
- Religion
- Food Preference

Take Time to Learn About Your Patients.

- Ask questions to avoid cultural stereotypes. It's important to have general knowledge about a culture. But it's also important to assess each individual patient because;
 - Difference exist among member of the same cultural group.
 - Cultures change over time.
 - Climate, war, etc., in another country may have affected an immigrant's health.

Take the Time to Consider and Learn.

- How a patient prefers to be addressed.
- Understand relationships.
- Consider privacy needs.
- Learn the patient's views about health.

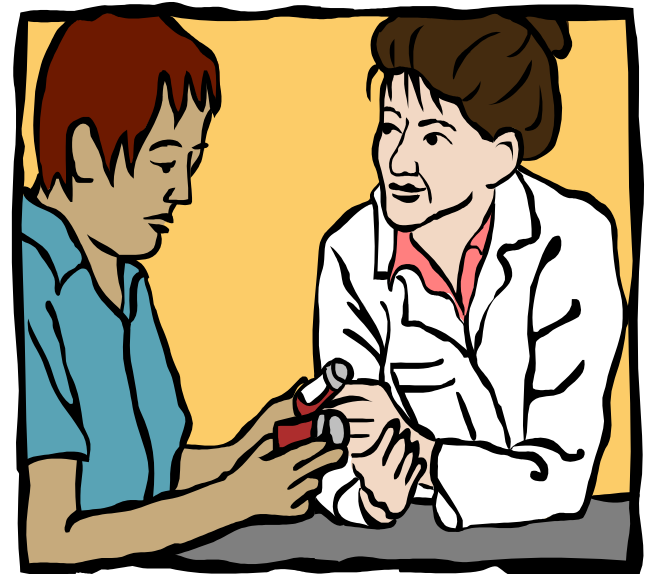
“Work with the patient and others to find the best approach of his or her care.”

Developmentally Appropriate Care

- Factors to Consider:
 - Chronological age
 - Developmental age
 - Maturity level
- Different stages of life exhibit different :
 - Characteristics
 - Needs
 - Developmental challenges
 - Milestones
 - Experiences

Communicate Effectively.

- Listen to how the patient talks about his or her condition.
- Ask for any details you may need to understand better.
- Ask what he or she thinks.
- Ask indirect questions, if needed.
- Look for clues.
- Talk with others who know the patient.
- Ask for the patient's views on treatment.
- Use interpreter services effectively.



Consider Other Factors That May Affect Care.

- **Age** — An older patient may assume certain problems are a normal part of aging and not mention them.
- **Gender** — A patient may prefer to receive care from someone of the same sex.
- **Sexual Orientation** — Asking questions that avoid assuming sexual orientation can help put him or her at ease.
- **Socio-Economic Status** — Financial hardship may keep a patient from seeking or following treatment.
- **Presence of a Physical or Mental Disability** — How disabling a certain condition is.

INTERPRETER SERVICES

INTERPRETER Services

- **To enable Physicians and Hospital staff members to communicate with our hospital patients. For those patients who do not speak sufficient English, or who are hearing impaired; or upon the patient's request, or when a staff member or physician determines that the patient's lack of fluency in English affects the ability to understand or make decisions regarding treatment. Interpreter services will be provided by telephonic means and/or by qualified Sign-Language interpreter.**

PATIENT IDENTIFICATION

- Patients requiring interpreters will be identified at the time of registration or by staff on the unit.
 - Dignity Health uses services provided by Cyra Com International and Life Signs INC for hearing impaired.
 - KM uses an internal translator list as well as a Translation – Language line and -Life Signs INC for hearing impaired. Telephone: 661-326-2009
 - San Joaquin Hospital uses Telelanguage 1-800-514-9237 (Code # on phone)
 - Interpreters (i.e. family members or friends) will be used only after the patient has clearly been informed of the available interpreter services.

