

2022 ASEU SECTION 2 – Employee Health

Learning Objectives:

After reading this section the learner will be able to:

1. Perform work duties in a safe and healthful environment.
2. Discuss how to report any unsafe condition or work-related injury.
3. List the types of injuries that are often associated with patient handling.
4. Discuss what benefits are and are not covered under Workers' Compensation.
5. Identify techniques to avoid back strain and injury.
6. Explain proper lifting, sitting and standing technique.
7. Recognize that Standard Precautions are to be used for all patients, regardless of diagnosis or presumed infection status.
8. List the major modes of transmission of healthcare associated infections.



A. **Safety Program** **Annual Safety Statement**

Emanate Health is committed to providing a workplace that protects the safety, health and environment of our employees, volunteers, medical staff, patients, and visitors. Safety is a primary consideration in every aspect of our operations. Our training and communication programs emphasize safe work practices. Staff is trained to work, recognize and report unsafe conditions in the workplace.

General safety policies, as well as specific departmental safety procedures have been developed to provide an environment as free from hazards as possible. Administration encourages that suggestions and concerns be openly discussed, evaluated, and change enacted as deemed necessary.

Awareness, attitude and commitment towards safety and accident prevention are the main elements in preventing accidents. Elimination of the contributing causes of injury and illness takes teamwork from all levels of our organization.

Injury / Illness Prevention Program

The Injury/Illness Prevention Program is intended to assist in complying with all applicable health and safety standards, rules and regulations.



Administration/Department Director/Manager/Supervisor Responsibilities

- Develop, implement and monitor occupational health and safety program and policies to ensure compliance and effectiveness.
- Train employees on workplace safety and safe patient handling techniques and use of lift team.
- Inspect, recognize, and evaluate the workplace on a continuing basis.
- Provide scheduled, regular safety updates, including departmental meetings where attendance and minutes are documented.
- Investigate all industrial injuries and correct any problems that may exist.
- Enforce safety policy and procedures.

Staff Responsibilities

All staff receives training at the time of hire and yearly on all applicable safety rules, regulations, PPE requirements, how to report work related injuries/illnesses and how to respond to various types of emergency situations such as earthquake, fire, hazardous materials spills, violent behavior, workplace violence, infant/child abduction, utility and medical equipment failures.

Responsibilities include:

- Adhere to all safety rules for their department and position.
- Attend staff meetings and participate in educational updates.
- Immediately report to their Director/Manager/ Supervisor /Safety Director or a Safety/Environment of Care Committee member any unsafe or hazardous condition or any industrial injuries as soon as they occur.
- The contact may be made by phone, memo, in person or through our Outlook email system.
- Emanate Health has established a safety hotline for safety issues and/or unsafe conditions. Staff may report any condition anonymously, by sending the Safety Director a written request.

All Facilities - Call x 12303

Personal Protective Equipment

- The use of personal protective equipment (PPE) is essential to protect self and others from accidental exposure. The types of PPE being used are reviewed on a regular basis to determine necessity and effectiveness.
- Adherence to PPE requirements and safe work practices is the responsibility of all staff.

Corrective Action

- Following safety rules, regulations, and safe work practices are conditions of continued employment. Failure to follow established standards may lead to corrective action, up to and including termination.
- The Department Director and Safety Director will maintain documentation of safety violations. Staff's safety performance will be documented in performance reviews.

Safety and Security

In the interest of maintaining the safety and security of our patients, visitors, and employees, Emanate Health utilizes a security camera system to monitor activities occurring on campus. Cameras are located throughout the campus, including but not limited to the hallways, waiting areas, break areas, entrances/exits, parking lots, Emergency Department, Pharmacy, and other areas deemed appropriate. There are no cameras in restrooms or changing areas. From time to time, when necessary to ensure the safety of patients, visitors, and employees, Emanate Health will use security personnel and/or other investigators to monitor activities that occur on premises. Emanate Health also uses badge readers and security codes that staff uses to gain access to certain areas and usage is monitored in the Campus Safety Office.



