Aya Healthcare™

2026 Orientation & Safety Manual

Table of Contents

Section 1

SAFETY MANUAL/INJURY & ILLNESS PREVENTION

1.1 First Aid Procedures and Instructions

EMERGENCY PHONE NUMBERS

Ambulance: 911
Fire Department: 911
Poison Control: 911
Police Department: 911

MINOR FIRST AID TREATMENT

Healthcare professionals, on assignment, should ask your supervisor for the location of first aid kits. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

NON-EMERGENCY MEDICAL TREATMENT

If you sustain an injury requiring treatment other than minor first aid:

- Inform your supervisor.
- Proceed to the authorized medical facility. Your supervisor or your Aya Healthcare representative will assist with transportation, if necessary.
- A representative from Aya Healthcare should be in attendance at the medical clinic whenever possible.
- Provide details for the completion of the accident investigation report.

EMERGENCY MEDICAL TREATMENT

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted on the first aid kit to request assistance and transportation to the nearest hospital emergency room.
- Provide details for the completion of the accident investigation report for the assignment location.

FIRST AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance.

Wounds

- Minor: Cuts, lacerations, abrasions, or punctures
  - Wash the wound using soap and water; rinse it well.
  - Cover the wound using clean dressing.

- Major: Large, deep and bleeding
  - Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
  - Keep pressure on the wound until medical help arrives.

Broken Bones

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

Burns

- **Thermal (Heat):** Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water. Blot the area dry and cover it using sterile gauze or a clean cloth.
- **Chemical:** Flush the exposed area with cool water immediately for 15 to 20 minutes.

Eye Injury

- **Small particles:** Do not rub your eyes. Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.
- **Large or stuck particles:** If a particle is stuck in the eye, do not attempt to remove it. Cover both eyes with bandage.
- **Chemical:** Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

Neck and Spine Injury

If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

Heat Exhaustion

- Loosen the victim's tight clothing.
- Give the victim sips of cool water.
- Make the victim lie down in a cooler place with their feet raised.

1.2 Accident Investigation and Sentinel Event Reporting

ACCIDENT INVESTIGATION PROCEDURES

An accident investigation may be performed by the supervisor at the location where the accident occurred or by your employing agency. Supervisors may investigate all accidents, injuries and occupational diseases using the following investigation procedures; however, the investigation procedure will be determined by the assignment location or your employing agency:

- Implement temporary control measures to prevent any further injuries.
- Review the equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the cause of the accident.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Ask any witnesses to complete a witness report form.
- Complete any applicable forms
- Indicate the need for additional or remedial safety training.
- Conduct a drug test on any individuals involved with the injury/accident to determine if the drugs or alcohol were a factor.

SENTINEL EVENT REPORTING

A Sentinel Event as defined by the Joint Commission is "an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function." These events signal the need for immediate investigation and response.

1.3 Drug-Free and Alcohol-Free Workplace Policy

POLICY STATEMENT

Alcohol and illegal drug abuse pose a threat to the health and safety of individuals. For these reasons, you must follow the Drug Free and Alcohol Free policy instituted by your assignment location and employing agency.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or illegal drug use in the workplace.

DEFINITIONS

"Company" means Aya Healthcare, Inc. and any entities owned by Aya Healthcare, Inc.

The phrase "Aya Premises" means all facilities, buildings or vehicles owned, operated, leased or occupied by Aya, or its Clients or the facilities at which you are assigned to work for Aya.

The phrase "Illegal Drug" means any drug that is illegal under federal, state and/or local laws, including, but not limited to, all forms of narcotics, depressants, stimulants, hallucinogens or other drugs whose use, possession, or transfer is restricted or prohibited by law. The phrase "illegal drug" also includes prescription drugs which have not been legally obtained or which are not being used in accordance with the instructions for the purpose for which they were prescribed.

DRUG AND ALCOHOL TESTING

Aya Healthcare drug tests employees using the following methods to the extent permitted by applicable law:

- **Pre-employment:** Aya Healthcare or our clients may require drug testing after an offer is made, but prior to your first day of work, or your first day of working a travel assignment.
- **Randomly:** A random selection of employees for testing may be done by Aya Healthcare or a facility you are contracted to work at unannounced intervals to the extent permitted by law.
- **For Cause:** When it is the facility's or your employing agency's belief that a drug problem exists (such as evidence of drugs, accidents/incidents and injuries in the workplace, fights or other behavioral symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness), testing may be utilized to the extent permitted by law.

1.4 Safety Training

SAFETY AND HEALTH ORIENTATION

Workplace safety and health orientation begins on the first day of each assignment. Each individual has access to a copy of this safety manual.

JOB-SPECIFIC TRAINING

Supervisors at the assignment location will:

- Initially train temporary staff on how to perform assigned job tasks safely.
- Give individuals verbal instructions and specific directions on how to do the work safely.
- Observe individuals performing the work. If necessary, the supervisor will provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an individual is permitted to do the work without supervision.
- Provide individuals with safe operating instructions on seldom-used or new equipment before using the equipment.
- Review safe work practices with individuals before permitting the performance of new, non-routine, or specialized procedures.

PERIODIC RETRAINING

Individuals should be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, or when a supervisor at the assigned location observes temporary staff displaying unsafe acts, practices or behaviors.

1.5A Body Mechanics / Environment Safety

WATCH YOUR BACK

Poor body mechanics result in more injuries to healthcare workers than any one single event. Prevention is the key to protecting yourself against a potential disabling and costly injury.

- ALWAYS seek help when moving a heavy or uncooperative patient.
- Stretch daily to stay flexible.
- Use good posture. It helps support your lower back.

MOVING PATIENTS

- Always use the two person lifting rule.
- Use mechanical lifts.
- Use either the:
    - Lumbar Belt or
    - Gait Belt

BED TO GURNEY TRANSFER

- Adjust bed to the level of the gurney.
- Lock bed and lock gurney in place by bed.
- Place a plastic sheet beneath draw-sheet to facilitate sliding the patient.
- Keep your knee on gurney when moving resident to edge.
- Transfer resident in two stages, first onto edge, then to middle of gurney.

TRANSFER FROM BED TO WHEELCHAIR

- Adjust the bed height to that of the wheelchair and lock bed in place.
- Move the wheelchair into position and lock wheelchair into place.
- Reduce the lifting by supporting patient's knee between your legs.
- Talk to patient and together move them to a standing position. Keep your knees slightly bent and back balanced.
- Pivot and lower the patient into wheelchair by bending your knees.
- Allow the patient to hold on to you at your waist or shoulders, not the neck.

MOVING PATIENT UP IN BED

- Lock bed into place to prevent movement.
- Adjust the bed height so it is below your waist.
- Work from the side of the bed, point your feet in the direction you are moving the patient.
- Use a draw sheet and adjust bed to flat position to move the resident.
- Do not try to lift patient; reach under the patient's back and shoulders and slide patient toward head of bed.
- Request patient to assist you in this movement by pushing with feet and elbows.
- When performing this task, keep your feet wide apart and knees bent.

TURNING PATIENT OVER IN BED

- Lock the bed in place to prevent movement.
- Adjust the bed height to mid or upper thigh.
- Lower bed rails.
- Cross patient's legs and cross arms on his or her chest.
- Place your knees against the bed for support.
- Keep your knees bent, your back balanced and use your body weight to help turn the patient.
- Do not lift, but turn the patient toward you.

A FALLING PATIENT

- Do not try to prevent the fall once in progress. Bend your knees and help guide the patient safely to the floor.
- Do not try to lift the patient; get help to remove patient from floor.

A FALLING OBJECT

- In the past we have had employees injured because they lunged for falling equipment, for example: a falling I/V stand.
- Do not try to prevent the fall once in progress if it is out of your reach.
- If the fall creates a new safety hazard, please let your supervisor know immediately.

TRANSFER PATIENT FROM WHEELCHAIR TO TOILET

- Lock the wheelchair into place.
- Have the patient grasp the grab bar by the toilet and the arm of the wheelchair for support. Do not lift the patient.
- Have the patient pivot, helping to position his or her body. Do not lift the patient.
- Bend your knees and assist patient but do not position them by trying to lift him/her.

MECHANICAL APPARATUS

- Do not lift; use transfer belts for safely moving patients from beds, chairs, cars and toilets.
- Do not lift; use a roller board to move patient between gurney and bed.
- Do not lift; have the patient use the trapeze to assist you during movement from or in bed.

LIFTING PROCEDURES

- Plan the move before lifting; remove obstructions from your chosen pathway.
- Test the weight of the load before lifting by pushing the load along its resting surface.
- If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
- If assistance is required to perform a lift, coordinate and communicate your movements with those of your co-worker.
- Position your feet six to 12 inches apart with one foot slightly in front of the other.
- Face the load.
- Bend at the knees, not at the back.
- Keep your back straight.
- Get a firm grip on the object with your hands and fingers. Use handles when present.
- Never lift anything if your hands are greasy or wet.
- Wear protective gloves when lifting objects with sharp corners or jagged edges.
- Hold objects as close to your body as possible.
- Perform lifting movements smoothly and gradually; do not jerk the load.
- If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
- Set down objects in the same manner as you picked them up, except in reverse.
- Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.
- Slide materials to the end of the tailgate before attempting to lift them off of a pick-up truck. Do not lift over the walls or tailgate of the truck bed.

OFFICE SAFETY

- Close drawers and doors immediately after use.
- Open one file cabinet drawer at a time.
- Put heavy files in the bottom drawers of file cabinets.
- Use the handle when closing doors, drawers and files.
- Do not stand on furniture to reach high places.
- Use a ladder or step stool to retrieve or store items that are located above your head.
- Do not kick objects out of your pathway; pick them up or push them out of the way.
- Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
- Store sharp objects, such as pens, pencils, letter openers or scissors in drawers or with the points down in a container.
- Carry pencils, scissors and other sharp objects with the points down.
- Do not tilt the chair you are sitting in on its back two legs.
- Position hands and fingers on the handle of the paper cutter before pressing down on the blade.
- Keep the paper cutter handle in the closed/locked position when it is not in use.
- Do not use paper cutting devices if the finger guard is missing.
- Keep floors clear of items such as paper clips, pencils tacks or staples.
- Keep fingers away from the ejector slot when loading or testing stapling devices.
- Point the ejector slot away from yourself and bystanders when refilling staplers.
- Use a staple remover, not your fingers, for removing staples.
- Do not use extension or power cords that have the ground prong removed or broken off.
- Use a cord cover or tape the cord down when running electrical or other cords across aisles, between desks or across entrances/exits.
- Do not connect multiple electrical devices into a single outlet.
- Turn off and unplug office machines before adjusting, lubricating or cleaning them.

- Do not use fans that have excessive vibration, frayed cords or missing guards.
- Do not use frayed, cut or cracked electrical cords.
- Do not place floor type fans in walkways, aisles or doorways.
- Do not place your fingers in or near the feed of a paper shredder.
- Do not throw matches, cigarettes or other smoking materials into trash baskets.
- Keep doors in hallways fully open or fully closed.
- Use handrails when ascending or descending stairs or ramps.
- Obey all posted safety and danger signs.
- Do not run on stairs or take more than one step at a time.
- Clean up spills or leaks immediately by using a paper towel, rag or a mop and bucket.

1.5B Disaster Preparedness

Disasters encompass internal events, such as bomb threats or fires, or external events like hurricanes or earthquakes. The purpose of disaster preparedness is to provide safety for the patients and staff in the facility and to prepare and potentially care for a large arrival of patients from outside the facility.

Each facility will have a disaster manual which you should be familiar with. This manual will address four phases of disaster preparedness, or emergency management: mitigation, preparedness, response and recovery.

Mitigation includes activities that would lessen the impact of a disaster on the facility. Preparedness activities increase readiness and identify resources in case of a disaster. Response includes the activities and how they will be managed during an actual disaster. Recovery includes returning the hospital to its pre-disaster status.

Disaster preparedness includes how to handle an electrical failure, a method of overhead paging, evacuation procedure, security and triage procedures. During your orientation, it will be important to familiarize yourself with the hospital's disaster plan.

1.5C Electrical Safety

POTENTIAL HAZARD

Employee exposure to electrical hazards, including electric shock, electrocutions fires and explosions. Damaged electrical cords can lead to possible shocks or electrocutions. A flexible electrical cord may be damaged by door or window edges, by staples and fastenings, by equipment rolling over it, or simply by aging.

Possible electrocution or electric shock or contact with electrical hazards from:

- Faulty electrical equipment/machinery or wiring.
- Damaged receptacles and connectors.
- Unsafe work practices.

POSSIBLE SOLUTIONS

Comply with OSHA Standard 1910 Subpart S-Electrical-General. The standard is comprehensive and includes the following sections:

- Electrical equipment shall be free from recognized hazards [1910.303**(b)(1)**].
- Listed or labeled equipment shall be used or installed in accordance with any instructions included in the listing or labeling [1910.303**(b)(2)**].Sufficient access and working space shall be provided and maintained around all electric equipment to permit ready and safe operation and maintenance of such equipment [1910.303**(g)(1)**].
- Ensure that all electrical service near sources of water is properly grounded [1910.304**(f)(5)(v)**].
- Tag out and remove from service all damaged receptacles and portable electrical equipment [1910.334**(a)(2)(ii)**].
- Repair all damaged receptacles and portable electrical equipment before placing them back into service [1910.334**(a)(2)(ii)**].
- Ensure that employees are trained not to plug or unplug energized equipment when their hands are wet [1910.334**(a)(5)(i)**].
- Use safeguards for personnel protection and electrical protective equipment [**1910.335**].
- Select and use appropriate work practices [**1910.333**].
- Follow requirements for Hazardous Classified Locations [**1910.307**].

HAZARDS RECOGNITION

Many workers are unaware of the potential electrical hazards present in their work environment, which makes them more vulnerable to the danger of electrocution. The following references aid in recognizing hazards associated with electrical work.

- **Electrical Safety Hazards of Overloading Cable Trays.** OSHA Fact Sheet, (2006, March), 22 KB PDF, 2 pages.
- **Electrical Safety.** National Institute for Occupational Safety and Health (NIOSH) Safety and Health Topic. Provides links to information about electrical safety and electrocutions.
- **OSHA Assistance for the Maritime Industry.** OSHA Safety and Health Topics Page. Provides employers and maritime workers with information and assistance to help in complying with OSHA standards and in ensuring a safe workplace.
- **Pulp, Paper, and Paperboard Mills**. OSHA Safety and Health Topics Page. Workers in the pulp, paper and paperboard mills industry may be exposed to significant electrical hazards in the workplace. This page provides links to safety and health information.
- **Fire Fighters Exposed to Electrical Hazards During Wildland Fire Operations.** US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication No. 2002-112, (2002, January). Covers two case studies regarding the electrocution of fire-fighters and recommends preventive methods.
- **Electrocutions.** National Institute for Occupational Safety and Health (NIOSH) Safety and Health Topic. Provides information regarding hundreds of fatal incidents involving electrocutions investigated by NIOSH and state investigators.
- US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Alerts:
    - **Preventing Worker Deaths from Uncontrolled Release of Electrical, Mechanical, and Other Types of Hazardous Energy.** Publication No. 99-110, (1999, August).
    - **Preventing Deaths and Injuries of Adolescent Workers.** Publication No. 95-125, (1995, May). Summarizes available information about work-related injuries among adolescents, identifies work that is especially hazardous, and offers recommendations for prevention.
    - **Preventing Electrocutions of Crane Operators and Crew Members Working Near Overhead Power Lines.** Publication No. 95-108, (1995, May). Describes five cases (six electrocutions) that resulted from such hazards and makes recommendations for preventing similar incidents.
    - **Preventing Injuries and Deaths From Metal-Reinforced Hydraulic Hoses.** Publication No. 93-105, (1993, May). Warns that workers may be burned or electrocuted when using metal-reinforced hoses on aerial bucket trucks near energized power lines.
    - **Preventing Falls and Electrocutions During Tree Trimming.** Publication No. 92-106, (1992, August). Describes eight incidents involving five electrocutions and three fatal falls of tree trimmers.

- **Preventing Electrocutions During Work with Scaffolds Near Overhead Power Lines.** Publication No. 91-110, (1991, August). Describes 13 deaths that occurred in six separate incidents when workers erected or moved scaffolds that came into contact with energized, overhead power lines, or when they contacted overhead power lines while using conductive tools or materials from scaffolds.
- **Preventing Electrocutions of Workers Using Portable Metal Ladders Near Overhead Power Lines.** Publication No. 89-110, (1989, July). Describes six deaths that occurred because portable aluminum ladders, which are electrical conductors, came in contact with energized overhead power lines. if nonconductive ladders had been used instead, or if safe working clearances had been maintained, these deaths might have been prevented.
- **Preventing Electrocutions by Undetected Feedback Electrical Energy Present in Power Lines.** Publication No. 88-104, (1987, December).
- **Preventing Fatalities of Workers Who Contact Electrical Energy.** Publication No. 87-103, (1986, December). Explains that prompt emergency medical care can be lifesaving for workers who have contacted either low voltage or high voltage electric energy. Immediate cardiopulmonary resuscitation (CPR) followed by advanced cardiac life support (ACLS) has been shown to save lives.
- **Preventing Electrocutions Due to Damaged Receptacles and Connectors.** Publication No. 87-100, (1986, October).
- **Preventing Grain Auger Electrocutions.** Publication No. 86-119, (1986, July). Explains that moving grain augers in their elevated position may result in electrocution if they contact overhead power lines while being moved.
- Preventing Electrocutions of Workers in Fast Food Restaurants. Publication No. 85-104, (1984, December). Describes an electrocution death and gives solutions to avoid similar situations.

- **Worker Deaths by Electrocution: A Summary of Surveillance Findings and Investigative Case Reports.** US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication No. 98-131, (1998, May). Also available as a 137 KB **PDF**, 51 pages. Highlights the magnitude of the problem of occupational electrocutions in the US, identifies potential risk factors for fatal injury, and provides recommendations for developing effective safety programs to reduce the risk of electrocution.

1.5D Fire Safety

During orientation you need to learn the facility policy and procedure in case of a fire. This includes how to alert others of a fire, where the fire extinguishers and alarms are, the evacuation plan and how to identify emergency power outlets.

Use the R-A-C-E-E Principles for Fires

Rescue
- Move patients and assist visitors or impaired co-workers away from immediate danger of fire or smoke.
- Put at least one closed door between you and the fire.
- Do not use the elevator.

Alert Others
- Activate pull station alarm.
- Call in the alarm. Learn the telephone number or emergency code to call.
- Notify co-workers. Learn the facility's signal system for fire.

Confine/containe
- Close all doors and windows.
- Pack all sheets and towels under the doors to contain smoke.

Extinguish

- Select the appropriate fire extinguisher.
- Use the P-A-S-S technique to extinguish the fire. (See Below)

Evacuate

- Follow the facility's evacuation protocol.
- Move patients to a safe area outside of the building.

HOW TO USE A FIRE EXTINGUISHER

- Pull the pin.
- Aim low, pointing the extinguisher at the base of the fire.
- Squeeze the handle to discharge the extinguisher.
- Sweep from side to side, aiming at the base of the fire, repeating as necessary.

1.5E Labeling and Handling of Chemicals/Hazardous Materials

Hazardous materials are defined as substances that are physical hazards, health hazards, or both.

HAZARDOUS MATERIALS: VITAL INFORMATION

- Hazardous materials are substances that are physical hazards (e.g. flammable), health hazards (e.g. carcinogen, toxic) or both.
- Exposure may occur through inhalation, ingestion, absorption and injection.
- Hazards may be detected through:
    - Odor: Absence of odor does not indicate a substance is harmless
    - Symptom: Red skin, swelling, dizziness, difficulty breathing, coughing, headache, odd taste
- Manufacturers determine the physician and health hazards associated with their products and provide this information to users through product labels and Safety Data Sheets (SDSs).
- A SDS contains information to help you manage the product, your risk of exposure and response to emergency situations.
- OSHA requires organization to:
    - Identify chemicals to which employees may be exposed
    - Make SDS and inventory list available to all staff
    - Dispose of outdated chemicals or chemicals no longer used
    - Perform exposure monitoring to keep daily hazardous chemical exposures in a "state of control," i.e. below the personal exposure limit.
- In 2013, OSHA revised its Hazardous Communication Standard (HCS) to incorporate the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). All chemical manufacturers worldwide must place specific labels on containers and supply SDSs. OSHA requires specific items and format for the labels and the SDSs. SDSs were previously called Material Safety Data Sheets (MSDSs).
- Required components of the label include:
    - **Name, address and telephone number** of the chemical manufacturer, importer or other responsible party.
    - **Product identifier:** Including but not limited to the chemical name, code number or batch number and possible other identifying information.
    - **Signal words:** DANGER or WARNING. Indicating the relative level of severity of hazard and alerting of a potential hazard. Danger for more severe hazards; Warning for less severe hazards.
    - **Pictogram:** All of the eight pictograms that apply to the product must appear – the ninth (environment) is not mandatory.

HCS Pictograms and Hazards

Health Hazard	Flame	Exclamation Mark
		
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
		
• Gases under Pressure	• Skin Corrosion/ burns • Eye Damage • Corrosive to Metals	• Explosives • Self-Reactives • Organic Peroxides
Flame over Circle	**Environment (Non Mandatory)**	**Skull and Crossbones**
		
• Oxidizers	• Aquatic Toxicity	• Acute Toxicity (fatal or toxic)

- Hazard statement: Describing the nature of the hazard(s) of a chemical and if appropriate, the degree of hazard, such as, "Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin."
- Precautionary statement: Describing recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.

The OSHA-required GHS standardized label includes recommended measures in the event of exposure to the chemical.

As of June 1, 2015, **the HCS will require new SDSs to be in a uniform format,** and include the section numbers, the headings, and associated information under the headings below:

SECTION 1 Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

SECTION 2 Hazard(s) identification includes all hazards regarding the chemical; required label elements.

SECTION 3 Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

SECTION 4 First-aid measures includes important symptoms/effects, acute, delayed; required treatment.

SECTION 5 Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

SECTION 6 Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

SECTION 7 Handling and storage lists precautions for safe handling and storage, including incompatibilities.

SECTION 8 Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); ACGIH Threshold Limit Values (TLVs); and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the SDS where available as well as appropriate engineering controls; personal protective equipment (PPE).

SECTION 9 Physical and chemical properties lists the chemical's characteristics.

