REGULATORY TRAINING BOOK FOR AGENCY AND STUDENT NURSES WORKING AT NMH

2015
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INSTRUCTIONS

1. You need to read the complete book.
   This book covers regulatory information you need to know to work at NMH.

2. You need to take a 40 question quiz and obtain a score of 100%. You can answer each question as many times as needed until you get it correct.

3. If you are an agency RN, please sign page 12 and provide to your agency contact.
Learning Objectives
Upon completion of the National Patient Safety Goals training, you will be able to:
- Identify the National Patient Safety Goals to be incorporated into your daily nursing practice in order to provide safe patient care.

National Patient Safety Goals
It is important for you to be aware of the Joint Commission’s annually released National Patient Safety Goals (NPSG) and recognize processes developed within a facility that may be changing because of them. In 2014, The Joint Commission made one addition to the 2013 Goals, NPSG.06.01.01, all the other existing goals and elements of performance had minor changes only.

Listed below is a review of the NPSGs and the Elements of Performance. The facilities applicable are listed (see KEY listed at the bottom of the page). After reviewing these goals you should bring any questions concerning specific procedures to each facility’s management or training staff. It is essential that you incorporate these practices into your daily work so that you become a part of the patient safety solution.

GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION. (1,2,3,4,5,6,7,8,9)

NPSG.01.01.01 Use at least two patient identifies when providing care, treatment, and services (1,2,3,4,5,6,7,8,9)

Elements of Performance for NPSG.01.01.01
1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. For example, use the name and the date of birth. The patient's room number or physical location is not used as an identifier.
2. Label containers used for blood and other specimens in the presence of the patient.

NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification. (1,3,5,9)

Elements of Performance for NPSG.01.03.01
1. Before initiating a blood or blood component transfusion:
   - Match the blood or blood component to the order.
   - Match the patient to the blood or blood component.
   - Use a two-person verification process or a one person verification process accompanied by automated identification technology such as bar coding.
2. When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.
3. When using a two-person verification process, the second individual conducting the identification verification is qualified to participate in the process, as determined by the hospital.

GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS. (3,5,6)

NPSG.02.03.01 Report critical results of tests and diagnostic procedures on a timely basis. (3,5,6)

Elements of Performance for NPSG.02.03.01
1. Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following:
   - The definition of critical results of tests and diagnostic procedures
   - By whom and to whom critical results of tests and diagnostic procedures are reported
   - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures
2. Implement the procedures for managing the critical results of tests and diagnostic procedures.
3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.
GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS. (1,3,5,7,8,9)

NPSG.03.04.01 Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins. (1,3,5,9)

Elements of Performance for NPSG.03.04.01

1. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.
   
   Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.

2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.

3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels, include the following:
   - Medication name
   - Strength
   - Quantity
   - Diluent and volume (if not apparent from the container)
   - Expiration date when not used within 24 hours
   - Expiration time when expiration occurs in less than 24 hours
   
   Note: The date and time are not necessary for short procedures, as defined by the hospital.

4. Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.

5. Label each medication or solution as soon as it is prepared, unless it is immediately administered.
   
   Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.

6. Immediately discard any medication or solution found unlabeled.

7. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.
   
   Note: This does not apply to multiuse vials that are handled according to infection control practices.

8. All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.

NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. (1,3,5,7,8)

Elements of Performance for NPSG.03.05.01

1. Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.
   
   Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.

2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.

3. Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.

4. Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.

5. When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing.

6. A written policy addresses baseline and ongoing laboratory tests that are required for anticoagulants.

7. Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following:
   - The importance of follow-up monitoring
   - Compliance of
   - Drug-food interactions
   - The potential for adverse drug reactions and interactions
8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.

**NPSG.03.06.01 Maintain and communicate accurate patient medication information. (1,2,3,4,5,7,8,9)**

**Elements of Performance for NPSG.03.06.01**

1. Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.
   - **Note 1:** Current medications include those taken at scheduled times and those taken on an as-needed basis. See the Glossary for a definition of medications.
   - **Note 2:** It is often difficult to obtain complete information on current medications from a patient. A good faith effort to obtain this information from the patient and/or other sources will be considered as meeting the intent of the EP.