B. Safe Patient Handling

The Hospital Patient and Health Care Worker Injury Prevention Act was placed into California law on January 1, 2012. It mandates that acute care hospitals provide a patient protection and healthcare worker back and musculoskeletal injury prevention plan including the following:

- The employer will maintain a safe patient handling policy.
- The employer will provide trained lift teams or other support staff trained in safe lifting techniques.
- The employer will provide training to healthcare workers that include, but are not limited to, the following:
 - The appropriate use of lifting devices and equipment
 - The five areas of body exposure: vertical, lateral, bariatric, repositioning and ambulation
 - The use of lifting devices to handle patients safely

The Registered Nurse will be responsible for the observation and direction of patient lifts and mobilization, and will participate as needed in patient handling in accordance with the nurse's job description and professional judgment.

Note: Disciplinary action by the hospital is prohibited if a healthcare worker refuses to lift, reposition or transfer a patient due to patient or worker safety or lack of trained personnel or equipment. It is expected that employees will verbally and/or in writing report any concerns (whether related to personnel or equipment) immediately to their



supervisor.

Injuries Associated with Pt Handling

The Bureau of Labor statistics states that healthcare workers have one of the highest rates of on-the-job injuries (higher than construction or manufacturing sectors). The majority of these injuries are due to repeated transfer, repositioning and ambulation of patients. Types of injuries include, but are not limited to, low/mid/upper back, neck, shoulder, elbow, wrist/hand and, less often, lower extremity strains and sprains.

Education

All staff, including supervisors, must be aware of this Safe Patient Handling Plan. It is reviewed by all applicable staff during annual education and the Safe Patient Handling policy is included within the Emanate Health hospital policies.

It is the responsibility of all staff members who work with patients to work safely and be competent in the use of appropriate equipment. Training on patient handling equipment is offered during new-hire orientation, department specific locations, competency validation days, and/or in the case of remediation or other educational needs. If additional training is necessary or if staff members have any suggestions regarding equipment, they should discuss with their supervisor.

Transport and lift team members (patient mobility techs) are “super-users” of equipment and can be contacted for assistance, additional training, and in the case of emergencies that are related to patient handling.

Equipment Available at our Facilities (based on type of exposure)

Repositioning

Slider sheets (or other approved slip resistant devices) are used for bed repositioning for patients who do not assist (max assist) and who are greater than 175 pounds (can be used on any size patient).

Lateral Transfers

Lateral Transfer Chair ("pink chair") is used for out of bed and up in chair positioning for patients who provide little to no assistance (mod/max assist) and are unable to weight bear for standing activities. The patient is moved into the chair laterally and then placed in a sitting position. The weight limit is 400 pounds.

Ambulation

Stedy is used to move patients who have limited stand/gait tolerance from bed to chair/commode/toilet. These patients require min/mod assist and have good upper body equilibrium. They must tolerate 100% weight bearing on at least one leg and weigh less than 120 kg or 265 pounds.

Vertical

Vertical Lift is used for patients who provide little to no assistance (mod/max assist) and require linen change, weight status, out of bed to chair, or off the floor tasks.

Weight limit is 440-500 pounds (depends on specific lift). A variation of the vertical lift for out of car transfers and standard lifts is located in or near the Emergency Departments (weight capacity of 440 pounds).

Bariatric

Overhead lift is used for bariatric patients (greater than 450) who require max assistance for bed mobility tasks. It can be used for repositioning up in bed, turning, cleaning, wound care, change of linen and bed transfers. Biomed is contacted for set-up, take down and change of location.

Lateral Transfers

Blue Tubes (or other approved slip resistant devices) and slider boards/roller boards are used for lateral transfers. These devices are used for all lateral transfers of patients who offer little to no assist (mod/max assist) and are greater than 175 pounds.

The Anderlift/Superlift transport system is used for transport of patients from OR to Recovery to bed and is located at QVC L&D.

