

**SAFETY STORM ALPHA 2021**  
**(PROGRAM: 40821)**

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**Presenter: Narrated**

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**COURSE OBJECTIVES**

- \* Understand workplace hazards and safety from hazardous materials, bloodborne pathogens, different allergies and reactions, as well as ways to ensure back safety, prevent slips, trips and falls, elements of fire, radiation, and electrical safety, and emergency preparedness and disaster recovery.
- \* Recognize proper infection control practices and Standard Precautions including proper hand and respiratory hygiene, cough etiquette, transmission-based precautions, and responding to respiratory hazards such as influenza, tuberculosis, and measles.
- \* Identify organizational workplace problems such as workplace violence, sexual harassment, the False Claims Act, and Medicare fraud and abuse.

**Module 1: Workplace Hazards**

**Hazardous Materials/Safety Data Sheets (SDS)**

Every employee must be informed of and protected from potential exposure to hazardous chemicals. Examples of hazardous materials include disinfectants, pesticides, some gases, and hazardous drugs. OSHA (Occupational Safety and Health Administration) defines a hazardous substance as any substance which, which after release into the environment and upon exposure, ingestion, inhalation, or assimilation into any person will or may reasonably be anticipated to cause death, disease, behavioral abnormalities, cancer, genetic mutation, physiological malfunctions, or physiological deformations in a person or their offspring. Employers must have written program to meet OSHA's Hazard Communication Standard. The standard requires employers to inform employees about chemical hazards through Safety Data Sheets (SDS), warning labels, and training.

Each manufacturer of hazardous chemicals prepares and publishes Safety Data Sheets. A Safety Data Sheet has a 16-section format with a detailed description of the chemical or chemical compound, physical characteristics, fire and explosion information, special protection

precautions, and handling, use, and storage procedures. OSHA EXPRESSLY requires that a Safety Data Sheet accompany first delivery of any hazardous substance, that employees are trained on how to work safely with it, and that the Safety Data Sheet is made readily available to all employees who work with it.

Labels affixed to chemical containers must contain a summary of the chemical information, include universally adopted and agreed-upon harmonized signal words, pictograms, and hazard statements for each chemical substance and refer back to the SDS for more detailed information. This even includes commonly used materials like hand soaps. A chemical with any of the following characteristics is considered hazardous: It is a carcinogen, corrosive, toxic or highly toxic, an irritant, and materials that are sensitizers, or target organ effectors. You must be informed of protective measures needed when working with a dangerous substance and be provided appropriate personal protective equipment (PPE), necessary for working with it.

You have the right to easily access your institution's list of chemicals and Safety Data Sheets. Never keep Safety Data Sheets in a locked filing cabinet or behind a locked office door. If SDSs are kept electronically, a backup copy must be readily available in case the electronic version is inaccessible.

You can request a personal copy of a Safety Data Sheet to be provided within 15 days. Know where the hazard information is located in your area and how to use it. Review the information every time before using a hazardous substance. Each work area has to maintain a Safety Data Sheet for every chemical used or stored there. One person should be designated to obtain, check and maintain all Safety Data Sheets.

You may register a complaint on these issues without fear of reprisal or retaliation. Go to OSHA's Hazard Communication Website for more information.

### **Bloodborne Pathogens**

Bloodborne pathogens are disease-causing microorganisms in human blood, human blood components, and products made from human blood. These pathogens include, but are not limited to, hepatitis B virus and HIV.

Other Potentially Infectious Materials include but are not limited to: human body fluids such as semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, saliva in dental procedures, body fluid visibly contaminated with blood, and all body fluids in when it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human ; and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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OSHA's Bloodborne Pathogens Standard requires that employers protect all workers who they can reasonably anticipate will come into contact with blood or other potentially infectious materials as a result of doing their job. They are required to protect employees from exposure and to reduce risk from exposure. The requirements of OSHA's Bloodborne Pathogens Standard can be found in Title 29 of the Code of Federal Regulations at the OSHA website at [www.osha.gov](http://www.osha.gov).

Employers must make sure employees are trained about bloodborne pathogens and maintain training records. They must provide proper personal protective equipment and decontamination containers, use labels and signs to communicate hazards, implement the use of engineering and work controls, and provide a post-exposure evaluation and follow up to any occupationally exposed worker. An employer must also use an exposure control plan (ECP) that details protection measures.

The Needlestick Safety and Prevention Act of 2000 requires that employers identify and make use of effective and safer medical devices. The revision of the Bloodborne Pathogens Standard in 2001 added new requirements for employers including additions to the exposure control plan and keeping a sharps injury log unless exempt.

The Bloodborne Pathogens Standard covers all workers in the private sector as well as civilian employees of federal entities. Many occupations are covered such as healthcare workers, police and other public responders, and housekeeping personnel in some industries.

Direct transmission of bloodborne pathogens happens when infectious material comes into DIRECT contact with open wounds, skin rashes, the mucous membranes, or enters the body through contaminated objects such as needles. INDIRECT transmission occurs when you touch a contaminated surface and then transfer the infectious material to your eyes, mouth, or an open sore.

#### Common Bloodborne Pathogens

Hepatitis B can range in severity from mild illness to death. Healthcare workers who come into contact with blood, blood products, or infectious bodily fluids are at increased risk for exposure. Symptoms may appear between six weeks and six months after exposure. They include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, yellowing of the skin and eyes, dark urine, and joint pain. About 30 percent of infected adults don't develop symptoms.

Hepatitis B is transmitted through blood, unprotected sex, use of unsterile needles, and from an infected mother to her newborn through the delivery process but not through food or water, the air, or casual contact. The hepatitis B virus can survive outside the body for at least seven days.

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Hepatitis B is preventable by vaccine -- a series of three injections given over a six-month period. The complete vaccine series is 95 percent effective in preventing infection and chronic consequences of the disease. More than 100 million people have received the hepatitis B vaccine in the U.S. and no serious side effects have been reported. The vaccine is offered free of charge to all workers at risk for occupational exposure. It must be offered after the worker has received the required bloodborne pathogens training and within ten days of initial assignment to a job in which occupational exposure could occur. A worker can decline the vaccine by signing a form saying they have done so.

Hepatitis C also affects the liver and may range in severity from mild to a serious life long illness. Disease transmission and acute symptoms are similar to those of hepatitis B. About 75 percent of infected people never develop acute symptoms of hepatitis C. There is no vaccine for hepatitis C.

HIV -- the virus that leads to AIDS -- destroys cells of the immune system so the body can't fight off infections and disease. There is currently no vaccine available to prevent AIDS. HIV is transmitted by contact with blood, semen, vaginal fluids, contaminated needles, and from mothers to newborns during delivery, but not by casual contact, drinking fountains, or toilets. HIV does not survive well outside the body so the possibility of transmission from environmental surfaces is small. Transmission of HIV from patients to healthcare workers is rare and has most commonly been through needlesticks or skin punctures from sharp items contaminated with blood or other infectious materials, and extensive contact, splashing, or the generation of droplets of blood or other infectious materials into mucous membranes or broken skin.

Most HIV infected people display no symptoms for ten years or more. Some report severe flu-like symptoms two to four weeks after exposure including fever, fatigue, enlarged lymph nodes, sore throat, muscle and joint pain, headache, and rash.

