People First.

OSHA/JCAHO Training Modules

Carefully read over all material and take the mandatory quiz associated with each section.

Complete and return quizzes to:

On Assignment Allied Travel
ATT: Records
9987 Carver Road, Suite 510
Blue Ash, OH 45242
or
Fax 1.866.353.3404

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Date: _____

Number of sheets including this sheet: _____

If you do not receive all pages or they are illegible, please call _____ as soon as possible.

Fax Transmittal Sheet 1.866.353.3404

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HIPAA

Health Insurance Portability & Accountability Act

On Assignment® Allied Travel

A Basic Guide for HIPAA Privacy Rule: How, When and with Whom we can share health information

How many forms of communication do we use every day?

Authorization Required:

The Privacy Rule requires entities to provide an Authorization that allows us to disclose PHI for purposes other than treatment, payment, or healthcare operations.

Did you know...

Once the personal identifiers have been removed from a data set, the information is not individually identifiable and can be disclosed without Consent or Authorization of the Individual.

Minimum Necessary does not apply to:

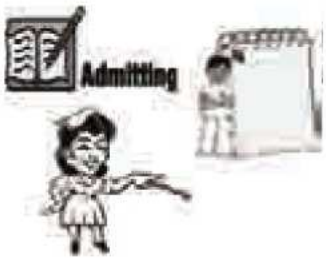
- Healthcare Providers for treatment purposes
- The individual who is subject of the information
- Uses or disclosures required for compliance with standardized HIPAA transactions
- Disclosures to the Department of HHS when disclosure of information is required under the Privacy Rule for enforcement purposes
- Uses or disclosures that are required by law

Your Personal medical information is private.

Individually Identifiable Health Information *MINUS* Protected Health Information becomes De-Identified Information.

Do you know where the information ends up?

Know your privacy rights...



Key Steps to Privacy, to name a few...

- Train your entire staff
- Identify individuals who will be responsible for handling complaints
- Identify a Privacy Officer
- Develop HIPAA-related policies, forms and documents

The Privacy Rule Specifies:

- Patient control of health information
- Boundaries on use and release of health information
- Establishment of appropriate safeguards to protect privacy
- Civil and criminal penalties for violators including companies & individuals
- Guidelines for public responsibility regarding disclosure

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Go to page 4 for the mandatory quiz.

Recommendations to help safeguard information exchanged via fax machines:

- Location of fax machine: Limited access
- Faxes received with PHI are securely stored upon receipt
- Fax storage: Maintain received information
- Fax cover page: Clearly state that Confidential & Protected Information is included
- Print confirmations
- Training: Do employees understand the importance of safeguarding information?
- Fax number: Confirm fax number prior to sending fax

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HIPPA

"Friendly Quiz"

1. The HIPAA Privacy rule ensures that personal medical information you share with doctors, hospitals and others who provide and pay for healthcare is:
   - ❑ a) Accurate
   - ❑ b) Protected
   - ❑ c) Complete

2. The Privacy Rule applies to individual identifiable health information that is:
   - ❑ a) Electronic, written, oral or in any other form
   - ❑ b) Swept under the rug
   - ❑ c) Ignored

3. IIHI – PHI = DII
   - ❑ a) True
   - ❑ b) False

4. Under HIPAA, disclosure of just enough to get the job (treatment) done means:
   - ❑ a) Less work
   - ❑ b) Minimum necessary
   - ❑ c) Release to a third party

5. When faxing Protected Health Information:
   - ❑ a) Always sign your name
   - ❑ b) White-out names
   - ❑ c) State clearly on the cover page that Confidential and Protected Health Information is included

6. The Privacy Rule requires entities to provide an authorization that allows use and disclosure of PHI (Personal Health Information) for purposes other than treatment, payment, or healthcare operations.
   - ❑ a) True
   - ❑ b) False

7. Information is disclosed when:
   - ❑ a) It is transmitted between or among organizations
   - ❑ b) You tell someone you have patient information
   - ❑ c) You have a patient chart

8. A key step to be compliant with the Privacy Rule is:
   - ❑ a) Avoid protected health information
   - ❑ b) Staff training
   - ❑ c) Let someone else worry about it

9. Typically, Privacy Notices are signed:
   - ❑ a) Prior to the procedure
   - ❑ b) At discharge
   - ❑ c) At admission

10. Non-Compliance with HIPAA privacy rules may result in civil or criminal penalties for whom?
    - ❑ a) Facilities/Companies
    - ❑ b) Individuals
    - ❑ c) Companies and individuals

Employee Basic HIPAA Privacy Rule
I understand and will comply with all HIPAA rules

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 2, 3, 7,10 B) 1, 4, 6, 8 C) 5, 9

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BLOODBORNE PATHOGENS

A Basic Guide for all healthcare workers to prevent occupational exposure to HIV, HBV and other bloodborne diseases.

On Assignment® Allied Travel

BLOODBORNE VIRUS:
Know your occupational requirements to prevent exposure to HIV (AIDS) HBV (Hepatitis-B), HCV (Hepatitis-C) and others.

SOURCES:

BLOOD
Wound drainage
Tissue
Other body fluids
Contaminated materials

ENTRY:
May be through –
Eyes
Nose
Mouth
Non-intact skin

UNIVERSAL PRECAUTIONS:
ALL blood exposures are considered potentially infectious – including *undiagnosed* exposures.

2 CATEGORIES OF EXPOSURE:
1. Potential
2. No potential

EXPOSURE CONTROL PLAN:
Job classification
Personal protection
Training/procedures
Hepatitis-B vaccine

PERSONAL PROTECTION EQUIPMENT
...prevents exposure through eyes, nose, mouth or non-intact skin.

- GLOVES are used when likely to **touch** the body fluids.
- Change after *each patient* contact.
- Use *disposable* exam/surgical gloves.
- Gloves are required for phlebotomy.
- Housekeeping gloves may be reused if intact, properly cleaned.

PROTECTIVE EYEWEAR and MASK are used if likely to have blood or body fluid **droplets in the air.**

GOWN is used if body fluids are likely to **splash on clothing.**

RESUSCITATION EQUIPMENT avoids mouth-to-mouth contact.

The protection used will require some judgment for exposure risk for each clinical situation.

INFECTIOUS WASTE-LINEN
Before transport: bag and label for disposal or decontamination per *your local procedure*
(includes infection warning: "Biohazard")

INSTRUMENTS CARE
…prevents infection through cuts, punctures or non-intact skin.

Do not recap NEEDLES – or bend, break or remove needles.

Use caution when using, cleaning or disposing of SHARPS/INSTRUMENTS.

Place all DISPOSABLE needle-syringe units and sharps into puncture-resistant container – immediately after use.

If you have bloodborne cut or puncture INCIDENT, report for treatment with follow-up procedure. Be familiar with post-exposure prophylaxis procedures.

HANDWASHING
…must be immediate, and thorough.

Before and after *each contact*
After removal of gloves
After exposure to contamination
Wash other skin surfaces if exposed to infected body fluids.

DISINFECTING
Clean up and disinfect SPILLS immediately – per policy.

Training is provided to protect from infection exposure for your job.

FACTS ABOUT HIV
(Human Immunodeficiency Virus)

HIV weakens the body's immune system (our defense against infections) which can result in life-threatening illness: (AIDS) Acquired Immune Deficiency Syndrome.

HIV is transmitted by *direct contact* with infected blood or body fluids primarily by sexual contact, needle sharing, and infected pregnant woman to fetus.

SYMPTOMS may be: Swollen lymph glands (neck, underarms, groin), "night sweats," fever, weight loss, diarrhea, fatigue, white spots in mouth.

Weakened immune system is prone to infections such as Pneumocystis corinii pneumonia, Kaposi sarcoma skin cancer.

To date, no vaccine can cure AIDS. Anti-virals may be effective for prevention, particularly if administered in the first few hours after exposure. Prevention is the best option to control HIV.

Log on to **www.onassignment.com** for the complete Health & Safety Training Program.

Go to page 6 for the mandatory quiz.

BLOODBORNE PATHOGENS

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Risk of transmitting **HIV** in occupational health settings is extremely low. Infection control procedures are adequate to protect against **HIV** exposure.

Patient *confidentiality* of medical condition and sexual orientation is to be maintained.

You are not at risk working along side of worker with **AIDS** since **HIV** is *not* spread by occupational casual contact.

For more information: Check local **AIDS** agencies, public health depths., or call National Hotline **1-800-342-AIDS.**

FACTS ABOUT: HBV
(Hepatitis-B Virus)

Hepatitis-B is a major occupational risk. Your infection potential depends on *exposure to contaminated blood and body fluids.*

HBV is not transmitted by casual contact (touching, shaking hands, eating food prepared by infected person – or from drinking fountain, telephone, or other surfaces).

Hepatitis-B may have no symptoms, or be flu-like (fatigue, fever, muscle aches, nausea, vomiting, diarrhea, jaundice). **HBV** may cause cirrhosis, liver cancer.