Note: See education modules for more equipment details and videos

Equipment Maintenance

Annual maintenance of equipment is the responsibility of the BioMedical Department. If there are any equipment maintenance issues, notify the Transport/Lift Team and/or the BioMedical Department for repair. If the equipment is not in usable condition, it must be removed from the patient care area and identified with an Out of Order tag so that it is NOT used until repairs have been made.

Patient Handling Safety Tips

- Assess patients for safe mobility and transfers
- Re-assess if the situation changes in any way
- Always act based on your assessment
- Always get the proper amount of help
- Always use equipment if appropriate
- Always use good body mechanics





C. Workers' Compensation

Workers' Compensation Benefits

- **Who Is Covered?**

Almost every staff member in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Coverage begins the first minute you are on the job and continues anytime you are working.

- **What is Covered?**

Any injury or illness caused by the job is covered. The key is whether the injury or illness is caused by your job.

- **How Do I Access Benefits?**

Report your work-related injury or illness immediately to your Director or Supervisor to determine if you need to be evaluated by the Employee Health Department or designated industrial clinic.

Timely reporting is imperative to assure medical treatment and benefits are not delayed. If you fail to report your injury/illness, it may result in the loss of benefits.

- **Committing Unsafe Acts**

Committing an unsafe act such as walking across a wet floor, standing on the top rung of a ladder or lifting supplies that are too heavy can result in corrective action. Think "safety first" and be aware of your surroundings. **Take the time necessary to work safely.**

- **What are the Benefits?**

California Law guarantees three types of workers' compensation benefits:

1. Medical care to cure the injury or illness.
2. Temporary disability payments to help replace lost wages. Benefits are generally two-thirds of your wages, up to a maximum set by the State Legislature. Compensation is not paid for the first three days you are unable to work, unless you are hospitalized or unable to work for more than 14 days.
3. Additional benefits in the form of permanent disability may be warranted. These payments are based on the result of the doctor's evaluation and factors such as age and pre-injury occupation.
 - Job displacement re-training may be necessary to return to work and is considered an extension of medical treatment
 - **Workers' compensation fraud is a felony.** Emanate Health will prosecute anyone who knowingly files, or assists in the filing of a false workers' compensation claim. If convicted, you may be fined up to \$50,000 and sent to prison for up to five years.



- **How Do I Report a Work-Related Injury or Illness?**

- Notification Process:

- During Employee Health business hours:
The staff member must report to the Employee Health Department (EHD) for triage by the Nurse Practitioner, or provided authorization to treat at the industrial clinic. If EHD is closed, report to the House Supervisor. The staff member is under no obligation to be treated and may decline treatment. Declination of treatment will be documented.

- All Facilities:

- After hours, the staff member must report to the Nursing Supervisor for triage and authorization to treat by the designated industrial clinic. The staff member is under no obligation to be treated and may decline treatment. Declination of treatment will be documented.
 - The staff member is required to complete certain forms/documentation that is specific to the injury/illness regardless of whether or not they are treated:
 - Injury/Illness Report. This form provides the staff member and the Director the opportunity to explain how the injury occurred; body part(s) involved and action plan to correct the hazard that caused the injury/illness. This form must be completed even if the staff member declines medical treatment.
 - State of California Employee's Claim for Workers' Compensation benefits (DWC-1). This form provides the staff member with information regarding their rights and benefits under workers' compensation and the name of the workers' compensation insurance carrier for Emanate Health.
 - If the staff member sustains a body substance exposure (BSE) and/or a sharps injury, the staff member is required to complete the Body Substance Exposure form and report to the Employee Health Department or House Supervisor after hours.

- If the BSE occurs after hours, the employee will be referred to the Emergency Department for counseling. The staff member and source patient need to have blood testing done in a timely manner.

- After the initial visit to Employee Health or the designated industrial clinic, the staff member must return to **EHD** to submit their completed forms.