2. Define the types of medication information to be collected in non-24-hour settings and different patient circumstances.
   - **Note 1:** Examples of non-24-hour settings include the emergency department, primary care, outpatient radiology, ambulatory surgery, and diagnostic settings.
   - **Note 2:** Examples of medication information that may be collected include name, dose, route, frequency, and purpose.

3. The medications ordered for the patient while under the care of the hospital are compared to those on the list created at the time of entry to the hospital or admission.

4. Provide patient/family with written information on the medications the patient should be taking when discharged or at the end of the outpatient encounter.
   - **Note:** When the only additional medications prescribed are for a short duration, the medication information the hospital provides may include only those medications.

5. When the patient leaves the hospital’s care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.
   - **Note 1:** Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies, and to carry the medication information at all times.

**GOAL 6: REDUCE THE HARM ASSOCIATED WITH CLINICAL ALARM SYSTEMS. (3,4,5)**

**NPSG.06.01.01 Improve the safety of clinical alarm systems (3,5)**

**Elements of Performance for NPSG.06.01.01**

1. As of July 1, 2014, Leaders establish alarm system safety as a hospital priority.

2. During 2014, identify the most important alarm signals to manage based on the following:
   - Input from the Medical Staff and Clinical Departments
   - Risk to patients if the alarm signal is not attended to or if it malfunctions
   - Whether specific alarm signals are needed or contribute to unnecessary alarm noise and alarm fatigue
   - Potential for patient harm based on internal incident history
   - Published best practice guidelines

3. As of January 1, 2016, establish policies and procedures for managing the alarms identified in EP 2 above that, at a minimum, address the following:
   - Clinically appropriate settings for alarm signals
   - When alarms can be disabled
   - When alarm parameters can be changed
   - Who in the organization has the authority to:
     - Set alarm parameters
     - Change parameters
     - Set alarm parameters to “off”
   - Monitoring and responding to alarm signals
   - Checking individual alarm signals for accurate settings, proper operation and detectability

4. As of January 1, 2016, educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.
GOAL 7: REDUCE THE RISK OF HEALTHCARE-ASSOCIATED INFECTIONS. (1,2,3,4,5,6,7,8,9)

**NPSG.07.01.01** Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. (1,2,3,4,5,6,7,8,9)

*Elements of Performance for NPSG.07.01.01*
1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.
2. Set goals for improving compliance with hand hygiene guidelines.
3. Improve compliance with hand hygiene guidelines based on established goals.

**NPSG.07.03.01** Implement evidence-based practices to prevent healthcare–associated infections due to multidrug-resistant organisms in acute care hospitals. Note: This requirement applies to but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria. (3,5)

*Elements of Performance for NPSG.07.03.01*
1. Conduct periodic risk assessments (in time frames defined by the hospital) for multidrug-resistant organism acquisition and transmission.
2. Based on the results of the risk assessment, educate staff and licensed independent practitioners about health care–associated infections, multidrug-resistant organisms, and prevention strategies at hire and annually thereafter. *Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the hospital.*
3. Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies.
4. Implement a surveillance program for multidrug-resistant organisms based on the risk assessment. *Note: Surveillance may be targeted rather than hospital-wide.*
5. Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following:
   - Multidrug-resistant organism infection rates using evidence-based metrics
   - Compliance with evidence-based guidelines or best practices
   - Evaluation of the education program provided to staff and licensed independent practitioners. *Note: Surveillance may be targeted rather than hospital-wide.*
6. Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.
7. Implement policies and practices aimed at reducing the risk of transmitting multidrug–resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).
8. When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms. *Note: The alert system may use telephones, faxes, pagers, automated and secure electronic alerts, or a combination of these methods.*
9. When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients who are known to be positive for multidrug-resistant organisms. *Note 1: The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both. Note 2: Each hospital may define its own parameters in terms of time and clinical manifestation to determine which re-admitted patients require isolation.*

**NPSG.07.04.01** Implement evidence-based practices to prevent central line associated bloodstream infections. Note: This requirement covers short and long-term central venous catheters and peripherally inserted central catheter (PICC) lines. (3,5 Applies all EPs) (7, 8 – only Applies to the Elements of Performance 1,12,13)

*Elements of Performance for NPSG.07.04.01*

KEY: 1=Ambulatory, 2=Behavioral Health, 3=Critical Access Hospital, 4=Home Care, 5=Hospital, 6=Lab, 7=Long Term Care, 8=Medicare/Medicaid

Long Term Care, 9=Office-Based Surgery
1. Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities.

2. Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line–associated bloodstream infection prevention.

3. Implement policies and practices aimed at reducing the risk of central line–associated bloodstream infections. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).

4. Conduct periodic risk assessments for central line–associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the hospital, and this infection surveillance activity is hospital-wide, not targeted.

5. Provide central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

6. Use a catheter checklist and a standardized protocol for central venous catheter insertion.

7. Perform hand hygiene prior to catheter insertion or manipulation.

8. For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.

9. Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.

10. Use a standardized protocol for sterile barrier precautions during central venous catheter insertion.

11. Use an antiseptic for skin preparation during central venous catheter insertion that is cited in scientific literature or endorsed by professional organizations.

12. Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.

13. Evaluate all central venous catheters routinely and remove nonessential catheters.

**NPSG.07.05.01 Implement evidence-based practices for preventing surgical site infections (1,3,5,9)**

**Elements of Performance for NPSG.07.05.01**

1. Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual’s job responsibilities.

2. Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.

3. Implement policies and practices aimed at reducing the risk of surgical site infections. These policies and practices meet regulatory requirements and are aligned with evidence-based guidelines (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).

4. As part of the effort to reduce surgical site infections:
   - Conduct periodic risk assessments for surgical site infections in a time frame determined by the hospital.
   - Select surgical site infection measures using best practices or evidence-based guidelines.
   - Monitor compliance with best practices or evidence-based guidelines.
   - Evaluate the effectiveness of prevention efforts.

   **Note:** Surveillance may be targeted to certain procedures based on the hospital’s risk assessment.

5. Measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. The hospital’s measurement strategies follow evidence-based guidelines.

   **Note:** Surveillance may be targeted to certain procedures based on the hospital’s risk assessment.

6. Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders.

7. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations.

8. When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations.
NPSG.07.06.01 Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI)* (3.5) Not applicable to pediatric populations. (EP 1 applies only to 3 Critical Access Hospital)

**Elements of Performance for NPSG.07.06.01**

1. During 2012, plan for the full implementation of this NPSG by January 1, 2013.  
   *Note:* Planning may include a number of different activities, such as assigning responsibility for implementation activities, creating timelines, identifying resources, and pilot testing.
2. Insert indwelling urinary catheters according to established evidenced-based guidelines that address the following:
   - Limiting use and duration to situations necessary for patient care
   - Using aseptic techniques for site preparation, equipment, and supplies
3. Manage indwelling urinary catheters according to established evidence-based guidelines that address the following:
   - Securing catheters for unobstructed urine flow and drainage
   - Maintaining the sterility of the urine collection system
   - Replacing the urine collection system when required
   - Collecting urine samples
4. Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:
   - Selecting measures using evidence-based guidelines or best practices
   - Monitoring compliance with evidence-based guidelines or best practices
   - Evaluating the effectiveness of prevention efforts
   *Note:* Surveillance may be targeted to areas with a high volume of patients using in-dwelling catheters. High-volume areas are identified through the hospital’s risk assessment as required in IC.01.03.01, EP 2.

**GOAL 9: REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS. (4,7,8)**

NPSG.09.02.01 Reduce the risk of falls (4,7,8)

**Elements of Performance for NPSG.09.02.01**

1. Assess the patient’s risk for falls.
2. Implement interventions to reduce falls based on the patient’s assessed risk.
3. Educate staff on the fall reduction program in time frames determined by the organization.
4. Educate the patient and, as needed, the family on any individualized fall reduction strategies.
5. Evaluate the effectiveness of all fall reduction activities including assessment, interventions and education.
   *Note:* Examples of outcome indicators to use in the evaluation include decreased number of falls, and decreased number and severity of fall-related injuries.