Hepatitis-B Vaccine is *provided* for prevention of **HBV** infection, and is *recommended* to health care workers:
IF there is **potential exposure** to infected body fluids – or
IF there is **exposure incident** (also requires medical evaluation and counseling with follow-up written report for worker).

Per Occupational Safety and Health Administration OSHA 1991 Standard for Bloodborne Pathogens.

1. BLOODBORNE infection control is required
   - o a) only if diagnosed HIV
   - o b) only if diagnosed HBV
   - o c) for all including undiagnosed

2. In healthcare – bloodborne infection COULD ENTER your body through
   - o a) casual contact
   - o b) eyes, nose, throat, non-intact skin
   - o c) unknown

3. To AVOID "needle sticks"
   - o a) always recap
   - o b) do not recap
   - o c) remove needle from syringe

4. DISPOSE of needles and sharps into
   - o a) designated puncture-resistant container
   - o b) waste disposal bag
   - o c) your choice

5. If LIKELY TO TOUCH blood, body fluids
   - o a) wear gloves
   - o b) do not wear gloves
   - o c) your choice

6. If body fluid DROPLETS IN THE AIR
   - o a) wear eyewear
   - o b) wear mask
   - o c) wear eyewear and mask

7. If body fluids CAN SPLASH
   - o a) stand back
   - o b) wear gown
   - o c) no requirement

8. To DISPOSE of infectious waste
   - o a) bag and label per procedure
   - o b) put into regular trash
   - o c) no requirement

9. HAND WASHING is required
   - o a) only if gloves are not worn
   - o b) even if gloves are worn
   - o c) your choice

10. Using UNIVERSAL PRECAUTIONS your risk from HIV is
    - o a) high
    - o b) unknown
    - o c) extremely low

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or Fax 1.866.353.3404

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Employee Basic Safety Orientation
I understand and will comply with these BLOODBORNE INFECTION procedures.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 4, 5, 8 B) 2, 3, 7, 9 C) 1, 6, 10

UPDATE INFECTION CONTROL

Including "TB"

Basic Orientation for all healthcare personnel to protect patients, visitors, co-workers… and yourself (supervisors provide specific worksite training).

Infection Control Procedures are adequate for ALL contagious diseases. Know them…

INFECTION EXPOSURE

Sources

Also by:
- Contaminated Food
- Air Ventilation
- Insects-Parasites

Depending upon the *type of germ:*
ENTRY may be through eyes, nose, mouth, non-intact skin, or other means.

Infection control procedures require some judgment. *Types* of germs and *exposure* can differ. Conditions change your exposure.
Keep Alert…

INFECTION CONTROL

"Breaks the chain" of transmission between the germ reservoir and the susceptible host.

THESE PROCEDURES

Isolate the body substances and other sources of infection.

Hand washing
Before/after each patient contact, after exposure, after glove removal, before/after shift, before eating, after toilet, after blowing nose…use proper washing technique.

Needles
Dispose of needles and sharps into puncture resistant container immediately. Prevent needle sticks - do not bend, remove or recap.

Germ Barriers
Wear gloves when likely to touch a body substance, mucous membrane, or other potential contamination (if activity is at risk).
- Plus protective **eyewear/mask** if procedure releases droplets into the air.
- Plus **gown-apron** as needed if splashing may soil clothing.

Waste Disposal
Properly handle, bag and label infectious material **before transport.** Precautions vary – follow facility, local, state and federal policies.

Sanitation
Decontamination methods include cleaning, disinfecting and sterilizing. Clean up infectious spill **immediately** –wear gloves. Or report per policy.

Isolation
Supervisor will detail procedure.

Ventilation
Negative air pressure exhausts airborne germs safely outside.

Immunization
Per job and exposure potentials.

Education
Inform employees of infection control procedures for routine and high-risk conditions.

EXAMPLE:
Blood and certain body fluids are considered potentially infectious with HIV virus—causing AIDS. Risk of transmitting HIV in health care setting is extremely low. Normal precautions with **diagnosed** patients are adequate. A more probable risk is exposure to **undiagnosed** infectious patients.

UNIVERSAL PRECAUTIONS
Or "Standard Precautions" for infection control are required with all **"bloodborne" exposures…**

YOUR PERSONAL CHECKLIST

- ❑ Personal health. If you have an infection or feel ill – stay home, notify supervisor for medical help. Report infection exposure.
- ❑ Keep health tests and immunizations up-to-date as required for your job.
- ❑ Personal hygiene – shower/bathe daily, keep hair clean (restrained at work), wear clean uniform daily, leave jewelry home.
- ❑ Maintain good health. A strong body resists infection – sleep, exercise, diet.

TUBERCULOSIS
"TB" is an infectious disease spread person to person through the air into the lungs.

Symptoms
May feel weak/sick, fever, night sweats, weight loss – cough (blood possible) chest pain. Can cause body damage – even fatal

TB EXPOSURE
When sharing the same breathing space, as in healthcare settings, within family, crowded areas, group and homeless shelters.

When body's germ defense (immune system) is weakened by such as HIV-AIDS, diabetes, and certain cancers.
Potential healthcare TB exposures may be:
- If entering "isolation" area
- During procedures that cause cough, aspiration
- When transporting a known or suspected TB case
- By possible undiagnosed patients as in emergency triage area

Log on to **www.onassignment.com** for the complete Health & Safety Training Program.

Go to page 8 for the mandatory quiz.

UPDATE INFECTION CONTROL (INCLUDING TB)

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

TB CONTROL
IDENTIFY the person with **TB DISEASE** (contagious!)
PROMPT ISOLATION to limit germ exposure, then give prescribed treatment.

HEALTHCARE WORKERS
"TB" exposure is a recognized risk in healthcare facilities. Infection control procedures minimize your exposure.

Know the facts
- When "at risk"
- Your responsibilities
- Control procedures

Do your part
- For patient care
- And to protect your work environment

Some actions include…

TB SKIN TEST
If it is a "positive" reaction other tests determine if it is TB DISEASE (contagious!) which requires immediate isolation and treatment until it is not contagious.

Note: If test shows *TB Infection* – it is **not** contagious. But potential to develop **TB DISEASE** exists (which **is** contagious).
Medication is provided to treat *TB Infection* while a normal work schedule continues – no symptoms.

RESPIRATOR
Required respirator is worn when exposed to patient with known/suspect **TB DISEASE** (contagious!). Respirator is properly fitted, maintained.

These facts give brief, simplified awareness of germ exposure and control. Your Supervisor provides specific instructions for you.

TB is **prevented** by Infection Control and **treated** with medication.

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or Fax 1.866.353.3404

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UPDATE Infection Control Including TB - I have read and will comply with these UPDATE Infection Control rules.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

1. Infection controls are ADEQUATE
   - o a) for ALL contagious diseases.
   - o b) for only certain diseases.
   - o c) unknown.

2. Infection can SPREAD
   - o a) only through direct contact.
   - o b) depending on type of germ.
   - o c) unknown.

3. Infection control PROCEDURES
   - o a) "break the chain" of exposure.
   - o b) "complete the chain" of exposure.
   - o c) do not affect exposure.

4. "Universal Precautions" are USED FOR
   - o a) diagnosed patients.
   - o b) undiagnosed patients.
   - o c) both of the above.

5. HAND WASHING is required
   - o a) only after patient contact.
   - o b) only before patient contact.
   - o c) often-often-often and thorough.

6. "TB" germs are SPREAD
   - o a) through the air.
   - o b) by blood.
   - o c) unknown.

7. "TB" DISEASE
   - o a) is contagious.
   - o b) is not contagious.
   - o c) unknown.

8. "TB" INFECTION
   - o a) is contagious.
   - o b) is not contagious.
   - o c) unknown.

9. Wear required RESPIRATOR if
   - o a) exposed to "TB" DISEASE.
   - o b) exposed to "TB" Infection.
   - o c) both of the above.

10. "TB" is easily TREATED
    - o a) by physical therapy.
    - o b) by diet.
    - o c) by medication.

Did you get the correct answers?
A) 1, 3, 6, 7, 9 B) 2, 8 C) 4, 5, 10

CHEMICAL HAZCOM PROGRAM

Hazard Communications Program

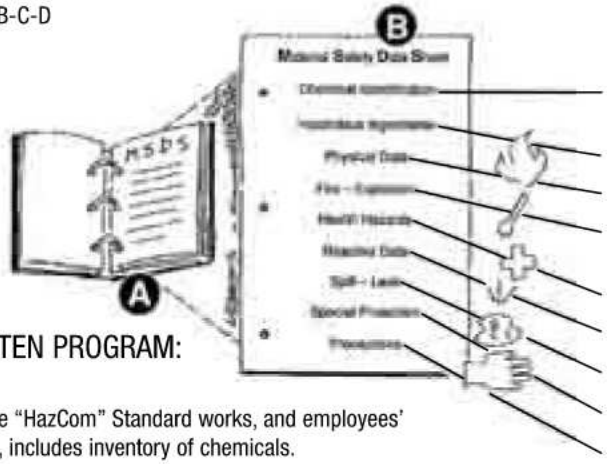
It is common sense (and Law) to know potential hazards of the chemicals you may use.