Symptoms of advanced infection include:

- \* Rapid weight loss
- \* Night sweats
- \* Extreme tiredness
- \* Diarrhea
- \* Sores in the mouth, anus, or genitals
- \* Pneumonia
- \* Red, brown, or purplish blotches under the skin or inside the mouth, nose, or eyelids
- \* Memory loss, depression, and other neurological disorders.

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All blood spills, including those that have dried, must be cleaned and disinfected with a mixture of bleach and water or an appropriate EPA-registered disinfectant using the manufacturer's instructions.

Use standard precautions in all situations where there is a potential for contact with blood or other potentially infectious materials. Treat all human blood and body fluids as if they are infected by bloodborne pathogens. This is also true for unfixed human tissues or organs, HIV-containing cells or tissue, HIV- or hepatitis B-containing culture medium, or other solutions and blood, organs, or tissues from infected experimental animals.

Perform hand hygiene before eating, drinking, applying makeup, or handling contact lenses. Always use hand hygiene after contact with blood, body fluids, excretions, or wound dressings, and after removing gloves or other PPE.

NEVER recap, bend, break, or shear a used needle and NEVER dispose of sharps anywhere but in an approved sharps container. Don't force sharps into those containers. All sharp objects capable of puncturing skin, not just needles, must be disposed of in an approved and labeled sharps container.

Employers must provide handwashing facilities and eye wash stations which are readily accessible to all employees. Gloves, gowns, laboratory coats, face masks, respirators, goggles, and face shields are all forms of PPE. Employers MUST provide appropriate PPE in the right size at no cost to employees, and educate all employees on its proper selection and use when and what is necessary how to properly put on, take off, adjust and wear PPE, care and disposal, and the limitations of PPE.

Assess the risk of exposure to body substances or contaminated surfaces BEFORE any healthcare activity. Wear gloves when handling or touching contaminated items or surfaces. Use PPE every time there is a potential for contact with blood or body fluids. At a minimum, use gloves and protective gowns. Use masks or face shields if there is any chance blood or fluids could enter your eyes, nose, or mouth.

Avoid touching the outside of the PPE with bare skin. Discard in appropriate containers for disposal or decontamination.

Wash hands immediately or as soon as feasible after removing gloves or other PPE. Replace damaged PPE immediately. Do not reuse disposable PPE unless in severe shortage periods such as the COVID-19 pandemic and with federal guidance. PPE should be cleaned, repaired, and replaced as needed at NO cost to the worker.

Use warning labels and signs that include the standard biohazard symbol next to the term "biohazard" on everything that contains contaminated, regulated waste. This includes contaminated equipment and containers of contaminated laundry. Facilities may use red bags

or red containers instead of labels for laundry provided the facility uses standard precautions for handling all soiled laundry.

Employers must establish a written exposure control plan and update it annually. An exposure control plan should contain a list of job classifications or tasks and procedures where exposure may occur. Employees should be involved in identifying these positions. The exposure control plan must be available at the workplace throughout the work shift. If the plan is only on a computer, employees must be trained to operate that computer. A hard copy of the written exposure control plan must be provided within 15 working days of an employee's request.

The employer must identify and use appropriate and effective safer medical devices such as needleless devices, shielded needle devices, and plastic capillary tubes, and use devices that isolate or remove the bloodborne pathogens hazard from the workplace, such as a sharps container. Providers must have work practices that reduce the possibility of exposure by changing the way the task is performed.

If you suspect you have been exposed, follow these steps:

- \* Wash intact skin with nonabrasive antibacterial soap and water
- \* Immediately flush mucous membranes with water
- \* Remove contact lenses and rinse with saline or water after any suspected contact with eyes
- \* Report ANY exposure IMMEDIATELY to a supervisor.

Employers are required to provide post-exposure evaluations and follow-up with any eligible worker who experiences an exposure incident. The evaluation and follow-up must be free of charge to the worker, and must include documentation of the circumstances under which the exposure incident occurred. In cases of infectious organism exposure, counseling and post-exposure prophylaxis must be offered, and reported illnesses evaluated. This includes tuberculosis, coronavirus, HBV, and HIV.

OSHA requires employers to provide interactive access to a trainer knowledgeable in preventing exposure to bloodborne pathogens in the workplace. Workers must have the opportunity to ask the trainer questions. Training must be presented at an educational level, and in a language that workers understand. To speak with a representative, contact your education and training department.

## Allergies and Allergic Reactions

Allergies are a damaging immune response by the body to a substance to which it has become hypersensitive. Some of the most common allergic reactions are:

- \* Medication allergies
- \* Latex allergies
- \* Food allergies

Latex allergies are a reaction to the proteins in latex rubber. Latex is used in medication vial tops, anesthesia bags, catheters, gloves, and intravenous supplies. Surprisingly, latex paint does NOT include natural latex; however, some waterproof sealants do. Sensitivity can develop after repeated exposure, such as the exposure you would get from using latex gloves as part of your PPE.

Food allergies to bananas and avocados are closely associated with latex allergies. Limiting exposure to latex can help prevent allergic reactions. You can be exposed to latex by touching it or by inhaling the latex particles in glove powder. To reduce the risk of inhaling latex particles, the FDA (Food and Drug Administration) has banned powdered patient examination gloves, powdered surgeons' gloves, and absorbable powder for lubricating a surgeon's glove.

The Centers for Disease Control and Prevention (CDC) describes three types of reactions from latex products:

- \* Irritant contact dermatitis is the most common negative reaction to latex -- symptoms are dry, itchy, irritated skin, most often on the hands
- \* Allergic contact dermatitis is a delayed hypersensitivity -- this is a rash that usually shows up one to four days after contact
- \* Latex allergy is an immediate hypersensitivity -- mild reactions could be skin redness, hives or itching. More serious reactions are runny nose, sneezing, itchy eyes, scratchy throat, wheezing, coughing, or difficulty breathing.

In rare cases, an allergic reaction to latex can be fatal. Anyone exposed to latex who develops any serious allergic reaction should seek immediate medical attention. If you develop symptoms of latex allergy, avoid direct contact with latex-containing products until you can see a physician. Diagnosis for latex allergy is made by using a medical history, physical examination, and lab tests.

Here are some suggestions to reduce or avoid latex exposure in the workplace:

- \* Do not use powdered latex gloves

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- \* Hypoallergenic latex gloves don't reduce the risk of latex allergy, but they may reduce reactions to additives in the latex
- \* Use appropriate work practices
- \* Don't use oil-based hand creams or lotions (they can cause gloves to break down)
- \* After removing latex gloves, wash your hands with a mild soap, and dry hands
- \* Areas and equipment with latex-containing dust should be cleaned often
- \* Learn to recognize the symptoms of latex allergy.

If you are allergic to latex, tell your employer and ALL healthcare providers. Wear a medical alert bracelet. Before receiving any shots -- such as a flu shot, be sure the person giving it uses a latex-free vial stopper. AHRQ (Agency for Healthcare research and Quality) guidelines say alternatives to natural rubber latex gloves must be available for patients, caretakers, and healthcare workers who have a documented sensitivity to natural rubber latex. It's also important to assure that latex-free balloons are delivered to patients in hospital settings.