An Issue of Respect

Upon completion of this program, you will:

- Understand the wide range of behaviors that may constitute discrimination and harassment;
- Understand who can be a victim;
- Understand that free speech rights don't apply in the work place;
- Understand what constitutes a “tangible employment action”;
- Understand that everyone has a right to work in an environment free from discrimination and harassment; and
- Determine how to appropriately respond during a harassment situation.

An Issue of Respect

Harassment means to trouble, worry or torment someone on a persistent basis. The important phrase here is “on a persistent basis.” Usually a one - time offense is not considered harassment in the eyes of the law.

An Issue of Respect

Types of Harassment:

- Verbal – includes things said, written or inappropriate sounds.
- Physical – includes hitting, pushing, blocking someone's way, inappropriate touching.
- Visual – includes calendars, pictures, and any inappropriate object that can be clearly seen.

An Issue of Respect

There are two main types of sexual harassment:

- **Quid Pro Quo** — occurs when employment decisions such as hiring, promotions, salary increases, work assignments or performance evaluations are based on an employee's willingness to grant or deny sexual favors.
- **Hostile Work Environment** — occurs when verbal, physical, or visual behavior in the workplace:
 - Focuses on the sexuality of another person or occurs because of the person's gender;
 - Is unwanted or unwelcome; and
 - Is severe or pervasive enough to affect the person's work environment.

An Issue of Respect

Discrimination occurs when a person or group of people are treated differently from another person or group of people.

An Issue of Respect

Discriminatory harassment is harassing and/or discriminating behavior that is severe or pervasive enough to create a hostile working environment and/or results in a tangible employment action.

An Issue of Respect

Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, sex, religion, national origin, color, pregnancy, etc.:

- Race
- Religion
- Sex
- National Origin
- Age
- Disability (Including obesity)
- Military Membership or Veteran Status
- Sexual Orientation
- Marital Status
- Transsexual or Cross-Dressing
- Political Affiliation
- Criminal Record
- Prior Psychiatric Treatment
- Occupation
- Citizenship Status
- Personal Appearance
- Education
- Tobacco Use Outside of Work
- Receipt of Public Assistance
- Dishonorable Discharge from the Military

Restraints

- Restraints are devices used to restrict the movement of the whole body or a part of the patient's body in order to protect the patient and/or others from injury.
- The use of restraints is limited to situations where there is 1) clinical justification for use, 2) documentation that other alternatives to restraint have been considered and attempted, and 3) the use of the alternative poses more risk than restraints. Healthcare workers must be trained and adhere to policies when using restraints.

Restraints (cont)

- Physical restraint – any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient’s body that cannot be easily removed by the patient and that restricts movement or access to one’s body. Leg/arm restraints, hand mitts, soft ties or vests, lap cushions, lap trays and having 4 side rails up is considered to be a restraint.
- Chemical restraint – Medication that is NOT the standard treatment for the patient’s medical or psychiatric condition considered a “chemical restraint” when it is used to control patient behavior that is a threat to self or others.
- Seclusion – the involuntary confinement of a patient in a room or an area which prevents them from leaving.

Restraints (cont)

- Physician orders for restraints must be signed, timed and dated within 24 hours of the verbal request. In addition, restraints must be time-limited, evaluated and documented for renewal by a physician within a designated time period, and discontinued at the earliest possible time.

Reporting Abuse/Neglect

- All healthcare workers are required to report abuse/neglect or suspected abuse/neglect immediately to their supervisor or Social Services.

Types of Abuse

- Child Abuse: Physical, emotional, or sexual maltreatment of children, usually by parents, relatives, or caretakers. May also include willful cruelty, corporal punishment, or neglect.
- Dependent Adult Abuse: Physical, emotional, fiduciary (money), or sexual maltreatment of a person between the ages of 18-64 who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights.
- Elder Abuse: Physical, emotional, fiduciary (money), or sexual abuse of a person 65 years of age or older
- Domestic Abuse: Physical, emotional, or sexual maltreatment of an adult, by another.
- Human Trafficking/Exploitation: Forcing or coercing a person to perform commercial sex (in exchange for money, drugs or anything of value) or labor/services (including debt bondage, forced labor or involuntary child labor).