Job-site Supervisor provides SPECIFIC HazCom training:
- Program explanation
- Safety data sheet and labeling for each chemical you may use
- Direction for the care and use of any Personal Protection Equipment required at your job site

Overexposure to certain CHEMICALS can be hazardous…

Hazard Communications Program
Employees and employer share responsibility to keep a safe work environment.

Here's how A-B-C-D



WRITTEN PROGRAM:

Shows how the "HazCom" Standard works, and employees' rights to know, includes inventory of chemicals.

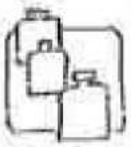
How to use **LABELS:** (quick facts)

manufacturer
name of chemical
tells how serious hazard is – "signal word"
tells type hazard
tells precautions to take for safe handling
may also include basics for first aid, spills, fire, storage, disposal, other.
(replace label if damaged)

How to use
Material Safety Data Sheets:
(Detailed Data)

product name, manufacturer, chemical formula, severity
hazards, exposure limits
how it looks and acts
temperature/concentration for ignition, fire fighting facts
effects, symptoms, first aid
causes for being unstable
how to clean-up, disposal
personal protection equipment
any other details

TRAINING:
To begin: Employees are informed of rights to know, and access to written program.



INFORMED
...of chemical
- Health hazards
- Physical hazards

...how to detect chemical presence (appearance, odor, monitor, alarm)
...how chemicals can enter the body (exposure)

...how to use
- Labels (quick data)
- Material safety data sheet (detailed)

HOW TO PROTECT
...by using controls and safety equipment
...by using safe-work procedures
...by wearing Personal Protection Equipment (for each type of exposure)

EMERGENCY
...first aid if exposed
...clean up spills
...waste disposal system

HAZCOM is our shared responsibility!

Log on to **www.onassignment.com** for the complete Health & Safety Training Program.

Go to page 10 for the mandatory quiz.

CHEMICAL HAZCOM PROGRAM

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

CHEMICALS IN BRIEF:
You may not see, smell or feel the presence of hazardous chemicals. You need to know basic hazards:

1) PHYSICAL

Flammable Chemicals

A These chemicals give off flammable vapors even at room temperatures.
B When vapors are heavier than air, and most are, they concentrate into low places.
C THEN even a spark or small flame can touch off a disastrous fire!

To control these flammable vapors:

- Keep in tightly-closed, approved container
- Use only in ventilated area – or outdoors
- Have only small amount on hand
- Clean up or report spills or leaks fast
- Use approved waste disposal containers
- Wear required protection
- Keep in separate storage areas

To control ignition sources:
Keep away from heat, sparks, flame.

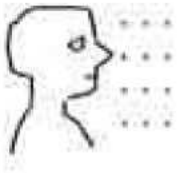
REACTIVE CHEMICALS
Unstable! A violent chemical change can be set off by certain conditions (heat, motion, water, decomposition, mix).

2) HEALTH

TOXIC CHEMICALS
Can poison internal organs, nervous system, brain.

CORROSIVE CHEMICALS
Can destroy or irritate living cells.

EXPOSURE may occur immediately or take time.



ENTRY may be through
Eyes (mucous membranes)
Nose (inhalation)
Mouth (ingestion)
Skin (absorption)

PROTECT BY
Equipment and controls
Safe work procedures
Personal Protection Equipment (for each type of chemical, concentration, form).

If you are given an unsafe task or not provided necessary training for your job assignment immediately notify On Assignment.

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or Fax 1.866.353.3404

1. Hazard Communications Program is
   - o a) the law.
   - o b) voluntary.
   - o c) not required.

2. BASIC orientation is provided by
   - o a) customer.
   - o b) On Assignment.
   - o c) you.

3. SPECIFIC job-site training is
   - o a) provided by customer
   - o b) provided by On Assignment.
   - o c) provided by you.

4. Chemical safety is shared by
   - o a) employer and employees.
   - o b) government inspectors.
   - o c) not shared.

5. The job-site procedures show you
   - o a) how the "HazCom Standard" works.
   - o b) general background only.
   - o c) will not be available.

6. Material Safety Data Sheets give
   - o a) quick facts.
   - o b) detailed information.
   - o c) general background.

7. Chemical labels give
   - o a) quick facts.
   - o b) detailed information.
   - o c) general background.

8. You can smell hazardous chemicals
   - o a) always.
   - o b) never.
   - o c) sometimes.

9. Corrosive chemicals
   - o a) destroy only metals.
   - o b) can destroy living cells.
   - o c) hazards are unknown.

10. Flammable chemicals give off
    - o a) hazardous vapors.
    - o b) harmless gas.
    - o c) no vapors.

Employee Basic Safety Orientation
I have read and will comply with these HAZCOM safety requirements and I understand that the Customer provides SPECIFIC job-site HAZCOM training as needed. If not made available, I will immediately notify On Assignment.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers? A) 1,3,4,5,7,10 B) 2,6,9 C) 8

MEDICAL FACILITIES EMERGENCY PREPAREDNESS

Fire-Disaster: Be calm, reassure • Know your assignments • Drills help you keep on alert
Any questions–ask supervisors.

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If you SEE Fire-Smoke in patient area:
Get help quick, then—RACE!

RESCUE: Take immediate lifesaving action, and close that door.

ALARM: No delay. Signal the alarm and notify switchboard.

CONFINE: Close doors and windows to prevent fire/smoke spread.

EXTINGUISH: Fight the fire only if you have been trained and it is still small.

If you HEAR Fire Signal:

- All **nurses** report to your designated area promptly.
- If patient must know, reassure that a Plan is in operation. A smile helps.

- Close doors and windows. Account for all patients. Instruct visitors per Plan.

- **Authorized personnel** shut off equipment per Plan.
- Prepare for evacuation.

CHECK YOUR AREA

Fire Alarm locations and how to operate.
Extinguisher locations and how to use them. Other equipment, too.
Fire Exit locations. Never wedge or block.
Fire Doors close off corridors. Never block.
Stairs, corridors are clear at all times.

SEE SMOKE: Give alarm – then try to find source.
SMELL SMOKE: Report it to your supervisor – fast.

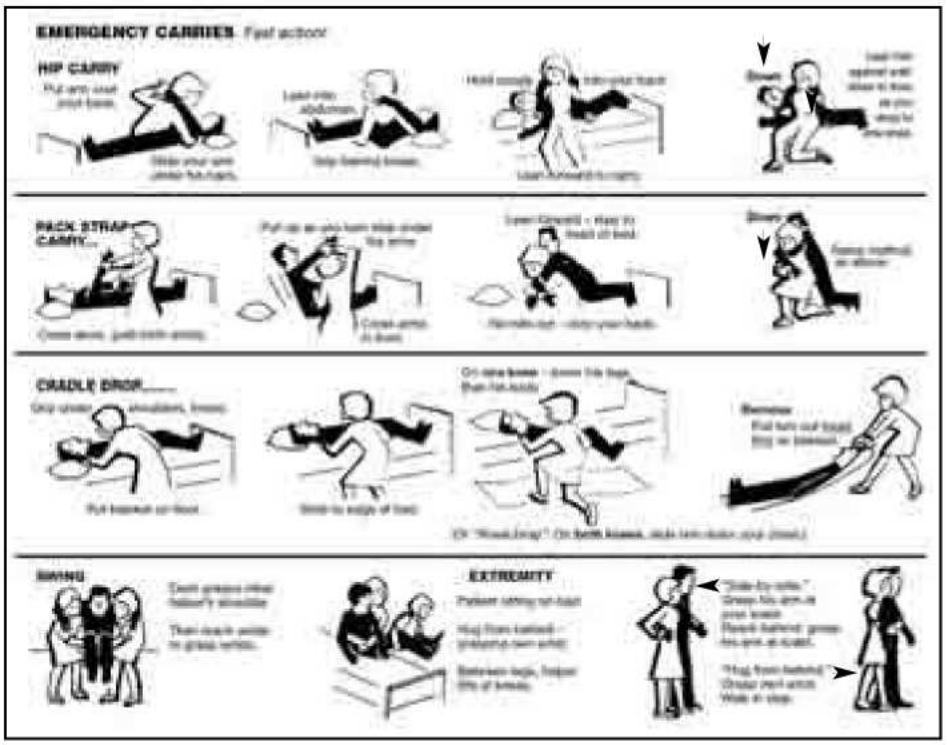
ASSIGNMENT:

Switchboard Operator calls Fire Dept. at once, gives priority to vital calls.
Service Departments secure equipment, report per Plan.
Assigned Maintenance Crew reports to fire area with emergency equipment.

INSTANT ACTION

- Smother it with a blanket, pad, coat almost anything quick at hand.
- Throw a pitcher of water.

Caution: Never delay reporting a fire, rescuing anyone in immediate danger or closing doors to confine heat and smoke.



Go to page 12 for the mandatory quiz.