Know the symptoms of allergic reactions and what to do if you think someone is having one. Symptoms of a moderate or severe reaction include:

- \* Abdominal pain
- \* Abnormal, high-pitched breathing sounds
- \* Anxiety
- \* Chest discomfort or tightness
- \* Cough
- \* Diarrhea
- \* Difficulty breathing
- \* Difficulty swallowing
- \* Dizziness or lightheadedness
- \* Flushing or redness of the face
- \* Nausea or vomiting
- \* Palpitations
- \* Swelling of the face, eyes, or tongue
- \* Unconsciousness
- \* Wheezing

Manage the reaction and seek emergency assistance when needed. Anaphylaxis is the most severe allergic reaction and can lead to death in 15 minutes. Symptoms include: flushing, tingling of the lips, soles of the feet, or palms of the hands, lightheadedness, and chest



tightness. If not treated, these can progress into seizures, cardiac arrhythmia, shock, and respiratory distress.

The National Institutes of Health (NIH) says in a case of severe reaction, first check the person's airway, breathing, and circulation. A very hoarse or whispered voice or coarse sounds when the person is breathing in air are warning signs of dangerous throat swelling. If necessary, begin rescue breathing and CPR.

Any chemical or product reaction due to workplace exposure through vapors, skin contact, mists, or otherwise should be reported to your supervisor or OSHA. Most healthcare settings are latex-free environments.

## **Module 2: Personal Workplace Safety**

### **Back Safety**

Sprains and strains to shoulders and the lower back area are major sources of injury. In 2016, there were approximately 317,000 workplace injuries involving sprains, strains, and tears, and 154,000 cases involving back injuries.

OSHA and the Department of Labor recommend you follow these steps to help prevent back injuries:

- \* Use a wide, balanced position with one foot slightly ahead of the other and your feet shoulder width apart
- \* Bend your legs, NOT your back when lifting -- let your legs do the work, and don't twist
- \* Hold the load as close to your body as possible and keep your head and neck in a straight line by tucking in your chin
- \* Grip an object with the palms of your hands and your fingers
- \* Return to a standing position as soon as possible
- \* Use smooth movements -- don't jerk
- \* Do NOT twist your torso when turning -- turn with your feet and point your whole body in the direction of the move
- \* Move down the center of corridors to prevent possible collisions with opening doors
- \* Watch out for door handles and high thresholds -- they can cause abrupt stops that could cause you to stress or injure your back when you try to recover.

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Nursing aides, orderlies, and attendants have a higher rate of musculoskeletal disorders than any other occupation. High-risk patient-handling tasks include: transferring from toilet to chair; transferring from chair to bed; transferring from bathtub to chair; repositioning from side-to-side in bed; lifting a patient in bed; repositioning a patient in a chair; or making a bed with a patient in it.

OSHA and the Department of Labor offer a few tips for safe lifting and handling. If a patient falls, evaluate the patient before moving them. Check risk factors and treat medical conditions if needed.

And remember, when lifting or transferring patients, don't try to lift the patient without appropriate staff or help.

When moving a patient:

- \* ALWAYS face the patient
- \* Move the patient towards you -- NOT away from you
- \* Roll patient onto his or her side -- don't reach over the patient you're moving
- \* Position at least two providers on each side of the patient and get extra help for large patients
- \* Count down and synchronize the lift
- \* Lower the patient slowly by bending your legs, NOT your back
- \* Use a smooth, even, push-pull motion
- \* If using hoists, lower the hoist enough to attach slings without strain
- \* Use draw sheets or incontinence pads in combination with friction-reducing devices like slide boards, slippery sheets, plastic bags, or low friction mattress covers
- \* If your facility offers mechanical patient transfer and lifting devices, use them when it is medically appropriate. Explain the lifting procedures to the patient before you start.

Do not attempt to lift an adult manually unless a mechanical lift cannot be used for medical reasons, there is immediate danger, or there is no feasible alternative. In that case, get the help of others to assist in lifting.

### **Slips, Trips, and Falls**

Slips, trips, and falls cause 15 percent of all accidental deaths nationwide. Most of these are preventable.

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The National Safety Council list of hazards includes:

- \* Hidden steps
- \* Loose or irregular floors
- \* Smooth surfaces
- \* Wet spots
- \* Oil and grease
- \* Open drawers
- \* Damaged ladders

Contaminants on the floor are the biggest cause of slips, trips, and falls in healthcare facilities. This includes any type of liquid from ice machines, soap dispensers, and liquid from wet medical equipment from decontamination areas. Use warning signs for wet floors. Report hazards as soon as you see them and clean up spills right away. Prevent entry into areas that are wet and keep floors clean and dry.

Watch out for indoor and outdoor walking surface irregularities like damaged, warped, or uneven floors. Accidents often happen when moving from one surface to another. For example, carpet to vinyl. Outside, uneven ground, holes, rocks, and other debris are hazards. Report problems to your maintenance department.

Icy or snowy parking lots, stairs, and walkways should be cleared -- report any problems you see. Also, evaluate the slickness of the soles and the type of heels on your shoes. Wear skid-resistant shoes with low heels.

Another issue is poor lighting, both inside and outside a facility. Report malfunctioning lighting and burned out bulbs.

Use handrails on stairs, don't race up and downstairs, and watch your feet.

If you use a ladder, be sure you know how to use it properly. Place ladders and stepstools on level surfaces before climbing, and don't use them in front of a door unless the door is locked or guarded. Check that stepladders are fully opened before climbing. Maintain three points of contact with the ladder at all times while climbing up or down. This means two hands and one foot, or one hand and two feet. Don't stand higher than the third highest rung. Don't lean out or stretch up when something is out of reach -- climb down and move the ladder or use a higher ladder instead. NEVER use chairs or other furniture in place of a ladder. Don't jump from ladders, loading docks, or other elevated locations -- no matter how close to the ground you are.

Watch out for clutter. Loose cords, hoses, wires, and medical tubing can easily catch someone's foot and cause a trip and fall incident. Keep all wires and cords out of the way. If

CORDS must be placed in walkways, tape them down or use a cord cover to minimize the trip hazard. Otherwise, coil up extension cords, lines, and hoses when not in use. Keep aisles and passageways clear. Never block exits and walkways.

Floor mats and runners can be hazards. Replace torn, curled, or worn mats, and secure mats so they can't move.

Know how to recognize, report, and prevent slip, trip, and fall hazards. Be sure you know YOUR facility's policies on how to report risks AND any falls -- yours, a visitor's, or a patient's.

## **Module 3: Environmental Workplace Safety**

### **Fire Safety**

Heat producing equipment, flammable chemicals, and faulty electrical wiring are just three of many potential fire hazards that could exist in your workplace. OSHA requires adequate exit routes for fires and other emergencies. You must know the location of those exits, fire alarms, and extinguishers in your work area and be familiar with your company's emergency action plan. It tells you where to go during a fire or other emergency. Know your specific responsibilities during an emergency or evacuation, procedures for announcing a fire or other emergency, where to assemble, and the fire safety officers for your facility. Accrediting agencies require unit- or area-specific orientation on fire prevention and response.

Your facility has specific fire safety measures. Beyond these, how should you respond to the dangers of healthcare fires?

Remember the word "RACE." It stands for:

- \* R -- Rescue patients and yourself from a fire's location
- \* A -- Alarm -- pull the fire station alarm and call your facility's fire code
- \* C -- Confine -- close all doors to confine the fire
- \* E -- Stands for two different choices --extinguish the fire, or evacuate patients and yourself.
- \* Some healthcare institutions have added the letter "R" making it RACER. The second R stands for relocate patients from the fire's area.