Be Alert To:

- Physical – bruising, burns, unusual marks or injuries on body, bleeding
- Behavioral – reluctant to speak in presence of partner or caregiver or caregiver response inappropriate
- Emotional – excessive fear, nightmares, withdrawn in response to abuse or threats to pets/loved ones
- Financial – an unwillingness to provide for needs, anxious about others taking away money/possessions
- Neglect – poor hygiene, poor nutrition, bedsores
- Trafficking – scripted/inconsistent history, accompanied by a person who does not let the patient speak for themselves, unable to provide address, unaware of location, possesses no identification, or branding tattoos

CUSTOMER SERVICE & PATIENT SATISFACTION

***Customer Service and
Patient Satisfaction are an
important part of your
job. Make it a priority.***

Patient Satisfaction Depends on Customer Service...

- **Patients want and expect to receive good customer service, as well as high-quality healthcare care. In today's competitive healthcare marketplace, the two go hand-in-hand to determine patient satisfaction and how well you meet your customers' needs and expectations.**

Some Tips for Effective Telephone Use...

When Answering Calls:

- **Answer promptly and politely.**
- **Take careful notes and messages.**
- **Put people on hold or transfer calls only if you can't avoid it.**
- **Be pleasant and professional.**
- **Always end on a positive note.**

GUIDELINES FOR PROFESSIONAL APPEARANCE

CSUB nursing students represent the University and the Department of Nursing when interacting with patients, their families, staff, and others in the health care environment. The way students dress demonstrates respect for the University they represent and for the patients and families they serve. Students purchase and wear the uniform of the Department throughout their clinical experience, unless the clinical instructor advises otherwise. While wearing the CSUB uniform, students are clearly recognized at the University and by the clinical agencies accommodating student experience. Professional attitudes and clothing reflect the same respectful behavior and professional attitudes even when the CSUB uniform is not required in the clinical area.

Personal Appearance

- **Hair:** Hair is neatly maintained, clean and kept off the collar. Hair is pulled back to prevent it from falling forward over the face while performing routine nursing duties. Any extreme look or color is not permitted. Plain barrettes or combs are allowed. Men may choose a neatly trimmed mustache or beard. Facial hair is maintained in short style to insure adequate seal for respiratory isolation masks/particulate respirators. No handle bar style mustaches or long beards are acceptable.
- **Makeup:** Makeup is fresh and natural. Extremes in color, glitter, or amount are not acceptable.
- **Nails:** No acrylic nails, extenders, polish or long nails are permitted. Hands and nails are clean and free of any stains.
- **Perfume:** Close contact with patients and staff requires students not wear fragrance/perfume or after shave.

Personal Appearance (continued)

- **Sunglasses:** Sunglasses may be perceived as blocking interpersonal communication. Do not wear them indoors, however, polarized glasses that tint light gray in bright light are acceptable.
- **Hygiene:** Personal hygiene must be of high standards. Absence of body, mouth and clothes odor is necessary. Do not chew gum or smokeless tobacco while in clinical areas. Students may smoke only in the designated areas during assigned meal or break time.

Personal Appearance (cont)

- **Jewelry:** The following jewelry is allowed: a) One small post earring (with no dangles) in each ear; b) One small ring; c) Small necklaces and neck chains inside the uniform; d) ankle chains that are not visible or audible; and e) small wrist watches with second hands. No other jewelry and/or visible body piercing is allowed in the clinical area. (Please don't assume because the pierced ornament is in your tongue that it is invisible. It is not acceptable professional dress).
- **Tattoos:** No visible tattoos are permitted. Cover any tattoos that may be visible.