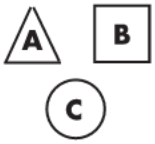
MEDICAL FACILITIES EMERGENCY PREPAREDNESS

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

FIRE EXTINGUISHERS

"Classes" of fire:
A – "Ordinary Combustibles" wood, cloth, paper, plastic.
B – "Flammable Liquids"
C – "Live Electrical"



Water Extinguisher on

"Ordinary Combustibles"
Make it count – aim stream at base of flame (not at smoke). Use sweeping motion, keep low. If escape needed – close door!

Do Not Use Water on
"Flammable Liquids": Water splashes/spreads fire.

"Electrical Fire": Water risks shock unless power can be shut off.

Instead, use Dry Chemical or CO2 Extinguisher.
These smother "Electrical" or "Flammable Liquid" fires. *Multipurpose Dry Chemical can be used on all fires.*

DISASTER PREPAREDNESS

Medical services may dramatically increase at the same time utilities and other resources may be restricted.

Planning is vital. Each department has an **Emergency Preparedness Manual** which can cover windstorm, flooding, earthquake, loss of utilities, and expansion of services. Know the location of this **Manual** and know your own responsibilities. More than ever, in a crisis we are a team providing vital medical services.

1. Emergency DRILLS —
   - o a) help keep you on alert.
   - o b) are for new employees only.
   - o c) are not required.

2. If you SEE FIRE in patient area
   - o a) extinguish first.
   - o b) Rescue-Alarm-Confine-Extinguish.
   - o c) leave immediately.

3. CLOSE doors and windows to —
   - o a) prevent spread of fire-smoke.
   - o b) stop traffic.
   - o c) do not close.

4. In a fire drill PATIENTS should —
   - o a) never be informed.
   - o b) be reassured, kept calm.
   - o c) be avoided.

5. Fire EXITS —
   - o a) can be wedged open.
   - o b) must never be blocked.
   - o c) your choice.

6. If you SMELL SMOKE —
   - o a) look for the cause first.
   - o b) report to supervisor immediately.
   - o c) wait.

7. Emergency PATIENT CARRIES are used —
   - o a) for fast action.
   - o b) if you have help.
   - o c) not necessary.

8. A SMALL FIRE may be extinguished —
   - o a) by your instant action.
   - o b) by Fire Dept. only.
   - o c) never attempt.

9. DO NOT USE WATER to extinguish a —
   - o a) flammable liquid fire (Class B).
   - o b) ordinary combustibles (Class A).
   - o c) your choice.

10. In case of fire —
    - o a) never delay reporting alarm.
    - o b) extinguish first.
    - o c) keep away.

Employee BASIC Safety Orientation

I understand and will comply with these EMERGENCY PROCEDURES.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1, 3, 7, 8, 9, 10 B) 2, 4, 5, 6

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MEDICAL FACILITIES SAFETY & HEALTH

On Assignment® Allied Travel

The **safe way** is the right way to do each job. Shortcuts hurt.

Know your job procedures. If in doubt, ask supervisor.

Operate beds and other equipment **only if authorized.**

(**Lock bed** casters and **store** bed cranks as required).

Report **unsafe conditions** to supervisor right away. Do not try amateur repairs.

Report **unsafe acts** to your supervisor before someone may get hurt.

Get medical aid even for small injuries. Delay can make it worse.

Report **any incident** right away (even if no injury) to help prevent other problems.

At incident be helpful, courteous, don't argue or discuss conditions. Get supervisor to document conditions.

Keep isles clear – always. Residents can trip easily.

Rushing is dangerous to you and others. Don't!

Watch out at corners and doorways…

Push carts slowly. Keep load low – to see ahead. Get help with a big load.

Push vehicle from end (not from sides) to avoid smashing your fingers.

Pull vehicle through swinging doors (do not ram through).

On ramp, control vehicle from **low side.**

At elevator, be sure floor is at level before moving. With wheelchair, back on/off.

When assisting resident on or off chair, be sure to set wheel brakes, foot rests up.

Secure patient. If **restraints** are used, check regularly to avoid any slipping or tightening problems.

Arrive at work rested, clean and in **good health**.

Wear proper clothing. Torn or loose fitting clothes, jewelry, high heels, sandals or clogs can cause accidents.

Report **infections** to your supervisor (i.e. skin eruption, boil, sore throat, diarrhea).

To prevent **cross-infection** (from one patient to another), wash hands after contact.

To prevent **cross-infection**, put bed sheets, towels, etc. into proper containers.

If using **chemicals**, read labels carefully to follow safety warnings, mixing instructions, etc.

Warning signs help you prevent incidents. Obey them. Remind others, too.

Horseplay is NOT allowed. Practical jokes can cause serious injury.

Don't let **a fall** happen. Get rid of the "surprises" that throw you off balance.

It is just a **little spill** but…whoops! A fall! Clean up spills right away.

Little things under foot are a surprise too. Pick them up…

Ask yourself, **"Can that cord trip someone?"** Keep cords out of traffic.

Don't perform a bad balancing act. Take the time to get a **stepladder** or **stool.**

On stairs a little attention is needed. Use handrail, take just one stair at a time.

Expect the unexpected – **give support, keep watch…**especially in the bathroom and hallways.

Clean up the **broken glass** with a brush (not fingers). Wrap in paper to protect others' hands too.

Keep **water/electricity** apart. Shock danger. Keep hands dry and prevent dampness near electrical equipment.

Protect **cords, plugs** and **appliances** from damage.

Before use, **inspect electrical equipment** for damage. If a problem, do not use – report it to maintenance department.

Log on to www.onassignment.com for the complete Health & Safety Training Program.

Go to page 14 for the mandatory quiz.

If you **feel ill at work** report to supervisor. Get medical aid to protect yourself and others. Keep health tests up to date.

MEDICAL FACILITIES SAFETY & HEALTH

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

In case of fire you need to preplan and practice – make no mistake. Know now.

FIRE DRILLS teach you to:
Rescue (immediate life threat)
Alarm (never delay)
Confine (close all doors)
Extinguish (know the "ABCs")

Know how to **prevent fire**: smoking rules, flammable liquids and oxygen use, trash clean up, electrical care.

Answer **signal bell** right away to avoid patients getting up when not able.

Keep things **within easy reach.** If bedpan or urinal is needed, tell patient to use signal bell for aid.

Use **bed side rails** on both sides when "ordered" or when conditions require.

Have infirm patient **secured** when transported or sitting.

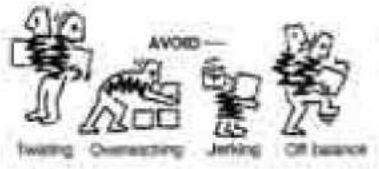
Medication: Double check label with doctor's orders.

Toxic materials need special care – keep in clearly labeled containers, away from food.

Put toxic materials away – no delay. Keep in **locked** cabinet to protect residents.

These are general safety rules. See your supervisor for your **area requirements.**

TO LIFT Protect your spine. Your strong legs and arms lift. "Size it up" before you lift. If heavy/awkward – **get help.**



Employee BASIC Safety Orientation

I understand and will comply with all these MEDICAL FACILITY SAFETY rules.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1, 2, 8 B) 10 C) 3, 4, 5, 6, 7, 9

1. If you DON'T KNOW your job
   - o a) ask your supervisor.
   - o b) do your best.
   - o c) don't be concerned.
2. If you see an UNSAFE CONDITION
   - o a) report it per procedure.
   - o b) leave it.
   - o c) your choice.
3. WASH YOUR HANDS
   - o a) only at the end of shift.
   - o b) when you have a cold.
   - o c) after each patient contact.
4. When LIFTING
   - o a) protect your spine.
   - o b) use your leg power.
   - o c) both of the above.
5. When lifting AVOID
   - o a) bending, overreaching.
   - o b) twisting, jerking.
   - o c) both of the above.
6. BAD FALLS can be caused by
   - o a) spills.
   - o b) little things under foot.
   - o c) both of the above.
7. To avoid "TRAFFIC" hazards
   - o a) use caution at corners.
   - o b) watch out at doorways.
   - o c) both of the above.
8. When pushing a BIG LOAD
   - o a) get some help.
   - o b) move quickly.
   - o c) take a rest break.
9. A damaged ELECTRIC CORD
   - o a) should be patched.
   - o b) should be ignored.
   - o c) should be reported.
10. NO SMOKING rule
    - o a) has exception.
    - o b) must be enforced—always.
    - o c) does not include visitors.

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PREVENT NURSING BACKACHES

and some QUICK HELP to prevent your low-back muscle fatigue.

On Assignment® Allied Travel

1. A LIFT

X MISTAKES

See the heavy strain these put on your *lower* back.

Use correct transfer techniques every time. Here's how to assist to standing position:

Get close, bend knees. Together you both push up in one easy motion "123-Stand."

2. A FALL

X OUT OF CONTROL

Caught by surprise… muscles are not set for a sudden, heavy load. It can trigger muscle spasm, and injure the patient. Preplan your controlled moves.

CONTROLLED

You know how, you're ready. Step back. Pull, to steady against you—or slide gently to the floor as you drop safely to knee. Make comfortable, get help.