Never use elevators to evacuate patients in a fire. Use stairwells to remove patients from danger using mattresses, sheets, sleds, or other devices.

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Patient beds should be easy to move in case of an evacuation. You should focus on moving patients in direct contact or closest to a fire first.

Those patients not directly in danger during a fire should be maintained in their rooms by staff unless otherwise directed.

Should you try to put out a fire? First ask yourself these questions:

- \* Is the fire too big? If a fire covers more than 60 square feet, it can't be reached from a standing position, or it is behind a wall or ceiling, it is TOO BIG.
- \* You usually should NOT try to fight fires involving flammable solutions.
- \* Can you breathe? If smoke or fumes are so strong you can't stand in the fire's area without respiratory equipment, DON'T try to extinguish it.
- \* Is it too hot or smoky? If smoke hides a fire or it's so hot, you can't stand 10 or 15 feet away, DO NOT attempt to extinguish it.
- \* NEVER try to extinguish a fire if you must crawl on the floor because of heat or smoke.

If you can SAFELY extinguish the fire, find the right fire extinguisher for the type of fire. Extinguishers are clearly marked:

- \* Type A extinguishers are for fires involving ordinary combustibles like wood or paper.
- \* Type B extinguishers are for fires involving flammable liquids, gases, gasoline, and grease.
- \* Use type C extinguishers for fires in electrical wiring and equipment.
- \* ABC extinguishers are for combination fires.
- \* Type D extinguishers are used only on combustible metals like magnesium.
- \* Type K fire extinguishers are for fires involving vegetable oils, animal oils, or fats in cooking appliances.

Computer rooms, data processing facilities, or other unique environments often have specialty extinguishers. If you work in that type of environment, you need to be familiar with your extinguisher. Extinguishers in your facility need to be appropriate to your workspace and the potential fire risks there.

To use an extinguisher, remember PASS:

- \* P -- pull the pin
- \* A -- aim the extinguisher at the base of the fire
- \* S -- squeeze the trigger
- \* S -- sweep the spray from side-to-side

Again, pull the pin, aim the extinguisher at the base of the fire, squeeze the trigger, and sweep the spray from side-to-side.

Review your facility's specific fire safety measures for information on your fire safety plan. Know what to do in case of fire.

### **Radiation Safety/Electrical Safety**

There are many kinds of dangerous energy -- electricity, mechanical moving equipment, pressurized air, hot and cold temperatures, and radiation. There are four main types of electrical injuries:

- \* Burns
- \* Electrocution
- \* Electric shock
- \* Falls caused by contact with electricity

Electrical hazards can result from faulty electrical equipment or wiring, damaged connectors, or unsafe work practices. Report any damaged electrical cords, plugs, or equipment. If you receive a shock from any equipment including small tingles, report it immediately. Unplug faulty equipment, and take it out of service right away. Move it to a place your facility has set up for broken equipment.

Investigate and report any unusual odors coming from electrical equipment or appliances.

Don't overload electrical circuits, or use damaged connectors. If you use an extension cord or power strip, it should be approved by your facility's maintenance department for use, and only one piece of electrical equipment should be plugged into it. DON'T use unfused multiple outlet extension cords. Avoid adaptors that convert three-pronged plugs to two-pronged plugs, and NEVER use any electrical equipment when hands, floors, or equipment are wet.

Servicing or maintaining machines or equipment can expose you to serious harm or death. The OSHA Standard for the Control of Hazardous Energy (or Lockout/Tagout) establishes protection for employees.

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A lockout program must be used when employees service machines that are capable of being locked out. Lockout/Tagout is a process that prevents equipment from accidental activation. Locks used to secure an energy control device should be clearly labeled with durable tags to identify the worker assigned to the lock. The worker who installs a lock should be the one to remove it when work is completed.

Tagout devices cannot be used unless the tagout program provides employee protection that is equivalent to the protection provided through a lockout program. NEVER attempt to use, or tamper with a lockout measure on any equipment that has been locked out or tagged out. Do not remove a tag or lockout device from equipment without authorization. OSHA requires employers to train workers to know, understand, and follow the provisions of the Hazardous Energy Control Procedures. Employers must develop, document, and use procedures to control potentially hazardous energy. Follow your facility's procedures!

Another occupational hazard found in healthcare facilities is ionizing radiation. This can come from X-ray equipment, accelerators, accelerator-produced materials, electron microscopes, betatrons, and naturally-occurring radioactive materials.

Radiation exposure can cause illness or death. Radiation exposure occurs when unprotected employees are near a source of radiation. The degree of exposure depends on the amount of radiation, the duration of exposure, the distance from the source, and the type of shielding in place. Use film badges or their equivalent for long-term monitoring to determine exposure to radiation.

X-ray rooms should have barrier walls or lead-plated glass to protect against exposure. Lead aprons, gloves, thyroid collars, and special goggles are used to protect patients, and employees. NEVER disregard radiation warning signs or labels.

MRI machines also present a danger in the healthcare environment. Anything made of iron such as oxygen tanks can become lethal in the magnetic field. The extreme magnetic and radiofrequency fields can cause biological damage. Access is strictly controlled. Follow your facility policies and NEVER ignore warning signs.

Lasers can cause blindness or severe skin injuries if they are improperly used or improperly functioning. Know the location of lasers where you work and be alert to warning signs. Take warning and caution signs seriously, and don't take shortcuts that could result in injury or worse.

If you're operating potentially dangerous equipment, know safety procedures, and review them regularly. Your facility is required to have policies and procedures to minimize the risk from hazardous energy. Know and always follow them to keep yourself and others safe.

## **Disaster Recovery and Emergency Preparedness**

Emergencies and disasters can strike at any time or anywhere, and your facility has an Emergency Operations Plan or Emergency Response Plan to protect staff and patients should one occur. This plan will be periodically reviewed and practiced.

Emergency plans establish the following:

- \* Proper alarm systems to alert workers of emergencies
- \* Escape procedures and escape route assignments -- recent natural disasters have highlighted the importance of an effective, known, and practiced evacuation plan for patients and employees
- \* A designation of alternative facilities that could provide treatment
- \* Procedures for accounting for all employees after an evacuation
- \* Personnel roles and responsibilities
- \* A system for immediately accessing information on toxic materials
- \* A plan for managing emergency treatment of non-contaminated patients
- \* Decontamination equipment procedures and designation of decontamination areas
- \* Use, location, and quantity of personal protective equipment or PPE
- \* Prevention methods of cross-contamination

A medical facility's emergency response plan should include:

- \* Pre-emergency drills of the plan
- \* Practice sessions with other local emergency response organizations using the Incident Command Structure
- \* Lines of authority and communication between the incident site and medical facility personnel regarding hazards and potential contamination
- \* Designation of a decontamination team;
- \* Air monitoring to ensure that the facility is safe for occupancy following treatment of contaminated patients
- \* Post-emergency critique and follow-up of both drills and actual emergencies
- \* Name and job title of employees to contact for detailed plan information

Your facility will select a leader to oversee emergency management. Senior leadership will be involved in planning activities, exercises, and communication during actual emergencies.



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An effective emergency response plan must address six critical issues:

1. Communications
2. Resources and assets
3. Safety and security
4. Staff responsibilities
5. Utilities
6. Clinical support activities

Healthcare organizations that offer emergency services or are designated as disaster receiving stations must have an emergency response plan that addresses both external and internal disasters.