**GOAL 14: PREVENT HEALTHCARE-ASSOCIATED PRESSURE ULCERS (DECUBITIS ULCERS). (7,8)**

NPSG.14.01.01 Assess and periodically reassess each resident’s risk for developing a pressure ulcer and take action to address any identified risks. (7,8)

**Elements of Performance for NPSG.14.01.01**

1. Create a written plan for the identification of risk for and prevention of pressure ulcers.
2. Perform an initial assessment at admission to identify residents at risk for pressure ulcers.
3. Conduct a systematic risk assessment for pressure ulcers using a validated risk assessment tool such as the Braden Scale or Norton Scale.
4. Reassess pressure ulcer risk at intervals defined by the organization.
5. Take action to address any identified risks to the resident for pressure ulcers, including the following:
   - Preventing injury to residents by maintaining and improving tissue tolerance to pressure in order to prevent injury
   - Protecting against the adverse effects of external mechanical forces
6. Educate staff on how to identify risk for and prevent pressure ulcers.
GOAL 15: THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION. (2,4,5)

NPSG.15.01.01 Identify patients at risk for suicide. Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals. (2,5)

**Elements of Performance for NPSG.15.01.01**
1. Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
2. Address the patient’s immediate safety needs and most appropriate setting for treatment.
3. When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.

NPSG.15.02.01 Identify risks associated with home oxygen therapy such as home fires. (4)

**Elements of Performance for NPSG.15.02.01**
1. Conduct a home oxygen safety risk assessment that addresses at least the following:
   - Whether there are smoking materials in the home
   - Whether there are other fire safety risks in the home, such as the potential for open flames
   - Whether or not the home has functioning smoke detectors
   **Note:** Further information about risks associated with home oxygen therapy and risk reduction strategies can be found in Sentinel Event Alert 17.
2. Inform the patient and family/caregiver of the findings of the safety risk assessment and educate the patient and family/caregiver about the causes of fire, precautions that can prevent fire-related injuries, and recommendations to address the specific identified risk.
3. Assess the patient’s level of comprehension of and compliance with identified risks and suggested interventions.

INTRODUCTION TO THE UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, AND WRONG PERSON SURGERY™ (1,3,5,9)

The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

**UP.01.01.01 Conduct a preprocedure verification process. (1,3,5,9)**

**Elements of Performance for UP.01.01.01**
1. Implement a preprocedure process to verify the correct procedure, for the correct patient, at the correct site. **Note:** The patient is involved in the verification process when possible.
2. Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:
   - Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and preanesthesia assessment)
   - Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
   - Any required blood products, implants, devices, and/or special equipment for the procedure
   **Note:** The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.
3. Match the items that are to be available in the procedure area to the patient.

**UP.01.02.01 Mark the procedure site. (1,3,5,9)**

**Elements of Performance for UP.01.02.01**
1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.

*Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.*

2. Mark the procedure site before the procedure is performed and, if possible, with the patient involved.

3. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:
   - An individual in a medical residency program who is being supervised by the licensed independent practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed
   - A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed independent practitioner performing the procedure (that is, an advanced practice registered nurse (A.P.R.N.) or physician assistant (P.A.); who is familiar with the patient; and who will be present when the procedure is performed.

*Note: The hospital's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.*

4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

*Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the site.*

5. A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum).

*Note: Examples of other situations that involve alternative processes include:
   - Minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
   - Teeth
   - Premature infants, for whom the mark may cause a permanent tattoo*

**UP.01.03.01 A time-out is performed before the procedure (1,3,5,9)**

**Elements of Performance for UP.01.03.01**

1. Conduct a time-out immediately before starting the invasive procedure or making the incision.

2. The time-out has the following characteristics:
   - It is standardized, as defined by the hospital.
   - It is initiated by a designated member of the team.
   - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.

3. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.

4. During the time-out, the team members agree, at a minimum, on the following:
   - Correct patient identity
   - The correct site
   - The procedure to be done

5. Document the completion of the time-out.

*Note: The hospital determines the amount and type of documentation.*
ACKNOWLEDGEMENT FORM (for Agency Nurses ONLY)

GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION,
GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS.
GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS.
GOAL 6: REDUCE THE HARM ASSOCIATED WITH CLINICAL ALARM SYSTEMS
GOAL 7: REDUCE THE RISK OF HEALTHCARE-ASSOCIATED INFECTIONS.
GOAL 9: REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS,
GOAL 14: PREVENT HEALTHCARE-ASSOCIATED PRESSURE ULCERS (DECUBITIS ULCERS).
GOAL 15: THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION.

INTRODUCTION TO THE UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, AND WRONG PERSON SURGERY™

By signing this form, I acknowledge that I have read, understand, and will incorporate the 2014 National Patient Safety Goals into my daily work practices.