Uniform

- The uniform top is light blue and includes the monogrammed CSUB Department of Nursing logo (with optional first name).
- This uniform's pants are regulation type of opaque white or light blue (the same color and fabric as the traditional top and lab jacket) with straight leg pants (men or women), or knee to mid-calf length skirts or culottes (women only). Women students must wear pantyhose with skirts. Only a regulation blue CSUB lab coat with the CSUB monogrammed Department of Nursing logo with optional student first name may be worn over the uniform. Appropriate undergarments must be worn and must be covered by the uniform. Students may opt to wear a white T-shirt under the uniform if desired.

Uniform (cont)

- Casual attire, such as shorts, jeans, thongs, or short midriff tops are not permissible in the clinical setting at any time. Faculty may have additional requirements for specific clinical areas. Please clear any exceptions to these items with your clinical faculty.
- Students in Level III courses are assigned to community experiences are required to wear self purchased straight leg khaki colored slacks/pants (men or women) or knee to mid-calf skirt (women only) with the specifically selected CSUB nursing dark blue polo shirt ordered through the Department of Nursing or other appointed vendor.

Uniform (cont)

- **Exceptions:** Requests for exceptions must be submitted to the faculty and/or agency in writing before the day of the clinical experience.
- The guidelines, established by CSUB students and faculty, will be enforced for all students in the Nursing program. Any student failing to comply will be asked to leave the clinical area and may not return until modifications are made. This action will result in an unexcused absence for the day. Any desired deviation from this code must be presented to the Faculty for their consideration. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals.

Simulation & Skills Lab

Dress Code

- These rules are designed to promote safe and efficient use of the skills/simulation laboratory. The laboratory setting is intended to simulate the agency environment. The equipment in the skills/simulation lab is quite expensive and must be treated with respect. It is expected that behavior in the laboratory will reflect an understanding of proper behavior in the clinical setting. The following rules apply to individuals or groups using the skills laboratory:
 - 1. Food and drink are NOT allowed in the skills/simulation laboratory.
 - 2. Students must wear their CSUB identification badge, lab coat over appropriate street clothes/shoes. **Uniforms are to be worn during assigned clinical simulation time.**

Simulation & Skills Lab

Dress Code

- 3. Students are not allowed in the skills/simulation laboratory without faculty supervision, unless given express consent by the Skills Lab Coordinator.
- 4. Replace chairs, bedside tables, mannequins, and beds and privacy curtains to their proper location.
- 5. Faculty must supervise the use of equipment in the locked cabinets. Students may use their own laboratory equipment on scheduled lab day and by pre-arrangement with faculty. All equipment must be returned to the area designated by the Skills Laboratory Coordinator at the end of each laboratory session. Faculty will supervise the return of equipment and ensure the laboratory are locked after use.
- 6. The simulation equipment (mannequins, models) requires gentle handling and students must be supervised by a faculty member. The Computerized Patient Simulators are to be handled by trained faculty ONLY.

Simulation & Skills Lab

Dress Code

- 7. **Sitting or lying on the beds is prohibited, except for specified simulation laboratory experiences. Never wear shoes while in or on the beds. The beds are not intended for naps-- if you are ill, go to the Student Health Center.**
- 8. **Report any safety or equipment problems to the faculty, Skills Lab Coordinator or the nursing office.**
- 9. **Simulation exercises demand the same privacy as would be accorded a patient in the Agency.**
- 10. **Trash and used disposable equipment should be placed in the proper containers before you leave. Contaminated equipment should be disposed of following specific policies.**
- 11. **Skills Laboratory equipment and supplies are for use only for clinical lab course work.**
- 12. **Syringes and needles can only be used in the skills laboratory or lecture room when faculty are available to supervise. Syringes and needles cannot be signed out or taken out of the nursing building by students. The supervising faculty are responsible for the correct disposal of used syringes and needles.**

Photo ID

- Photo identification badges are considered part of the uniform and identify the wearer as a California State University, Bakersfield student nurse. The photo identification badge must be attached to clothing above the waist and visible at all times and may not be attached to a lanyard.
- Replacement photo ID badges are requested in the Nursing Department office and a fee is assessed.
- Photo ID badges must be returned to the Nursing Department office upon completion or termination of the program.