3. PULL UP IN BED

X STATIC PULL

Do not transfer using prolonged muscle contraction. Muscles in a locked position will compress blood vessels. This stops inflow of oxygen/sugar to your muscles, and outflow of carbon dioxide. Pain.

DYNAMIC SWING

Muscles work at peak efficiency when using one easy motion of contraction/relaxation. He pushes up, you pivot. You work together.

Pace yourself. Muscles need time to recover. Mechanical aids help.

4. BENT OVER

X AT BEDSIDE OR CHAIR

Over and over and over—how often has your back stiffened-up from this halfway position? You feel "muscle guarding." Next- "muscle spasm!"

TAKE THE BEND OUT

Plan your workspace to keep good posture in everything you do:
…pull up a chair
…kneel
…bend your knees
…brace one hand

Keep changing your position… to prevent your low-back muscles from stiffening up.

5. MAKING A BED

X All the wrong moves – reach – twist – bend. This simple chore can be a pain in your back.

So make things easier – raise bed, bend knees, walk around. Your back will say, "Thanks!"

"Muscle guarding"

is your back's natural way to fight fatigue. Muscles stiffen-up to protect. But if too much, your lower back will lock-up in **muscle spasm.**

Pain…….!

Here are some suggestions to prevent common lower back pain.

Dress Right

True – slacks give you more freedom to move than a dress can. True – good shoes help your back. They give support, are non-slip.

"Think It" First

True – think through it before you do it.
It's important to clear a space before you lift. Get comfortable.

Log on to **www.onassignment.com** for the complete Health & Safety Training Program.

Go to page 16 for the mandatory quiz.

PREVENT NURSING BACKACHES

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

CONDITIONING

FLEX-STRETCH before each lift. Get your muscles ready for action…after resting, sitting, driving, or if tense. Warm up. Take a lesson from the cat – stretch first.

How about your stomach?
Tighten it up to straighten your posture (abdominal muscles support your back).

Keep EXERCISE in your life. Build strength and endurance. No more muscle fatigue. Even 10 minutes each day will help a lot.

You say "I get exercise on the job!" But it may be too much of only one kind.

LEARN THIS

"UNSTRESS BREATHER"

Anytime, anywhere…for this moment relax. Feel your breathing sensation…just let go. Slowly, take a deep breath **"IN-1-2-3-4"** then **"HOLD-1-2-3-4"**…**"OUT-1-2-3-4"… again. K**eep it up 3 or 4 times…refreshed.

Keep this Guide. Make it your reminder to prevent your lower-back muscle fatigue.

1. Most low back pain is CAUSED by
   - o a) major injury.
   - o b) everyday fatigue.
   - o c) unknown.

2. Is this CORRECT lifting?
   - o a) Yes.
   - o b) No.
   - o c) if assisting.

3. TO ASSIST lifting here
   - o a) get close, bend your knees.
   - o b) patient helps to push up.
   - o c) both of the above.

4. PATIENT FALLS can hurt you if
   - o a) you get in the way.
   - o b) your muscles get off balance.
   - o c) you hang on.

5. TO CONTROL a falling patient
   - o a) pull up hard.
   - o b) support a steady slide to floor.
   - o c) use just one hand.

6. A "STATIC PULL" is
   - o a) an easier lifting technique.
   - o b) a painful muscle contraction.
   - o c) sometimes recommended.

7. A "DYNAMIC SWING" technique
   - o a) takes a lot of strength.
   - o b) raises in one easy motion.
   - o c) no difference.

8. A BENT-OVER position
   - o a) is relaxing.
   - o b) causes muscle stress.
   - o c) no difference.

9. TO PREVENT bending fatigue
   - o a) avoid bending activities.
   - o b) always use good posture, always.
   - o c) cannot be avoided.

10. STRETCHING muscles before lifting
    - o a) gets you flexible for action.
    - o b) builds strength, endurance.
    - o c) does not help.

Employee BASIC Safety Orientation
I have read and will comply with these BACKACHE PREVENTION rules.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 10 B) 1, 2, 4, 5, 6, 7, 8, 9 C) 3

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PAIN MANAGEMENT

WHERE DOES IT HURT?

Pain Management can influence patient care outcome.

JACHO standards summary:

Standard RI.1.2.8

Patients have a right to appropriate assessment and management of pain:

- Initial assessment/reassessment to address pain
- Education of all relevant providers in pain assessment and management
- Patient/family receive information re: role in managing pain, side effects, limitations
- Consider personal, cultural, spiritual, ethnic belief, in communications
- Orientation includes competency on pain assessment and treatment
- Staff education target pain management
- Pain is a "fifth" vital sign

Standard PE 1.4

Pain is assessed in all patients

- All get initial assessment
- Scope of treatment based on care setting and services provided
- More comprehensive assessment performed when warranted
- Assessment measures pain intensity and quality character, frequency, location, and duration of pain appropriate to age of patient
- All is recorded to facilitate regular reassessment and follow-up according to criteria developed by the organization

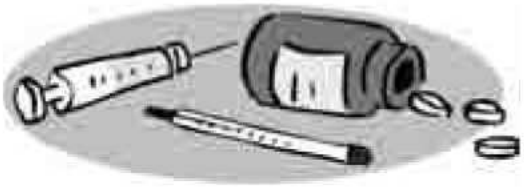
Standard TX.3.3

Policies and Procedures address

- "As needed" (PRN) and scheduled prescriptions or orders and times of dose administration
- Appropriate use of patient-controlled analgesics (PCA), spinal/epidural, or intravenous administration of medications and other pain management techniques in the care of patients with pain

Medications can help manage pain.

- Non-opioids are used to treat mild to moderate pain
- NSAIDs help reduce pain, swelling, fever and bone pain
- Acetaminophen reduces pain and fever but not swelling
- Skeletal muscle relaxants have additive analgesic effects when used in junction with NSAIDs
- Severe pain can be treated with a combination of opioids and other drugs like NSAIDs



ALL Patients have a right to pain relief:

What is pain? Pain is any kind of discomfort anywhere in your body. People feel pain in different ways. Many things can affect each individual's experience of pain. Pain is whatever a patient says it is.

What are the common barriers to pain:

There are many common barriers to pain management. These include:

- Fear of addiction and over-dosage
- Fear of side effects from medications
- Fear of obscuring the diagnosis
- Reluctance of patients to complain of pain or demand pain treatment
- Cultural differences in pain expression
- Lack of standardized methods of communicating about pain
- The use of the IM route instead of PO, IV or intraspinal
- PRN dosing instead of around the clock scheduled doses to control pain

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PAIN MANAGEMENT

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Document:
Include location of pain, quality/characteristics and rating, using the (0-10) pain scale. The effectiveness of the treatment, and that the patient states acceptable relief must also be documented.

Be involved in pain management:

- **A**ssess often
- **B**elieve always
- **C**hoose the appropriate intervention

Use the right medication

Opioids

- Opioids are used to treat moderate to severe pain
- May be used for acute or chronic pain
- Safe and effective when used correctly
- Routes of administration – PO, SQ, IV, IM, Transdermal, Rectal Suppositories, PCA, Intraspinal and Transmucosal
  Less long-term damage to body systems than from other drug groups

Non-Pharmacological Therapies

- Massage therapy, guided imagery and therapeutic touch can help with relaxation and comfort.
- Heat and cold therapy are used for muscle spasms, swelling and relaxation.
- Acupuncture.
- TENS uses mild electrical current on the skin to block pain signals to the brain.
- Exercise promotes strength and endorphin release.

1. Pain is anything the patient says it is.
   - o a)True
   - o b)False

2. Pain should be assessed with the vital signs as the "fifth" vital sign.
   - o a) True
   - o b) False

3. Opioids are used to treat mild pain.
   - o a) True
   - o b) False

4. Acupuncture, TENS units, heat and cold therapies and massage are not really effective in reducing pain.
   - o a) True
   - o b) False

5. NSAIDs help reduce pain, swelling and fever. They can be used in combination with opioids for severe pain.
   - o a) True
   - o b) False

6. Opioids cause more long-term damage to body systems than other drug groups.
   - o a) True
   - o b) False

7. Fear of addiction is a barrier to pain management.
   - o a) True
   - o b) False

8. According to JCAHO standards, all patients admitted to the hospital, regardless of diagnosis, must be assessed for pain.
   - o a) True
   - o b) False

9. Pain scale must be used to measure the need for and response to analgesic therapy.
   - o a) True
   - o b) False

10. Appropriate intervention is essential in pain management.
    - o a) True
    - o b) False

Employee BASIC Pain Management
I understand and will comply with all PAIN MANAGEMENT Guidelines.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1, 2, 5, 7, 8, 9, 10 B) 3, 4, 6

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PATIENT TRANSFERS

Use good "body mechanics" (body movement) to make your lifting job EASIER and SAFER

On Assignment® Allied Travel

TRANSFERS

TO SIDE OF BED

If heavy, use 3 persons, STEPS: a) move patient's legs to side and cross arms over stomach. b) Position your hands as shown, c) on signal – *"123-Pull."* As you pull back, shift your weight to rear leg.