SECTION 10 Stability and reactivity lists chemical stability and possibility of hazardous reactions.

SECTION 11 Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

SECTION 12 Ecological information*

SECTION 13 Disposal considerations*

SECTION 14 Transport information*

SECTION 15 Regulatory information*

SECTION 16 Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15 (29 CFR 1910.1200(g)(2)).

Employers must ensure that SDSs are readily accessible to employees.

ESSENTIAL BEHAVIORS

- Use caution when handling chemicals. Before using, read the product label and SDS for safe handling precautions and emergency procedures.
    - Refer to the product label for important information about proper storage, spill clean-up and first aid measure for exposure.
    - Read the label when you first encounter the chemical so that you are prepared to locate necessary information in an emergency.
    - Note that you will find the critical information about hazard level and precautions on the label in a clear, standardized format. The SDS provides more detailed information.
    - Locate the SDS on your unit.
- Use personal protective equipment specified on product label or SDS.
- Know where the nearest safety equipment (eyewash, spill kit) is located.
- Follow your organization P&P on hazardous material disposal.
- Follow your organization P&P and inform your supervisor of any exposure or potential exposure to hazardous materials/chemicals.
- Store hazardous products only in approved, properly-identified labeled storage areas and containers. Follow and caution or warning signs of symbols that mark these areas.

- Inform your manager of any unauthorized products found in your work area.
- If asked, acknowledge that you have received training on the standardized contents of the label and SDS. OSHA requires that all employees receive training about the new label and SDS contents. A representative of a regulatory organization may ask employees whether they have received training.

NEVER:

- Eat or smoke while working with or around hazardous materials/chemicals.
- Allow chemicals to come into contact with bare skin or mucous membranes (e.g. wipe skin or eyes with materials that have contacted chemicals).
- Inhale or swallow chemicals.

ALWAYS:

- Follow the organization P&P in the management of spills.
- General interventions for spills include:
- Isolate the area.
- Remove and/or restrict traffic in the immediate area.
- Notify supervisor immediately of spill and exposures.
- Notify appropriate personnel according to organization's procedure for assistance with containment, cleaning and decontamination.
- Handle the spill ONLY if you know how. If not, do not try!

PHYSICAL HAZARDS

Cause dangerous environmental situations, e.g., flammable materials and combustible gases.

HEALTH HAZARDS

Cause acute or chronic negative effects when they enter the body through a route of entry, e.g., carcinogens, tobacco, toxic agents, poisons, pollutants, and auto emissions.

ROUTES OF ENTRY

Inhalation, Ingestion, Absorption, or Injection.

DETECTION OF HAZARD:

- Odor (absence of odor does not mean a substance is harmless).
- Unusual taste
- Symptoms: Headache, rash, swelling, dizziness, difficulty breathing, and coughing.

OSHA requires that employers identify chemicals, which employees may be exposed to in the workplace. This is done by administration of the following procedures:

- Keep an updated inventory of hazardous solids, liquids and gases kept within the unit.
- Disposal of outdated chemicals.
- Maintain SDSs for all hazardous materials used on the unit. Review, retain and make the SDS accessible to staff.

The SDS should be inclusive of the following information:

- Chemical name and manufacturer's name
- List of hazardous ingredients
- Safe exposure limit data as established by OSHA – lists safe exposure for an eight-hour day, 40-hour week
- Physical data
- Fire and explosion plan
- Health hazard data
- Special protection information
- Reactivity data
- Spill or leak procedures
- Special precautions required

HAZARDOUS MATERIALS AND PROCEDURES

Follow the instructions on the label and in the corresponding SDS for each chemical product used in your workplace.

- Use personal protective clothing or equipment such as neoprene gloves, rubber boots, shoe covers, rubber aprons and protective eyewear when using chemicals labeled "Flammable," "Corrosive," "Caustic" or "Poisonous."
- Each time you use your gloves, wash your gloves before removing them using cold tap water and normal hand washing motion. Always wash your hands after removing the gloves.
- Only dispense a liquid labeled "Flammable" from its bulk container located in areas posted "Flammable Liquid Storage."
- Before pouring, dispensing or transferring any liquid from a bulk container labeled "Flammable," observe the following safety procedure:
    - Only use red color-coded metal containers for transferring the liquid.
    - Electrically ground and bond the containers as follows:
        - Attach the clip at one end of the grounding wire to the rim of the dispensing container and then attach the clip at the other end of the grounding wire to a ground source, such as a ground driven steel stake.
        - Attach the clip at one end of the bonding wire to the rim of the dispensing container and then attach the clip at the other end of the bonding wire to the rim of the receiving container.
        - You are now ready to dispense the liquid from the bulk container into the opened receiving container. Upon completion, replace the lid on the receiving container and remove the bonding wire.
- Before using the chemical exhaust hood, manually flip the fan motor switch to the "on" position.
- Do not use chemicals from unlabeled containers and unmarked cylinders.
- Do not drag containers labeled "Flammable."
- Use a rubber cradle when transporting unpackaged, glass bottles of chemicals.
- Do not store chemical containers labeled "Oxidizer" with containers labeled "Corrosive" or "Caustic."
- Wear chemical goggles and a face shield when using, applying or handling chemical liquids or powders from containers labeled "Caustic" or "Corrosive."

1.5F Employee Right-To-Know

PURPOSE

To protect individuals from overexposure to hazardous substances or harmful physical agents by providing them with the knowledge of the hazard so they can protect themselves and understand why protective measures are required.

An inventory of hazardous substances (see section 2.8E above) must be maintained by the facility. All hazardous substances must be labeled with the substance name, manufacturer and a warning statement so that it can be readily identified by the employees or temporary staff. Whenever feasible, less hazardous products or processes should be used in place of more hazardous products or processes. Individuals have the right to refuse work in conditions that they believe may be imminently dangerous to their lives or health. If an individual believes a situation or condition is imminently dangerous the individual must notify the facility.

1.5G Infection Control

BLOODBORNE PATHOGENS

Bloodborne pathogens are viruses or infectious agents carried by blood and bodily fluids. In March 1992, OSHA's Blood borne Pathogen Standard, 29 CFR 1910.1030 took effect. The goal is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death. This standard was designed to prevent more than 200 deaths and 9,000 blood borne infections every year. Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) are the most common examples of infections caused by bloodborne pathogens found in the United States and will be reviewed below.

HEPATITIS B VIRUS

HBV is transmitted by direct contact with the blood or body fluids of a person infected with HBV. HBV attacks the liver and may lead to lifelong liver disease. Healthcare workers who have received the hepatitis B vaccine and have developed immunity to the virus are at virtually no risk for infection. For an unvaccinated person, the risk from a single needle stick or a cut exposure to HBV-infected blood ranges from 6% to 30%. Since the vaccine became available in 1982, there has been a 90% decrease in estimated cases of HBV. Nonetheless, over 8,000 healthcare workers become infected annually. Therefore, it is highly recommended that healthcare workers receive the vaccine, unless contraindicated due to allergy, etc.

HEPATITIS C VIRUS

HCV is transmitted by direct contact with the blood or body fluids of a person infected with HCV. It is often transmitted through needle sticks or IV drug users' sharing of needles. HCV is the most common chronic bloodborne infection in the United States and may result in serious liver damage. There is no vaccine against HCV and no treatment after an exposure that will prevent infection. Therefore, following recommended infection control practice is imperative.

HUMAN IMMUNODEFICIENCY VIRUS

HIV is transmitted through infected body fluids and sexual contact. The average risk of HIV infection after a needle stick or cut exposure to HIV infected blood is approximately 0.3%. Although there is no vaccine against HIV, some studies suggest use of antiviral agents after an exposure may reduce the chance of HIV transmission. Most of the antiviral drugs have serious side effects, therefore the risks would have to be weighed.

BODY FLUIDS AND INFECTIOUS MATERIAL

Body fluids that carry viruses include semen, vaginal secretions, cerebrospinal fluid, amniotic fluid, peritoneal fluid, saliva from dental procedures or any bodily fluid where blood is visible. They also include any unfixed tissue or organs, other than intact skin, from a human (living or deceased), human immunodeficiency virus containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium. Body fluids which do not carry the viruses unless blood is visible include feces, saliva, urine, sputum, nasal secretions, tears, emesis or sweat.

To cause infection, the blood borne pathogen must enter the body through a port. An example of a port is a break in the skin or mucous membrane punctured by a sharp object (i.e., needles, scalpels and pacer wires). A port of entry could also be an open wound, skin abrasion or skin ulceration.

BLOODBORNE PATHOGENS FINAL STANDARD: SUMMARY OF KEY PROVISIONS

Scope

The OSHA standard covers all caregivers and employees who could be reasonably anticipated to come into contact with blood or other infectious materials during the course of their job duties.

The OSHA Exposure Control Plan

Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs — without regard to personal protective clothing and equipment. It must describe the plan for evaluating exposure incidents. The exposure plan must be available for employee review and to OSHA. The employer must review the plan annually and update as applicable.

Methods of Compliance

Mandates following Universal Precautions or Standard Precautions (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls.

Engineering controls are methods to isolate bloodborne pathogens, such as safe needle devices, where work practice controls alter the practices of tasks that may lead to exposure. It has standard procedures to minimize needle sticks and splashing/spraying of blood and ensures that contaminated waste is labeled. The standard stresses hand washing and requires employers to provide facilities and ensure that employees use them following exposure to blood. The standard also addresses prohibiting food and drink in any workplace where blood and blood products are handled.

Hepatitis B Vaccination

To protect healthcare workers from HBV, OSHA has mandated that employers provide the HBV vaccine series (three injections with the second due one month after the first, and the third due five months after the second) free of charge to healthcare workers within 10 days of beginning work if they are “at risk” of exposure to HBV in their work environment.

Post-Exposure Evaluation and Follow-Up

In the event travelers are exposed to HBV and report the exposure to the facility and to the Company, they will be provided with a confidential medical evaluation and a copy of the evaluation. The OSHA standard requires that the source individual’s blood be tested as soon as possible, and the result of the test made available to the traveler. While on Company payroll, our worker’s compensation carrier provides these confidential services.

Hazard Communication

OSHA requires that an orange or orange-red biohazard symbol be affixed to containers that are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. Labeling is not required when universal precautions are followed when handling specimens and laundry, waste has been decontaminated or blood has been tested and found to be free of HIV and HBV.

Information and Training

OSHA mandates training initially upon assignment and annually to provide updated information on the standard. Training must include all of the above listed provisions. Quality management is available to answer any questions on safety issues.

OSHA Standard

As OSHA mandates, the Company maintains a copy of the complete OSHA standard for occupational exposure to blood borne pathogens and will make it available for your review upon request or you may find it at **http://www.osha.gov**.

Tuberculosis Prevention

Mycobacterium tuberculosis (TB) is an airborne bacterial disease. Though TB may attack any body part, it usually infects the lungs. TB was once the leading cause of death in the United States. While most people can fight off the disease, others are at a higher risk for infection. Those at high risk include persons with low immunity (such as HIV-positive patients), foreign born persons who come from areas of high prevalence of TB, residents of long term facilities or correctional facilities and the homeless.

TB may be either latent or active. If a person has latent TB they will not have symptoms and are not contagious. Those diagnosed with active TB will have symptoms (i.e., loss of appetite, chills, night sweats, hemoptysis and fatigue) and should be considered contagious. Skin testing is the standard method of screening for TB. If the purified protein derivative (PPD) is negative, then skin testing is usually required annually. If the skin test is positive or systems are experienced, a chest x-ray will be required. A sputum specimen to test for TB is typically required as well.

Treatment for TB is usually effective in curing the disease if started without delay. Unfortunately, there is a serious increase in multidrug-resistant TB (MDR-TB). Especially at high risk are individuals who have recently been exposed to MDR-TB, have failed to take their prescribed medications or have been treated previously for TB. Those who are diagnosed with MDR-TB are started on a four drug regimen of INH, rifampin, pyrazinamide, and ethambutol or streptomycin until the drug susceptibility results are known.

If active TB is diagnosed, then isolation will be required for a few weeks to allow the medication regimen to work. In the hospital, respiratory isolation will need to be followed. Employees must use personal protective equipment when entering the room such as a facility approved respirator. TB reporting is required by law. All new TB cases and suspect cases should be reported to the health department. Follow your particular facility policies on how to report TB.

Infection Control Rules

- Do not bend, recap, remove, shear or purposely break any contaminated needle.
- Discard disposable needles or medical sharps into the containers labeled “Biohazard Sharps.”
- Do not reach into containers when discarding the sharp items.
- Wash or flush areas with water if your skin surface, eye or mouth is splashed or spattered with blood or other bodily fluids.
- Wear non-permeable gloves when contact with blood, non-intact skin, mucous membranes or other infectious materials is possible.
- Do not use gloves which are torn, cut or punctured.

- When required to wear protective gloves do not use hand to face movements when handling materials that are visibly contaminated with human blood.
- Wash hands and other exposed skin surfaces on the arms and forearms with soap and water or the waterless cleaner immediately upon removal of protective gloves.
- Wear latex or vinyl gloves and full face and body protection whenever large amounts of blood or body fluids are present or anticipated.
- Place protective equipment contaminated with human blood in the red containers labeled “Biohazard” as these containers prevent leakage during collection, handling, storage and transport.
- When performing emergency medical care, wear latex or vinyl gloves. When finished using the gloves, discard them immediately into the “Biohazard” marked bag/container for disposal.
- Wear full face protection whenever administering care to patients who are vomiting, coughing, choking, sneezing or being intubated.
- Clean up any broken glass using a dust pan and broom. Do not pick up broken glass with your hands.
- Use bag-valve masks or pocket “mask to mouth” devices when performing CPR.

1.5H The Aerosol Transmissible Diseases Program

The Aerosol Transmissible Diseases (ATD) Program requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to ATD occurs. It must describe the plan for evaluating exposure incidents. The exposure plan must be available for employee review and to Occupational Safety and Health Administration (OSHA). The employer must review the plan annually and update as applicable.

SCOPE

According to California Code of Regulations (CCR), Title 8, Section 5199, this plan applies to work performed in the following facilities, service categories, or operations:

- Hospitals; skilled nursing facilities; clinics, medical offices, and other outpatient medical facilities; home health care; long term health care facilities and hospices; medical outreach services; paramedic and emergency medical services including these services when provided by firefighters and other emergency responders; and medical transport.

- Facilities, services, or operations that are designated to receive persons arriving from the scene of an uncontrolled release of hazardous substances involving biological agents, as defined in Section 5192, Hazardous Waste Operations and Emergency Response, of these orders.

- Public health services, such as communicable disease contact tracing or screening programs that are reasonably anticipated to be provided to cases or suspected cases of ATD, and public health services rendered in health care facilities or in connection with the provision of health care.

- The following facilities, services or operations that are identified as being at increased risk for transmission of ATD infections are: correctional facilities and other facilities that house inmates or detainees; homeless shelters; and drug treatment programs.

- Facilities, services or operations that perform aerosol-generating procedures on cadavers such as pathology laboratories, medical examiners’ facilities, coroners’ offices, and mortuaries.

- Laboratories that perform procedures with materials that contain or are reasonably anticipated to contain aerosol transmissible pathogens - laboratory (ATP-L) or zoonotic aerosol transmissible pathogens as defined in Section 5199.1.

- Any other facility, service or operation that has been determined in writing by the Chief of the Division of Occupational Safety and Health through the issuance of an Order to Take Special Action, in accordance with Section 332.3 of these orders, to require application of this standard as a measure to protect employees.

HIGH HAZARD PROCEDURES

- High hazard procedures are procedures performed on an ATD case or suspected case where the potential for being exposed to an aerosol transmissible pathogen (ATP) is increased due to the reasonably anticipated generation of aerosolized pathogens. A procedure is also considered high hazard if generation of aerosolized pathogens is reasonably anticipated when performed on a laboratory specimen suspected of containing an ATP-L.

- No high hazard procedures, as identified in CCR, Title 8, Section 5199 (b) are performed at Aya. To the extent any high hazard procedures are performed at facilities where Aya employees are assigned, Aya relies on the ADP program of that facility.

ASSIGNMENTS OR TASKS REQUIRING RESPIRATORY PROTECTION

- Covered facilities should use feasible engineering controls and work practice controls to reduce employee exposure to ATP. When those controls are not sufficient, covered facilities are required to provide personal protection or respiratory protection to the employees performing those tasks. In some cases, the minimum requirement of an N95 respirator is sufficient, but in other cases, higher-level protection is required, such as a powered air-purifying respirator (PAPR). Always notify your supervisor if any needed personal protection or respiratory protection is not available.

METHODS OF IMPLEMENTATION

- Engineering and Work Practice Controls and PPE

    - The best method to control employee exposure to ATP is to use engineering controls and work practice controls. If those do not provide sufficient protection, then personal protective equipment (PPE) and/or respiratory protection should be used. For some tasks, use of both respiratory protection and engineering or work practice controls is required by the ATD standard.

    - Work practices should be implemented in accordance with **Appendix A** of section 5199, which categorizes pathogens as requiring either airborne or droplet precautions. Where Appendix A does not address the exposure, protections in accordance with the CDC Guideline for Isolation Precautions for droplet and contact precautions should be followed. Airborne precautions should be in accordance with the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings

    - The **CDC Guideline for Isolation Precautions** is available on the CDC webpage, as are the **CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings**.

    - Where neither of these sources addresses the exposure or where special cases arise, covered facilities should use the current recommendations of the CDC, the California Department of Public Health, and Cal/OSHA.

- Respiratory Protection

    - When employees must wear respiratory protection to guard against ATP, they should only use NIOSH-certified respirators that are approved for that purpose.

    - In most situations where respiratory protection is needed, employees should use a respirator at least as protective as an N95 filtering facepiece respirator. However, for high hazard procedures (aerosol-generating procedures) performed

on AirID cases or suspected cases and high hazard procedures performed on cadavers potentially infected with ATP, employees should utilize PAPRs with high-efficiency particulate air (HEPA) filters or equivalent or better, unless it is determined that this would interfere with the success of the procedure or task.

MEDICAL SERVICES

- The ATD Standard requires each employer who has any employee with occupational exposure to provide the employee with medical services for tuberculosis and other ATDs, and infection with ATPs and ATPs-L, in accordance with applicable public health guidelines, for the type of work setting and disease.

- These medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow-up, must meet the following conditions:

    - Performed by or under the supervision of a physician or other licensed health care provider (PLHCP).
    - Provided according to applicable public health guidelines.
    - Provided in a manner that ensures the confidentiality of employees and patients. Test results and other information regarding exposure incidents and tuberculosis (TB) conversions shall be provided without providing the name of the source individual.

VACCINATIONS

- The ATD Standard requires employers to offer vaccinations for ATD that are recommended by the CDPH to susceptible health care workers. These vaccinations are listed in the table below along with the recommended dose schedule for each. These vaccinations must be made available to employees within ten (10) working days of initial assignment unless one of the following conditions exists:

    - The employee has previously received the recommended vaccination(s) and is not due to receive another vaccination dose.
    - A PLHCP has determined that the employee is immune in accordance with applicable public health guidelines.
    - The vaccine(s) is contraindicated for medical reasons.

VACCINE	SCHEDULE
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses

- Additional vaccine doses should be made available to employees within 120 days of the issuance of any new applicable public health guidelines recommending the additional dose.

- Where applicable, when a vaccine is recommended and offered but declined, a declination statement will be provided.

TB ASSESSMENTS AND CONVERSION FOLLOW-UP/RECORDING

The ATD Standard requires employees with occupational exposure be offered assessment for latent tuberculosis infection (LTBI). Travelers with TB positive baseline results should be offered an annual symptom screen. If an employee experiences a TB conversion, they should be referred to a knowledgeable PLHCP for evaluation and treatment. If the employee is a TB case or suspected case, the supervisor will request the PLHCP do the following:

- Inform the employee and local health officer.
- Consult the local health officer regarding infection control recommendations.
- Make a recommendation to us regarding precautionary removal due to suspect active disease, in accordance with subsection (h)(8), and provide us with a written opinion in accordance with subsection (h)(9).

EXPOSURE INCIDENTS

- In the event travelers have a reportable aerosol transmissible disease (RATD) or a significant exposure to someone who may have a RATD and report the exposure to the facility and to the company, they will be provided with a confidential medical evaluation and a copy of the evaluation. While on company payroll, our worker's compensation carrier provides these confidential services.

TRAINING

- This standard mandates training initially upon assignment and annually to provide updated information on the standard.

RECORD KEEPING

- Medical Records for each employee must be kept for 30 years plus the duration of employment. OSHA specifies that the records must be confidential. As a traveler, your Company records are available to you, anyone to whom you give written consent, OHSA and the National Institute of Occupational Safety and Health (NIOSH).

§5199. Appendix A.

APPENDIX A – AEROSOL TRANSMISSIBLE DISEASES/PATHOGENS (MANDATORY)

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

DISEASES/PATHOGENS REQUIRING AIRBORNE INFECTION ISOLATION

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease,
e.g. Anthrax/Bacillus anthracis
Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans) Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
Measles (rubeola)/Measles virus
Monkeypox/Monkeypox virus
Novel or unknown pathogens

Severe acute respiratory syndrome (SARS)
Smallpox (variola)/Varioloa virus
Tuberculosis (TB)/Mycobacterium tuberculosis – Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
Any other disease for which public health guidelines recommend airborne infection isolation

DISEASES/PATHOGENS REQUIRING DROPLET PRECAUTIONS

Diphtheria pharyngeal
Epiglottitis, due to Haemophilus influenzae type b
Haemophilus influenzae Serotype b (Hib) disease/Haemophilus influenzae serotype b – Infants and children
Influenza, human (typical seasonal variations)/influenza viruses
Meningitis
- *Haemophilus influenzae, type b known or suspected*
- *Neisseria meningitidis (meningococcal) known or suspected*

Meningococcal disease sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia
Parvovirus B19 infection (erythema infectiosum)
Pertussis (whooping cough)
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus,
Pneumonia
- *Adenovirus*
- *Haemophilus influenzae Serotype b, infants and children*
- *Meningococcal*
- *Mycoplasma, primary atypical*
- *Streptococcus Group A*

Pneumonic plague/Yersinia pestis
Rubella virus infection (German measles)/Rubella virus
Severe acute respiratory syndrome (SARS)
Streptococcal disease (group A streptococcus)
- *Skin, wound or burn, Major*
- *Pharyngitis in infants and young children*
- *Pneumonia*
- *Scarlet fever in infants and young children*
- *Serious invasive disease*

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which public health guidelines recommend droplet precautions

§5199. Appendix C1.