- **Continued Treatment Process:**

- If the staff member requires additional visits to Employee Health, the industrial clinic, Emergency Department, Physical Therapy or a referral to a designated specialist, the following guidelines must be followed:

- Emanate Health participates in a Medical Provider Network (MPN). If a referral is indicated, Employee Health at QVH and the Workers' Compensation claims administrator will refer the staff member to a



physician within the MPN. Failure to participate in the MPN could result in loss of benefits and pay, unless you pre-designate your own physician prior to your injury. Check with Employee Health for more information.

- Employee Health, or the insurance carrier, will contact the staff member by telephone with the referral information. The carrier will also provide the staff member notice by mail. The employee is obligated to notify the Department Director of impending evaluation so that the staff member's work schedule (if they are working) may be appropriately adjusted.

- **Subsequent Visits**

All subsequent visits will follow the process listed below:

- After each visit or referral to a specialist, the staff member must return to QVH Employee Health with the status report. If the staff member fails to provide the status report, benefits and compensation may be delayed.
- It is the staff member's responsibility to inform his/her Department Director of the current work status. Electronic notification will be done by the Employee Health Department.
- Employee Health will be responsible for authorizing and notifying Payroll of the leave of absence.

D. Workstation Ergonomics and Body Mechanics

Workstation Ergonomics

Ergonomics is the science of arranging and adjusting your work environment to fit you and your body. It is the key to comfort and safety. An appropriately arranged workstation can increase staff productivity by increasing staff comfort. Workstation computer access affects all personnel in the hospital setting. Each staff member is required to access computers in one capacity or another. Some jobs require computer work throughout the day. All staff will benefit from an appropriate workstation set-up, and a regular routine of exercise.

Guidelines for an Appropriate Workstation

- Chair
 - The backrest should fit snugly against your lower back.
 - Height of your chair should place your forearms parallel to the floor. Your feet should rest firmly on the floor (or on a footrest) with 3-6 inches of leg room between your lap and desk or keyboard tray.
 - You should be able to fit your fist between the front edge of the chair and the back of your bent leg.
- Sitting Posture
 - Sitting incorrectly can produce a great amount of strain on the lower back. It is important to maintain the normal inward curve of the spine while sitting to avoid this inward strain.
 - Sit with your hips against the back of the chair.
 - Adjust the height of your chair so your hips and knees are at the right angles to the ground.



- Keep your head and shoulders in good alignment.
- Sit close to your work. Your back muscles work harder when you lean forward.
- Maintain the curve in the small of your back. When sitting, your buttocks should be at the back of the chair, feet flat on the floor, and your upper back supported.
- Take frequent, brief standing rests to avoid the buildup of pressure.
- Computer Set-Up
 - The computer should be placed directly in front of the worker.
 - Your eye level should be at the top 1/3rd of your monitor.
 - The screen should be 18-30 inches from your eyes, or at about arm's length.
 - The keyboard should be positioned to allow your wrists to be straight and relaxed; elbows should be at a 90-degree angle.
 - Arms should not be stretched out in front of you to reach the keyboard.
 - Avoid using bifocals at a computer -- use computer or reading glasses to reduce neck strain.
- Workstation Accessory Arrangement
 - Keep your mouse at the same level as your keyboard.
 - Put your primary work materials/input devices in front of you.
 - Put frequently accessed items (telephones, manuals, etc.) in an easy to reach location.
 - Use an adjustable document holder to hold reference materials that are referred to frequently.
 - If you use the telephone frequently, use a headset. DO NOT use your shoulder to hold the telephone in place.
- Work Habits
 - Take short and frequent breaks throughout the day.
 - Rotate tasks to decrease prolonged sitting and typing.
 - Exercise regularly throughout the day.
 - Avoid twisting during daily activities.

Body Mechanics

Health care workers perform a variety of movements during the course of the day. If completed with the proper body alignment and movement, your work will be easier and you will reduce the chance of injury to your patient and yourself. Eight out of ten Americans will injure their back severely enough to need some type of medical attention. Therefore, it is extremely important to understand and perform proper body mechanics.