WORKPLACE VIOLENCE

**Occupational Hazards
in Hospitals**

Introduction

- Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties.
- They are exposed to many safety and health hazards, including violence.
- We have identified the hospitals' High Risk Departments.

Violence Awareness Education



- **California Health & Safety Code 1257.7 & 1257.8** requires that hospital employee regularly assigned to the ED and other high risk areas receive this training.

GOALS

- Know general safety measures.
- Know personal safety measures.
- Understand the assault cycle.
- Know aggression and violence predicting factors.
- How to obtain patient history from patient with violent behavior.
- Characteristics of aggressive and violent patients and victims.
- Strategies to avoid physical harm.
- Resources available to employees for coping with incident of violence.

What is Workplace Violence?

- Workplace violence ranges from offensive or threatening language to homicide (including physical assaults and threats of assaults) directed toward persons at work or on duty.
- Statistics.



Why do People Commit Violence?

- **Stress and frustration** — For example, long waiting times or not knowing about a patient's condition can cause agitation.
- **Revenge** — For example, patients and / or their loved ones may blame a health-care provider for an unwanted outcome. An employee may seek revenge for not getting a desired promotion or raise.
- **Personal problems** — For example, a visitor may respond to grief by lashing out at an employee. An employee with a substance abuse problem may use threats to pressure a co-worker not to turn him or her in.
- **Fear or confusion** — For example, a patient with a head injury may not remember how he or she arrived at the facility and blame staff. A visitor may respond to fear by lashing out at those trying to help.
- **Being separated from family** — For example, a patient may get upset if he or she can't be with a loved one at all times.
- **A drug reaction** — For example, a patient may become confused or disoriented and lash out at someone without knowing it.

Examples of Violence

- **Threats:** Expression of intent to cause harm, including verbal threats, threatening body language, and written threats.
- **Physical assaults:** Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.
- **Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.

Where may Violence Occur?

- Violence may occur anywhere in the hospital, but it is most frequent in the following areas:
 - Psychiatric wards
 - Emergency rooms
 - Waiting rooms
 - Geriatric units
 - Areas that may contain cash



What are the Effects of Violence?

- The effects of violence can range in intensity and include the following:
 - Minor physical injuries.
 - Serious physical injuries.
 - Temporary and permanent physical disability.
 - Psychological trauma.
 - Even death.

Maintain Behavior that Helps Diffuse Anger

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Safety Tips for Hospital Workers

- Watch for signals that may be associated with impending violence:
 - Verbally expressed anger and frustration.
 - Body language such as threatening gestures.
 - Signs of drug or alcohol use.
 - Presence of a weapon

Be Alert

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting - don't let the potentially violent person stand between and the door.

Check your Work Area

- **Potential weapons:**
 - Are sharps(needles, scissors, scalpels, etc.) safely stored and locked up?
 - Are heavy objects (paperweights, tools, etc.) secure or out of sight?
- **Limited access areas:**
 - Are they locked properly at all times.
 - Do staff wear ID badges that can be clearly seen at all times?
- **Lighting:**
 - Are high-risk areas (parking lots, stairwells, etc.) kept well lit?
 - Is lighting adequate in all areas of your workplace (including parking lots)?
- **Alarms and security:**
 - Are security alarms (including panic buttons) within easy reach?
 - Are security numbers clearly posted by all phones?
 - Is the security department located in a highly visible area that is easy for staff and visitors to get to?
- **Exits:**
 - Are exits clearly marked?
 - Are escape routes kept clear?

If Violence Strikes - Know How to Respond Quickly

- Protect yourself first.
- Sound the alarm or warning code.
 - Panic Buttons
 - Know your emergency codes
 - EMS 911
- Give the person what he or she wants, if you can.
- Do not try to take away the person's weapon.
- Only use restraints as a last resort.