APPENDIX C1 – VACCINATION DECLINATION STATEMENT (MANDATORY)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (h)(5)(E):
I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

_____

Employee Signature

Date: _____

§5199. Appendix C2.

APPENDIX C2 – SEASONAL INFLUENZA VACCINATION DECLINATION STATEMENT (MANDATORY)

The employer shall ensure that employees who decline to accept the seasonal influenza vaccination offered by the employer sign and date the following statement as required by subsection (h)(10):
I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza.
If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

_____

Employee Signature

Date: _____

§5199. Appendix D.

APPENDIX D: AEROSOL TRANSMISSIBLE PATHOGENS – LABORATORY (MANDATORY)

This appendix contains a list of agents that, when reasonably anticipated to be present, require a laboratory to comply with Section 5199 for laboratory operations by performing a risk assessment and establishing a biosafety plan that includes appropriate control measures as identified in the standard.

Adenovirus (in clinical specimens and in cultures or other materials derived from clinical specimens)
Arboviruses, unless identified individually elsewhere in this list (large quantities or high concentrations* of arboviruses for which CDC recommends BSL-2, e.g., dengue virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving arboviruses for which CDC recommends BSL-3 or higher, e.g., Japanese encephalitis, West Nile virus, Yellow Fever)
Arenaviruses (large quantities or high concentrations of arenaviruses for which CDC recommends BSL-2, e.g., Pichinde virus; potentially infectious clinical materials, infected tissue cultures, animals, or arthropods involving arenaviruses for which CDC recommends BSL-3 or higher, e.g., Flexal virus)
Bacillus anthracis (activities with high potential for aerosol production**, large quantities or high concentrations, screening environmental samples from b. anthracis -contaminated locations)
Blastomyces dermatitidis (sporulating mold-form cultures, processing environmental materials known or likely to contain infectious conidia)
Bordetella pertussis (aerosol generation, or large quantities or high concentrations)
Brucella abortus, B. canis, B. "maris", B. melitensis, B. suis (cultures, experimental animal studies, products of conception containing or believed to contain pathogenic Brucella spp.)
Burkholderia mallei, B. pseudomallei (potential for aerosol or droplet exposure, handling infected animals, large quantities or high concentrations)
Cercopithecine herpesvirus (see Herpesvirus simiae)
Chlamydia pneumoniae (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
Chlamydia psittaci (activities with high potential for droplet or aerosol production, large quantities or high concentrations, non-avian strains, infected caged birds, necropsy of infected birds and diagnostic examination of tissues or cultures known to contain or be potentially infected with C. psittaci strains of avian origin)
Chlamydia trachomatis (activities with high potential for droplet or aerosol production, large quantities or high concentrations, cultures of lymphogranuloma venereum (LGV) serovars, specimens known or likely to contain C. trachomatis)
Clostridium botulinum (activities with high potential for aerosol or droplet production, large quantities or high concentrations)
Coccidioides immitis, C. posadasii (sporulating cultures, processing environmental materials known or likely to contain infectious arthroconidia, experimental animal studies involving exposure by the intranasal or pulmonary route)
Corynebacterium diphtheriae
Coxiella burnetti (inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies, animal studies with infected arthropods, necropsy of infected animals, handling infected tissues)
Crimean-Congo haemorrhagic fever virus
Cytomegalovirus, human (viral production, purification, or concentration)
Eastern equine encephalomyelitis virus (EEEV) (clinical materials, infectious cultures, infected animals or arthropods)
Ebola virus
Epstein-Barr virus (viral production, purification, or concentration)
Escherichia coli, shiga toxin-producing only (aerosol generation or high splash potential)
Flexal virus
Francisella tularensis (suspect cultures––including preparatory work for automated identification systems, experimental animal studies, necropsy of infected animals, high concentrations of reduced-virulence strains)
Guanarito virus

Haemophilus influenzae, type b
Hantaviruses (serum or tissue from potentially infected rodents, potentially infected tissues, large quantities or high concentrations, cell cultures, experimental rodent studies)
Helicobacter pylori (homogenizing or vortexing gastric specimens)
Hemorrhagic fever – specimens from cases thought to be due to dengue or yellow fever viruses or which originate from areas in which communicable hemorrhagic fever are reasonably anticipated to be present
Hendra virus
Hepatitis B, C, and D viruses (activities with high potential for droplet or aerosol generation, large quantities or high concentrations of infectious materials)
Herpes simplex virus 1 and 2
Herpesvirus simiae (B-virus) (consider for any material suspected to contain virus, mandatory for any material known to contain virus, propagation for diagnosis, cultures)
Histoplasma capsulatum (sporulating mold-form cultures, propagating environmental materials known or likely to contain infectious conidia)
Human herpesviruses 6A, 6B, 7, and 8 (viral production, purification, or concentration)
Influenza virus, non-contemporary human (H2N2) strains, 1918 influenza strain, highly pathogenic avian influenza (HPAI) (large animals infected with 1918 strain and animals infected with HPAI strains in ABSL-3 facilities, loose-housed animals infected with HPAI strains in BSL-3-Ag facilities)
Influenza virus, H5N1 - human, avian
Junin virus
Kyasanur forest disease virus
Lassa fever virus
Legionella pneumophila, other legionella-like agents (aerosol generation, large quantities or high concentrations)
Lymphocytic choriomeningitis virus (LCMV) (field isolates and clinical materials from human cases, activities with high potential for aerosol generation, large quantities or high concentrations, strains lethal to nonhuman primates, infected transplantable tumors, infected hamsters)
Machupo virus
Marburg virus
Measles virus
Monkeypox virus (experimentally or naturally infected animals)
Mumps virus
Mycobacterium tuberculosis complex (M. africanum, M. bovis, M. caprae, M. microti, M. pinnipedii, M. tuberculosis (aerosol-generating activities with clinical specimens, cultures, experimental animal studies with infected nonhuman primates)
Mycobacteria spp. other than those in the M. tuberculosis complex and M. leprae (aerosol generation)
Mycoplasma pneumoniae
Neisseria gonorrhoeae (large quantities or high concentrations, consider for aerosol or droplet generation)
Neisseria meningitidis (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
Nipah virus
Omsk hemorrhagic fever virus
Parvovirus B19
Prions (bovine spongiform encephalopathy prions, only when supported by a risk assessment)
Rabies virus, and related lyssaviruses (activities with high potential for droplet or aerosol production, large quantities or high concentrations)
Retroviruses, including Human and Simian Immunodeficiency viruses (HIV and SIV) (activities with high potential for aerosol or droplet production, large quantities or high concentrations)
Rickettsia prowazekii, Orientia (Rickettsia) tsutsuagmushi, R. typhi (R. mooseri), Spotted Fever Group agents (R. akari, R. australis, R. conorii, R. japonicum, R. rickettsii, and R. siberica) (known or potentially infectious materials; inoculation, incubation, and harvesting of embryonated eggs or cell cultures; experimental animal studies with infected arthropods)
Rift valley fever virus (RVFV)

Rubella virus
Sabia virus
Salmonella spp. other than S. typhi (aerosol generation or high splash potential)
Salmonella typhi (activities with significant potential for aerosol generation, large quantities)
SARS coronavirus (untreated specimens, cell cultures, experimental animal studies)
Shigella spp. (aerosol generation or high splash potential)
Streptococcus spp., group A
Tick-borne encephalitis viruses (Central European tick-borne encephalitis, Far Eastern tick-borne encephalitis, Russian spring and summer encephalitis)
Vaccinia virus
Varicella zoster virus
Variola major virus (Smallpox virus)
Variola minor virus (Alastrim)
Venezuelan equine encephalitis virus (VEEV) (clinical materials, infectious cultures, infected animals or arthropods)
West Nile virus (WNV) (dissection of field-collected dead birds, cultures, experimental animal and vector studies)
Western equine encephalitis virus (WEEV) (clinical materials, infectious cultures, infected animals or arthropods)
Yersinia pestis (antibiotic resistant strains, activities with high potential for droplet or aerosol production, large quantities or high concentrations, infected arthropods, potentially infected animals)

* 'Large quantities or high concentrations' refers to volumes or concentrations considerably in excess of those typically used for identification and typing activities. A risk assessment must be performed to determine if the quantity or concentration to be used carries an increased risk, and would therefore require aerosol control.

** Activities with high potential for aerosol generation' include centrifugation

§5199. Appendix E.

APPENDIX E: AEROSOL TRANSMISSIBLE DISEASE VACCINATION RECOMMENDATIONS FOR SUSCEPTIBLE HEALTH CARE WORKERS (MANDATORY)

VACCINE	SCHEDULE
Influenza	One dose annually
Measles	Two doses
Mumps	Two doses
Rubella	One dose
Tetanus, Diphtheria, and Acellular Pertussis (Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses

Source: California Department of Public Health, Immunization Branch
Immunity should be determined in consultation with *Epidemiology and Prevention of Vaccine-Preventable Diseases*.

§5199. Appendix F.

APPENDIX F: SAMPLE SCREENING CRITERIA FOR WORK SETTINGS WHERE NO HEALTH CARE PROVIDERS ARE AVAILABLE (NONMANDATORY)

This appendix contains sample criteria to be used by non-medical employees for screening purposes in settings where no health care providers are available. Coordination with local health departments, including TB control programs, may be necessary for the success of this referral policy. Employees should be instructed in how clients' privacy will be maintained during screening procedures.

- For screening a coughing client with potential TB – privately ask the person
    - a. if he/she has had a cough for more than three weeks.
    - b. if, in addition to cough, he/she has had one or more of the following clinical symptoms of TB disease:
        - Unexplained weight loss (>5lbs)
        - Night Sweats
        - Fever
        - Chronic Fatigue/Malaise
        - Coughing up blood
    - A person who has had a cough for more than three weeks and who has one of the other symptoms in b. must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

- In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German measles") and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:

    - Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing
    - Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw
    - Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash)
    - Fever, headache, stiff neck, possibly mental status changes

- Any client who exhibits any of the above described findings and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks should be promptly evaluated by a health care provider.

- Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.

§5199. Appendix G.

Respirators are an important means of reducing your exposure to infectious aerosols. Air purifying respirators provide a barrier to prevent health care workers from inhaling Mycobacterium tuberculosis and other pathogens. The level of protection a respirator provides is determined by the efficiency of the filter material and how well the facepiece fits or seals to your face.

Cal/OSHA regulations require that you be provided with a fit-test at the time of initial fitting, whenever a different size, make, model or style of respirator is used, and whenever you report a change in physical characteristics that may affect fit, such as major dental work, facial surgery or injury, or a change in weight.

Fit tests must also be repeated periodically, because people are not always aware of facial changes that may have affected the fit of the respirator. Generally, Cal/OSHA regulations require that fit-tests be repeated annually. The aerosol transmissible disease regulation permits employers to lengthen this interval to every two years for employees who are not exposed to high hazard procedures, such as bronchoscopies. However, if you believe that you need another fit-test to ensure that the respirator is fitting you correctly, you may request an additional fit-test, and your employer will provide it.

A respirator will not protect you if it does not fit, and if it is not worn properly. In addition to fit-testing, it is important for you to be aware of the size, make, model and style of respirator that fits you, and to understand and practice how to put the respirator on and take it off. It is particularly important to properly place the straps, and in some models, to adjust the straps and adjust the nose piece, so that it forms a snug seal on your face. During your annual training, you will be shown how to use a respirator.

SCREENING QUESTIONS (ANSWER YES/NO)

Have you had recent major dental work, facial injury or facial surgery since your last fit-test?

Have you had a significant weight gain or loss since your last fit-test?

Do you want to be provided with an additional fit-test for your current respirator?

Name: _____

Date: _____

Employee ID number: _____

Date of fit-test (if provided): _____

1.5I Personal Protective Equipment

Healthcare professionals are required to wear personal protective equipment (PPE) such as gloves, goggles, and protective clothing, and use respirators when working with hazardous materials or with patients suspected of having communicable diseases. Inspect all PPE before use and replace any item if damaged. Always notify your supervisor if any needed PPE is not available. When done using PPE, place in the designated area for proper storage, decontamination or disposal.

1.5J Medical Equipment Management

SAFE MEDICAL DEVICE ACT

The Safe Medical Device Act of 1990 and the Medical Device Amendments of 1992 require that personnel report any incident during which a medical device may have "caused or contributed" to the death, serious illness or serious injury to a patient. The statute defines a serious illness or injury as:

- Life threatening
- Results in permanent impairment of a body function or structure, or
- Needs any immediate medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.

MEDICAL DEVICE

A medical device is anything used in the diagnosis, cure, treatment, or prevention of a disease, except a drug. Examples of medical devices are: catheters, syringes, suture materials, infusion pumps, defibrillators, hospital beds, wheelchairs, implants and radiology equipment.

In the event of medical device failure:

- Attend to the patient.
- Immediately discontinue patient use. If the device is electrical, do not unplug unless it is shocking the patient.
- If possible or potential patient injury, notify Risk Management immediately. DO NOT change any control settings, test or attempt repair of the equipment. Make a note of the device settings when the event occurred.
- Secure the medical device and all accessories along with all packaging.
- Label the equipment "DO NOT USE" and attach a note to the device indicating the problem.
- Apply a biohazard label if needed.
- Complete a Safety Event Report.
- Document the facts of the incident on the Safety Event Report using Quantros online occurrence reporting system. Be sure to include the manufacturer of the device, model number, lot number and/or control number.
- Refer all inquiries regarding the safety event report to Risk Management or Administration.

KEY POINTS

A device never acts alone. The components of a device-related system include:

- The device
- The family
- The patient
- The operator
- The environment

If a failure occurs in any of these components, it may be a device-related event and must be reported. When in doubt, it is best to consult with Risk Management immediately.

Reportable events involving medical devices must be reported to the Food and Drug Administration and the manufacturer within ten working days. Bio-Medical Engineering, Materials Management and Risk Management collaborate in preparing these reports.

Do not use equipment that has physical signs of damage. Equipment with a **current** preventative maintenance label and **no red defective tag** is safe for patient care.

1.5K Preventing Workplace Violence

Workplace violence has emerged as an important safety and health issue in today's workplace. The Occupational Safety and Health Administration's (OSHA's) response to the problem of workplace violence has been the production of guidelines and recommendations in implementing workplace violence prevention programs. It is a violation of this policy for anyone acting knowingly and recklessly either to make a false complaint of workplace violence or to provide false information regarding a complaint.

DEFINITION

Workplace violence ranges from offensive language to homicide. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty."

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk.

TRIGGERS OF VIOLENCE

Common triggers for hospital violence include the following:

- Drug and alcohol abuse
- Access to firearms
- Inadequate security
- Working alone
- Poorly lit corridors, rooms, parking lots and other areas
- Working when understaffed, especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded waiting rooms
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Working directly with volatile people, especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses

PREVENTION STRATEGIES

Here are some general safety tips for hospital workers which may prevent or lessen workplace violence.

- Watch for signals that may be associated with impending violence
    - Verbally expressed anger and frustration
    - Threatening gestures
    - Signs of alcohol or drug use
    - Presence of a weapon
- Maintain behavior that helps diffuse anger
    - Present a calm, caring attitude
    - Don't match the threats
    - Don't give orders
    - Acknowledge the person's feelings
    - Avoid any behavior that may be interpreted as aggressive
- Be alert
    - Evaluate each situation for potential violence when you enter a room
    - Don't isolate yourself with a potentially violent patient
    - Always keep an open path for exiting
- Take these steps if you cannot diffuse the situation quickly:
    - Remove yourself from the situation
    - Call security for help
    - Report any incidents to your management

POLICIES AND PROCEDURES

Individuals should follow the facility's policies and procedures regarding workplace violence. Anyone who believes that he or she has experienced workplace violence should promptly report such behavior to the facility you are currently working at or your employing agency.

Investigation
Once a workplace violence incident has been reported, the assignment location or your employing agency should conduct a thorough investigation and take appropriate action to resolve the matter.

Section 2

IN-SERVICE TRAINING

2.1: Advance Directives and End-of-Life Decisions

INTRODUCTION

Most physicians have been involved in the care of a terminally ill patient near death. Often these patients become unable to competently make the complicated decisions surrounding the question of when to withhold or withdraw life-sustaining technology. It is during these times that both physicians and family members often become uncomfortable as they make decisions based on what they believe the patient would want. The purpose of this presentation is to provide information about the legal issues surrounding end-of-life decisions as well as review specific policies related to this topic.

PATIENT SELF-DETERMINATION ACT

The federal Patient Self-Determination Act became effective in December of 1991 and was created to ensure that patients were informed of their right to accept or refuse medical treatment and their right to execute an advance directive. The Act requires that written information concerning these rights be given to all adult patients upon admission to the hospital or nursing home, enrollment in an HMO, or upon receiving initial care from a home health agency or hospice program. Compliance with the Act is required for participation in the Medicare program.

Additionally, the hospital is required to document in the patient's medical record whether or not the patient chose to issue an advance directive and must have a written policy not to condition the provision of care based on this decision. Hospitals must also have programs to educate staff as well as the community on issues concerning advance directives.

TALKING TO A PATIENT ABOUT ADVANCE DIRECTIVES

Although most people agree with the concept of advance directives, only a small portion of the population has actually completed a directive. While there are many reasons for this discrepancy, one likely cause is that physicians often fail to talk to their patients about directives until they become critically ill. As mentioned above, there are strong reasons for doctors to have patients complete a directive. Some primary care physicians have taken initiative and make a special point to have a detailed discussion on the topic with their healthy patients. Although this approach is not practical for most otolaryngology patients, there are certain patients in whom this approach might be helpful (i.e. Cancer patients). Regardless of the timing, if advance directives are discussed, the physician should take time to ensure that the patient is given the information in an unbiased, thoughtful and considerate way.

End of life decisions and the decision to initiate or withdraw life-sustaining technology can be difficult. Although it is generally held that the individual should make these decisions, this is not always possible and is not always supported by case law. Legislation in recent years has been passed to provide the public with vehicles to make these decisions in advance. The two main types of advance directives are directives to physicians (living will) and durable power of attorney for healthcare. In general these provide better legal direction as well as protection for both patient and physician. This in turn should provide a more relaxed doctor-patient relationship as well as ensuring that the patient's desires are carried out.

At orientation please be sure to ask about advance directives, and determine how they will affect you during your assignment.

2.2 Age Specific Competency

The Joint Commission requires that all members of a healthcare facility who have patient contact be competent in age-specific characteristics and needs as well as able to provide development-appropriate care. It is required that all healthcare providers receive education and training related to the specific needs of patients in relation to their age group. You'll need to be familiar with each facility's policies and procedures regarding age-specific competency.

Below is a breakdown of age groups that coincide with their age span and developmental stage.

AGE GROUP	AGE SPAN	DEVELOPMENTAL STAGE	CONSIDERATIONS
Infant	Birth to one year	– Sensorimotor development – Perception is learned – Primary attachment is to family members	– Provide safe environment – Allow family to stay close – Provide familiar object
Toddler	One to three years	– Ego emerges – Sense of self	– Allow choices when possible – Explain procedures just prior to start
Preschool Child	Three to five years	– Imagination develops – Basis for self-esteem – Social conditioning – Emergence of autonomy	– Provide familiarity to help prevent nightmares – Explain procedures in terms appropriate for age
School age child	Five to twelve years	– Speech and thought become separated – Peer groups form – Needs approval and acceptance	– Involve child whenever possible in decision making – Explain procedures prior to start
Adolescent	Twelve to eighteen years	– Intellectual development reaches maturity – Peers primary influence	– Provide privacy – Explain procedures and encourage questions
Adult	Eighteen to sixty-five years	– Independent – Seeks intimacy and generativity	– Provide privacy – Explain procedures and encourage questions
Geriatric	Over sixty-five	– Retirement occurs – Physical slowing	– Preserve dignity – Use medication – Use calendars/written reminders to reinforce teaching

Each age group has special psychological and physiological characteristics. Therefore care is directed to meet the development and age-specific needs of each age group.

Age-specific competencies are to be used as a guideline to provide quality individualized care to patients.
Modifications will need to be made in patient care depending upon patient's culture, religious association, personal preferences and age-specific characteristics. Patient care should be directed with the diverse needs of each patient.

2.3 WHO Hand Hygiene Guidelines

Health care-associated infections affect hundreds of millions of patients worldwide every year. Infections lead to more serious illness, prolong hospital stays, induce long-term disabilities, add high costs to patients and their families, contribute to a massive, additional financial burden on the health-care system and, critically, often result in tragic loss of life. By their very nature, infections are caused by many different factors related to systems and processes of care provision as well as to human behavior that is conditioned by education, political and economic constraints on systems and countries, and often on societal norms and beliefs. Most infections, however, are preventable. Hand hygiene is the primary measure to reduce infections. A simple action, perhaps, but the lack of compliance among health-care providers is problematic worldwide. On the basis of research into the aspects influencing hand hygiene compliance and best promotional strategies, new approaches have proven effective. A range of strategies for hand hygiene promotion and improvement have been proposed, and the WHO First Global Patient Safety Challenge, "Clean Care is Safer Care", is focusing part of its attention on improving hand hygiene standards and practices in health care along with implementing successful interventions. **New global Guidelines on Hand Hygiene in Health Care**, developed with assistance from more than 100 renowned international experts, have been tested and given trials in different parts of the world and were launched in 2009. Testing sites ranged from modern, high-technology hospitals in developed countries to remote dispensaries in poor-resource villages.

2.4 Cultural Competency

PURPOSE

This Section provides an overview of cultural competence in healthcare and clinical settings. It is intended to support healthcare professionals in delivering safe, respectful, equitable, and patient-centered care to individuals and families from diverse cultural backgrounds. Cultural competence is essential to improving health outcomes, reducing disparities, and promoting trust between patients and healthcare teams.

WHAT IS CULTURAL COMPETENCE IN HEALTHCARE?

Cultural competence in healthcare is the ability of healthcare professionals and organizations to understand, respect, and respond effectively to the cultural beliefs, values, languages, and needs of patients and their families. This includes recognizing how culture influences health beliefs, symptom expression, decision-making, family roles, and expectations of care.
Cultural competence is not a one-time achievement. It is a continuous process that involves ongoing self-reflection, education, and adaptation to meet the needs of diverse patient populations.