Good Body Alignment

The center of gravity in the human body is the lumbar or low back region. This can put a great amount of strain on the low back and increase the risk for injury. The lower back



has a built-in protection against excessive strain on muscles, ligaments and discs. This protection is the natural inward curve of the spine. This curve helps distribute body weight and excessive forces more effectively to decrease potential for injury. The normal posture of your back allows for a small arch in the low back. Maintaining the normal inward curve of the low back during all activities is the number one principle behind proper body mechanics and avoiding back injury.

Another very important concept to remember is that a back injury occurs as an accumulation process, not just with a one-time movement. Every time an incorrect movement is performed, this adds to the potential for injury. The more often we use proper body mechanics, the more likely we are to have healthy, pain free backs.

Guidelines for Body Mechanics

Healthcare jobs require physical activity. To eliminate unnecessary strain, the following general guidelines should be observed:

- Maintain alignment and balance
 - Start from a good base of support with feet apart and one foot in front of the other to provide stability.
 - Avoid twisting your back by keeping your feet pointed in the direction you are moving. The worst position for your back is bending forward and twisting.
 - Prevent straining the muscles of the back by maintaining your inward curve and keeping your trunk in good alignment.

- Work at a Comfortable Height
 - The most comfortable height for most people to work within while standing is between shoulder level and the level about 6 inches below the hip joint.
 - Working at too low of a level causes strain on the muscles and produces fatigue.
 - Working at too high of a surface adds to the demands on the arms and shoulders.

- Keep the Work Close to Your Body
 - Reduce strain and fatigue by working close enough to your body to avoid stretching and reaching.
 - Carry objects close to your center of gravity.

- Use Smooth, Coordinated Movements
 - Smooth, coordinated movements can help you avoid discomfort, pain or injury to the body.

Posture Guidelines

- Cervical Posture
 - Bring your shoulders down and back.
 - Tuck in your chin.



- Imagine a string at the crown of your head pulling you up into good alignment.
- While sitting at a computer monitor, the monitor should be at eye level directly in front of you.
- If you use the phone frequently, use a headset. Do not use your shoulder to hold the phone in place.
- Standing Posture
 - Keep your head, shoulders and feet in correct alignment. Keeping them in a straight line will help balance the segments of the body so that a single portion of the body does not bear more weight or stress than necessary.
 - Protect your low back by tightening your stomach muscles and your buttocks.
 - Keep the knees slightly bent to create a shock absorber effect.
 - Stand with equal weight on both feet, and place one foot forward on a step or stool (change feet placement every 15 minutes).
 - Work close to the counter or work surface.
 - Do not lean over the counter/work area. Raise the counter if possible, or lower yourself by bending your knees or by sitting down.
 - If the counter or shelf is not comfortable for standing, try using a stool.
- Sitting Posture
 - See Workstation Ergonomics above
- Lifting
 - Stand close to the object with feet apart and one foot slightly in front of the other.
 - Bend at the knees, not at the waist, so that the inward curve of the back is maintained.
 - Lift using your strong leg muscles.
 - Carry the object close to your body.
 - If the object is too heavy, get help. Attempting to lift it alone is very likely to cause injury.
 - Although it is more likely to have a back injury lifting very heavy objects incorrectly, it is very possible to injure your back lifting something light.
- Reaching, Pushing, and Pulling
 - When reaching for an object above your head, avoid standing on tiptoes as this may cause loss of balance. Use a step stool if available and safe.
 - Try to keep feet slightly apart, with one foot in front of the other.
 - Lower the object with smooth coordinated movements.
 - When faced with the option of pushing or pulling an object, always choose pushing. This will allow you to maintain the normal inward curve of your back.
 - Slightly bend your knees and allow the legs to do most of the work, rather

than the back.

- Sit to Stand/Stand to Sit Posture
 - Slide your buttocks to the edge of the chair. Keep your back in good alignment and your abdominal muscles tight. Shift your weight forward by bending at the hips (do not curl your trunk forward).
 - Use your arms and legs to lift your body up to standing. Reverse the process when going from standing to sitting.