_________________________________________________________________________________________________
Employee Printed Name

_________________________________________________________________________________________________
Employee Signature Date
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING

Learning Objectives
Upon completion of the HIPAA Training, you will be able to:
- Describe the origins and intent of Health Insurance Portability and Accountability Act (HIPAA) legislation.
- Recognize the impact of HITECH legislation.
- Discuss the Privacy Rule and Security Rule.
- Recall the definitions and regulations pertaining to Protected Health Information (PHI).
- Explain the enforcement and criminal penalties associated with HIPAA.

What Is HIPAA About?
HIPAA is about the:
- Protection of health information (security)
- Proper use of health information (privacy)
- Promotion of electronic data exchange

History of HIPAA
Congress passed a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), to improve efficiency and effectiveness of the healthcare system. The law includes:
- A series of “Administrative simplification” provisions that required the Department of Health and Human Services (HHS) to adopt national standards for electronic healthcare transactions.
- The adoption of security and privacy standards in order to secure protected health information (PHI).
- In 2009, the federal government passed the American Recovery and Reinvestment Act (ARRA), also known as the “Stimulus Bill”. Contained in ARRA is the Health Information Technology for Economic and Clinical Health Act (HITECH Act). A portion of the money approved in this legislation is for the expansion of Electronic Health Records (EHR) by physicians and hospitals, along with extending privacy and security protections currently available under HIPAA. Also included are:
  - Increased development and use of EHRs in the workplace.
  - Increased scrutiny of EHR security (who is accessing EHR and do they have a need to know) by the workplace.
  - Increased reporting of EHR breaches.
  - Increased penalties for those discovered breaching safeguards contained in the Security Rules. The HITECH Act now requires HHS to conduct periodic audits. Mandatory penalties are imposed.

Origins and Intent of HIPAA
The intentions of HIPAA are to reduce administrative costs of providing healthcare, to make it easier to transmit and use medical information and to create National Standards. The purpose of this plan is to ensure the privacy and security of protected health information. The Act is comprised of two major legislative actions:
- Health Insurance reform that included a wide array of provisions designed to make health insurance more affordable and accessible.
- Administrative simplification of creation, retention, and transmission of electronic health information.

Who Is Covered by HIPAA?
Almost every organization that provides or pays for health services or exchanges healthcare data of any kind is subject to HIPAA. All healthcare providers (physicians, nurses, etc.); all health plans (HMOs, insurers); and all health information clearing houses are “covered entities”.

HIPAA extends protection to every patient whose information is collected, used, and disclosed by such covered entities. It imposes responsibilities on the entire workforce of a covered entity to secure those rights. A covered entity’s work force includes all employees, volunteers, and “business associates” i.e. all companies that handle health information on a covered entity’s behalf.

Agency Nurses: As a provider of healthcare staffing, Medical Staffing Network is a “business associate” of “covered entities” (hospitals, clinics, doctor offices, etc.).
Student Nurses: You must comply with HIPAA requirements.
Who Enforces HIPAA?
The Office for Civil Rights enforces:
- The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.
- The HIPAA Security Rule, which sets national standards for the security of electronic protected health information.
- The confidentiality provisions of the Patient Safety Rule, which protects identifiable information being used to analyze patient safety events and improve patient safety.

Security Standards
Security Standards are defined as controls to protect confidential information from unauthorized access, modification or destruction. The goals of these standards are to ensure confidentiality, integrity, and availability. These goals are based on good business practices. These standards include the Privacy Rule.

Privacy Rule
The Privacy Rule covers the following Protected Health Information (PHI):
- Individually identifiable health information.
- Transmitted or maintained in any form or medium.
- Created or received by a covered entity.
- Related to a past, present, or future physical or mental condition.
- Related to the provisions of healthcare.
- Related to the past, present, or future payment for the provision of healthcare.

HIPAA affects all information, not just electronic records. It protects individually identifiable information and all medical records in ANY form - electronic, paper, or verbal whether or not it has ever been transmitted or maintained electronically. Only information that would virtually be impossible to identify the person to whom the data refers is not covered by HIPAA.