TO HEAD

a) Patient at side of bed, arms crossed, b) your arms under, c) your forward leg is on outside – *"123-Pull."* PULL BACK as your weight shifts to rear leg (avoid twisting).

ROLL TO SIDE

Position patient to have space when turned
a) then move his right arm as shown, put left arm across stomach, left leg crossed over right,
b) helpers alternately grasp shoulder, buttock,
c) *"123-Turn."* Protect patient from falling.

ROLL TO STOMACH

Move patient to right of bed, heels overhang end.
a) Lay his right arm and leg to the left,
b) helpers alternately grasp right shoulder and hip,
c) *"123-Roll."* Prevent rolling onto patient's arm.
Then slide to center. If no room for toes at end, use a roll.

3-PERSON LIFT (Team practice before lifting)

Number of lifters depends on patient size and disability. TO START: Bed raised to maximum. Cross his arms. Leader supports heavy part. Brace your hips against bed. Grasp patient as shown.
1. READY – *"123-Pull"* him to side of bed. Then *"Roll"* him by pivoting elbows on bed as you pull him to chests. Get set – bend knees more – immediately *"Stand."*
The *"Turn"* and *"Walk"* in step
(patient on side, held tight against chests). Now – bend knees. *"Down"* onto your elbows. Release.

BED TO BED (With *transfer sheet)*

Have 2 or 3 persons pulling depending on patient size. a) Move patient's legs to right, cross arms, b) grasp sheet as shown with your hips supported against bed. c) Then *"123-Move"* – pull patient as you shift your weigh to rear leg.
NOTE: Patient roller can be used – needs only 2 persons.

SUPINE TO SITTING/Passive

Turn patient on side, flex his knees as shown – a) one arm reaches over to grasp bottom knee, b) other arm supports head and shoulders – with your hip against bed. Then c) *"123-Move"* in one motion. As you shift your weight to rear leg, swing patient's legs over edge while you pull his shoulders to sitting.

SUPINE TO SITTING/Assist

Assist per patient's needs. Can he a) push up to short sitting position as shown?
Then b) you can help by boosting patient's trunk with your arm – *"123-Move."* (Support your knee at bed as you shift your weight to rear leg)

SIT TO STANDING/Assist

Bed in low position. *Transfer belt* on patient. Feet apart for balance. At edge, leans forward. Uses side rail for grip. You are in balance. Spine supported. Knees bent – set to use your leg power. Patient understands the move, sees destination. Then on signal *"123-Stand"* – patient pushes off as your strong legs straighten and *arms* pull. Give him room for balance. Use your knee to support his weak leg if needed.

STAND TO SITTING/Assist

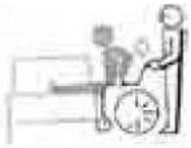
Wheel chair is close to bed. Wheels locked, footrests up. Get set. Then, *"123-Move,"* you pivot as the patient steps to chair (on strong leg).
TO SIT: Patient grasps chair arms as you both slowly *squat* legs. Stand close but give him room to lean over. You then assist him to slide further back in chair.

BED TO CHAIR/Sliding

Chair against bed, arm off. *Sliding Board,* tucked in place. On chair side you support patient's legs against your knees and his trunk by your shoulder. Then grasp *transfer belt* to slide him across board. (If needed, another helper steadies board or chair.)

BED TO CHAIR

(From long-sitting position). You steady chair as the patient pushes back with arms.



Log on to **www.onassignment.com** for the complete Health & Safety Training Program.

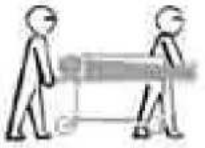
Go to page 20 for the mandatory quiz.

PATIENT TRANSFERS

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

STRETCHER transporting



Always two attendants unless patient is conscious, secured and no attachments. *Push* feet first, side rails up, patient's arms kept in. Rear wheel swivels locked.

WHEELCHAIR transporting

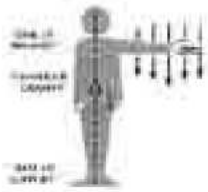
Use safety straps as needed – be sure. Arms on lap. Open door – then *back* chair thru. *Pull* on or off elevators to avoid upset. Caution at corners, doorways.

AMBULATION training is done per physician plan – *physical therapy.* If helping lesser disabled patient, know the basic assisting position.

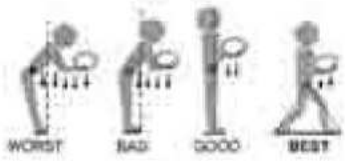
Patient "walks tall," picks up feet. As needed, you support at back – close and slightly to weak side. Grasp *transfer belt,* other hand stabilizes shoulder.

YOUR "BODY MECHANICS"

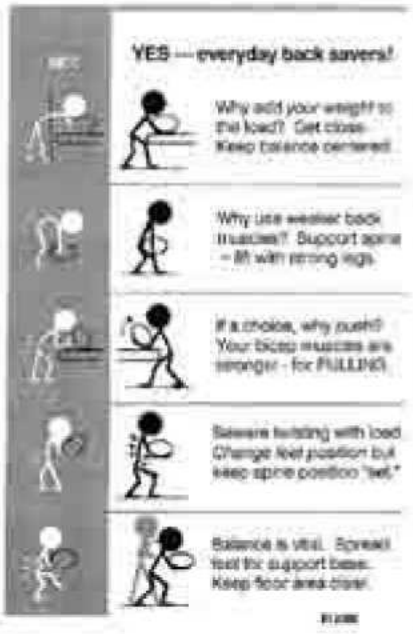
Don't fight the PULL OF GRAVITY.



TRY THIS – Test the pull of gravity. Hold a book at arm's length for 30 seconds. Gets **heavy!** Now hold it at your side. Easy!



1. Use "BODY MECHANICS"
   - o a) to lift easier, safer.
   - o b) to work faster.
   - o c) not helpful.
2. Holding the load CLOSE, load
   - o a) is heavier.
   - o b) is lighter.
   - o c) no difference.
3. AVOID TWISTING your spine by
   - o a) reaching around.
   - o b) changing feet position.
   - o c) twisting is no problem.
4. TO SIDE OF BED transfer
   - o a) move legs first.
   - o b) move body first.
   - o c) move legs and body together.
5. TO HEAD OF BED transfer starts with
   - o a) patient at side of bed.
   - o b) patient at center of bed.
   - o c) starting position not important.
6. ROLL ONTO SIDE transfer starts
   - o a) patient at the side.
   - o b) patient in the middle.
   - o c) makes no difference.
7. For BED TO BED using *transfer sheet*
   - o a) push across.
   - o b) pull sheet as you lean back.
   - o c) fold sheet over.
8. Transfer to SITTING (passive)
   - o a) lower legs, than raise body.
   - o b) lift and lower in one motion.
   - o c) either way.
9. Transfer to STANDING
   - o a) hold with transfer belt.
   - o b) hold at shoulder.
   - o c) either way.
10. To move WHEELCHAIR through door
    - o a) open door, back through.
    - o b) push through.
    - o c) either way.



Employee BASIC Safety Orientation

I have read and will comply with these MOVING PATIENT Techniques.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1, 4, 5, 6, 9, 10 B) 2, 3, 7, 8

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WORKPLACE VIOLENCE

Watch your surroundings, watch your activities, watch people and know your facility emergency plans. Report things that you think are not safe and may contribute to the potential for violence. Don't be a victim.

Many factors contribute to the high rate of workplace violence incidents:

- Police and the criminal justice system have increased the use of hospitals for criminal holds and the care of disturbed and violent individuals.
- An increasing number of acute or chronic mentally ill patients are being released without follow-up care.
- Hospitals have drugs and money, making them good robbery targets.
- Many hospitals have relatively unrestricted movement of public, plus long waits in emergency rooms leading to high frustration levels.
- More patients mean more gang members, more addicts and more distraught family members.
- Healthcare workers are often isolated with patients.
- Parking areas are often poorly lit and remote.

Bottom line: The potential for violence is there and it is real. It increases with patient volume. As a healthcare worker you are at higher risk than most other employee populations. As a direct consequence, you need to be more aware of things you can do to reduce this risk.

Observe your Surroundings

- Is access to areas other than waiting rooms restricted—particularly drug or pharmacy areas?
- Are lockable employee restroom facilities available separate from patient facilities?
- Are all areas well lit, including indoor and outdoors areas?
- Is there always trained staff available?

Review the Procedure

- Is there a procedure for reporting assaults and is it working?
- Is there a list of "restricted visitors"?
- Is there a sign-in procedure with passes for areas such as nurseries and pediatrics?
- Is there a way to communicate information on "problem patients" that does not break confidentiality laws?
- Is there a system to provide security escorts?
- Do employees wear badges so you can identify them from visitors?
- Are there contingency plans in place for treating patients or visitors that are aggressive?