**E. Infection Control
Standard Precautions**

Standard Precautions are based on the premise that all body substances are potentially infectious. They are to be used for all patient care regardless of the patient’s diagnosis or presumed infection status. Standard Precautions apply to:

- Blood
- All body fluids, secretions and excretions (regardless of whether or not they contain visible blood)
- Non-intact skin
- Mucous membranes

Standard Precautions Components

Private Room	A private room is not necessary
Hand Hygiene	When hands are visibly dirty or soiled with blood or body substances, wash hands with soap and water. Scrub with soap for 15 seconds. If hands are not visibly dirty or soiled, a waterless alcohol-based hand cleaner <u>should</u> be used. When

	using an alcohol-based hand rub, please rub your hands together for at least 15 seconds to allow the alcohol rub to adequately dry before contact with a potential source of electrostatic discharge or potential burns to the hands can occur.
Gloves	Disposable gloves must be worn when touching blood or other bodily substances.
Gowns:	Disposable gowns must be worn when performing procedures and patient-care activities, which are likely to soil clothing through the generations of splashes or sprays of blood or body fluids.
Masks, Goggles, and Face Shield	A disposable surgical mask and goggles or a face shield must be worn when performing procedures and patient-care activities, which are likely to generate splashes or sprays of blood or body fluids.

Transmission-Based Precautions

Transmission-Based Precautions are used for patients documented or suspected to be infected or colonized with highly transmissible pathogens that can be transmitted by airborne or droplet transmission or by contact with skin or contaminated surfaces.

Airborne Isolation Precautions

Airborne Precautions are used for patients known or suspected to have illnesses transmitted by airborne droplet nuclei. Use N95 Respirator for Airborne Isolation patients. Examples of such illnesses include:

- Tuberculosis
- Measles
- Chicken Pox (including disseminated herpes zoster)
- Small Pox

Airborne Isolation Precaution Components

Private Room	A private Airborne Infection Isolation Room (negative pressure) is required. Keep the room door closed and the patient in the room
Signage	Place an “Airborne Precautions” sign on the door.
Hand Hygiene	When hands are visibly dirty or soiled with blood or body substances, wash hands with soap and water. If hands are not visibly dirty or soiled, a waterless alcohol-based hand cleaner should be used.
Gloves	Clean, disposable gloves must be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and other contaminated items.
Gowns	Clean, disposable gowns must be worn when performing procedures and patient-care activities, which are likely to soil clothing through the generations of splashes or sprays of blood or



	body fluids.
Masks, Goggles, Face Shields	A disposable high efficiency particulate filter (HEPA) N95 respirator must be worn when entering the patient's room.

A HEPA N95 respirator and goggles or a face shield must be worn when performing procedures and patient-care activities, which are likely to generate splashes or sprays of blood or body fluids. A PAPR is necessary when intubating or performing a bronchoscopy on all suspect TB patients and any identified transmissible airborne diseases.

Contact Isolation Precautions

Contact Precautions are for direct contacts with patients known or suspected to be infected or colonized with microorganisms that can be easily transmitted by direct contact, as well as direct contact with items in the patient's environment. Examples of such illnesses include but are not limited to:

- Multiple Drug Resistant Organisms (MDRO) (i.e. MRSA, VRE, CRE, C. DIFF, ESBL)
- Herpes Zoster (localized)
- Lice / Scabies / Impetigo
- Major (non-contained) abscesses, cellulitis or pressure ulcers
- Any diarrheal disease including Clostridium Difficile
- Respiratory Syncytial Virus (RSV)

Droplet Isolation Precautions

Droplet Precautions are used for close contact with patients known or suspected to be infected with pathogens that can be transmitted by large particle droplets. Large particle droplets do not remain suspended in air and generally travel only short distances, usually 6 feet or less. Examples of such illnesses include but are not limited to:

- Invasive Neisseria Meningitides (meningococemia, meningitis)
- Diphtheria (pharyngeal)
- Influenza / Pertussis
- Mumps / Rubella
- Respiratory Syncytial Virus (RSV)

Droplet Precautions Components

Private Room	A private room is required.
Signage	Place a "Droplet Precautions" sign on the door.
Hand Hygiene	When hands are visibly dirty or soiled with blood or body substances, wash hands with soap and water. If hands are not visibly dirty or soiled, a waterless alcohol-based hand cleaner



	should be used.
Gloves	Disposable gloves must be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and other contaminated items.
Gowns	Disposable gowns must be worn when performing procedures and patient-care activities, which are likely to soil clothing through the generations of splashes or sprays of blood or body fluids.
Masks, Goggles, Face Shields	A disposable surgical mask and goggles or a face shield must be worn when entering the room.

Exposure Control Plan

It is policy to provide a safe and healthy work environment for all staff members. The Exposure Control Plan has been implemented to meet the OSHA regulations on prevention of occupational tuberculosis and blood borne pathogens. The Exposure Control Plan is located in the shared drive; hard copies are maintained in the Nursing Administration and the Infection Control Office.

Tuberculosis

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lung coughs, sneezes, laughs or sings. TB can also affect other parts of the body, such as the brain, the kidneys or the spine.

Signs and Symptoms of Active TB Disease

- A productive cough lasting more than 3 weeks
- Fever/night sweats
- Loss of appetite/weight loss
- Hemoptysis (bloody sputum)
- Fatigue/Malaise

Precautions for Patients with Suspected or Confirmed TB

Follow the Airborne Isolation Precautions Component

- Staff members will undergo TB screening/evaluation at time of hire, annually and following exposure to patients with TB who were not in airborne precautions.
- Staff members must be fit tested upon hire, annually and if there are significant facial changes (e.g. significant weight loss or gain, dental surgery) or addition of facial hair (beard, mustache, etc.).

Blood-Borne Pathogens

Standard Precautions will be followed by all employees in the performance of patient care activities to prevent contact with blood or other potentially infectious materials (OPIM). All human blood and body substances are handled as if they are infectious for Hepatitis B (HBV), Hepatitis C (HCV), and HIV. These are the three most serious viral risks to health care workers.



The Exposure Control Plan includes engineering and work practice controls such as providing safety needles and devices with sharp injury protection to staff members, information on personal protective equipment, handling contaminated sharps, waste and also on the Hepatitis B vaccination program.

A Sharps Injury Log is maintained by the Employee Health Department on all sharps injuries as well as the OSHA 300 log for all injuries.

Body Substance Exposure Policy/Procedure

The Body Substance Exposure policy provides a system for reporting exposures in order to quickly evaluate the risk of infection from exposure, counsel the staff member about recommendations for treatment to prevent infection and monitor side effects of treatment. This may involve testing the staff member's blood and that of the source patient. The Body Substance Exposure Policy is a dual policy with Employee Health and Infection Control.

Definition

Exposure is defined as any percutaneous, mucous membrane or non-intact skin contact with blood or body fluids of a patient. Contact may be direct or indirect, i.e., human bite, splash, or injury with contaminated sharp, etc.

Prevention

Many sharps injuries can be prevented by using medical devices with safety features, by using safer techniques (e.g., not recapping needles by hand) and by disposing of used needles in appropriate sharps disposal containers. Many sharps injuries occur due to carelessness or haste on the staff member's part. Staff not trained in handling medical sharps, should not touch these, but notify the closest nursing personnel.

Using appropriate barriers (e.g. gloves, gowns, eye and face protection) when contact with blood or body fluids is expected can prevent many exposures to the eyes, nose, mouth or skin. It only takes seconds to put personal protective equipment on in an emergency.