### Emergency Alerts

Your facility has a system to alert you of emergencies. Traditionally, these have been color codes such as code blue for a cardiac emergency and code red for a fire. Some facilities use plain language alerts especially for emergencies that require an action from visitors such as an evacuation. Many facilities are now using a combination of color codes and plain language. Call notification systems can be used to alert specific personnel through voice or text messages.

Several states have uniform alert codes usually designed to comply with and conform to the National Incident Management System, the Hospital Incident Command System, The Joint Commission, and other regulatory and accrediting agencies.

You must be familiar with your facility's alert system, know what each code means, and know how you should respond to it. Know your responsibilities in the case of emergencies — what your response should be and how to call for help.

### Rapid Response Teams

The Institute for Healthcare Improvement (IHI) encourages hospitals to implement a rapid response team -- also known as a medical emergency team -- that can be called by anyone -- staff, patient, or family -- concerned that a patient's health is suddenly deteriorating.

The rapid response team mostly focuses on patients who develop respiratory, neurological, or cardiac arrest problems without any warning signs.

Your organization will determine which conditions signal that the rapid response team should be called.

Members of a rapid response team are specially trained health workers whose skills allow for rapid review and intervention in medical emergencies. Team makeup varies, but often includes intensive critical care personnel like ICU nurses, a respiratory therapist, and a physician.

Although medical facilities are not required to have rapid response teams, they **MUST** have a process for recognizing and responding to a patient's condition if it appears to be worsening, and a written standard that describes early warning signs of change or deterioration. Common criteria are a change in respiratory rate, labored breathing, change in oxygenation, change in heart rate, or a sudden change in blood pressure. Anyone who sees these changes or feels that something is wrong can contact the rapid response team.

After you call the team, good communication is essential. Be specific about the patient's worsening condition. Be prepared to provide information such as: what changes prompted the request, the patient's current vital signs, actions that have already been taken, any allergies, and a list of medications the patient is on.

Once the team has made their assessment, they will relay the information and recommendation to the staff and to the patient's physician. If transfer to a higher level of care needs to take place, the rapid response team will assist.

## **Module 4: Infection Control**

### **Standard Precautions, Elements of Respiratory Hygiene, and Cough Etiquette**

Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of patient infection status, in any setting where healthcare is delivered.

Standard precautions include:

- \* Hand hygiene
- \* Use of personal protective equipment
- \* Safe injection practices
- \* Safe handling of potentially contaminated equipment or surfaces in the patient environment
- \* Respiratory hygiene and cough etiquette

### Hand Hygiene

Proper hand hygiene is so essential to preventing hospital acquired infections that The Joint Commission is now citing any instance of any individual failure to perform hand hygiene in the process of direct patient care as a deficiency resulting in a requirement for improvement.

According to the CDC, alcohol-based hand sanitizers are the MOST effective products for reducing the number of germs on the hands of healthcare providers. It takes less time. It's less irritating to hands, and it's almost always at the patient's bedside.

Antiseptic soaps and detergents are the next most effective, and non-anti-microbial soaps are the least effective.

The CDC recommends using an alcohol-based hand sanitizer for routine patient care. They recommend washing your hands with soap and water in some circumstances:

- \* When hands are visibly dirty
- \* After known or suspected exposure to *Clostridioides difficile* (*C. diff*) if your facility is experiencing an outbreak or higher endemic rates
- \* After known or suspected exposure to patients with infectious diarrhea
- \* If exposure to *bacillus anthracis* is suspected or proven
- \* Before eating
- \* After using a restroom

When using alcohol-based hand rubs, apply the recommended amount of product to the palm of your hand. The efficacy of alcohol-based hand sanitizer depends on the volume applied to the hands. Rub hands together covering all surfaces of hands and fingers until they are dry. No rinsing is required. This should take about 20 seconds. Healthcare providers most frequently miss the thumbs, fingertips, and between the fingers when using alcohol-based hand sanitizer.

When using soap and water, wet hands first, and avoid the use of hot water. Apply soap and rub hands together vigorously for at least 15 seconds covering all surfaces of hands and fingers. Rinse with water. Dry your hands completely with a paper towel, and use a paper towel to turn off the water faucet, and open the door.

You should clean your hands:

- \* Before touching a patient even if gloves will be worn
- \* Before and after having direct contact with the patient's intact skin
- \* Before leaving the patient care area
- \* After contact with blood, body fluids, non-intact skin, or wound dressings

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- \* Before performing an aseptic task
- \* If hands will be moving from a contaminated body site to a clean body site during patient care
- \* After contact with inanimate objects, including medical equipment in the immediate vicinity of the patient
- \* After removing PPE
- \* After using the restroom
- \* Before eating

If *C. difficile* is suspected, the ONLY thing that will prevent cross-contamination and spread of infection is washing with soap and water.

Don't wear artificial nails or nail extenders if you have contact with high-risk patients. Keep fingernails trimmed to a quarter inch or shorter. Chipped nail polish has been associated with disease spread.

Keep hair pulled up and back to prevent contamination from hair falling onto, or into contaminated or clean surfaces.

### PPE

Personal protective equipment or PPE includes: gloves, gowns, facemasks, respirators, goggles, and face shields. The selection of PPE is based on the kind of patient interaction and potential for exposure to blood, body fluids, or infectious agents. ASSESS THE RISK of exposure BEFORE any healthcare activity and select PPE based on this risk assessment. Make this a routine. Pay special attention to fit of PPE.

OSHA requires use of PPE in healthcare settings to protect workers from exposure to bloodborne pathogens and infectious diseases.

When selecting PPE, consider the following:

- \* Type of anticipated exposure, such as touch, splash, or spray
- \* Durability and appropriateness of PPE for task, such as fluid proof
- \* Proper fit of PPE

### Gloves

Use gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin, or potentially infectious material.

- \* Do not wear the same pair of gloves or gown for the care of more than one patient
- \* Do not wash gloves for the purpose of reuse
- \* Perform hand hygiene immediately after removing gloves

### Gowns

Use a gown to protect skin and clothing during procedures, or activities where contact with blood or body fluids is anticipated. Cloth or paper gowns may be used for contact protection, but impervious plastic gowns should be used if splashing of contaminated blood or fluid is possible or expected.

- \* Do not wear the same gown for care of more than one patient.
- \* Remove gown and perform hand hygiene before leaving the patient's environment.

### Facemasks

Wear a facemask to protect mucous membranes of the mouth and nose from exposure to a patient's respiratory secretions and sprays of blood or body fluids. Replace masks when wet, and always don a new mask for new patients or procedures. Masks with eye protection may be used in place of goggles for eye protection if splashing, or spraying of contaminated fluids is possible. When placing a catheter or injecting material into the spinal canal or subdural space, a facemask should be worn to protect the patient from infectious agents carried in the mouth or nose of healthcare personnel. Failure to wear masks during these procedures has resulted in patients developing bacterial meningitis.

### Goggles and Face Shields

Wear goggles or a face shield to protect the eyes from potential splashes or sprays of blood, respiratory secretions, or other body fluids. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

### Respirators

An n95 or a higher respirator should be worn for protection from potential exposure to infectious agents transmitted by the airborne route such as tuberculosis. Personnel that use a respirator should be fit-tested at least annually, and according to OSHA requirements.