What To Do If You Are A Victim

- If someone becomes verbally abusive or threatening, try to calm them down.
- If someone engages in inappropriate behavior such as touching or grabbing you, make sure that you clearly explain that there is a zero-tolerance policy on violence.
- If you are the victim of a violent physical act, yell for help immediately, protect yourself in the best way that you can and try to get away.
- If you see someone else becoming a victim try to intervene. Having a second person concerned about their problems will often relieve tension in an angry person.
- If it is an incident involving weapons of deadly force like a robbery or hostage situation, don't be brave; Hide.

Follow-up

- Report every action. No matter how trivial or serious, no matter how you feel.
- Cooperate fully in any follow-up investigation. Remember, an act of violence meets the definition of an accident.
- If an act of violence was perpetrated on one of your co-workers, be supportive not judgmental. Learn from the incident.
- If you are a victim of a major violent incident, don't be afraid to ask for follow-up help. It is not uncommon to ask for counseling after a stressful or traumatic event.

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Go to page 22 for the mandatory quiz.

WORKPLACE VIOLENCE

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Site Specific Training

Your workplace should have a policy and orientation on preventing violence and on minimizing the effect if it occurs. This would typically include the following topics:

- A Workplace Violence Prevention Policy
- Risk factors that cause or contribute to violence
- Early recognition of escalating behavior
- Ways to defuse or prevent volatile situations
- A response action plan, including assistance, alarms and communications
- Ways to deal with hostile people other than patients, such as family, friends and relatives
- Ways to protect yourself, such as the "buddy' system"
- Procedures for reporting incidents, and record keeping
- Policies and procedures for obtaining care and counseling

If you are not offered orientation when you start, ask about it. It is important for you to know what resources are available to help you if trouble arises.

Get Involved

- Don't be shy just because you are there on a temporary basis. If you see something that concerns you, speak up.
- If you are working with criminal patients, make sure you are not alone.
- Watch people in the emergency room—not just the patient. Friends and family can get hostile if they think a loved one is not getting the attention they deserve.
- Don't wear necklaces or jewelry that can be grabbed to potentially choke you or hold you. Don't carry things like loose keys or penknives that could be grabbed and used as a weapon.

Violence does not have to be a physical act. Violence is any behavior that results in injury whether real or perceived by an individual. This includes verbal abuse, threats of physical harm and sexual harassment. Anything that anyone says or does to make you concerned about your personal safety is a violent act.

Employee BASIC Workplace Violence.
I understand and will comply with all of the WORKPLACE VIOLENCE Guidelines.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1, 4, 5, 7, 8 B) 2, 3, 6, 9, 10

1. You should attempt to calm down a verbally abusive individual.
   - o a) True
   - o b) False

2. During a violent physical act, you should never yell for help.
   - o a) True
   - o b) False

3. Site-specific training will not include a workplace violence prevention policy.
   - o a) True
   - o b) False

4. Accessibility of drugs is a factor contributing to the high incident rate of violence in the hospital setting.
   - o a) True
   - o b) False

5. You should attempt to hide in the event of an assault with a weapon.
   - o a) True
   - o b) False

6. It is generally a good idea to carry things that can be used as weapons.
   - o a) True
   - o b) False

7. You should fully cooperate with an investigation.
   - o a) True
   - o b) False

8. Facility procedures should include employee name badges to distinguish staff.
   - o a) True
   - o b) False

9. Violence is only threats that are real, not those only perceived by the individual.
   - o a) True
   - o b) False

10. Sexual harassment is not considered a form of violence.
    - o a) True
    - o b) False

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AGE SPECIFIC CARE

Infants, Toddlers, Preschoolers, School Age, Adolescents, Adults, Older Adults

On Assignment® Allied Travel

Patients of different age groups have different needs, both physically and psychologically. We all recognize this. However, it is one thing to recognize the differences, and another to consciously address each individual according to his/her physical and mental age.

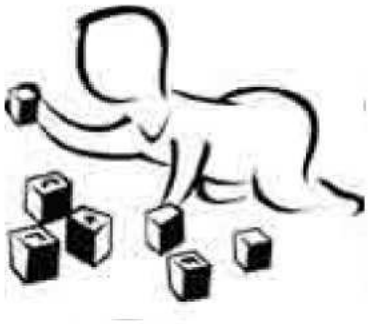
- Age specific training is not limited to Doctors and Nurses.
- Competency should be for each age group.
- Factors that need to be taken into consideration to establish competency in each age group include:
  - How well do you know what normal physical growth should be and how to assess it.
  - How well do you know what normal mental development should be and how to assess it.
  - How well do you know what normal psychosocial development should be and how to assess it.
  - How well can you provide and interpret information.
  - How well do you communicate.
  - How well do you relate to, and interact with family members or others that have a strong relationship with the patient.

Infants First year

Physical: Growth rapid; weight doubles by sixth month; limited ability to self regulate; easily dehydrated.

Mental: Responds to external stimuli such as temperature, light and sound.

Erikson's Stage: Trust vs. Mistrust.



Toddlers 1-3 year olds

Physical: Growth of 4-6 lbs. a year, can walk and run, develops hand-eye coordination.

Mental: Verbal communication limited; recognizes and remembers people; short attention span.

Erikson's Stage: Autonomy vs. Shame/Doubt.

Preschool 4-6 year olds

Physical: Growth, of 5-6 lbs. in a year; good motor skills and coordination; able to bathe and dress.

Mental: Communicates verbally, able to reason and understand discipline.

Erikson's Stage: Initiative vs. Guilt.

School Age 7-12 year olds

Physical: Growth is steady at 5-6 lbs. a year. Good balance, athletic ability begins to show.

Mental: Verbal communication is clear; logical and deductive thinking

Erikson's Stage: Industry vs. Inferiority.

Adolescent 12-18 year olds

Physical: With the onset of puberty a growth spurt of 4-6 inches in height is experienced.

Mental: Abstract thinking, aware of danger but risk takers; able to make decisions based on moral concepts.

Erikson's Stage: Identity vs. Role Confusion.

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Go to page 24 for more information and the mandatory quiz.

AGE SPECIFIC CARE

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Adult 18—65 years old

Physical: Physically mature.

Mental: Full mental capacity is reached although the person will continue to learn.

Erikson's Stage: Intimacy vs. Isolation (early adult). Generativity vs. Stagnation (Young & Middle Adulthood).

Older Adult: Over 65 years old

Physical: Diminished function, muscle atrophy, reduced motor skills.

Mental: Forgetful, with short-term memory loss; confusion, however, they continue to learn.

Erikson's Stage: Ego Integrity vs. Despair.

A sense of integrity results from satisfaction with life and acceptance of what has been; despair arises from remorse for what might have been.

1. An older adult is classified as someone 65 years or older.
   - ❑ a) True
   - ❑ b) False

2. Adolescents are very hesitant and unlikely to take any risks.
   - ❑ a) True
   - ❑ b) False

3. Erikson's stage for psychosocial development in school age children is industry vs. inferiority.
   - ❑ a) True
   - ❑ b) False

4. Adults are not thought to have reached full mental capacity since they continue to learn.
   - ❑ a) True
   - ❑ b) False

5. Older adults experience forgetfulness and short-term memory loss.
   - ❑ a) True
   - ❑ b) False

6. Infants are easily dehydrated and have a limited ability to self-regulate.
   - ❑ a) True
   - ❑ b) False

7. The infant's immune system is not fully developed, thus, they are more susceptible to infection.
   - ❑ a) True
   - ❑ b) False

8. Toddlers begin to develop hand and eye coordination.
   - ❑ a) True
   - ❑ b) False

9. Adolescents on average experience an 8-9 inch increase in height during the growth spurt.
   - ❑ a) True
   - ❑ b) False

10. A sense of integrity is important in the older adult's psychological development.
    - ❑ a) True
    - ❑ b) False

Employee BASIC Age Specific Care.

I understand and will comply with all of the AGE SPECIFIC CARE Guidelines.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1,3,5,6,7,8,10 B) 2,4,9

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ELDER ABUSE & NEGLECT

Elder abuse became nationally recognized in 1981 after the House Select Committee on Aging issued its landmark report *Elder Abuse: an Examination of a Hidden Problem.* The committee found that elder abuse was simply "alien to the American ideal." Because it is such a difficult concept to come to grips with, even abused elders are reluctant to admit their loved ones have abused them.

The committee defined the following types of elder abuse:

- Physical
- Passive Physical
- Financial
- Psychological
- Sexual
- Violation of Rights

There is no federal legislation to protect elders from abuse, neglect or exploitation, although most states offer some form of protection for elders or dependent adults. In most states, the Adult Protective Services Agency (APS) is the principle public agency that is designated to receive and investigate allegations of elder abuse and neglect.

Due to loss of independence and a forced reliance on others, elders are vulnerable to being abused in a number of ways. Morris (1998) defines a vulnerable adult as a "person with a physical or mental condition that substantially impairs his ability to care for himself."

Assessment Data

There is no comprehensive assessment tool that offers conclusive evidence that neglect, abuse or violence has occurred. In order to properly address survivors of abuse, healthcare professionals must know the symptoms that are commonly seen in interpersonal violence and sexual assaults, and the common characteristics of the abuser. Many of the symptoms are subjective, so the healthcare team must piece together evidence to ascertain whether interpersonal violence has occurred or clients are at risk for violence. Psychological abuse is a particularly difficult area to assess, as emotional relationships are very culture bound.