All staff members at risk for occupational exposure to blood-borne pathogens are encouraged to receive the Hepatitis B vaccine. The Hepatitis B vaccine is extremely safe and effective in preventing Hepatitis B. Information regarding the Hepatitis B vaccine may be obtained from the Employee Health Nurse. Currently, there is no vaccine or post exposure prophylaxis available for Hepatitis C. Prevention remains the most effective method for decreasing the risk of transmission of Hepatitis C.

Responsibility

It is the responsibility of the staff member to report and document all exposures immediately to their Director/Supervisor or the Nursing Supervisor, and the Employee Health Nurse or Employee Health Department. If post exposure prophylaxis is indicated, **therapy is best initiated within hours**, rather than days (CDC Guidelines).



Procedure Following an Exposure:

1. Care of Exposed Skin
 - a. Percutaneous/Skin: Wash puncture wounds/cuts with soap and water
 - b. Mucous Membranes:
 - 1) Flush oral and nasal membranes with water
 - 2) Irrigate eyes with clean water, saline or appropriate sterile irrigation solution
2. Take Rapid Action:
 - a. Notify Director/Supervisor and report to Employee Health Nurse or Employee Health Department for appropriate evaluation and treatment during office hours, Monday through Friday.
 - b. After office hours, the staff member must notify the Nursing Supervisor and report to the Emergency Department (ED). The ED physician will be responsible for employee evaluation and treatment. The employee will be referred back to the Employee Health Nurse or Employee Health Department for continuing care when office hours resume (The ED physician may refer the staff member to the Infectious Disease physician on call).
3. Complete appropriate forms (e.g. Injury/Illness Report, Sharps Injury Report, etc.).

National Patient Safety Goals

- Reduce the risk of healthcare associated infections.
- Hand hygiene, contact precautions, as well as cleaning and disinfecting patient care equipment and the patient's environment are essential strategies for preventing the spread of healthcare associated infections.
- Patient and Family Education: "FAQ's" education fact sheets are available at every nursing unit for distribution. Topics include MDROs, central line placement, urine catheter placement/care, surgical care, and post intubation care.

Hand Hygiene and Cough Etiquette

- Perform hand hygiene before and after entering a patient care area, cubicle, or bay.
- Hand Hygiene is one of the most effective ways to reduce our infection rates.
- Practice cough etiquette by coughing into your elbow or shoulder.
- Perform hand hygiene after using a tissue.
- Educate patients and families about the importance of hand hygiene and coughing etiquette.

Emanate Health strives to reduce the transmission of microorganisms by staff to patients or other staff by performing hand hygiene.

Policy HR-522, in alignment with Centers for Disease Control, specifies the procedure for performing proper hand hygiene as follows:

1. Whether using alcohol based gel or soap and water, a sufficient amount of product must be used.



2. All surfaces of the hands must be rubbed with the product for a minimum of 15 seconds.
 - a. Rub the palms, the back of the hands and between fingers
 - b. If using gel, rub hands until gel is dry (minimum 15 seconds)
 - c. If using soap and water, rinse hands under running water after rubbing, then towel dry
3. Even if you do not expect to touch a patient or will be putting on gloves, our policy states that you must perform hand hygiene both before and after you enter a patient care area /cubicle / bay.

COVID 19 Novel Respiratory Infection Precautions and Isolation requirements.

1. Patients who are admitted with COVID 19 symptoms will be placed on Contact and Droplet isolation.
2. Confirmed COVID 19 patients and Persons under investigation will be placed in airborne isolation rooms if they require any aerosolizing procedures.
3. PPEs required during COVID 19 patients or PUIs are: N95 mask, eye protection, gown, and glove. PAPRs should be used during Aerosolizing procedures for confirmed patients.
4. All new COVID 19 policies can be found in the shared drive, in the Policies folder/Infection Control.

Preventing Transmission of organisms between patients:

1. Clean all equipment between patients.
2. Dispose of sharps in an appropriate sharps container after activating safety mechanism.
3. Follow aseptic technique when accessing patient devices.
4. Use hospital approved products and follow manufacture recommendations for use.