### CDC Recommendations for Donning PPE

1. Perform hand hygiene before donning PPE
2. If wearing a gown, don it first and fasten in the back
3. If wearing a face mask or respirator, secure ties or elastic band at the back of the head and/or neck. Fit the flexible band to bridge of nose, fit snugly to face, and below the chin
4. If wearing goggles or a face shield, put it on, and adjust to fit
5. If wearing gloves, don gloves last -- cover the wrist of the gown

### CDC Recommendations for Removing PPE

Remove PPE before leaving the patient environment, except for respirators, which should be removed after exiting the room.

1. Remove gloves by grasping the outside of the glove with the opposite gloved hand and peel off. Hold removed glove in gloved hand. Slide ungloved fingers under the remaining glove at the wrist and peel off. Discard.
2. Remove goggles or face shield by handling the head band or ear pieces. Avoid touching front surfaces. Discard.
3. Remove gown in a manner that prevents contamination of clothing or skin. Grasp the inside surface and peel away from the body. Roll into a bundle with contaminated surface on the inside. Discard.
4. Remove facemask or respirator by grasping the bottom and ties. Avoid touching front surfaces. Discard.
5. Perform hand hygiene immediately after removing PPE.

Each facility will determine its specific needs for PPE, and provide PPE to employees. Know what PPE you need, where to find it, and how to use it.

### Environment

Disinfection and sterilization of environmental surfaces is critical to infection control. Know and follow your organization's specific policies and procedures. Focus is usually placed on the following areas:

- \* Frequently touched surfaces, like patient doorknobs
- \* Places close to the patient including bedrails
- \* Medical and surgical instruments
- \* Spills of blood and other potentially infectious materials

Use EPA-registered disinfectants or ones that are labeled for use in healthcare. Follow the directions for amount, dilution, time, and disposal.

Use systems for early detection and management of potentially infectious patients at initial points of entry to the facility. To the extent possible, place these patients into a single-patient room. When arranging for patient transfer, inform the transporting agency and the accepting facility of the suspected infection type.

## **Elements of Respiratory Hygiene and Cough Etiquette**

To reduce the spread of respiratory infection, use respiratory hygiene and promote cough etiquette. These target patients with undiagnosed transmissible respiratory illnesses. Symptoms can include: cough, congestion, or increased production of respiratory secretions. Facilities should post signs at entrances telling anyone with symptoms of a respiratory infection to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and wash their hands often. Healthcare workers can provide tissues and no-touch receptacles for disposal of tissues. They can also offer masks to coughing patients and other symptomatic persons as soon as they enter a facility. Encourage anyone with symptoms of respiratory infections to sit as far away from others as possible. And, provide a place for proper hand hygiene in or near the waiting areas.

## **Transmission-Based Precautions**

Transmission-based precautions are used to protect against infectious diseases when Standard Precautions are not adequate. The three types of transmission-based precautions are contact precautions, droplet precautions, and airborne precautions.

### Contact Precautions

Contact can be both direct and indirect. Direct contact is the physical transfer of microorganisms directly from an infected person to an uninfected person, for example, when someone with broken skin touches an infected wound on another person. Indirect contact is when an uninfected person comes into contact with a contaminated object and transfers the infection to himself. Touching a doorknob that had the influenza virus on it, then touching your eyes, would be indirect contact.

The CDC recommends using Contact Precautions when patients have:

- \* the presence of stool incontinence, draining wounds, uncontrolled secretions, pressure ulcers, or ostomy tubes and/or bags draining body fluids or
- \* the presence of generalized rash or exanthems

Here are the CDC Contact Precautions:

- \* Prioritize placement of patients in an exam room if they have stool incontinence, draining wounds and/or skin lesions that cannot be covered, or uncontrolled secretions
- \* Perform hand hygiene before touching the patient and prior to wearing gloves
- \* Wear gloves when touching the patient, and the patient's environment or belongings

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- \* Wear a gown if substantial contact with the patient or their environment is anticipated
- \* Perform hand hygiene after removing PPE. Use soap and water when hands are visibly soiled, or after caring for patients with known or suspected infectious diarrhea
- \* Clean and disinfect the exam room
- \* Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean and disinfect the bathroom before it can be used again

Droplet Precautions

Droplets are very fine drops of liquid, usually from coughing, sneezing, talking, or during certain medical procedures.

Droplet precautions apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route, such as influenza and other respiratory viruses, Bordetella pertussis, or — for the first 24 hours of therapy — Neisseria meningitidis, group A streptococcus.

Here are the CDC Droplet Precautions:

- \* Place the patient in an exam room with a closed door as soon as possible. Prioritize patients who have excessive cough and sputum production. If an exam room is not available, provide the patient with a facemask and place in a separate area as far from other patients as possible.
- \* Wear a facemask for close contact with the patient. Don it upon entering the exam room.
- \* If substantial spraying of respiratory fluids is anticipated, wear gloves and a gown as well as goggles, or a face shield in place of goggles.
- \* Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects. Use soap and water when hands are visibly soiled.
- \* The patient should wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette.
- \* Clean and disinfect the exam room.

Airborne Precautions

Airborne transmission occurs when residue from evaporated droplets or dust particles containing microorganisms remain suspended in the air for long periods of time and enter the respiratory tract of a person through normal breathing.



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Airborne precautions apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route, such as tuberculosis and measles.

Here are the CDC Airborne Precautions:

- \* Have the patient enter through a separate entrance to the facility, if possible, to avoid the reception and registration area.
- \* Immediately place the patient in an airborne infection isolation room.
- \* If an airborne isolation room is not available: Provide the patient with a facemask and place them immediately in an exam room with a closed door.
- \* Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet.
- \* Initiate the protocol to transfer the patient to a healthcare facility that has the recommended infection control capacity.
- \* Wear a fit-tested n95 or higher level disposable respirator if available when caring for the patient.
- \* Don the respirator before entering the patient's room and remove it after exiting the room.
- \* If you anticipate substantial spraying of respiratory fluids, wear gloves and gown as well as goggles or face shield.
- \* Perform hand hygiene before and after touching the patient and after contact with respiratory secretions, body fluids, and contaminated objects. Use soap and water when hands are visibly soiled.
- \* Instruct the patient to wear a facemask when exiting the exam room to avoid coming in close contact with other patients, and to practice respiratory hygiene and cough etiquette.
- \* Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters. However, adequate wait time may vary depending on the ventilation rate of the room.
- \* If staff must enter the room during the wait time, they're required to use respiratory protection.

General Transmission-Based Precaution Recommendations

Notify staff in areas where patients will be transferred of the patient's transmission-based precautions before transfer occurs. If transferring the patient to another facility, inform the transporting agency and the accepting facility of the suspected infection type.

## **Respiratory Hazards: Influenza, Measles, and Tuberculosis**

### Influenza (Flu)

Influenza is a contagious respiratory illness caused by the influenza virus and is spread mainly by the droplets made when people cough, sneeze, laugh, or talk. Symptoms include: fever, chills, cough, sore throat, runny or stuffy nose, body aches, headache, dizziness, fatigue, and sometimes vomiting or diarrhea. You may be infectious from day one before your symptoms appear to seven days after symptoms start.

Healthcare workers who perform certain tasks such as direct patient care, aerosol-generating procedures, specimen analysis, and patient support like dietary and housekeeping services may be at a higher risk for exposure to the flu virus.