KEY COMPONENTS OF CULTURAL COMPETENCE IN HEALTHCARE

1. Self-Awareness and Cultural Humility
   Self-awareness is the foundation of culturally competent healthcare. Providers must recognize their own cultural background, values, communication styles, and potential biases, and understand how these factors influence clinical judgment and patient interactions.
   Healthcare professionals demonstrate cultural humility by:
   - Reflecting on personal beliefs and assumptions about health, illness, and care
   - Recognizing implicit bias and its impact on clinical decision-making
   - Seeking feedback from colleagues, patients, and interdisciplinary team members
   - Acknowledging limitations in cultural knowledge and remaining open to learning

2. Cultural Knowledge Related to Health and Illness

   Cultural knowledge involves understanding how cultural backgrounds influence health behaviors, beliefs about illness, pain expression, mental health, end-of-life care, and use of healthcare services.

   Examples include:

   - Understanding cultural perspectives on preventive care, medications, and alternative therapies
   - Recognizing differences in beliefs about pain, suffering, disability, and death
   - Being aware of historical and systemic factors (e.g., mistrust of healthcare systems, discrimination, access barriers)
   - Recognizing intersecting identities such as race, ethnicity, gender identity, religion, socioeconomic status, and immigration status

3. Attitudes and Professional Values

   Culturally competent healthcare professionals value diversity and approach patient care with respect, empathy, and openness. This includes recognizing each patient as an individual and avoiding assumptions based on appearance, language, or background.

   Key professional attitudes include:

   - Viewing cultural diversity as essential to patient-centered care
   - Demonstrating respect for differing beliefs and practices when they do not compromise safety
   - Challenging stereotypes and addressing bias in clinical environments
   - Practicing empathy and shared decision-making

4. Cross-Cultural Communication in Clinical Settings

   Effective communication is critical to patient safety and quality care. Cross-cultural communication requires healthcare professionals to adapt their communication style to ensure understanding, informed consent, and patient engagement.

   Examples include:

   - Using plain language and avoiding medical jargon
   - Assessing health literacy and understanding patient preferences for information
   - Utilizing professional medical interpreters or translation services when language barriers exist
   - Being aware of cultural differences in eye contact, facial expressions, head movement, hand/arm gestures, physical postures, touch, personal space, and family involvement in care decisions

5. Culturally Responsive and Equitable Care Practices

   Culturally responsive healthcare involves integrating cultural considerations into clinical assessment, care planning, treatment, and discharge planning.

   Examples include:

   - Incorporating cultural preferences into care plans when clinically appropriate
   - Involving family members or community supports according to patient preferences
   - Adjusting care approaches to address social determinants of health
   - Identifying and addressing systemic inequities that affect access to care, quality, and outcomes
   - Adapting patient care to reflect cultural diversity, including considerations related to gender roles, cultural taboos, dietary practices, and the use of alternative or traditional medicine

6. Ongoing Learning, Quality Improvement, and Advocacy

   Cultural competence in healthcare requires continuous learning and system-level support. Healthcare professionals and organizations share responsibility for maintaining culturally competent care.

   This includes:

   - Participating in continuing education on diversity, equity, inclusion, and health equity
   - Supporting policies that align with National CLAS Standards and ethical practice guidelines
   - Engaging in quality improvement initiatives to reduce health disparities
   - Advocating for culturally and linguistically appropriate resources for patients

WHY CULTURAL COMPETENCE MATTERS IN HEALTHCARE

Cultural competence directly impacts patient safety, quality of care, and outcomes. Benefits include:

- Improved patient-provider communication and trust
- Increased patient satisfaction and engagement
- Reduced health disparities and inequities
- Improved adherence to treatment plans
- Enhanced ethical and professional practice
- More effective patient education
- Increased patient engagement in seeking necessary healthcare services
- More appropriate and timely diagnostic testing and preventive screening
- Reduced diagnostic errors
- Fewer complications from prescription drugs interacting with traditional remedies used by patients
- Expanded healthcare options and improved access, as patients feel comfortable seeking care beyond a limited group of clinicians who share their language or cultural background.

ORGANIZATIONAL RESPONSIBILITY IN HEALTHCARE SETTINGS

While individual healthcare professionals play a critical role, healthcare organizations must support cultural competence through leadership, training, policies, and accountability. This includes providing access to language services, culturally appropriate education materials, and supportive reporting and feedback systems.

SUMMARY

Cultural competence in healthcare is an ongoing process that requires self-awareness, knowledge, respectful communication, and responsive practice. By integrating cultural competence into everyday clinical care, healthcare professionals can promote equity, improve outcomes, and provide safe, patient-centered care for all populations.

2.5 Elder & Dependent Adult Abuse

Aya Healthcare is committed to preventing elder and dependent adult abuse with all of our employees. If it is learned that any of our employees are involved in any form of elder or dependent adult abuse, it is Aya Healthcare's firm policy to report that employee to state and/or federal authorities.

The most vulnerable people are children, poor, elderly and disabled. They can be all too often victimized by:

- Medical doctors ordering unnecessary lab tests, and allowing untrained, uncertified assistants to provide medical treatment to patients.
- Medical supply companies billing for equipment and products that were neither ordered nor delivered.
- Nursing homes allowing their patients to suffer from bedsores, malnutrition and dehydration.
- Nurse assistants physically abusing elderly and dependent adult patients who are entrusted to their care.
- While most healthcare providers are committed to giving the finest and most appropriate treatment to their patients, some unfortunately place profit and greed above patient care and the law.

TYPES OF ELDER AND DEPENDENT ADULT ABUSE

- Physical abuse includes assault, battery, assault with a deadly weapon, unreasonable physical constraint, prolonged or continual deprivation of food or water, sexual assault and rape.
- Psychological/mental abuse includes fear, agitation, confusion, severe depression and other forms of serious emotional distress that are brought about by threats, harassment and intimidation.
- Financial abuse can result from taking, secreting or appropriating money or property of an elder or dependent adult by a person who has the care or custody of, or who is in a position of trust to, that elder or dependent adult.
- Negligence occurs if a caregiver fails to assist the elder or dependent adult in personal hygiene, provide food, clothing or shelter, protect from health and safety hazards or prevent malnutrition or dehydration.
- Abduction means the removal from this state and/or the restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to the removal from or restraint from returning to this state.
- Abandonment means the desertion or willful forsaking of an elder or a dependent adult by anyone who has care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
- Isolation means prevention from receiving phone calls or mail, false imprisonment or physical restraint from meeting with visitors.
- Neglect means the negligent failure of any person, including the individual having the care or custody of an elder or a dependent adult, to exercise that degree of care that a reasonable person in a like position would exercise, including failure to assist in personal hygiene or in the provision of food, clothing or shelter, failure to provide medical care, to protect from health and safety hazards or prevent malnutrition or dehydration.

EXAMPLES OF ELDER AND DEPENDENT ADULT ABUSE

- **Physical Abuse:** An adult child beats his elderly parent because the parent does not want to go to a retirement home. Or a caretaker in a retirement home sexually assaults an elderly person.
- **Psychological Abuse:** An adult child confines his/her elder parent to a room for extended periods of time. Or an adult child verbally assaults, threatens or harasses his/her parent for whatever reason.
- **Financial Abuse:** A con artist contacts an elderly man or woman regarding fraudulent financial investments. Or an elderly man or woman is extorted into giving money to a stranger.
- **Neglect:** A caregiver of the elder or dependent adult fails to assist in personal hygiene, fails to prevent malnutrition, fails to provide clothing and shelter or medical care or abandons an elderly person who is unable to take care of his or her self.
- **Isolation:** A caregiver, family member or friend prevents contact with an elder or dependent adult by refusing calls, mail or visitors.
- **Abandonment:** A caregiver deserts or willfully forsakes an elder or a dependent adult.
- **Abduction:** A caregiver, friend or family member takes an elder or dependent adult who lacks the capacity to consent out of this state and/or prevents the elder from returning to this state.

2.6 Child Abuse

Child abuse and neglect can have long-term impact on health and wellbeing. At least 1 in 7 children have experienced child abuse or neglect in the past year. Rates of child abuse and neglect are 5 times higher for children in families with low socio-economic status. Abuse and neglect can be from a parent, caregiver, or another person in a custodial role (such as a religious leader, a coach, a teacher). In 2018, nearly 1,770 children died of abuse and neglect in the United States. Children who are abused and neglected may exhibit physical injuries such as cuts, bruises, or broken bones, as well as emotional or impaired social-emotional skills or anxiety.

If a nurse suspects abuse or neglect, they should report it to a physician, Nurse Practitioner, or Physician Assistant, as well as their supervisor. Nurses are mandated reporters to report any suspicions of child or adult abuse or neglect. Follow the facility process on reporting concerns to the appropriate authorities.

Common types of abuse and neglect:

TYPE	DEFINITION	EXAMPLE
Physical abuse	The intentional use of physical force that can result in physical injury	Hitting, kicking, shaking, burning, or other shows of force against a child
Sexual abuse	Pressuring or forcing a child to engage in sexual acts	Behaviors such as fondling, penetration, and exposing a child to other sexual activities
Emotional abuse	Behaviors that harm a child's self-worth or emotional well-being	Name calling, shaming, rejection, withholding love, and threatening
Neglect	Failure to meet a child's basic physical and emotional needs	Not providing proper housing, food, clothing, education, and access to medical care

2.7 Fingernail Policy

Aya Healthcare has implemented a policy on fingernails to ensure the best care for patients. The new policy, which is effective January 1, 2006, is to comply with recommendations outlined by the Centers for Disease Control in their Hand Hygiene Guidelines. CDC studies conducted throughout the country found artificial nails, nail enhancements, chipped nail polish and long natural nails harbor bacteria that can cause infection and harm to patients and caregivers.

The new policy prohibits the use of any nail enhancements and natural nails longer than 1/4 inch for healthcare workers who directly touch patients in their normal course of work. The policy applies to any caregiver, including anyone who touches patients during their normal course of work in clinical settings.

While nail polish is permissible, it should remain in good repair as chipped polish and jagged nails also harbor dangerous bacteria.

If you have any questions regarding the new policy, please contact Amber Zeeb, Vice President of Employee Experience at: (866) 687-7390.

2.8 HIPAA & Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) was established to protect and secure patient health information and to improve efficiency and effectiveness of healthcare through standardization of all electronic information. Known as HIPAA, the act was enacted August 21, 1996, to improve portability of insurance coverage, control waste, fraud and abuse and to simplify administration of healthcare.

As a healthcare professional, you'll be responsible for complying with the federal law and will need to be familiar with HIPAA to in order to complete your nursing care. Refer to this document for the full regulation (45 CFR Parts 160 and 164).

You'll also need to review each facility's policies and procedures regarding protecting patient health information.

PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) is information that meets four standards:

- PHI is information that is communicated orally, written (patient chart, lab slips) or electronically stored on the computer.
- PHI is information that relates to an individual's condition, treatment or payment while being treated as a patient in the facility.
- PHI is information that that has been collected by your organization or maintained by your organization.
- PHI is information that identifies or could identify an individual.

As a healthcare provider, you'll routinely be exposed to confidential information. You are required to ask the patient before making any disclosures. Follow the facility's policies and procedures on how to document all of the following:

- The person and organization making the request.
- Date and time of the request.
- The specific PHI that is requested.
- The purpose of the PHI.
- Notification to the patient.
- Patient authorization, restrictions or prohibition of the request.

If the patient consents to the disclosure, then you must document the following:

- Any restrictions on the PHI.
- The specific PHI being released.
- Date and time of the release.
- Location of the release.

The following are situations in which PHI can be used without patient authorization:

- As required by law.
- Victims of abuse, neglect or domestic violence.
- Public health activities.
- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement.
- Coroners, funeral directors or organ donation.
- Research purposes.
- To avert a serious threat to health or safety.
- Special government function.
- Worker's compensation.

There are other special circumstances that allow you to use PHI without patient authorization which you need to review with the individual facility.

Each patient has rights regarding their health information, including access to their medical record.

Other rights include:

- Written explanation of how information about them might be used.
- Consent requirement for non-standard release of information.
- Minimum amount of information released.

- Special rules exist for psychotherapy.
- Facility has a designated privacy office.
- Employees must be trained.

If HIPAA is not followed, civil and criminal penalties have been established to reinforce compliance with the act by the U.S. Department of Health and Human Services Office for Civil Rights. Therefore it is imperative that the act be understood and complied with.

- Confidentiality of patient healthcare information is important to the patient, the facility and the Agency Healthcare Provider (AHP). AHP's should never talk about the patients they see in the Participating Institutions (PI) to anyone that is not also involved in caring for that patient.
- AHP's use of social media shall comply with HIPAA to ensure : (i) preservation of dignity, respect, and confidentiality of an individual's receipt of healthcare services; and (ii) protection of individuals receiving healthcare services' privacy, personal, and property rights.
- Many laws require providers to maintain the confidentiality of healthcare information, including professional standards of ethics, state laws and federal laws. New regulations under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) require healthcare providers to protect the confidentiality of healthcare information and give patients new rights regarding their healthcare information.
- These new HIPAA regulations — called the Privacy Standards — protect healthcare information, whether it is written, electronic or oral.
- The privacy Standards require PIs to have policies and procedures for how a patient's healthcare information is used internally and how that healthcare information is released to others outside the PI. The AHP must follow the Institution's policies about how to handle healthcare information. In general, AHPs should only use patient healthcare information to assist in the treatment of a patient, and should never release patient healthcare information outside the PI. If there is a need for the AHP to release patient healthcare information outside the PI, the AHP must get advance approval from his or her supervisor at the PI.
- Patients have new rights under the Privacy Standards, including the right to access their own healthcare information, the right to ask for changes to that information, the right to a list of releases the institution makes, a right to ask the institution to change the way it handles a specific patient's information, and a right to communicate in a confidential way. AHPs should find out to whom they should refer patients if the patients have questions about these rights.
- The government has the power to impose civil money fines and criminal penalties on AHPs and PIs that violate the Privacy Standards. If an AHP violates the PI's policies or procedures regarding the confidentiality of healthcare information, it may constitute grounds for dismissal from the PI.

2.9 HITECH Compliance

The Health Information Technology for Economic and Clinical Health (HITECH) Act, was signed into law on February 17, 2009 to promote the adoption and meaningful use of health information technology. HITECH was created to motivate the implementation of Electronic Health Records and supporting technology in the US. HITECH adds tougher security requirements for all health care organizations and their partners. There are five branches of HITECH Compliance: Meaningful Use Program, Business Associates HIPAA Compliance, Breach Notification Rule, Willful Neglect and Auditing, and HIPAA Compliance updates.

Meaningful Use Program: Centers for Medicare & Medicaid Services (CMS) reimbursed organizations for the adoption of Electronic Health Records to improve the quality, safety, and efficiency of patient care while reducing health disparities. It promoted access for patients and their families about their health and health concerns to their medical record. It has improved health care coordination because it allows visibility to records during transitions of care. In practice this looks like: computerized provider order entry (CPOE) and ordering prescriptions online, or transferring medical records between hospitals, insurance and other healthcare providers, viewing test results online, or communicating with physicians online.

Business Associates HIPAA Compliance: This branch makes business associates liable for HIPAA violations. These violations could include: failure to meet data and information security standards, failure to report data breach appropriately, retaliation against individuals who file a HIPAA complaint and failure to cooperate with complaint and compliance reviews. We are all responsible to protect health information, all the time and can be held responsible for mishandling protected health information. Follow facility protocols when accessing and handling patient information.

Data Breaches and the Breach Notification Rule: This branch places penalties on businesses when patient information gets in the hands of the wrong person. Healthcare providers will often use encryption and secured technology to avoid paying fines but this doesn't guarantee protection and that a data breach won't happen. Pay careful attention when handing discharge instructions to the patient and verify the correct name is printed on the documents. Errors can easily happen following the normal process but especially when assisting others or when trying to move quickly. Healthcare providers must notify individuals when there has been a breached with their protected information within 60 days of discovering the breach. Method of notification of the breach is impacted by the amount of people affected.

Willful Neglect and Auditing: This branch is an audit program to ensure facilities are keeping up to date on all HIPAA compliant policies. Willful neglect divides cases into intentional and unintentional violations of HIPAA regulations. There are 4 tiers of severity and the penalties increase due to willful neglect. Penalties can range from $100 per violation – for honest mistakes that can be corrected, to up to a total of $1,500,000 for the year for violations that are willful neglect and not corrected.

HIPAA Compliance Updates: The final branch of HITECH inflicted harsher penalties for noncompliance because it would be sometimes cheaper to pay the fine than to change and update securities. Imposing larger fees and even imprisonment helped entities recognize the need to keep the data secure.

2.10 Hospital Emergencies and Alerts

Hospital color code alerts and Plain language alerts are used in hospitals worldwide to denote various kinds of emergency situations (for example, code red for fire and code silver for armed person). They are an important part of hospital safety and emergency preparedness.

Code confusion happens because many healthcare workers work at multiple facilities in any given year. Trying to remember the meanings and protocols for a broad range of codes can be difficult. One solution to this problem is plain language emergency alerts. Plain language alerts not only help clear up code confusion but provide specific instruction about what the hearers need to do. Many hospital associations, The Joint Commission and federal agencies have advocated for the use of plain language alerts.

It is important for travelers to learn each facilities practice when it comes to emergency codes, upon arrival to a facility. The Joint Commission does not require specific coded announcements or the use of plain language in emergency alerts but has been encouraging health care organizations to consider standardizing since 2012.

Overhead Emergency Codes			
FACILITY ALERT			
INCIDENT/EVENT	**PLAIN LANGUAGE**	**POSSIBLE ALTERNATIVE CODE**	**WHAT TO DO**

Evacuation	Facility Alert + evacuation + Descriptor (location)	No Color Code	• Remove as many patients as possible, including family from the area.
			  ○ Remove ambulatory patients first (ask family members to assist)
			  ○ Next move wheelchair bound patients
			  ○ Lastly, remove bed bound patients
			• Remember you cannot save others if you have put yourself at risk.

Fire	Code Red + Location	Code Red	• Remembering the acronym RACE will help respond to a Code Red
			  ○ Rescue - assist anyone in immediate danger to a safe area, preferably beyond fire barrier doors
			  ○ Alarm - activate alarm system. Follow facility process to assist with overhead page.
			  ○ Contain/Confine – close doors and window behind you
			  ○ Extinguish – attempt to put out the fire if it is safe for you to do so
			• To effectively use an extinguisher, remember the acronym PASS
			  ○ Pull the pin
			  ○ Aim nozzle at the base of the fire
			  ○ Squeeze the lever of the extinguisher slowly
			  ○ Sweep the nozzle from side to side

Hazardous Spill	Facility Alert+ Hazardous Spill + Location	Code Orange	• Only staff who are properly trained should clean up hazardous materials • Notify others not to enter the area and assist with placing appropriate signage • Prepare for evacuation if directed to

SECURITY ALERT			
INCIDENT/EVENT	**PLAIN LANGUAGE**	**POSSIBLE ALTERNATIVE CODE**	**WHAT TO DO**

Active Shooter	Security Alert + Active Shooter + Location	No Color Code	• Escape and help others escape leaving belongings behind
			• If you cannot escape, take shelter/hide and block entrances
			  ○ Silence phones, pagers, Vocera or anything that will make noise
			• Alert facility active shooter code at earliest convenience
			  ○ Give location, description of shooter(s), potential victims
			  ○ Leave the phone line open so the contact can hear/record what is going on
			• As a last resort take action if you are in imminent danger
			  ○ Make a weapon, act aggressively, throw things and yell

Infant/Child Abduction	Security Alert + threat location + age	Code Pink	• Check all assigned patient rooms, staff areas, halls, and stairwells of your unit. In addition, scan parking lots and sidewalks from windows on each floor • Stop visitors from leaving the building. Ask to check inside carry bags or to remove oversized clothing

Bomb Threat	Security Alert + Threat/Location	Code Black	• If you receive the bomb threat, keep the caller on the line and try to remain calm
			• Alert a coworker to activate the security alert as soon as possible.
			• Remove individuals in imminent danger when advised (remove ambulatory patients/visitors first, then wheelchair bound, then bed bound)
			• Obtain as much info from the caller as possible. Also listen for background noises, caller's voice
			  ○ Where is the bomb located and when will it detonate, what is the bomb made of?
			  ○ When was the bomb placed, why is the bomb placed there, and how do you know it is there?
			  ○ What is your name, and what do you want in exchange

MEDICAL ALERT			
Emergency Operations Plan Activation	Medical Alert + Mass Casualty/ Disaster Scenario + Descriptor	Code Green	• Follow facility process on disaster plan • Take direction on which role you are assigned • Follow responsibility of that role
Medical Emergency	Medical Alert + Medical Emergency/ Rapid Response Team (RRT) + Location	Code Blue	• Code Team/RRT will take over for the patient upon arrival. • If Code is in your department, watch over other patients for the nurse of the coding patient • Stay out of the way in the room but be of assistance if a runner or helping hands is needed.

WEATHER ALERT			
TERMS			**DEFINITION**
Advisory			Issued when hazardous weather is occurring, imminent or likely. Used for less serious conditions but could lead to situation that may threaten life or property
Watch			Means conditions are favorable for dangerous weather to occur. Watch for signs of dangerous weather and be prepared to act accordingly. Familiarize yourself with specific weather condition and facility action plan
Warning			Means the weather event is imminent or occurring in the area and people should take shelter as soon as possible. Follow facility process to implement action plan

2.11 The Joint Commission 2026 National Patient Safety Goals

2026 AMBULATORY HEALTH CARE NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Improve health care equity

NPSG.16.01.01	Improving health outcomes for all is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health outcomes for all.

Prevent mistakes in surgery

UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 ASSISTED LIVING COMMUNITY NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify residents correctly

NPSG.01.01.01 Use at least two ways to identify residents. For example, use the resident's name and date of birth. This is done to make sure that each resident gets the correct medicine and treatment.

Use medicines safely

NPSG.03.06.01 Record and pass along correct information about a resident's medicines. Find out what medicines the resident is taking. Compare those medicines to new medicines given to the resident. Give the resident written information about the medicines they need to take. Tell the resident it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Prevent residents from falling

NPSG.09.02.01 Find out which residents are most likely to fall. For example, is the resident taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these residents.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 BEHAVIORAL HEALTH CARE AND HUMAN SERVICES NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify individuals served correctly

NPSG.01.01.01 Use at least two ways to identify individuals served. For example, use the individual's name *and* date of birth. This is done to make sure that each individual served gets the correct medicine and treatment.