Victims of abuse are often neglected. Families may deprive them of necessary articles such as glasses, hearing aids or walkers. Some elders are psychologically abused by verbal assaults, threats, humiliation or harassment. Families may also violate an elderly person's rights by refusing appropriate medical treatment, forced isolation or unreasonable confinement, denying privacy or providing an unsafe environment. Some are financially exploited by relatives through theft or misuse of property or funds. Others are beaten and even raped by family members. The rate of abuse is unknown because many older people are ashamed to admit that family members have abused them and often fear retaliation if help is sought. The majority of victims are between the ages of 59-90. Older women are more likely to be abused and account for 75% of the reported cases.

Indicators of Abuse

Physical/Neglect

- Cuts, lacerations, puncture wounds
- Bruises, welts, discolorations
- Poor skin condition or poor hygiene
- Dehydration or malnourishment
- Burns, rashes, sores, lice
- Soiled bed clothing or bed
- Absence of hair, or hemorrhaging below the scalp
- Any injury that has not been properly cared for

Psychological/Emotional Abuse

- Helplessness
- Hesitation of talking openly
- Implausible stories
- Confusion or disorientation
- Anger
- Fear
- Depression
- Withdrawal
- Denial
- Agitation

Financial Abuse

- Unusual or inappropriate activities in bank accounts
- Signatures on checks that do not resemble the older person's signature
- Power of attorney given, or recent changes or creation of a will
- Numerous unpaid bills, overdue rent when someone is to be paying these
- Unusual concern by caregiver that an excessive amount of money is being spent on the care of the older person
- Placement in a nursing home or residential care facility which is not commensurate with alleged size of the estate
- Lack of amenities, such as TV, personal grooming items, appropriate clothing
- Missing personal belongings

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Go to page 26 for more information and the mandatory quiz.

ELDER ABUSE & NEGLECT

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Caring for the Abused Patient

When questioning patients about the possibility of interpersonal violence or assault, the healthcare professional must quickly develop a rapport and create an environment that indicates that their personal experiences are acceptable topics to discuss. This allows them the opportunity to express their fears and concerns.

This can be done by:

- Treating them with dignity, respect and concern
- Giving priority to them over non-emergency patients
- Placing them in a private and quiet area
- Not leaving them alone
- Speaking quietly and in a non-judgmental manner
- Using empathetic and active listening skills
- Not acting shocked or surprised at the details of their experiences
- Explaining any delays in treatment
- Asking permission to call family members or friends
- Providing information about community resources

Interviewing the Abused Patient

The type of questions will depend on the type of violence and whether the patient has told you that they have been abused. If they have told you they have been abused, you must ask specific questions about the abuse. If they have not, you must ask more open-ended questions to allow them to disclose sensitive information.

- Inform the patient that it is necessary to ask some very personal questions
- Use language appropriate for the age and developmental level of the abused patient
- Use conversational language or street language
- Keep questions simple, non-threatening and direct
- Pose questions in a manner that permits brief answers
- Indicate sensitivity to, and acceptance of the abused patient and state of confusion
- Avoid using leading statements that can distort the abused patient's report
- Do not criticize the abused patient's family
- You are required by law to report the abuse. Do not promise that you won't. No written authorization is required.

1. A vulnerable adult is defined as a person with a physical or mental condition that substantially impairs his ability to care for himself.
   - ❑ a) True
   - ❑ b) False

2. There is extensive federal legislation to protect elders from abuse, neglect, or exploitation.
   - ❑ a) True
   - ❑ b) False

3. Many symptoms of abuse are subjective.
   - ❑ a) True
   - ❑ b) False

4. The majority of victims are aged 59-90 years old.
   - ❑ a) True
   - ❑ b) False

5. Victims of abuse should be placed in a quiet area and left alone.
   - ❑ a) True
   - ❑ b) False

6. You should indicate to the abused patient that abuse would only be reported if they sign an authorization to release information.
   - ❑ a) True
   - ❑ b) False

7. You should inform the abused patient of the personal nature of questioning before interviewing.
   - ❑ a) True
   - ❑ b) False

8. You should never use street language during the interview of the abused patient.
   - ❑ a) True
   - ❑ b) False

9. Information on community resources should be provided.
   - ❑ a) True
   - ❑ b) False

10. Criticizing the patient's family is acceptable only if they were aware of or caused the abuse.
    - ❑ a) True
    - ❑ b) False

Employee BASIC Elder Abuse & Neglect.

I understand and will comply with all ELDER ABUSE & NEGLECT Guidelines.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?

A) 1, 3, 4, 7, 9 B) 2, 5, 6, 8, 10

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RESTRAINTS

May 2000 – JCAHO revision to standards for restraint or seclusion of individuals includes: Restricts use of restraints or seclusion to emergency situations where there is an imminent risk the individual my physically harm himself or others, and then only as a last resort.

Behavioral Restraint and Seclusion Management:

- A restraint is used when there is an imminent risk of a patient physically harming self or others. The use of restraint or seclusion to manage behavior is an emergency measure that is reserved for those occasions when unanticipated, severely aggressive or destructive behavior places the patient or others in imminent danger. These are not specific to the treatment setting, but to the situation the restraint is being used to address.
- A chemical restraint is a drug used to control behavior or to restrict the patient's medical or psychiatric condition.
- Seclusion is the involuntary confinement of a person in a room or an area where the patient is physically prevented from leaving, i.e. any room where the door is locked, shut or blocked and the patient is unable to leave.

JCAHO believes its emphasis on health qualified, capable staff who are trained to defuse emergency situations safely and quickly provide for an equal or greater level of protection. Specific new standards include the following:

- Staff are trained and competent to minimize the use of restraints and seclusion and in using them properly when required.
- All individuals placed in restraints or seclusion, regardless of age, must have an order for restraints or seclusion issued by a licensed independent practitioner within one hour of the initiation of the restraints or seclusion. Such order may be issued verbally.
- An individual must be evaluated in-person by a licensed independent practitioner within four hours of the initiation of restraints or seclusion for adults aged 18 and older and every two hours for individuals aged 17 and younger.
- Upon expiration of an order for restraints or seclusion, a new order-either written or verbal– must be issued by a licensed independent practitioner within the range of one hour for children under age nine to every four hours for adults.
- Individuals who continue in restraints or seclusion must be reevaluated in person by a licensed independent practitioner every eight hours for individuals aged 18 and older and every four hours for those 17 and younger.

Monitoring Requirements and Termination of Restraint Use

Assess the patient at least every two (2) hours for the following:

- Signs of any injury associated with the application of restraint
- Need for continuation of restraint
- Nutrition / Hydration
- Circulation and range of motion
- Vital signs
- Hygiene and elimination
- Physical and psychological status and comfort
- Whether less restrictive methods of restraint may be appropriate

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Go to page 28 for more information and the mandatory quiz.

RESTRAINTS

Continued Information and "Friendly Quiz"

On Assignment® Allied Travel

Alternatives to restraints

After completing a patient assessment and determining therapeutic intervention is not appropriate, you must consider alternatives to restraints.

Alternatives Include:

- Self-releasing safety belt
- Self-releasing roll belt
- Self-releasing lap belt
- Enlisting family members to sit with patient
- Patient room placement near the nurse's station
- Familiar music and/or objects
- Quiet environment with adequate lighting
- Use of hearing aid and/or glasses
- Distraction with food or activity
- Frequent checks by staff
- Clocks and calendars
- Consistent staff assignments
- Uninterrupted sleep
- Exercise programs
- Bed and chair alarms
- Foot and back massage

1. A restraint is used when there is an imminent risk of a patient physically harming self or others.
   - ❑ a) True
   - ❑ b) False
2. The RN must complete an assessment of the patient prior to the application of restraints.
   - ❑ a) True
   - ❑ b) False
3. A restraint order is valid for 72 hours.
   - ❑ a) True
   - ❑ b) False
4. An assessment must be done and documentation of vital signs, ROM, hydration and elimination needs to be done every six hours.
   - ❑ a) True
   - ❑ b) False
5. Alternatives to restraints include enlisting family interaction.
   - ❑ a) True
   - ❑ b) False
6. Whenever restraints must be used, the most restrictive device is used first.
   - ❑ a) True
   - ❑ b) False
7. The use of restraint or seclusion to manage behavior is acceptable anytime a nurse gets busy.
   - ❑ a) True
   - ❑ b) False
8. Clock and calendars can be considered an alternative to restraints.
   - ❑ a) True
   - ❑ b) False
9. Restraints can be physical restraints or drugs.
   - ❑ a) True
   - ❑ b) False
10. A room far from the nursing station is an alternative to restraints.
    - ❑ a) True
    - ❑ b) False

Employee BASIC Restraint Usage.
I understand and will comply with all RESTRAINT Guidelines.

Name _____

Date _____

Signature _____

OA Representative (Print Name)

_____

Did you get the correct answers?
A) 1,2,5,8,9 B) 3,4,6,7,10

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