Among other measures to reduce transmission of the seasonal flu virus, the CDC recommends healthcare workers:

- \* Get a flu vaccination. The CDC says a vaccination is the most important way to prevent the spread of the flu. It takes about two weeks for antibodies to develop, so try to get a vaccination before flu season starts
- \* Stay home if you have the flu. The CDC says workers who have a fever and respiratory symptoms should stay home until 24 hours after their fever of 100 degrees ends without the use of medication. Follow your facility's policy. Usually, decisions about work restrictions and assignments should be guided by clinical signs and symptoms, rather than by laboratory testing for influenza. If you're still coughing and sneezing, wear a facemask during patient care activities.

When caring for patients with the flu, follow these precautions:

- \* Wear proper personal protective equipment and follow standard precautions. The CDC recommends workers wear an n95 disposable respirator while performing high-risk, aerosol-generating procedures on flu patients.
- \* Give masks to patients and visitors who have flu-like symptoms.
- \* Isolate patients. Separate them from other patients by at least six feet. Place patients in individual rooms with doors closed as quickly as possible. Limit the number of staff who come in contact with them.
- \* Limit the transport of infectious patients to reduce exposure. If patients must be

moved, communicate the disease status to other departments or facilities.

- \* Always use proper hand hygiene and cough etiquette.
- \* Use standard cleaning and disinfection procedures on frequently touched surfaces in your facility.

### Measles

The highly contagious measles virus is transmitted by direct contact with infectious droplets or by airborne transmission when an infected person breathes, coughs, or sneezes. The measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Prevention methods should be followed with measles patients.

- \* Infected people should be isolated for four days after they develop a rash.
- \* Healthcare workers should follow airborne precautions. This includes the use of respiratory protection, like an n95 respirator, when entering the room of an infected patient and isolation of measles patients in a negative pressure room.
- \* Measles can also be prevented with a measles-containing vaccine. Healthcare workers should have documentation of evidence of immunity against measles.

### Tuberculosis

People in healthcare settings are at higher risk for becoming infected with tuberculosis.

TB is spread through the air from one person to another. The bacteria enters the air when people with this disease of the lungs or throat either cough, sneeze, shout, or sing.

Two TB-related conditions exist -- TB disease and latent TB infection. Latent TB infection tests positive, but has no symptoms.

Military personnel and others who have had long-term deployment to countries where TB is endemic may be at an increased risk. Recent deployment history should be part of the medical history of any active or recently discharged military personnel.

Some of the symptoms of TB include: a bad cough that lasts three weeks or longer, pain in the chest, coughing up blood, weight loss, weakness, loss of appetite, night sweats, and fever.

Screening for TB is required for healthcare personnel upon employment. OSHA recommends retesting every three months for high-risk facilities, every six months for workers

in medium-risk facilities, and yearly for low-risk personnel. Individuals with suspected or confirmed infectious TB disease must be placed in special isolation rooms that exhaust air directly outside or through special filters if recirculation is unavoidable.

OSHA requires proper-fitting respirators like the n95 mask for use with TB patients. Use proper housekeeping and venting procedures when cleaning TB contaminated rooms or potentially contaminated equipment.

When patients with suspected or confirmed TB must be transported, they should wear a surgical mask and observe respiratory hygiene.

If you believe you have been exposed to TB, contact your doctor or local health department for a TB test. If you believe you were exposed while working in your facility, notify your supervisor and report to occupational health. Tell the healthcare provider when and where you believe you were exposed to TB.

### SARS-CoV-2 (COVID-19) Infection

Healthcare providers who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection, the virus that causes COVID-19, should use standard precautions and use a NIOSH-approved n95 or equivalent or higher-level respirator (or a facemask if a respirator is not available), gown, gloves, and eye protection must be worn.

For the most current recommendations on protection from SARS-CoV-2, and other respiratory hazards, see the CDC website.

Facilities must provide training and education about the respiratory hazards employees are potentially exposed to during routine and emergency situations.

## **Module 5: Organizational Workplace Safety**

### **Workplace Violence**

Acts of violence are the third-leading cause of fatal occupational injuries in the United States. The Bureau of Labor Statistics reported over 5,000 fatal workplace injuries in the United States in 2017 -- 458 of these were cases of intentional injury by another person. Active shooter preparation and training on how to manage a physically violent individual, are common approaches to prepare employees for potential workplace violence.

NIOSH (National Institute for Occupational Safety and Health) defines workplace violence as "violent acts, including physical assaults and threats of assaults, directed towards persons at work or on duty." Risk to healthcare workers generally comes from patients, family members, and clients. Pain, devastating prognoses, unfamiliar surroundings, mind- and mood-

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altering medications, drugs, and disease progression are known to cause agitation and violent behaviors in some patients.

Facilities should have a workplace violence prevention plan, which includes ongoing risk assessments, prevention strategies, and a response plan for when an incident occurs. Some of the strategies may include:

- \* Ensuring adequate and qualified staff members are available to disarm and de-escalate patients
- \* Ensuring workers know how to call for emergency help or assistance
- \* And clearly stating to patients, visitors, and workers that violence is not permitted and will not be tolerated.

Be alert to your surroundings at all times. Use extra caution in stairways, elevators, parking lots, and dark or dimly lit areas. Use the buddy system or a security escort to avoid being alone in high-risk areas. Know where exits are in case you need to escape. Avoid wearing expensive jewelry or carrying large amounts of cash — they can make you a target for violence. Always wear required identification.

Some patient, client, and setting-related violence risk factors are:

- \* Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients or clients
- \* Transporting patients and clients
- \* Working alone in a facility or patients' home
- \* Poorly lit corridors, rooms, parking lots, and other areas
- \* Lack of means of emergency communication
- \* Prevalence of firearms, knives, and other weapons among patients and their families and friends

Some organizational risk factors for violence are:

- \* Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors
- \* Working when understaffed – especially during mealtimes and visiting hours
- \* High worker turnover
- \* Inadequate security and mental health personnel onsite

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- \* Long waits for patients or clients and overcrowded, uncomfortable waiting rooms
- \* Unrestricted movement of the public in clinics and hospitals, and
- \* A perception that violence is tolerated and victims will not be able to report the incident to police or press charges

Warning signs for violent behavior, which may include:

- \* Direct or veiled verbal threats of harm
- \* Showing or claiming to have a weapon
- \* Aggressive expressions of anger or frustration
- \* Loud talking, shouting, or swearing
- \* Violent or obscene gestures
- \* Glaring
- \* Violating someone's personal space
- \* Breaking, throwing, kicking, or hitting objects or structures

In some cases, medical conditions are known to increase the risk for violent behavior. Some of those conditions are:

- \* Head injuries
- \* Diabetes or metabolic disorders
- \* Seizures
- \* Psychiatric disorders
- \* Intoxication or drug abuse
- \* Drug or alcohol withdrawal
- \* Post-traumatic stress disorder
- \* Dementia or Alzheimer's disease

When faced with an agitated person:

- \* Know where the exits are and don't let the person get between you and the door
- \* Never turn your back on an agitated person

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- \* Don't crowd the person or try to make physical contact. Stay calm and move slowly.
- \* Keep your emotions under control and remain professional
- \* Show empathy and concern. Be genuine in attempts to hear the person's issues.
- \* Do NOT argue with the person! Focus on a common goal or joint solution.
- \* Don't try to talk when the person is shouting. Speak in a normal tone of voice.
- \* Exercise patience. Allow the individual time to think and clarify thoughts.
- \* Use open-ended sentences that allow the person to verbalize their feelings.
- \* Allow them to express grievances. Do not become defensive or try to minimize the significance of the issue. Acknowledge valid complaints (even when you do not agree with the complaints), acknowledge the feelings generated by the perceived situation.
- \* Set limits calmly, but firmly.
- \* If you see a weapon, or any situation seems threatening, get to safety and call the proper authorities.
- \* Remove yourself from the area, keep others from entering, and immediately alert security or the proper authorities. Know your facility's policies and procedures.
- \* Report, in writing, any concerns about safety or security.
- \* Contact your facility's human resources department for questions about your facility's workplace violence prevention plan.