Use medicines safely

NPSG.03.06.01 Record and pass along correct information about an individual's medicines. Find out what medicines the individual served is taking. Compare those medicines to new medicines given to the individual served. Give the individual served written information about the medicines they need to take. Tell the individual served it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Identify individuals served safety risks

NPSG.15.01.01 Reduce the risk for suicide.

Improve health outcomes for all

NPSG.16.01.01 Improving health outcomes for all is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health outcomes for all.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 LABORATORY NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 NURSING CARE CENTER NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients and residents correctly

NPSG.01.01.01	Use at least two ways to identify patients or residents. For example, use the patient's or resident's name and date of birth. This is done to make sure that each patient or resident gets the correct medicine and treatment.

Use medicines safely

NPSG.03.05.01	Take extra care with patients and residents who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's or resident's medicines. Find out what medicines the patient or resident is taking. Compare those medicines to new medicines given to the patient or resident. Give the patient or resident written information about the medicines they need to take. Tell the patient or resident it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Prevent patients and residents from falling

NPSG.09.02.01	Find out which patients and residents are most likely to fall. For example, is the patient or resident taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients and residents.

Prevent bed sores

NPSG.14.01.01	Find out which patients and residents are most likely to have bed sores. Take action to prevent bed sores in these patients and residents. From time to time, re-check patients and residents for bed sores.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 OFFICE-BASED SURGERY NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Prevent mistakes in surgery

UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 HOME CARE NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Prevent patients from falling

NPSG.09.02.01	Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

Identify patient safety risks

NPSG.15.02.01	Find out if there are any risks for patients who are getting oxygen. For example, fires in the patient's home.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 RURAL HEALTH CLINIC NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Use medicines safely

NPSG.03.04.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent Infection

NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Prevent mistakes in surgery

UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2026 TELEHEALTH NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01	Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Identify patient safety risks

NPSG.15.01.01	Reduce the risk for suicide.

Improve health outcomes for all

NPSG.16.01.01	Improving health outcomes for all is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health outcomes for all.

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

2.12 Joint Commission 2026 National Performance Goals

2026 HOSPITAL NATIONAL PERFORMANCE GOALS (NPGs)

1. The hospital ensures that the correct patient receives the correct care at the correct time.
2. The governing body and leadership team foster a culture of safety.
3. The hospital has an emergency management program.
4. The hospital prioritizes excellent health outcomes for all.
5. The hospital prioritizes infection prevention and control.
6. The hospital prioritizes pain management and safe prescribing practices.
7. The hospital respects the patient's right to safe, informed care.
8. The hospital reduces the risk for suicide.
9. The hospital develops and implements safe transplant practices.
10. The hospital performs waived testing in a safe and consistent manner.
    a. *Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. "The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver.*
    b. *The list of FDA approved waived tests can be accessed at the following link:* ***https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm****.*
11. The hospital maintains workplace and patient safety.
12. The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
13. The hospital safely performs imaging services.
14. The hospital has a medication management program that focuses on safety.

2026 CRITICAL ACCESS HOSPITAL NATIONAL PERFORMANCE GOALS (NPGs)

1. The critical access hospital ensures that the correct patient receives the correct care at the correct time.
2. The governing body and leadership team foster a culture of safety.
3. The critical access hospital has an emergency management program.
4. The critical access hospital prioritizes excellent health outcomes for all.
5. The critical access hospital prioritizes infection prevention and control.
6. The critical access hospital prioritizes pain management and safe prescribing practices.
7. The critical access hospital respects the patient's right to safe, informed care.
8. The critical access hospital reduces the risk for suicide.
9. The critical access hospital develops and implements safe transplant practices.
10. The critical access hospital performs waived testing in a safe and consistent manner.
    a. *Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result. "The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver.*
    b. *The list of FDA approved waived tests can be accessed at the following link:* ***https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm****.*
11. The critical access hospital maintains workplace and patient safety.
12. The critical access hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
13. The critical access hospital safely performs imaging services.
14. The critical access hospital has a medication management program that focuses on safety.

2.13 The Joint Commission Banned Abbreviations

FACTS ABOUT THE OFFICIAL "DO NOT USE" LIST OF ABBREVIATIONS

June 9, 2017

The Joint Commission's "Do Not Use" List is part of the Information Management standards. This requirement does not apply to preprogrammed health information technology systems (for example, electronic medical records or CPOE systems), but this application remains under consideration for the future. Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

Official "Do Not Use" List[1]

DO NOT USE	POTENTIAL PROBLEM	USE INSTEAD
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO_4 and $MgSO_4$	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

[1] Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the "Do Not Use" List

In 2001, The Joint Commission issued a Sentinel Event Alert on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its "Do Not Use" List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01. In 2021, a **FAQ** was developed to address the key concepts organizations need to understand regarding the use of terminology, definitions, abbreviations, acronyms, symbols and dose designations.

For more information, contact the Standards Interpretation Group at (630) 792-5900 or complete the **Standards Online Question Submission Form**.

2.14 Management of Aggressive Behavior

Aggressive behavior has cognitive, behavioral, and social components. Diagnosis and treatment of aggression is an interdisciplinary function that involves constant training for all team members. Management should begin with those measures that have the least possibility of causing harm. Behavioral and environmental modifications should be used before seclusion, restraint or pharmacotherapy.

Ultimately, it is the responsibility of the healthcare professional to comply with the specific guidelines and procedures of each facility along with those set forth by the Joint Commission and OSHA. We require Aya Healthcare employees to familiarize themselves with the healthcare facility's policy and procedure for Management of Aggressive Behavior (MOAB) during the orientation process. A well-trained staff member can improve the quality of life of their patients by decreasing frustration and fear.

MOAB includes the following key elements or interventions:

- None
- Talking to patient
- Closer observation
- Holding patient
- Immediate medication administered orally
- Immediate medication administered by injections
- Isolation without seclusion
- Seclusion
- Use of restraints
- Injury requires immediate medical treatment for patient
- Injury requires immediate medical attention for other person

2.15 Medication Error Prevention

Analyzing medical death rate data over an eight-year period, Johns Hopkins patient safety experts have calculated that more than 250,000 deaths per year are due to medical error in the U.S. Their figure, **published May 3, 2016** in The BMJ, surpasses the U.S. Centers for Disease Control and Prevention's (CDCs) third leading cause of death — respiratory disease, which kills close to 150,000 people per year.

Since 1992, the Food and Drug Administration has received about 20,000 reports of medication errors. These are voluntary reports, so the number of medication errors that actually occur is thought to be much higher. There is no "typical" medication error and health professionals, patients and their families are all involved.

Some examples:

- A physician ordered a 260-milligram preparation of Taxol for a patient, but the pharmacist prepared 260 milligrams of Taxotere instead. Both are chemotherapy drugs used for different types of cancer and with different recommended doses. The patient died several days later, though the death couldn't be linked to the error because the patient was already severely ill.
- An elderly patient with rheumatoid arthritis died after receiving an overdose of methotrexate — a 10-milligram daily dose of the drug rather than the intended 10-milligram weekly dose. Some dosing mix-ups have occurred because daily dosing of methotrexate is typically used to treat people with cancer, while low weekly doses of the drug have been prescribed for other conditions, such as arthritis, asthma and inflammatory bowel disease.

- One patient died because 20 units of insulin was abbreviated as "20 U," but the "U" was mistaken for a "zero." As a result, a dose of 200 units of insulin was accidentally injected.
- A man died after his wife mistakenly applied six transdermal patches to his skin at one time. The multiple patches delivered an overdose of the narcotic pain medicine fentanyl through his skin.
- A patient developed a fatal hemorrhage when given another patient's prescription for the blood thinner warfarin.

These and other medication errors reported to the FDA may stem from poor communication, misinterpreted handwriting, drug name confusion, lack of employee knowledge, and lack of patient understanding about a drug's directions. "But it's important to recognize that such errors are due to multiple factors in a complex medical system," says Paul Seligman, M.D., director of the FDA's Office of Pharmacoepidemiology and Statistical Science. "In most cases, medication errors can't be blamed on a single person."

A medication error is "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer," according to the National Coordinating Council for Medication Error Reporting and Prevention. The council, a group of more than 20 national organizations, including the FDA, examines and evaluates medication errors and recommends strategies for error prevention.

A REGULATORY APPROACH

The public took notice in 1999 when the Institute of Medicine (IOM) released a report, "To Err is Human: Building a Safer Health System." According to the report, between 44,000 and 98,000 deaths may result each year from medical errors in hospitals alone. And more than 7,000 deaths each year are related to medications. In response to the IOM's report, all parts of the U.S. health system put error reduction strategies into high gear by re-evaluating and strengthening checks and balances to prevent errors.

In addition, the U.S. Department of Health and Human Services (HHS) and other federal agencies formed the Quality Interagency Coordination Task Force in 2000 and issued an action plan for reducing medical errors. In 2001, HHS Secretary Tommy G. Thompson announced a Patient Safety Task Force to coordinate a joint effort to improve data collection on patient safety. The lead agencies are the FDA, the CDC, the Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality.

The FDA enhanced its efforts to reduce medication errors by dedicating more resources to drug safety, which included forming a new division on medication errors at the agency last year. "We work to prevent medication errors before a drug reaches the market and to also monitor any errors that may occur after that," says Jerry Phillips, R.Ph., director of the FDA's new Division of Medication Errors and Technical Support.

Here's a look at key areas in which the FDA is working to reduce medication errors.

Bar code label rule: After a public meeting in July 2002, the FDA decided to propose a new rule requiring bar codes on certain drug and biological product labels. Healthcare professionals would use bar code scanning equipment, similar to that used in supermarkets, to make sure that the right drug in the right dose and route of administration is given to the right patient at the right time. "It's a promising way to automate aspects of medication administration," says Robert Krawisz, executive director of the National Patient Safety Foundation. "The technology's impact at VA hospitals so far has been amazing." The Department of Veterans Affairs (VA) already uses bar codes nationwide in its hospitals, and the result has been a drastic reduction in medication errors. For example, the VA medical center in Topeka, KS, has reported that bar coding reduced its medication error rate by 86 percent over a nine-year period.

Here's how it works: When patients enter the hospital, they get a barcoded identification wristband that can transmit information to the hospital's computer, says Lottie Lockett, R.N., a nursing administrator at the Houston VA Medical Center. Nurses have

laptop computers and scanners on top of medication carts that they bring to patients' rooms. Nurses use the scanners to scan the patient's wristband and the medications to be given. The bar codes provide unique, identifying information about drugs given at the patient's bedside. "Before giving medications, nurses use the scanner to pull up a patient's full name and social security number on the laptops, along with the medications," Lockett says. "If there is not a match between the patient and the medication or some other problem, a warning box pops up on the screen. The FDA's proposed rule on bar code labeling was published on March 14, 2003. The rule, which took effect in 2006, applies to prescription drugs, biological products such as vaccines, blood and blood components, and over-the-counter (OTC) drugs that are commonly used in hospitals. Manufacturers, repackers, relabelers, and private label distributors of prescription and OTC drugs would be subject to the bar code requirements. The agency continues to study whether it also should develop a rule requiring bar code labeling on medical devices.

Drug name confusion: To minimize confusion between drug names that look or sound alike, the FDA reviews about 300 drug names a year before they are marketed. "We reject about one-third of the names that drug companies propose," says Phillips. The agency tests drug names with the help of about 120 FDA health professionals who volunteer to simulate real-life drug order situations. "We're also creating a computerized program that will assist in detecting similar names and that will help us take a more scientific approach to comparing names," Phillips says. After drugs are approved, the FDA tracks reports of errors due to drug name confusion and spreads the word to health professionals, along with recommendations for avoiding future problems. For example, the FDA has reported errors involving the inadvertent administration of methadone, a drug used to treat opiate dependence, rather than the intended Metadate ER (methylphenidate) for the treatment of attention-deficit/hyperactivity disorder (ADHD). One report involved the death of an 8-year-old boy after a possible medication error at the dispensing pharmacy. The child, who was being treated for ADHD, was found dead at home. Methadone substitution was the suspected cause of death. Some FDA recommendations regarding drug name confusion have encouraged pharmacists to separate similar drug products on pharmacy shelves and have encouraged physicians to indicate both brand and generic drug names on prescription orders, as well as what the drug is intended to treat.

The last time the FDA changed a drug name after it was approved was in 1994 when the thyroid medicine Levoxine was being confused with the heart medicine Lanoxin (digoxin) and some people were hospitalized as a result. Now the thyroid medicine is called Levoxyl and the agency hasn't received reports of errors since the name change. Other examples of drug name confusion reported to the FDA include:

- Serzone (nefazodone) for depression and Seroquel (quetiapine) for schizophrenia.
- Lamictal (lamotrigine) for epilepsy, Lamisil (terbinafine) for nail infections, Ludiomil (maprotiline) for depression and Lomotil (diphenoxylate) for diarrhea .
- Taxotere (docetaxel) and Taxol (paclitaxel), both for chemotherapy.
- Zantac (ranitidine) for heartburn, Zyrtec (cetirizine) for allergies, and Zyprexa (olanzapine) for mental conditions.
- Celebrex (celecoxib) for arthritis and Celexa (citalopram) for depression.

Drug labeling: Consumers tend to overlook important label information on OTC drugs, according to a Harris Interactive Market Research Poll conducted for the National Council on Patient Information and Education and released in January 2002. In May 2002, an FDA regulation went into effect that aims to help consumers use OTC drugs more wisely.

The regulation requires a standardized "Drug Facts" label on more than 100,000 OTC drug products. Modeled after the Nutrition Facts label on foods, the label helps consumers compare and select OTC medicines and follow instructions. The label clearly lists active ingredients, uses, warnings, dosage, directions, other information, such as how to store the medicine, and inactive ingredients.

As for health professionals, the FDA proposed a new format in 2000 to improve prescription drug labeling for physicians, also known as the package insert. One FDA study showed that practitioners found the labeling to be lengthy, complex, and hard to use. The proposed redesign would feature a user-friendly format and would highlight critical information more clearly. The FDA is still reviewing public comments on this proposed rule. The agency has also been working on a project called DailyMed, a computer

system that will be available without cost from the National Library of Medicine next year. DailyMed will have new information added daily, and will allow health professionals to pull up drug warnings and label changes electronically.

Error tracking and public education: On March 13, 2003, the FDA announced a proposed rule that would revamp safety reporting requirements. For example, the proposal would require that reports on actual and potential medication errors be submitted to the agency within 15 calendar days. FDA's Seligman says, "This rule is part of FDA's overall effort to understand the sources of medication errors and prevent them."

The FDA reviews medication error reports that come from drug manufacturers and through MedWatch, the agency's safety information and adverse event reporting program. The agency also receives reports from the Institute for Safe Medication Practices (ISMP) and the U.S. Pharmacopeia, or USP.

An ISMP survey on medication error reporting practices showed that health professionals submit reports more often to internal reporting programs such as hospitals than to external programs such as the FDA. According to ISMP, one reason may be health professionals' limited knowledge about external reporting programs.

The FDA receives and reviews about 250 medication error reports each month, and classifies them to determine the cause and type of error. Depending on the findings, the FDA can change the way it labels, names, or packages a drug product. In addition, once a problem is discovered, the FDA educates the public on an ongoing basis to prevent repeat errors.

In 2001, the agency released a public health advisory to hospitals, nursing homes, and other healthcare facilities about the hazards of mix-ups between medical gases, which are prescription drugs. In one case, a nursing home in Ohio reported four deaths after an employee mistakenly connected nitrogen to the oxygen system.

ISMP reports medication errors through various newsletters that target health professionals in acute care, nursing, and community/ambulatory care. Recently, ISMP launched a newsletter for consumers called Safe Medicine.

In December 2002, USP released an analysis of medication errors captured in 2001 by its anonymous national reporting database, MedMARX. Of 105,603 errors, 3,361 errors (3.2 percent) involved children. Most of the errors were corrected before causing harm, but 190 caused patient injury and of those, two resulted in death. As a result of this analysis, USP released recommendations for preventing drug errors in children in January 2003.

2.16 Use of Restraints

Types of restraint as a means of patient behavioral management can take on various forms: physical, chemical or verbal. It may also involve seclusion. Healthcare professionals most commonly utilize physical restraints. Guidelines for restraint vary among individual states as well as individual facilities. It is stated by the Joint Commission and the Centers for Medicaid and Medicare Services that the use of restraints may actually increase, rather than decrease, the risk of injury in many situations.

The Joint Commission (2009) guidelines regarding restraint include the following key elements:

Restraint use must clinically justified:

- Prevention of physical harm to patient, staff or others.
- Cannot be for discipline, retaliation, or convenience.
- Other less restrictive methods have failed.
- Must be discontinued as soon as possible despite order expiration date or time.

Restraint use can be based on an individual order.

- Order must be renewed every 24 hours and only if still clinically relevant.
- Organization will outline the ordering criteria.

Restraint use can be based on protocol.

- Use must be clinically justified.
- Protocol must contain guidelines for assessment, monitoring, reassessing the need for restraint, and criteria for termination.
- Order can not be a standing order or PRN.

All patients being restrained are monitored.

- Monitoring determines the physical and emotional well-being of the patient.
- Monitoring determines that the patient's rights, safety, and dignity are maintained.
- Monitoring may indicate that removal of restraint is indicated.
- Monitoring may show that less restrictive restraint is appropriate.
- Monitoring includes whether the restraint is applied appropriately, removed, and/or reapplied.

All restrained patients must be evaluated and reevaluated

- Must be evaluated within 1 hour of initiation of restraint use including immediate situation, reaction to intervention, medical and behavioral condition, need to continue or stop restraint use.
- RN, PA, or other independent practitioner who is trained may perform the evaluations.

Each episode of restraint use is documented.

- Hospital policy outlines the standards of documentation.
- Centers for Medicaid and Medicare service standards include the following:
    - Decision to restrain is based on needs of patient.
    - Decision to restrain is based on a valid rationale that is documented.
    - Alternatives to restraints should be investigated first.
    - The least restrictive type of restraint should be used first.
    - Hospital policy should dictate the specifics of assessment, reassessment, and removal of restraint.

2.17 Pain Management

Pain is the most common reason that people in the United States seek medical care. Inadequate pain relief is a recognized health problem across the nation. Pain can be defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage." A number of factors can influence the way that different people experience pain, these include: the patient's previous experience with pain, the meaning of pain for the individual, the patient's beliefs about pain, their coping mechanisms and their psychological state. It is very important to keep in mind that pain is subjective; it is experienced differently by different people. There are many myths about pain which can have a negative influence on effective pain management; one common myth is that because it is addictive, pain medication should not be used for long-term illness until there is no other choice. It is important to understand how to effectively manage pain because pain is most typically a nursing diagnosis; nurses have the primary responsibility for its assessment and management.

PRINCIPLES OF PAIN MANAGEMENT

- All persons experiencing pain have the right to have their pain relieved to the greatest extent possible.
- A person's self-report of pain is the optimal standard upon which all pain management interventions are based.
- A comprehensive nursing assessment includes the subjective description of pain, objective data and the identified need for psychosocial/spiritual support.
- Fear of addiction to opioids and other pain medications should not be a barrier to pain management.

- Continuity of care within and across healthcare settings is essential to effective pain management.
- Persons with a history of substance abuse have the right to adequate pain relief, even if opioids must be used.
- Pain management continues even if the person becomes unresponsive.

GUIDELINES OF PAIN MANAGEMENT

Nurses are responsible for maintaining the knowledge and skills necessary to coordinate optimal pain management. The nursing functions of optimal pain management include:

- Ensuring the person or their legal representative actively participates in the treatment plan and understands the options available for pain relief and potential side effects.
- Educating persons and their families in a culturally competent manner regarding pain management.
- Using a standardized scale to periodically assess and document a person's pain in accordance with institutional policies.
- Developing and implementing a plan of care that prevents and alleviates pain as much as possible.
- Administering medications and treatment as prescribed, using knowledge to maintain safety and pain relief.
- Initiating non-pharmacological nursing interventions as indicated.
- Documenting pain assessment, intervention, evaluation and ongoing changes to the plan of care in a clear and concise manner.

The Joint Commission has standards for the assessment and management of pain. Some of the standards include but are not limited to:

- All patients are screened for pain during emergency department visits and when admitted
- Screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand
- Involve patients in developing their treatment plans and setting realistic expectations and measurable goals
- Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches
- Monitors patients identified as being high risk for adverse outcomes related to opioid treatment. Reassess and respond to the patient's pain through the following:
    - Evaluation and documentation of response(s) to pain intervention(s)
    - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control)
    - Side effects of treatment
    - Risk factors for adverse events caused by the treatment
- Educate the patient and family on discharge plans related to pain management including the following:
    - Pain management plan of care
    - Side effects of pain management treatment
    - Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues
    - Safe use, storage, and disposal of opioids when prescribed

When developing a pain management strategy it is important to anticipate the patient's pain needs and to take a preventive approach.

2.18 Patient Rights

The effects of illness and the complexities of modern healthcare can keep your patient from reaching their treatment goals. For years nurses have recognized the duty to protect the rights of patients who can't fend for themselves. To become effective advocates, there are two ideals that need to be embraced. The first is the willingness to respect the patient and their autonomy and not to try and control them. The second is upholding the patient's decisions — open communication and trust are essential to this.

The **Patient's Bill of Rights** was first adopted by the American Hospital Association in 1973 and revised in October 1992. Patient rights were developed with the expectation that hospitals and healthcare institutions would support these rights in the interest of delivering effective patient care. The American Hospital Association encourages institutions to translate and/or simplify the bill of rights to meet the needs of their specific patient populations and to make patient rights and responsibilities understandable to patients and their families. According to the American Hospital Association, a patient's rights can be exercised on this or her behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

BILL OF RIGHTS

- The patient has the right to considerate and respectful care.
- The patient has the right and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.
- Except in emergencies when the patient lacks the ability to make decisions and the need for treatment is urgent, the patient is entitled to a chance to discuss and request information related to the specific procedures and/or treatments available, the risks involved, the possible length of recovery, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
- The patient has the right to know the identity of physicians, nurses, and others involved in his or her care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.
- The patient has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and hospital policy. The patient also has the right to be informed of the medical consequences of this action. In case of such refusal, the patient is still entitled to appropriate care and services that the hospital provides or to be transferred to another hospital. The hospital should notify patients of any policy at the other hospital that might affect patient choice.
- The patient has the right to have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatment or designating a surrogate decision-maker and to expect that the hospital will honor that directive as permitted by law and hospital policy.
- Healthcare institutions must advise the patient of his or her rights under state law and hospital policy to make informed medical choices, must ask if the patient has an advance directive, and must include that information in patient records. The patient has the right to know about any hospital policy that may keep it from carrying out a legally valid advance directive.
- The patient has the right to privacy. Case discussion, consultation, examination and treatment should be conducted to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The patient has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.

- The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The patient has the right to ask and be told of the existence of any business relationship among the hospital, educational institutions, other healthcare providers, and/or payers that may influence the patient's treatment and care.
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation or to have those studies fully explained before they consent. A patient who declines to participate in research or experimentation is still entitled to the most effective care that the hospital can otherwise provide.
- The patient has the right to expect reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
- The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of healthcare requires that patient and/or their families and surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient's fulfilling certain responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications and other health-related matters.
- Patients must take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand the current information or instructions.
- Patients are responsible for making sure that the healthcare institution has a copy of their written advance directive if they have one.
- Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- Patients also should be aware that the hospital has to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation.
- Patients and their families are responsible for being considerate of and making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- Patients are responsible for providing necessary information for insurance claims and for working with the hospital as needed to make payment arrangements.
- A patient's health depends on much more than healthcare services. Patients are responsible for recognizing the impact of their lifestyles on their personal health.

2.19 Domestic Violence

Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence, can be broadly defined as a pattern of abusive behaviors by one or both partners in an **intimate relationship** such as marriage, dating, family, friends or cohabitation. Domestic violence has many forms, including physical aggression (hitting, kicking, biting, shoving, restraining, throwing objects), or threats thereof; **sexual abuse**; **emotional/psychological abuse**; controlling or domineering; **intimidation; stalking**; passive/covert abuse (e.g., neglect); and economic deprivation. Domestic violence may or may not

constitute a **crime**, depending on local statues, severity and duration of specific acts, and other variables. Alcohol consumption and **mental illness** can be **co-morbid** with **abuse**, and present additional challenges when present alongside patterns of abuse.

Victims of domestic violence are often asked why they remain in dangerous and agonizing family situations.

WHY DO ABUSE VICTIMS STAY?

Emotional reasons for staying

- Belief that the abusive partner will change because of his remorse and promises to stop battering
- Fear of the abuser who threatens to kill the victim if abuse is reported to anyone
- Lack of emotional support
- Guilt over the failure of the relationship
- Attachment to the partner
- Fear of making major life changes
- Feeling responsible for the abuse
- Feeling helpless, hopeless and trapped
- Belief that she is the only one who can help the abuser with his problems

Situational reasons for staying

- Economic dependence on the abuser
- Fear of physical harm to self or children
- Fear of emotional damage to the children over the loss of a parent, even if that parent is abusive
- Fear of losing custody of the children because the abuser threatens to take the children if victim tries to leave
- Lack of job skills
- Social isolation and lack of support because abuser is often the victim's only support system
- Lack of information regarding domestic violence resources
- Belief that law enforcement will not take her seriously
- Lack of alternative housing
- Cultural or religious constraints

The National Domestic Violence Hotline lists some of the signs of an abusive relationship, which include a partner who:

- Tells you that you can never do anything right
- Shows extreme jealousy of your friends and time spent away
- Keeps you or discourages you from seeing friends or family members
- Insults, demeans or shames you with put-downs
- Controls every penny spent in the household
- Takes your money or refuses to give you money for necessary expenses
- Looks at you or acts in ways that scare you
- Controls who you see, where you go, or what you do
- Prevents you from making your own decisions
- Tells you that you are a bad parent or threatens to harm or take away your children
- Prevents you from working or attending school
- Destroys your property or threatens to hurt or kill your pets
- Intimidates you with guns, knives or other weapons
- Pressures you to have sex when you don't want to or do things sexually you're not comfortable with
- Pressures you to use drugs or alcohol

Some emotional/verbal abuse techniques include:

- Calling you names, insulting you or continually criticizing you
- Refusing to trust you and acting jealous or possessive
- Trying to isolate you from family or friends
- Monitoring where you go, who you call and who you spend time with
- Demanding to know where you are every minute
- Trapping you in your home or preventing you from leaving
- Using weapons to threaten to hurt you
- Punishing you by withholding affection
- Threatening to hurt you, the children, your family or your pets
- Damaging your property when they're angry (throwing objects, punching walls, kicking doors, etc.)
- Humiliating you in any way
- Blaming you for the abuse
- Gaslighting
- Accusing you of cheating and being often jealous of your outside relationships
- Serially cheating on you and then blaming you for his or her behavior
- Cheating on you intentionally to hurt you and then threatening to cheat again
- Cheating to prove that they are more desired, worthy, etc. than you are
- Attempting to control your appearance: what you wear, how much/little makeup you wear, etc.
- Telling you that you will never find anyone better, or that you are lucky to be with a person like them

FREQUENCY

In the US in 2000, the National Violence Against Women Survey reported nearly 25% of women and 7.9% of men reported a former or current spouse or live-in partner victimized them at least once. 22.1% of women and 7.4% of men suffered physical assault. Victimization occurs repeatedly, the survey also reported an average of 6.9 assaults by the same partner for women and 4.4 for men. Many victims are pregnant. Disabled are at a greater risk, and women from families with an income below $10,000. African American and Alaskan native women and men present the highest minority figures for domestic abuse, Asian and Pacific Islander represent the lowest. Females are six times more likely than males to suffer from violence committed by an intimate partner. Women ages 19-29 are most likely to be victims of violence, with 20-30% of university women reporting date violence.

PHYSICAL

It is essential for emergency physicians and nurses to be highly suspicious in order to recognize the pattern and participants in a domestic violence situation. It is important to take the victim's history in private, the batterer will often be in attendance hovering over the patient. The physician or nurse must alert the patients to the limit of confidentiality and make sure they are not present. Ask simple questions rather than abstract or compound ones. When questioning the family keep the questions diplomatic and keep them general. When talking to an abuser be careful not to use judgmental language and do not sound sympathetic as not to validate the abuse.

Victim's complaints that are related to stress and illness will predominate over injury. Other common symptoms may include palpitations, abdominal pain and dizziness — past mutilation may be present. The patient may appear depressed and have little eye contact. Expect signs to be hidden under the scalp, makeup, jewelry or turtleneck collars. Look for injuries at multiple sites. The pregnant patient may present as homeless, depressed and having little or no prenatal care. Self induced abortion or miscarriage may be historical.

TREATMENT

Healthcare professionals should show the victim respect, care and make sure to listen. To the extent permitted by law, patients should be allowed to make their own choices. A legible medical record may mean the difference between punishing the offender and letting him or her go free. It should contain details of all of the findings, interventions and actions. It should also contain detailed descriptions of the injuries. If the patient appears suicidal or homicidal consider hospitalization and consultation with a psychiatrist. Assist the patient in calling a domestic violence hotline during the visit if the patient wishes. It is also important to determine the safety of any children involved. If the patient needs immediate access to a shelter or other option such as a motel or hospital, this must be arranged.

2.20 Ethical Aspects of Patient Care

Healthcare professionals are one of the most important advocates for patient care and healthcare decisions. They are bound by laws and ethical thought to provide safe care for patients. Ethics for healthcare professionals involves valuation of the patient's physical, emotional and spiritual needs. In order for healthcare professionals to reach ethical care they must provide autonomy, justice, integrity and credibility. Healthcare professional provision of justice to the patient requires that policy and procedure for healthcare are consistent and equitable among the patient population, allowing fairness and balance in patient care.

As a profession, nursing is accountable to society. This accountability is spelled out in the American Hospital Association's Patient Care Partnership, which reflects social beliefs about health and healthcare. In addition to accepting this document as one measure of accountability, nursing has further defined its standards of accountability through a formal code of ethics that explicitly states the profession's values and goals. The code established by the American Nurses Association (ANA) consists of ethical standards, each with its own interpretive statements. The interpretive statements provide guidance to address and resolve ethical dilemmas by incorporating universal moral principles. The code is an ideal framework for nurses to use in ethical decision making. Some of the most common ethical issues faced by healthcare professionals today include documentation, compensation, confidentiality, use of restraints, trust, refusing care and end-of-life concerns.

DOCUMENTATION

Documentation related to care provided to the client: was the medication actually given, was care rendered to the patient, was treatment protocol followed, was a medication incident reported even if no adverse reaction was observed, was care delivered in a timely manner.

COMPENSATION

Financial payment by the client or patient to the healthcare professional is not acceptable. This is anything from a small tip to the nurse for taking such good care of a family member to an all expenses paid trip to the doctor who wrote prescriptions for a certain drug by the drug manufacturer.

CONFIDENTIALITY

We all need to be aware of the confidential nature of information obtained in daily practice. If information is not pertinent to a case, the nurse should question whether it is prudent to record it in the patient's chart. In the practice setting, discussion of the patient with other members of the healthcare team is often necessary. These discussions should, however, occur in a private area

where it is unlikely that the conversation will be overheard. Another threat to keeping information confidential is the widespread use of computers and the easy access people have to them. This may increase the potential for misuse of information, which may have negative social consequences. For example, laboratory results regarding testing for human immunodeficiency virus (HIV) infection or genetic screening may lead to loss of employment or insurance if the information is disclosed. Because of these possibilities, sensitivity to the principle of confidentiality is essential.

RESTRAINTS

The use of restraints (including physical and pharmacologic measures) is another issue with ethical overtones. It is important to carefully weigh the risks of limiting a person's autonomy and increasing the risk of injury by using restraints against the risks of not using restraints. Before restraints are used, other strategies, such as asking family members to sit with the patient, should be tried. The Joint Commission and the Health Care Financing Administration (HCFA) have designated standards for use in care of patients with restraints.

TRUST

Telling the truth is one of the basic principles of our culture. Two ethical dilemmas in clinical practice that can directly conflict with this principle are the use of placebos and not revealing a diagnosis to the patient. Both involve the issue of trust, which is an essential element in the nurse-patient relationship. Informing patients of their diagnoses when the family and physician have chosen to withhold information is a common ethical situation in nursing practice. The nursing staff often uses evasive comments with the patient as a means to maintain professional relationships with other healthcare practitioners. This area is indeed complex because it challenges the nurse's integrity. Trust and connection with the patient play an important part in optimizing care. Strategies the nurse could consider in this situation include the following: 1) Not lying to the patient 2) Providing all information related to nursing procedures and diagnoses 3) Communicating to the family and physician the patient's requests for information.

REFUSING TO PROVIDE CARE

Decisions about withdrawing and withholding treatment are common in healthcare. During almost every encounter between healthcare professionals and patients a decision needs to be made about treatment options. In most cases these choices do not pose any difficulty, for example, starting antibiotics when a patient has an infection. However, decisions not to treat, or to stop treating, raise fundamental questions about the nature and purpose of nursing and the ethics of end-of-life care. Any nurse who feels compelled to refuse to provide care for a particular type of patient faces an ethical dilemma. The reasons given for refusal range from a conflict of personal values to fear of personal risk of injury. The ethical obligation to care for all patients is clearly identified in the first statement of the Code of Ethics for Nurses. To avoid facing these moral situations, a nurse can follow certain strategies. For example, when applying for a job, one should ask questions regarding the patient population. If one is uncomfortable with a particular situation, then not accepting the position would be an option. Denial of care, or providing substandard nursing care to some members of our society, is not acceptable nursing practice.

Healthcare professionals will be faced with making many ethical decisions throughout their career. It is important to remember to provide autonomy, justice, integrity and credibility in all nursing decisions. Healthcare professionals should also keep in mind how these issues could negatively affect not only how they are viewed but how it will affect their facility.

2.21 Orientation and Safety Manual Acknowledgement

ORIENTATION / SAFETY MANUAL ACKNOWLEDGEMENT

In compliance with The Joint Commission standards, OSHA requirements and Aya Healthcare policies, I acknowledge that I have received and reviewed the information included in the following sections of the safety manual:

Safety Training, including:

- First Aid Procedures
- Accident Reporting/Sentinel Events
- Body Mechanics/Environment Safety
- Disaster/Emergency Preparedness
- Electrical Safety/Fire Safety
- Medical Equipment Management
- Labeling & Handling of Chemicals/ Hazardous Materials
- Infection Control: Blood borne Pathogens, TB prevention
- Preventing Workplace Violence
- Personal Protective Equipment
- Patient Rights
- Employee Right-to-Know

Aya Healthcare Policies:

- Drug Policy
- Dress Code
- Proof of Identity
- Complaint/Grievance Policy
- Code of Business Ethics

In-Service Training, including:

- HIPAA & Confidentiality
- Advance Directives / End of Life Decisions
- Age-Specific Competency
- WHO Hand Hygiene Guidelines
- Cultural Competency
- Elder & Dependent Abuse
- Fingernail Policy
- Pain Management
- Use of Restraints
- Joint Commission 2026 National Patient Safety Goals
- Joint Commission 2026 National Performance Goals
- Joint Commission Banned Abbreviations
- Management of Aggressive Behavior (MOAB)
- Medical Error Prevention
- Domestic Violence
- Patient /Family Education
- Ethical Care and Patient Rights
- Incident Reporting
- Personal Security

I also acknowledge that:

- I have reviewed my job description in the Aya Healthcare Safety and Orientation Manual, as The Joint Commission requires. I am capable of performing my job duties, and I fully understand all of my job responsibilities and expectations.
- Aya Healthcare has a strict "No Drug Policy," and this document serves as my consent to submit to drug testing as per company policy.
- If for some unexpected reason I am unable to make it to work to perform my assigned duties, I will notify my employer representative as soon as possible. Failure to do so could lead to disciplinary action or possible termination.
- If I have an accident or sustain an injury while on the job that requires medical attention, I agree to notify my employer representative immediately. An Aya Healthcare representative will coordinate proper procedures for handling of my claim.
- I have been informed of the procedures which are required of me in the event I am involved in an accident or am injured. These procedures are necessary in providing me with timely medical attention and investigation as to the cause of the accident so that it might be avoided in the future.
- I understand and agree to comply with all safety policies, rules, regulations and hazard communication programs which Aya Healthcare has outlined in this manual. My signature below indicates that I have read and acknowledge all of the rules in this manual.
- I understand that if I am involved in an accident or injured on the job and that injury is work related, I will submit to a drug and/or alcohol testing as per company policy and in conjunction with state and local laws. Failure to submit to this testing could lead to disciplinary action, including my termination.
- I understand that my signed time card is a statement which indicates that I have not witnessed or incurred any accidents/injuries while on the job during the period covered on that time card.
- I have read and fully understand the above statements regarding Aya Healthcare policies and procedures and agree to comply with them. I agree that my failure to comply with these policies and procedures could result in my termination and could jeopardize any insurance benefits that I may have been otherwise entitled.
- With my signature below, I acknowledge and agree that I am compliant with all applicable minimum annual continuing education (CE) requirements.
- With my signature below, I acknowledge that a representative of Aya Healthcare has thoroughly answered all of my questions in regarding the above policies and procedures.
- By signing below, I acknowledge that I may receive or have access to patient healthcare information ("Confidential Patient Information") in the course of providing patient care services at participating hospitals at which I am assigned by Aya Healthcare. I shall maintain the confidentiality of Confidential Patient Information , and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, that privacy provisions under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the policies and procedures of each participating hospital where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Aya Healthcare and the conclusion of any assignment at an Aya Healthcare client.

_____	_____	_____
Print or Type Name	Signature	Date

Section 3

OTHER POLICIES & PROCEDURES

3.1 Dress Code

The dress code varies at each facility. Aya Healthcare asks every healthcare professional to adhere to the dress code of the assigned facility. Your Credentialing Specialist will give you all of information needed pertaining to your required dress code prior to starting your assignment.

The following is a list of some dress code requirements that some facilities may have. Please keep these in mind until you know for certain what is/isn't acceptable at your facility.

Some facilities may not allow:

- Visible tattoos
- Facial piercings
- Excessive piercings
- Ripped/tattered scrubs
- Excessive makeup
- Cartoon scrubs
- Floral scrubs

ARTIFICIAL FINGERNAIL POLICY

Please follow the Joint Commission guidelines pertaining to acrylic nails and the prevention of disease. Please refer to the safety section of this manual for more information about the fingernail policy.

3.2 Emergency Management Plan

One of The Joint Commission's requirements is that an emergency preparedness plan be established so that in the event of an emergency, we have an effective and planned out course of action.

POSSIBLE DISASTERS

The following natural disasters/emergencies may affect you while on assignment:

- Tsunami
- Earthquake
- Tornado
- Fire
- Electrical Brownouts

HOW DISASTERS MIGHT AFFECT OUR ORGANIZATION

In the event that of any of the above natural disasters/emergencies, the following obstacles could be observed:

- Loss of electricity
- Loss of the building
- Loss of Internet
- Loss of telephonic communications

SOLUTIONS

Individuals should follow the Emergency Management plan of the facility to which they are assigned or that of their employing agency.

Please follow the facility and your agency protocols regarding solutions for the effects of possible natural disasters.

3.3 Policy on Proof of Identity

POLICY STATEMENT

Every individual on assignment must bring certain documents with them on the first day that they report to their assignment. The documents required include a valid picture ID issued by a state, federal, or regulatory agency, original nursing license (if applicable) and required credentials for the assignment (as applicable).

3.4 Floating

Patient census often determines how much staff is needed to work in a certain area. When census in an area fluctuates, nurses who are adequately trained and competent to care for that type of patient are reallocated from a unit that has low census to an area that has a higher census. (O'Connor & Dugan, 2017) It is important for travelers to know and understand what their contract states in regards to floating. Often times, travelers are the first team members to float because they are used to adjusting from hospital to hospital quickly. Some facilities will put the traveler in a rotation with their staff to float, while others will not and will just float the travelers instead of core staff. Aya supports the facility decision to float staff according to their patient needs and staffing resources. Travelers can float to like departments or departments of lesser acuity without as much difficulty. Floating to a higher level of acuity should be approached with caution, unless the traveler will be utilized as a pair of hands or a sitter. As a professional, you have the obligation to raise concerns regarding patient assignment that puts patients at risk for harm. (O'Connor & Dugan, 2017)

Travelers who are floated should: (New York State, 2015)

- Assess their own competency and skill level compared to the unit they are being floated to.
    - Determine if you have transferable skills that will assist in care of the patients that the traveler will be responsible for.
    - Practice within your scope. Ask questions and seek additional information as needed.
    - Inform the supervisor and utilize chain of command, if the assignment involves knowledge or skills beyond competency or trained skills.

- Determine the routine of the area that you are floating to:
    - Ask for a tour of the floor. Determine break/rest rooms, supply rooms, linen rooms, clean & dirty utility rooms, special isolation rooms & procedures, and utilize fire/life safety.
    - Determine where policies and procedures are located
    - Determine when doctors round and what is required for admissions and discharges
    - Identify charge/lead and what responsibilities they have?
    - Determine what times certain activities that happen on the floor (assessments, rounding, quiet time, baths, meals, etc.)
    - Negotiate an assignment change that fits your ability to give safe and competent care

3.5 Customer Relations

GIVE 'EM THE PICKLE

The expectation of customer service has really grown over the years in healthcare because patient satisfaction is a key metric that impacts hospital ratings and reimbursement. There are many ways to deliver customer service and each facility will have their own customer service strategy. The many different strategies have a similar foundation, to focus on the customer. Follow each facility strategy while on assignment.

Aya Healthcare strongly encourages the "Give 'Em the Pickle" customer service principles. These principles will likely blend well with facility strategies for customer service. "Pickles" are special or extra things that you can do to make your customers happy. Examples of Pickles could be taking an extra minute to listen, giving a patient the fresh side of their pillow, explaining to a better understanding, meeting the patient or family where they are at. Every little thing counts and every effort helps improve a customer experience. If it makes the customer feel good about themselves and helps build trust in the care that you are providing. The trick is to figure out what your customers want and then to make sure they get it.

In the "Pickle" principle, there are 4 main parts to customer service:

1. **Service:** Putting others' needs first should be the priority. Exceed their expectations by adding your special touch. Keep the focus on making things right.
2. **Attitude:** The one thing that you can ultimately control is your attitude. Your feelings about the customer will reflect in how you treat them. A positive personality will brighten those around you and make for a better outcome.
3. **Consistency:** Customers are more forgiving when their bucket is full. Truly listen to what their concern is. Aim to please others when possible and do what you can to go above what is needed.
4. **Teamwork:** Patient care takes team effort. Look for ways to make your teammates look professional, competent, and there for the right reason. Afterall, many hands makes for a lighter load.

Most hospitals expect some sort of hourly or purposeful rounding and use of white boards. The world today is full of instant gratification. When we have to wait for our needs to be met, it can change our perception of how satisfied we feel about the outcome. Purposeful rounding can help with patient's uncertainty, worry, anxiety, fear and even decrease their use of the call button. To obtain the benefits of purposeful rounding, it needs to be specific to why patients push their call lights. Every facility has their way of promoting this, but the general concept is the same.

1. Explain to the patients what to expect.
2. Let them know you will be around every hour and that if they are sleeping, you will not wake them up.

Every time you or your team rounds, be sure to focus on the P's: Pain, Position, Potty, Possessions and Pumps

- **PAIN:** Ask your patient about their level of pain and talk to them about their upcoming medication schedule.
- **POSITION:** Ask the patient if they are comfortable, give them the fresh side of their pillows, offer a warm blanket, and turn patients at especially those at high risk for skin breakdown, ask if the room temperature is just right.
- **POTTY:** Ask the patient if they need to use the bathroom and assist them if needed.
- **POSSESSIONS:** Make sure their call light, phone, water, bedside table are within reach. Offer to refill their water if appropriate.
- **PUMPS:** make sure that the fluids in the IV bag will last until the next time you round, that the volume limits won't cause the pump to ring and that secondary tubing is not clamped.