An employer is prohibited from reprisal or discrimination against any employee for filing a complaint and/or reporting an incident or injury related to workplace violence.

### **Sexual Harassment**

Sexual harassment is against the law. It is defined as: "Any unwelcome verbal, visual, or physical conduct of a sexual nature that is severe or pervasive and affects working conditions or creates a hostile work environment." Some examples include:

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- \* Unwelcome sexual advances
- \* Requests for sexual favors, for example, employment being dependent on providing sexual favors
- \* Verbal or physical harassment of a sexual nature
- \* Offensive remarks about a person's sex; for example, it's illegal to harass a woman by making offensive comments about women in general

Sexual harassment can happen to both men and women. The harasser and the victim can also be the same sex. The harasser can be the victim's supervisor, co-workers, vendors, customers, or a non-employee.

One form of sexual harassment is a "hostile work environment." It can include:

- \* Demeaning or inappropriate terms
- \* Comments about clothing, body, personal behavior, or sexual life
- \* Any physical contact that is unwelcome
- \* Posters, drawings, screensavers, or emails of a sexual nature
- \* Crude offensive language
- \* Unfulfilled threats to impose an employment stipulation based on a sexual act
- \* Work sabotage

Another form of sexual harassment is gender harassment. It involves generalized sexist remarks and behaviors which convey any type of insulting, degrading, or sexist attitudes. Seductive behavior is a type of harassment with unwanted, inappropriate, and offensive physical or verbal sexual advances. Sexual bribery is the solicitation of sexual activity or other sex-linked behaviors by promise or reward. Sexual coercion is coercion of sexual activity or other sex-linked behavior by threat or punishment. Sexual assault is considered a crime, such as assault or rape.

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

- \* Is this conduct sexual in nature?
- \* Is this behavior offensive to anyone watching or listening?
- \* Is this behavior being initiated by only one of the parties, who has power over the other party?
- \* Does the employee have to tolerate that type of behavior to keep his or her job?



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- \* Does the behavior make the employee's job unpleasant?

If the answer to any question is "yes," the behavior should stop.

If you experience or see sexual harassment, ask the harasser to stop. Tell them the behavior is unwelcome. If the problem continues, notify the proper authorities in your facility. If you are unsure who to report the behavior to, talk to your supervisor or human resources department. If someone is judged to be a harasser, or is creating a hostile workplace, that person may be required to go through training, be disciplined, or fired. Your facility will NOT tolerate the sexual harassment of any employee.

Keep in mind, the accusation of sexual harassment is extremely serious and must be based on the criteria listed. The law equally protects those accused without merit.

When investigating allegations of sexual harassment, the U.S. Equal Employment Opportunity Commission looks at the whole record including the circumstances, the nature of the sexual advances, and the context of which the alleged incidents occurred.

## **The False Claims Act and Medicare Fraud/Abuse**

### False Claims Act

The False Claims Act protects the government from being overcharged or sold substandard goods or services. It imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the federal government, including Medicare and Medicaid claims. The term "knowingly" applies to persons who:

- \* Have actual knowledge of false information in a claim
- \* Act in deliberate ignorance of the truth or false information in a claim
- \* Acts in reckless disregard of the truth or false information in a claim

Persons violating the False Claims Act may be criminally or civilly prosecuted, or both. Criminal violations may be punishable by imprisonment, fines, and penalties. In addition, providers risk the loss of their professional licenses.

### Fraud

Fraud is the intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to himself or to some other person. Defrauding the federal government is illegal.

Examples of Medicare fraud include:

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- \* Billing for items or services that have not been provided
- \* Falsifying records to show delivery of items or services that have not been furnished
- \* Billing for services at a level higher than actually provided

Abuse

Medicare abuse would be practices that, either directly or indirectly, result in unnecessary costs to the Medicare program. It includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

Examples of Medicare abuse include:

- \* Billing for items or services that are not medically necessary
- \* Charging excessively for services or supplies
- \* Misusing codes on a claim

Medicare abuse can result in criminal and civil liability.

Anti-Kickback Statute (AKS)

In Federal healthcare programs, paying for referrals is a crime.

The Anti-Kickback Statute makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration, directly or indirectly, to induce or reward referrals, or items or services, reimbursable by a federal healthcare program. The statute covers people who pay kickbacks -- who offer or **pay** remuneration -- as well as those who **receive** kickbacks -- someone who solicits or receives remuneration.

Criminal penalties and administrative sanctions for violating the Anti-Kickback Statute can include fines, jail terms, and exclusion from participation in the Federal healthcare programs. Under the Civil Monetary Penalties Law, physicians who pay or accept kickbacks also face penalties of up to \$50,000 per kickback, plus three times the amount of the remuneration. Certain types of arrangements to satisfy regulatory safe harbors will not be treated as offenses. For more information, go to the OIG website.

Physician Self-Referral Law (Stark Law)

The Stark Law prohibits a physician from making a referral for certain types of health services to an entity that the physician (or member of their immediate family) has an ownership or investment interest in or with which he or she has a compensation arrangement. Penalties

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for violation include fines, repayment of claims, and possible exclusion from participation in all federal healthcare programs.

Anyone may report known or suspected fraud or abuse to the following:

- \* CMS Hotline at:
  - Phone — 1-800-MEDICARE (1-800-633-4227) or TTY 1-800-377-4950
- \* OIG Hotline: by phone, email, on line, or by mail. You may report complaints to the OIG Hotline anonymously.
  - Phone — 1-800-409-9926 or 1-202-647-3320
  - Email — [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)
  - Online — <https://oig.state.gov/hotline>
  - Mail — U.S. U.S. Department of State
    - Office of Inspector General
    - P.O. Box 9778
    - Arlington, VA 22219
- \* Your local Medicare administrative contractors (MAC) — for contact information, visit the CMS website <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map> on the CMS Website.
- \* Your Medicaid state agency — state Medicaid fraud control units (MFCUs) are listed on the CMS website.

Whistleblower Protection

The False Claims Act includes a provision which protects whistleblowers from retaliation from their employers for lawful acts done by the employee in furtherance of a False Claims Act action.

Prohibited retaliation includes: termination, suspension, demotion, harassment, or any other discrimination in the terms and conditions of employment. Relief from retaliation includes reinstatement with the same seniority status, two times back pay plus interest, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

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The False Claims Act includes provisions that allow whistleblowers to file lawsuits. If the suit is successful, the whistleblower may be entitled to share in the recovery, in some cases up to 30% of the settlement or judgment amount.

For more information, visit the following websites:

HHS – <https://www.hhs.gov>

CMS – <https://www.cms.gov>

OIG – <https://oig.hhs.gov/fraud>

Presenter: Narrated

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