The use of white boards in patient rooms is a strategy to improve communication. These boards can be as helpful for the healthcare team members as they are for the patient to understand their care. Please follow along with each facility process on the use of white boards. Be mindful of the type of information that is written on the board. Private or protected information should never be written on the board, so placing only a first name on the board or what the patient prefers to be called might be most appropriate. The use of white boards can help the patient remember who is involved with their care and give a visual reminder of how close they are to meeting their goals for the day. (An example: if a patient needs to walk 4 times a day, putting a checkmark each time they take a walk on the board will help you and them remember how many walks are left for that day) White boards can also be a place to communicate special messages, such as No Blood pressure or blood draws in right arm. The priority for nurses is to take care of the patient and their needs and the use of the white board can assist the patient to be more involved and aware of their care.

Section 4

JOB DESCRIPTIONS

4.1 Registered Nurse Job Description

Assess patient health problems and needs, develop, and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent or disabled patients. May advise patients on health maintenance and disease prevention or provide case management.

RESPONSIBILITIES

- Provides planning and delivery of direct and indirect patient care.
- Responsible for providing patient centered care to medically complex patients.
- Supervises care, treatment, and services of the patient(s).
- Documents the patient's plan of care using identified nursing diagnosis, expected patient outcomes and selected nursing interventions.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment using empathy
- Adheres to and supports the policies/procedures/goals/objectives of the hospital to provide quality patient care, revises plan of care according to evaluation, changes in medical plan of care and nursing interventions.
- Performs interventions according to identified priorities, plan of care, and the hospital policies and patient care outcome standard.
- Implement physicians' orders, administer medications, start IVs, perform treatments, procedures and special tests, and document treatment as required by company policy and local/state/federal rules and regulations.
- Assess and evaluate patients' needs for, and responses to, care rendered.
- Apply sound nursing judgment in patient care management decisions.
- Administer prescribed medications as ordered.
- Utilizes nursing process, evidenced-based practice, and unit-specific competencies to complete an accurate and timely assessment of the patient's needs, goals, preferences, and resources available.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the Nurse Practice Act; Joint Commission, state, and local laws; and Patient's Bill of Rights hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current nursing license for the state in which the nurse practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.2 Licensed Vocational Nurses (LVN)/Licensed Practical Nurse (LPN) Job Description

Provide patient-centered care for ill, injured, convalescent or disabled persons in a variety of settings. May work under the supervision of a provider or registered nurse.

RESPONSIBILITIES

- Observe patients, chart, and report changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Administer prescribed medications or start intravenous fluids and note times and amounts on patients' charts, in accordance with nursing standards.
- Answer patients' calls and determine how to assist them.
- Measure and record patients' vital signs, such as height, weight, temperature, blood pressure, pulse, respiration, food, and fluid intake & output.
- Provide basic patient care and treatments such as dressing changes, wound care, and urinary catheterizations.
- Assists patients with bathing, dressing, personal hygiene, repositioning in bed, standing and ambulation.
- Supervise nurses' aides and assistants.
- Collaborates as part of a healthcare team to assess patient needs, plan, and modify care and implement interventions.
- Evaluate nursing intervention outcomes, conferring with other healthcare team members, as necessary.
- Assemble and use equipment such as catheters, tracheotomy tubes and oxygen supplies.
- Collect samples such as blood, urine, and sputum from patients, and perform routine laboratory tests on samples, using principles of aseptic technique and standard precautions / infection control guidelines.
- Assists with the preparation of equipment and aids physician during treatment, examination, and testing of patients.
- Prepare food trays and examine them for conformance to prescribed diet.
- Clean rooms and make beds.
- Inventory and requisition supplies and instruments.
- Provide education to patients and their family as it relates to their diagnoses and care.
- Assist in the care and feeding of infants.
- Provide postmortem care.
- Make appointments, keep records, and perform other clerical duties in doctors' offices and clinics.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the Nurse Practice Act; Joint Commission, state, and local laws; and Patient's Bill of Rights hospital policies.
- Provides excellent customer service and positively impacts HCAHPS metrics.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current LPN/LVN license for the state in which the LPN/LVN practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.3 Certified Nursing Assistant (CNA)/Nursing Assistant (NA) Job Description

Care for ill, injured, convalescent, or disabled persons in a variety of settings. May work under the supervision of a provider, registered nurse, or licensed vocational nurse.

RESPONSIBILITIES

- Observe patients, chart and reporting changes in patients' conditions, behavior, or complaints of physical symptoms to medical or nursing staff.
- Answer patients' calls and determine how to assist them.
- Record patients' vital signs, including height, weight, temperature, blood pressure, pulse, respiration, and blood glucose monitoring as appropriate.
- Measure and record food and fluid intake and urinary or fecal output.
- Assist patients with bathing, dressing, personal hygiene, repositioning in bed, standing and ambulation and passive range of motion exercises.
- Collaborate as part of a health care team to assess patient needs.
- Assists with the preparation of equipment and aids physician during treatment, examination, and testing of patients.
- Prepare food trays, examine them for conformance to prescribed diet and feeds patients as necessary.
- Clean rooms and make beds.
- Inventory and requisition supplies and instruments.
- Provide personal care to patients in private home settings, assisting with activities of daily living, cooking, keeping rooms orderly and instructing family members in simple nursing tasks.
- Assist in the care and feeding of infants.
- Provide postmortem care.
- Make appointments, keep records, and perform other clerical duties in doctors' offices and clinics.
- Set up equipment and prepare medical treatment rooms.
- Use knowledge and practices in accordance with the state, and local laws, Patient's Bill of Rights and hospital policies.
- Provides excellent customer service and positively impacts HCAHPS metrics.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current certification as a Certified Nursing Assistant for the state in which the CNA practices if required by the state.
- Excellent written and verbal communication skills.
- Computer proficiency required.

4.4 Physical Therapist Job Description

Under supervision of the Rehabilitation Manager or Supervisor the Physical Therapist will diagnose and treat patients with health-related conditions that directly impact movement and mobility. The Physical Therapist will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, outpatient and fitness facilities, private practices, and nursing homes.

RESPONSIBILITIES

- Diagnoses and manages movement dysfunction.
- Develops patient's treatment plan with physician's approval including short- and long-term goals, collaboration demands of other staff members, and required patient and caregiver involvement.
- Implements Plan of Care on a consistent schedule and adjust this Plan of Care according to evaluation and progress toward goals, changes in treatment plan of care, and PT interventions.
- Monitors and documents patient's progress.
- Reports patient progress to patient, patient caregivers and loved ones, facility staff and healthcare professionals involved in ongoing treatment/care of patients.
- Evaluates and documents patient outcomes according to APTA standards of practice as well as state standards.
- Develops a plan for patients following completion of their Plan of Treatment with appropriate in-home care services.
- Refers patients to additional medical or educational services if needed.
- Supervises and guides care, treatment, and services of the patient(s) as administered by the Physical Therapy Assistant.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the hospital to provide quality patient care.
- Assists other facility staff members as needed to provide care and create a clean, orderly and effective environment for rehabilitation and physical therapy.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the APTA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Physical Therapy license for the state in which the therapist practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.5 Physical Therapy Assistant Job Description

Under supervision of the Rehabilitation Manager and Physical Therapist, the Physical Therapy Assistant will treat patients with health-related conditions that directly impact movement and mobility. The Physical Therapy Assistant will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, outpatient and fitness facilities, private practices, and nursing homes.

RESPONSIBILITIES

- Follows Plan of Care on a consistent schedule and coordinates with the Physical Therapist to adjust this Plan of Care according to progress toward goals, changes in current level of function, and response to Physical Therapy interventions.
- Monitors and documents patient's progress.
- Reports patient progress to patient, patient caregivers and loved ones, facility staff and healthcare professionals involved in ongoing treatment/care of patients.
- Documents and communicates with the Physical Therapist patient outcomes according to APTA standards of practice as well as state and facility standards.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the hospital to provide quality patient care.
- Refreshes professional and technical knowledge by attending educational workshops; reviewing professional publications, etc.
- Assists other facility staff members as needed to provide care and create a clean, orderly and effective environment for rehabilitation and physical therapy.
- Consults with Physical Therapist to refer patients to additional medical or educational services if needed.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the APTA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Physical Therapy Assistant license for the state in which the assistant practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.6 Occupational Therapist Job Description

Under supervision of the Rehabilitation Manager or Supervisor, the Occupational Therapist will evaluate and treat patients with health-related conditions, both acute and chronic, that directly impact their ability to perform different tasks of daily living. The Occupational Therapist will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, outpatient and fitness facilities, private practices, and nursing homes.

RESPONSIBILITIES

- Evaluates and manages patients' ability to perform daily living tasks independently or with supervision.
- Develops Plan of Care on a consistent schedule and adjust this Plan of Care according to evaluation and progress toward goals, changes in current level of function, and Occupational Therapy interventions.
- Monitors and documents patient's progress.
- Reports patient progress to patient, patient caregivers and loved ones, facility staff and healthcare professionals involved in ongoing treatment/care of patients.
- Documents patient outcomes according to AOTA standards of practice as well as state and facility standards.
- Educates a patient's family and employer about how to accommodate and care for the patient.
- Recommends special equipment, such as wheelchairs and eating aids, and instruct patients on how to use that equipment.
- Develops a plan for patients following completion of their Plan of Treatment with appropriate in-home care services.
- Refers patients to additional medical or educational services if needed.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the hospital to provide quality patient care.
- Assists other facility staff members as needed to provide care and create a clean, orderly and effective environment for rehabilitation and Occupational Therapy.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the AOTA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Occupational Therapy license for the state in which the therapist practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.7 Certified Occupational Therapy Aide Job Description

Under supervision of the Rehabilitation Manager and Occupational Therapist, the Certified Occupational Therapy Assistant will treat patients with health-related conditions, both acute and chronic, that directly impact their ability to perform different tasks of daily living. The Certified Occupational Therapy Assistant will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, outpatient and fitness facilities, private practices, and nursing homes.

RESPONSIBILITIES

- Follows Plan of Care on a consistent schedule and adjust this Plan of Care according to evaluation and progress toward goals, changes in current level of function, and Occupational Therapy interventions.
- Monitors and documents patient's progress.
- Reports patient progress to patient, patient caregivers and loved ones, facility staff and healthcare professionals involved in ongoing treatment/care of patients.
- Documents and communicates with the Occupational Therapist patient outcomes according to AOTA standards of practice as well as state and facility standards.
- Educates a patient's family and employer about how to accommodate and care for the patient.
- Recommends special equipment after consultation with the Occupational Therapist, such as wheelchairs and eating aids, and instruct patients on how to use that equipment.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the hospital to provide quality patient care.
- Assists other facility staff members as needed to provide care and create a clean, orderly and effective environment for rehabilitation and Occupational Therapy.
- Consults with Occupational Therapist to refer patients to additional medical or educational services if needed.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the AOTA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Certified Occupational Therapy Assistant license for the state in which the assistant practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.8 Respiratory Therapist Job Description

Under supervision of the Respiratory Director or Supervisor the Respiratory Therapist will assess, treat, and care for patients with breathing disorders. The Respiratory Therapist will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, home healthcare, and nursing homes.

RESPONSIBILITIES

- Selects, assembles, checks, and operates respiratory equipment.
- Inspects, cleans, tests, and maintains respiratory therapy equipment to ensure equipment is functioning safely and efficiently, ordering repairs when necessary.
- Provides emergency respiratory care, including artificial respiration, external cardiac massage and assistance with cardiopulmonary resuscitation.
- Determines length, type, and method for respiratory treatment including precautions to be taken and medications and dosages, compatible with physicians' orders.
- Monitors patient's physiological responses to therapy, such as vital signs, arterial blood gases and blood chemistry changes, and consults with physician if adverse reactions occur.
- Measures arterial blood gases and reviews patient information to assess patient condition
- Performs routine respiratory care in order to assist patients with breathing or to provide feedback to patients in performance of breathing related exercises.
- Educates patients and their families about their conditions and teach appropriate disease management techniques, such as breathing exercises and the use of medications and respiratory equipment.
- Conducts tests, such as electrocardiograms, stress testing and lung capacity tests to evaluate patients' cardiopulmonary functions.
- Works as part of an interdisciplinary team of physicians, nurses and other healthcare professionals to manage patient care.
- Educates other healthcare personnel on respiratory care procedures
- Documents evaluation and treatment times and outcomes within patient's chart and other electronic medical record systems.
- Supervises and guides care, treatment, and services of the patient(s) as administered by the Respiratory Therapy Student, Technician and/or Assistant.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the NBRC; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Respiratory Therapy national certification and corresponding state license in which the therapist practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.
- Computer proficiency required.

4.9 Speech Language Pathologist Job Description

Under supervision of the Rehabilitation Manager or Supervisor the Speech Language Pathologist will diagnose and treat patients with either acquired or congenital speech, cognitive-communication, swallowing, and language deficits. The Speech Language Pathologist will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including hospitals, clinics, schools, outpatient facilities, private practices, and nursing homes.

RESPONSIBILITIES

- Evaluates a patient's condition and diagnoses, treats, and prevents speech, language, and swallowing disorders using both standardized and non-standardized tools for evaluation.
- Develops patient's individual treatment plan with physician's approval including short- and long-term goals, collaboration demands of other staff members, and required patient and caregiver involvement
- Implements Plan of Care on a consistent schedule and adjust this Plan of Care according to evaluation and progress toward goals, changes in treatment plan of care, and Speech Therapy interventions.
- Monitors and documents patient's progress.
- Reports patient progress to patient, patient caregivers and loved ones, facility staff and other professionals involved in ongoing treatment/care of patients.
- Evaluates and documents patient outcomes according to ASHA standards of practice as well as state standards.
- Evaluates a patient's home or workplace and, on the basis of the patient's health needs, identifies potential improvements, such as labeling steps to complete a daily task in sequential order for a person with struggling with cognitive-communication and memory.
- Develops a plan for patients following completion of their Plan of Treatment with appropriate in-home care or restorative nursing services as applicable.
- Refers patients to additional medical or educational services if needed.
- Educates a patient's family and employer about how to accommodate and care for the patient.
- Recommends special equipment, such as augmentative and alternative communication devices and instructs patients on how to use that equipment.
- Supervises and guides care, treatment, and services of the patient(s) as administered by the Speech Therapy Assistant as applicable by state and setting.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Assists other facility staff members as needed to provide care and create a clean, orderly and effective environment for rehabilitation and Speech Therapy.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the ASHA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Speech Pathology license for the state in which the therapist practices.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.10 Audiologist Job Description

Under supervision of the Medical Director or Clinic Manager, the Audiologist will assess and treat persons with hearing and related disorders. The Audiologist may fit hearing aids and provide auditory training as well as may perform research related to hearing problems. The Audiologist will provide care to a variety of patients, including the geriatric population, newborns, infants, adolescents, and adults. They will provide care across a variety of settings including physicians' offices, hospitals, clinics, and schools.

RESPONSIBILITIES

- Administers audiological evaluations, tests or examinations to patients to collect information on type and degree of impairment, using specialized instruments and electronic equipment.
- Determines diagnoses and courses of treatment via audiological evaluation.
- Examines and cleans patients' ear canals.
- Fits and dispenses assistive devices, such as hearing aids.
- Maintains client records at all stages, including initial evaluation and discharge.
- Monitors clients' progress and discharges them from treatment when goals have been attained.
- Plans and conducts treatment programs for clients' hearing problems, consulting with physicians, nurses, psychologists, and other healthcare personnel as necessary.
- Refers clients to additional medical or educational services if needed.
- Advises educators or other medical staff on speech or hearing topics.
- Conducts or directs research on hearing or speech topics and report findings to help in the development of procedures, technology or treatments.
- Develops and supervises hearing screening programs.
- Educates and supervises audiology students and healthcare personnel.
- Fit and tune cochlear implants, providing rehabilitation for adjustment to listening with implant amplification systems.
- Instructs clients, parents, teachers or employers in how to avoid behavior patterns that lead to miscommunication.
- Measures noise levels in workplaces and conduct hearing protection programs in industry, schools and communities.
- Works with multi-disciplinary teams to assess and rehabilitate recipients of implanted hearing devices.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Provides a safe, comfortable, and therapeutic patient environment.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the ASHA; Joint Commission, state, and local laws; Patient's Bill of Rights and hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Current Audiology license for the state in which the practitioner works.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.11 Surgical Technologist Job Description

Under supervision of the OR director, surgeons, registered nurses, or other surgical personnel, the Technologist will assist with routine Operating Room responsibilities including preparation of the room, transportation of patients, and assisting with supplies and equipment throughout surgery.

RESPONSIBILITIES

- Cleans and restocks the operating room, placing equipment and supplies and arranging instruments according to instruction.
- Counts sponges, needles and instruments before, during and after operation.
- Hands instruments and supplies to surgeons and surgeons' assistants, hold retractors and cut sutures, and perform other tasks as directed by surgeon during operation.
- Maintains supply of fluids, such as plasma, saline, blood and glucose for use during operations.
- Monitor and continually assess operating room conditions, including patient and surgical team needs.
- Observes patients' vital signs to assess physical condition.
- Operates, assembles, adjusts or monitors sterilizers, lights, suction machines and diagnostic equipment to ensure proper operation.
- Positions patients on the operating table and cover them with sterile surgical drapes to prevent exposure.
- Provides technical assistance to surgeons, surgical nurses and anesthesiologists.
- Scrubs arms and hands and assist the surgical team to scrub and put on gloves, masks and surgical clothing.
- Maintains files and records of surgical procedures.
- Prepares, cares for and disposes of tissue specimens taken for laboratory analysis.
- Prepares dressings or bandages and apply or assist with their application following surgery
- Wash and sterilize equipment using germicides and sterilizers.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

4.12 Instrument Technician/Sterile Processing Technician Job Description

Under supervision of the Department Manager or Lead Technician, the Technician will process and sterilize equipment and supplies from the operating suites and nursing units of the hospital. They are specially trained in the proper care, cleaning, decontamination and sterilization of all surgical instrumentation.

RESPONSIBILITIES

- Decontaminates and sterilizes instruments, medical supplies and equipment and assembles, wraps, and sterilizes trays of instruments. Follows proper Standard Precautions while in decontamination and sterilization areas.
- Monitors biological and chemical wash solution to ensure quality and consistency for decontamination of instruments and medical equipment.
- Sorts mismatched sets of instruments, trays, and medical equipment and makes them available to sterile processing customers in a timely manner.
- Restocks, labels, and maintains inventory, submits requisitions, collects and distributes instruments, trays, crash carts, and facility medical equipment.
- Performs environmental maintenance duties and assists in maintaining inventory levels in sterile processing, the operation room, and in equipment storage areas.
- Verifies that equipment functions properly, requisitions for equipment maintenance, repair or replacement, and removes defective equipment.
- Maintains a clean work area.
- Assists with maintaining established departmental policies and procedures, objectives, and quality improvement, safety, an environmental and infections control standards.
- Communicates appropriately using good interpersonal skills.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary to maintain optimal availability and integrity of sterile surgical equipment and supplies as directed by facility protocol.

REQUIREMENTS

- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

4.13 Cath Lab Technician Job Description

Under supervision of physicians and/or other surgical personnel (mainly in an operating room setting) the Technician will perform a variety of technical and supportive patient care tasks. They will assist physicians in performing complex and invasive cardiac catheterization procedures to include, but not limited to, Vascular and Interventional Radiology studies (Coronary stenting, percutaneous transluminal coronary angioplasty, atherectomies, peripheral angioplasty, carotid angiogram, iliac angiogram, renal angiogram, triple lumen catheter placement). Performs other duties as assigned or required.

RESPONSIBILITIES

- Checks clinically important aspects related to the patient entering into the lab (consent, labs, indications, complicating conditions like food and drug allergies, pulses and records of prior procedures with the associated problems, or access of contrast reaction).
- Ensures the EKG equipment is in working order, and during the procedure the technologist will monitor and have the ability to recognize life-threatening arrhythmias under all monitoring situations keeping the doctor apprised of anything considered abnormal.
- Prepares patient and equipment for cardiac lab procedures by preparing site of entry, draping patient, arranging sterilized instruments and catheters, and calibrating and setting up pressure transducers and tubing.
- Prepares the patient for the procedure by cleaning, shaving and in the case of cardiac catheterization for angioplasty, anesthetizing the area of insertion.
- Prepares the Cardiac Lab procedure rooms by cleaning and ensuring that adequate stock is available including, but not limited to other administrative lab duties.
- Scrubs and assist physician as needed during cardiac and peripheral catheterization procedures.
- Participates in life-saving measures such as defibrillation and cardiopulmonary resuscitation.
- Reads and interprets test procedures and explaining the procedures to patients.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Thorough knowledge of cardiovascular anatomy, physiology and hemodynamics, as well as cardiovascular equipment and supplies.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

4.14 MRI Technician Job Description

Under supervision of the Radiology Director, Supervisor, or Lead Technician, the MRI Technician will obtain images for use by the physician in the diagnosis and treatment of pathologies.

RESPONSIBILITIES

- Interprets physician's instructions including preparation, administration of drugs, intravenous annulations, MR contrast media and pharmacological stress agents.
- Explains MRI procedures to patients.
- Evaluates screening to ensure patient safety in the magnetic field.
- Obtains accurate MRI images in accordance to the safety guidelines and protocols of the department.
- Selects software options and imaging parameters when adjusting an MRI machine, views images from an imaging session and performs accurate data entry of the results into the designated electronic information systems.
- Regularly checks equipment to ensure it is functional for designated procedures.
- Performs all quality control testing, equipment calibrations, warm up and shut down procedures with proper documentation.
- Assists in specialty areas (i.e. OR, Invasive) as needed.
- Positions, transfers and provides immobilization assistance as required.
- Performs MRI, radiographic and special procedures at a level not requiring supervision of technical detail, performing a variety of technical procedures that will require independent judgment.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.15 Ultrasound Technologist/Sonographer Job Description

Under supervision of the Radiology Director, Supervisor, or Lead Technician, the US Technologist will perform diagnostic tests for patients. They may specialize in obstetric and gynecologic, abdominal, breast, vascular, or cardiac sonography.

RESPONSIBILITIES

- Obtains and records an accurate patient history.
- Explains Ultrasound procedures to patients and educates on cooperation for optimum test results.
- Performs diagnostic procedures and obtains diagnostic images.
- Analyzes technical information.
- Uses independent judgment in recognizing the need to extend the scope of the procedure according to the diagnostic findings.
- Provides an oral and/or written summary of the technical findings to the physician for medical diagnosis.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.16 Pharmacist Job Description

Under supervision of the Prescription Department Manager, Pharmacy Manager, or Supervising Pharmacist, the Pharmacist will serve patients by preparing medications, giving pharmacological information to a multidisciplinary healthcare team and monitoring patient drug therapies.

RESPONSIBILITIES

- Prepares medications by reviewing and interpreting physician orders; detecting therapeutic incompatibilities.
- Dispenses medications by compounding, packaging, and labeling pharmaceuticals.
- Controls medications by monitoring drug therapies; advising interventions.
- Completes pharmacy operational requirements by organizing and directing technicians' workflow; verifying their preparation and labeling of pharmaceuticals; verifying order entries, charges, and inspections.
- Provides pharmacological information by answering questions and requests of healthcare professionals; counseling patients on drug therapies.
- Conducts health and wellness screenings.
- Providing immunizations, and other medical services, such as taking blood pressure, temperature measurements, and checking blood sugar levels.
- Develops hospital staff's pharmacological knowledge by participating in clinical programs; training pharmacy staff, students, interns, externs, residents, and healthcare professionals.
- Complies with state and federal drug laws as regulated by the state board of pharmacy, the drug enforcement administration, and the food and drug administration.
- Monitors nursing unit inspections.
- Maintains records for controlled substances and keep accurate customer records.
- Removes outdated and damaged drugs from the pharmacy inventory.
- Supervises the work results of support personnel.
- Upholds current registration; studying existing and new legislation; anticipating legislation; advising management on needed actions.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care and to maintain a safe and clean working environment.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics
- Performs other duties as assigned/necessary .

REQUIREMENTS

- Excellent written and verbal communication skills.
- Great organizational skills.
- Detailed understanding and knowledge of dosage requirements and administration, chemical compounds, and pharmaceutical brands.
- Computer proficiency required.

4.17 Nurse Practitioner Job Description

Responsible for providing primary care services including assessment, and evaluation to critically and/or chronically ill patients following established standards and practices. The nurse practitioner performs and/or coordinates patient care in collaboration with physicians and other healthcare providers along the continuum of care. Demonstrates advanced practice skills through assessment, diagnoses, and treatment of complex patients.

JOB TASKS

- Functions independently to perform age-appropriate history and physical for complex acute, critical, and chronically ill patients.
- Performs a complete physical exam, obtains complete medical history and records findings.
- Orders and interprets diagnostic and therapeutic tests relative to patient's age-specific needs.
- Provides complete documentation according to practice and coding guidelines.
- Collaborates with multidisciplinary team members by making appropriate referrals.
- Prescribes appropriate pharmacologic and non-pharmacologic treatment modalities.
- Recommends therapeutic plan specific to diagnosis and management of acute symptoms related to disease or treatment along with monitoring effectiveness of interventions.
- Instructs patient/family regarding medications and treatments. Educates patient regarding health and illness preventions. Recommends community resources to meet patient and family needs.
- Manages medical emergencies.
- Supports professional practice by observing the following: Uses knowledge and practices in accordance with the Nurse Practice Act; Joint Commission, state, and local laws; and Patient's Bill of Rights hospital policies.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS metrics.
- Maintains patient confidentiality.
- Utilizes professional nursing theory, practices, and regulations to give and evaluate patient care.
- Identifies common safety hazards and precautions to establish/maintain a safe work environment.
- Skill in applying and modifying the principles, methods, and techniques of professional nursing to provide ongoing patient care.
- Skill in taking medical histories and assess medical condition and interpret findings.
- Ability to maintain quality control standards.
- Ability to react calmly and effectively in emergency situations.
- Ability to interpret, adapt and apply guideline and procedures.
- Ability to communicate clearly and establish/maintain effective working relations with patients, medical staff, and the public.
- Performs other duties as required.

REQUIREMENTS

- Current certification of licensure as a nurse practitioner.
- Excellent written and verbal communication skills.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.18 GI Technician Job Description

Under supervision of the Endoscopist, Radiology Director, Supervisor, or Lead Technician, the GI Technician will assist medical teams using endoscopes to diagnose or treat patients with gastrointestinal problems.

RESPONSIBILITIES

- Prepares the procedure room and equipment in the beginning of the day and after each procedure.
- Assists medical team and providers during procedures.
- Cleans and sterilizes endoscopy equipment.
- Complete patient intake and transport patients.
- Collects specimens from patients using standard medical procedures.
- Maintains or repairs endoscopic equipment.
- Perform safety checks to verify proper equipment functioning.
- Assists with paperwork and record keeping of physician observations.
- Maintains confidentiality at all times with patients, medical staff, and co-workers.
- Adheres to and supports the policies/procedures/goals/objectives of the facility to provide quality patient care.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Maintains positive relationships with physicians and other interprofessional team members, collaborating to problem solve and improve patient care.
- Provides excellent customer service and positively impacts HCAHPS and other facility-based care metrics.
- Performs other duties as assigned/necessary.

REQUIREMENTS

- Excellent written and verbal communication skills.
- Ability to work in a fast-paced environment.
- Critical thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Computer proficiency required.

4.19 Dental Hygienist Job Description

Under the supervision of the dental provider, the Dental Hygienist conducts initial oral patient screenings, cleans teeth, assists the dental provider, takes and develops dental radiographs, and advises patients on oral health and preventative care.

RESPONSIBILITIES

- Conducts patient screening procedures; such as assessment of oral health conditions, review of health history, oral cancer screening, head and neck inspection.
- Obtains and develops dental radiographs (x-rays).
- Removes calculus and plaque from all surfaces of the teeth.
- Applies preventive materials to the teeth (i.e., sealants and fluorides).
- Sterilizes dental instruments and tools.
- Provides chairside assistance during dental procedures.
- Teaches patients appropriate oral hygiene strategies to maintain oral health.
- Counsels patients about good nutrition and its impact on oral health.
- Takes impressions of patients' teeth for study casts as needed.
- Performs documentation and office management activities.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Adheres to office/clinic policies, procedures, and objectives and performs other duties as assigned.

REQUIREMENTS

- Requires valid license to practice and evidence of education in the specialty.
- Sitting/Standing for prolonged periods, frequently walking, and reaching.
- Proficient communicative, auditory, and visual skills needed.
- Attention to detail and the ability to understand and follow verbal and written instructions.
- Must effectively read and write legibly.
- Demonstrate computer skills appropriate for the position.
- Must have the ability to lift approximately 50 pounds.
- Must have in-depth knowledge of health and safety regulations (i.e., HIPAA compliance).

4.20 Dietician Job Description

The Dietitian completes nutrition assessments and reassessments, provides education to patients and their families as a member of the interdisciplinary patient care team.

RESPONSIBILITIES

- Conducts nutrition assessments, identifying patients at risk.
- Creates dietary plans of care based on knowledge of patient's current health status and implements interventions appropriate to meet the unique patient needs.
- Analyzes the effectiveness of interventions and uses metrics to implement data-driven improvements.
- Integrates new findings from the latest nutritional research into diet plans and nutritional services.
- Provides nutrition education to patients and mitigates risk factors.
- Evaluates and amends plans of care to incorporate ongoing changes in patient status.
- Collaborates with all members of the healthcare team to tailor dietary services that are personalized, age-specific, and culturally appropriate to improve patient outcomes.
- Documents patient status, plans, and progress and makes changes based on identified patient needs per facility documentation requirements.
- Adheres to facility and department policies, procedures, and objectives and performs other duties as assigned.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs related job duties as required.

REQUIREMENTS

- Demonstrate critical thinking to integrate facts, formulate informed opinions, actively listen, and make professional observations.
- May be required to help lift and transfer patients.
- Sitting/Standing for prolonged periods, frequently walking, and reaching.
- Proficient communicative, auditory, and visual skills needed.
- Attention to detail and the ability to understand and follow verbal and written instructions.
- Must effectively read and write legibly.
- Demonstrate computer skills appropriate for the position.
- Must have the ability to lift approximately 50 pounds.
- Uses appropriate standards of safety, hygiene and infection control while maintaining a patient care environment with a focus on safety to prevent the spread of communicable disease between patients and staff.

4.21 EEG Technician Job Description

EEG Technician performs Electroencephalographic procedures using specialized electroencephalographs which are used to measure and record the electrical activity of brain waves.

RESPONSIBILITIES

- Prepares patient and performs Electroencephalograms and other tests within scope of practice.
- Prepares patients for procedures as appropriate to requirements; explains procedures to patients and position patients as appropriate; assists patients at end of procedure.
- Selects proper technical factors for each patient, adjusting equipment accordingly.
- Follows prescribed procedure in the administration of procedure; determines appropriate calibrations and/or techniques, arranges immobilization and/or support devices, and selects appropriate devices/equipment.
- Cleans and maintains equipment (EEG machine and accessories).
- Use specific protocol for patient wires including taking them off and proper cleaning and storage.
- Ensures proper care in the use and maintenance of equipment and supplies; promotes continuous improvement of workplace safety and environmental practices.
- Edit and prepare test for reading by a Physician.
- Reports findings or concerns to reading physician for prompt interpretation.
- Will demonstrate customer service in all interaction, that is compassionate, courteous, friendly, non-judgmental and demonstrate a respect for privacy.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs related job duties as required.

REQUIREMENTS

- Ability to walk, stand, and stoop.
- Handling and Moving Objects- Using hands and arms in handling, installing, positioning, and moving materials, manipulating things.
- May be required to help lift and transfer patients.
- Sitting/Standing for prolonged periods, frequently walking and reaching.
- Proficient communicative, auditory, and visual skills needed.
- Attention to detail and the ability to understand and follow verbal and written instructions.
- Must effectively read and write legibly.
- Must have the ability to lift up to 50 pounds.
- Must have the ability to push/pull greater than 100 pounds.

4.22 Electrophysiology Technician Job Description

Electrophysiology technicians work under the direction of the Electrophysiology Lab Manager or Supervisor and in conjunction with the EP Cardiologist, assists physician in the Electrophysiology laboratory during intra-cardiac EP studies and pacemaker implants, including collection and interpretation of data; performs all duties and responsibilities of electrophysiology technician.

RESPONSIBILITIES

- Performs all duties of an electrophysiology technician.
- Performs and assists the electrophysiologists with the most complex electrophysiology studies.
- Operates complex electrophysiology specialty equipment including but not limited to 3D mapping systems, stimulation systems, intracardiac echocardiography and EP monitoring and recording system.
- Performs at an expert clinical level and assists the physician in the performance of pediatric and adult electrophysiology procedures; including both diagnostic and interventional.
- Demonstrates expertise in all cardiovascular laboratory technical skills, image acquisition, transferring and archiving of images, trouble shooting skills and expert knowledge of catheters and specialty equipment used during EP procedures.
- Demonstrates an expert knowledge of radiological equipment & safety, shielding techniques, expert imaging skills and X-Ray equipment trouble-shooting skills, analyzing, 3D mapping and recording equipment and other equipment utilized in the Electrophysiology Lab.
- Operates various equipment needed to monitor blood pressure, oxygen level, electrocardiograms, pressure in chambers and vessels in the heart
- Prepares patient for electrophysiology study.
- Sets up all monitors needed and operates associated electrophysiology study equipment.
- Adheres to hospital and department policies, procedures, and objectives and performs other duties as assigned.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs related job duties as required

REQUIREMENTS

- Electrophysiology Technicians are exposed to a minor level of radiation in the course of some procedures, but the levels are closely monitored and protected against.
- Ability to wear lead apron (5-7 pounds) for up to 3 hours and have the ability to walk, stand, and stoop.
- Handling and Moving Objects- Using hands and arms in handling, installing, positioning, and moving materials, manipulating things.
- May be required to help lift and transfer patients.
- Sitting/Standing for prolonged periods, frequently walking and reaching.
- Proficient communicative, auditory, and visual skills needed.
- Attention to detail and the ability to understand and follow verbal and written instructions.
- Must effectively read and write legibly.
- Demonstrate computer skills appropriate for the position.
- Must have the ability to lift approximately 50 pounds.

4.23 Sleep/Polysomnography Technician Job Description

Under limited supervision, provides comprehensive evaluation and treatment of sleep disorders, diagnostic and therapeutic interventions, comprehensive patient care and direct patient education.

RESPONSIBILITIES

- Provides comprehensive evaluation and treatment of sleep disorders including sleep testing, diagnostic and therapeutic interventions, comprehensive patient care and direct patient education.
- Performs comprehensive sleep testing and analysis, and associated interventions under the general supervision of a sleep technologist and/or the medical director.
- Follow sleep center protocols related to the sleep study.
- Perform appropriate physiological calibrations to ensure proper signals and make required adjustments.
- Perform data acquisition while monitoring study-tracing quality to ensure signals are artifact-free. Identify, correct and document artifact.
- Document routine observations, including sleep stages and clinical events, changes in procedure, and other significant events in order to facilitate scoring and interpretation of polysomnographic results.
- Assist with appropriate interventions (including actions necessary for patient safety and therapeutic intervention such as positive airway pressure, oxygen administration, etc.).
- Demonstrate proficiency in recognizing sleep vs. wake and identify clinical events while monitoring sleep study patients.
- Demonstrate the knowledge and skills necessary to recognize and provide age specific care, treatment, assessment and education.
- Demonstrate the knowledge and skills necessary to perform portable monitoring equipment preparation and data download.
- Demonstrate adherence to cleaning and disinfection procedures for portable monitoring devices.
- Ensures proper care in the use and maintenance of equipment and supplies; promotes continuous improvement of workplace safety and environmental practices.
- Follow HIPAA policies to maintain the privacy and security of patient information.
- Adhere to sleep center policies related to quality assurance.
- Will demonstrate customer service in all interaction, that is compassionate, courteous, friendly, non-judgmental and demonstrate a respect for privacy.
- Skilled in critical thinking and ability to work with minimal supervision.
- Uses appropriate standards of safety and hygiene to maintain a patient care environment with a focus on safety and preventing the spread of communicable disease between patients and staff.
- Performs related job duties as required.

REQUIREMENTS

- Ability to walk, stand, and stoop.
- Handling and Moving Objects- Using hands and arms in handling, installing, positioning, and moving materials, manipulating things.
- May be required to help lift and transfer patients.
- Sitting/Standing for prolonged periods, frequently walking and reaching.
- Proficient communicative, auditory, and visual skills needed.
- Attention to detail and the ability to understand and follow verbal and written instructions.
- Must effectively read and write legibly.
- Demonstrate computer skills appropriate for the position.
- Must have the ability to lift approximately 50 pounds.

Section 5

ADDITIONAL INFORMATION

5.1 Information for Nurses Working on a Compact License in Ohio Whose Home State Is Not Ohio

OHIO NURSING LAW AND RULES

The Ohio Nurse Practice Act is codified in **Chapter 4723 of the Ohio Revised Code (ORC) (4723, ORC)** and in Rules issued by the Board in Chapter **4723 of the Ohio Administrative Code (OAC) (4723, OAC)**.

4723, ORC

4723.28, ORC is specific to discipline and compliance issues. This section covers (1) discipline in other jurisdictions / discipline on other professional licenses; (2) misdemeanor and felony convictions (including diversion and intervention in lieu of conviction pleas); (3) substance use and mental wellness; (4) professional boundaries; and (5) candor on Board Applications – as well as other compliance related issues.

Sections (B)(24) – (B)(36) details discipline and compliance issues for advanced practice registered nurses.

Unauthorized Practice (4723.03, ORC)

4723.03(A), ORC; 4723.03(D), ORC; and 4723.03(E), ORC describe restrictions on engaging in the practice of nursing and using nursing related initials / titles without proper authority.

4723, (OAC)

4723-4-06, OAC details the rules for the practice of nursing in Ohio, including rules on documentation; medication administration, as well as candor when dealing with employers and the Board.

4723-4-03, OAC details the standards of nursing practice specific to registered nurses.

4723-4-04, OAC details the standards of nursing practice specific to licensed practical nurses.

4723-4-07, OAC details the standards of nursing practice specific to advanced practice nurses.

LPNs and Administration of IV Therapy

LPNs are limited in their authorization to administer IV therapy. Please see Section **4723.18**, ORC, and **4723-17-03**, OAC, for permitted and prohibited IV therapy procedures.

This document only applies to RN/LPN individuals employed in Ohio under an out-of-state compact license.

References

References

Abbott J: Injuries and Illnesses of domestic violence. Ann Emerg Med 1997; 29; 781-785

Age Specific Competency throughout the Life Span.
http://www.nursingceu.com/NCEU/courses/agespecific

American Nurses Association. Position Statement: Nursing and the Patient Self - determination Acts. Retrieved December 21, 2001 from Board of Registered
Nursing, State of California. (1999, March).

Burkemper JE, DuBois JM, Lavin MA, Meyer GA, and McSweeney M. Ethics Education in MSN Programs: A Study of National Trends. Nursing Education Perspectives. 2007; 28: 10-17.

Centers for Disease Control and Prevention. "Division of Healthcare Quality
Promotion." Issues in Healthcare Settings. 19 Feb. 2003. Centers for Disease
Control and Prevention. 20 Feb. 2003 **http://www.cdc.gov/ncidod/hip/**

Centers for Disease Control and Prevention. "National Center for Infectious
Diseases." Viral Hepatitis. 26 Feb. 2003. US Department of Health and
Human Services. 20 Feb. 2003.
http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm

Centers for Medicare and Medicaid Services. The Health Insurance Portability and
Accountability Act of 1996 (HIPAA). **http://www.cms.hhs.gov/hipaa**

Child Abuse content: **https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html**,
https://www.registerednursing.org/what-should-nurse-do-suspect-patient-victim-abuse/,
https://www.childwelfare.gov/pubPDFs/manda.pdf

Constantino RE. Translation of Ethical, Sociocultural, and Accountability Issues in the Healthcare Professional Lawyer's Practice. Journal of Nursing Law. 2007; 11: 27-33.

Customer Relations content: **https://www.pharmacyowners.com/the-art-of-customer-service-give-em-the-pickle**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547690/, **https://www.marylandpatientsafety.org/html/education/solutions/2010/documents/culture/Hourly_Rounding_The_4_Ps.pdf**, **https://medisigndisplays.com/wp-content/uploads/2017/01/patient_whiteboards_as_a_communication_tool_in_the_hospital_setting_jhm.pdf**, **https://www.magnatag.com/blog/post/five-reasons-nurses-should-use-dry-erase-boards**

Easley, M: Domestic Violence. Ann Emerg Med 1966; 27: 762-763

Fagerstrom, L. The Dialectic Tension between "Being" and "Not Being" a Good Healthcare Professional.
Nursing Ethics. 2006; 13: 622-632.

Federal Register. (1987, January 27). Federal protection guidelines for
occupational exposure. Federal Register. Washington, DC: Author. P. 2811.

HITECH Compliance content: **https://blog.rsisecurity.com/what-is-hitech-compliance/**, **https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html#:~:text=The%20Health%20Information%20Technology%20for,use%20of%20health%20information%20technology.**

Hospital Emergencies and Alerts content: **http://www.wmhweb.com/members/modules/au1/ECM.pdf**, **https://www.nso.com/Learning/Artifacts/Articles/active-shooter**, **https://dps.mn.gov/divisions/hsem/weather-awareness-preparedness/Pages/alerts-warnings-types-of-warnings.aspx**, **https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/emergency-management/em-2014_recommendations_for_hospital_emergency_codes_final_(2).pdf?db=web&hash=FC590E169198CC8F3DF9B0E232A9660B**, **https://www.jointcommission.org/-/media/tjc/documents/resources/emergency-management/em-overhead-emergency-codes-posterpdf.pdf?db=web&hash=366E0850E57DDEBF80C3EF4B2B192B27**, **https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/plainlanguageemergencyalerts.pdf?sfvrsn=e0d0c699_10**

*Joint Commission on Accreditation of Healthcare Organizations. (2002). 2002
Hospital Accreditation Standards, Oakbrook Terrace, IL: Department of* Publications.

Moss, Dennis D. "Fire and Life Safety Program." Environment of Care. .
University Hospitals and Clinics. 24 February, 2003.
http://uuhsc.utah.edu/safety/fire%20extinguisher.htm
New York State Nurses Association. (2018). Position Statement on Floating. Retrieved from **https://www.nysna.org/position-statement-floating#.XpYh2YhKiUk**

Occupational Safety and Health Administration. OSHA standard on hazard communication. 29CFR1910.1200. Washington, DC: Author.

*Occupational Safety and Health Administration. OSHA standard on blood borne pathogens. 29CFR1910.1030.
Washington, DC: Author.*

O'Connor,K. & Dugan, J. (2017). Addressing Floating and Patient Safety. Nursing 2017, 47 (2), 57-58 . Retrieved on 4/14/2020
https://www.nursingcenter.com/journalarticle?Article_ID=3968283&Journal_ID=54016&Issue_ID=3968110

*OSHA. "Summary of OSHA's Blood borne Pathogen Standard." OSU EHS Safety Training. 9 Jan. 2003.
Oklahoma State University. 20 Feb. 2003.*
http://www.pp.okstate.edu/ehs/modules/bbp/bbpsum.htm

Stone, Barbara, EdD. Spirit Song – Return to Spirit (1999). **http://www.spiritsong.org/unit3.htm**

Campinha-Bacote, J. (2002).
The process of cultural competence in the delivery of healthcare services: A model of care.
Journal of Transcultural Nursing, 13(3), 181–184.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989).
Towards a culturally competent system of care.
Georgetown University Child Development Center.

Office of Minority Health, U.S. Department of Health & Human Services. (2013).

National standards for culturally and linguistically appropriate services (CLAS) in health and health care.

The Joint Commission. (2010).
Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals.

Institute of Medicine (US). (2003).
Unequal treatment: Confronting racial and ethnic disparities in health care.
Washington, DC: National Academies Press.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003).
Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Reports, 118(4), 293–302.

Flores, G. (2006).
Language barriers to health care in the United States.
New England Journal of Medicine, 355(3), 229–231.

National Academies of Sciences, Engineering, and Medicine. (2017).
Communicating effectively to improve health outcomes.
Washington, DC: National Academies Press

Sue, D. W., & Sue, D. (2016).
Counseling the culturally diverse: Theory and practice (7th ed.).
Hoboken, NJ: Wiley.

Tervalon, M., & Murray-García, J. (1998).
Cultural humility versus cultural competence: A critical distinction.
Journal of Health Care for the Poor and Underserved, 9(2), 117–125.