Key Provisions of the Privacy Rule
- Privacy Notice – A notice of privacy practices must be made available to all patients.
- Patients have privacy rights–Including requesting restrictions on how an organization can use their information and requesting changes or corrections be made to their PHI.
- Authorizations – The use and disclosure of PHI is generally allowed without the patient’s authorization when it is for the purpose of treatment, payment for healthcare services or healthcare operations purposes.
- Minimum necessary information – Covered entities must limit their use and disclosure of PHI to the “Minimum necessary” to accomplish the intended purpose.
- Covered entities must have contracts with business associates that protect PHI.

What Does HIPAA mean to me?
As a healthcare worker:
- You must protect PHI in all forms, oral, written, computerized, and faxed in all settings in which you work.
- You must be familiar with and comply with all privacy policies and procedures where you work.
- You can be subject to civil and criminal penalties for violating HIPAA privacy regulations.
- Information regarding PHI may be disclosed in the following situations:
  - To prevent or control disease, injury or disability.
  - To report child abuse or neglect.
  - To report product recalls.
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. AND
  - To notify the appropriate government authority, when authorized by law, to report information about abuse, neglect or domestic violence.
- You cannot look up or provide protected healthcare information to a personal friend/family even if requested.

Required Authorization
You are required to obtain a signed authorization from the patient if you use or disclose his/her PHI for purposes other than:
- Treatment
• Payment
• Healthcare operations

Examples of when signed authorization is needed to use PHI are:
• For use or disclosure of psychotherapy notes other than for treatment, payment, or healthcare operations.
• For use or disclosure to third parties for marketing activities such as selling patient lists.

Authorization Forms
The authorization form only covers the use/disclosure outlined in that specific form. The form must include the following:
• A description of the PHI to be used/disclosed.
• Who will use/disclose PHI and for what purpose.
• Whether or not it will result in financial gain for the covered entity.
• The patient’s right to revoke the authorization at any time.
• A signature of the patient whose records are being used/disclosed and the date of signature.
• An expiration date.

Enforcement and Criminal Penalties
There are significant penalties for violating the privacy regulations of HIPAA. Both organizations and individuals, who commit violations, may be subject to fines.
• Civil penalties are $100 per incident, capped at $25,000 for each calendar year, per person, per standard for each requirement or prohibition that is violated. Examples are:
  o Looking up a coworker’s medical record to learn their birth date.
  o Reading the record of your friend’s mother to obtain information for your friend.
  o Knowingly releasing patient information which can result in a one year jail sentence and a $50,000 fine.
  o Gaining access to health information under false pretenses which can result in a five year jail sentence and a $100,000 fine.
• There are also criminal penalties for knowingly violating the Privacy Rule. These penalties can be up to $250,000 and 10 years in prison. The criminal penalties are enforced by the Department of Justice.

How an Organization Meets HIPAA regulations
Each organization is committed to protecting patient privacy and confidentiality. When a healthcare worker fails to protect patient information and records by not following the organization’s privacy policy, it can impact the healthcare worker’s license to practice. It is the healthcare worker’s responsibility to review the organization’s privacy policy and understand its requirements.

These are some common sense methods for healthcare workers to protect patient privacy:
• Ask yourself, “Do I need to know this information to do my job?”
• Close patient room doors when discussing treatments and administering procedures.
• Close curtains and speak softly in semi-private rooms when discussing treatments and administering procedures.
• Avoid discussions about patients in elevators and cafeteria lines.
• Do not leave messages regarding patient conditions or test results on answering machines or with anyone other than the patient.
• Avoid paging patients using information that could reveal their health issues.
• When patient information is in your possession, do not leave it unattended in an area where others can see it.
• When you are finished using paper information, return it to its appropriate location.
• When discarding paper patient information, make sure the information is shredded or locked in a secure bin to be destroyed later.
• Use screen savers to block patient information displayed on unattended computer monitors.
• Log off all computer applications before you walk away from the computer.
• Position computer monitors so that visitors or people walking by cannot view the information.
• Send private health information only via a secure fax machine.
• Do not let faxed patient information lie around a fax machine unattended. Immediately dispose of or file faxed information before others can see it.

It is the healthcare worker’s responsibility to request information and follow each organization’s guidelines for HIPAA. No records should be released to any party without appropriate authorization. Any discussion of the patient’s care and/or clinical record without signed authorization may be a HIPAA violation.
NM Corporate Compliance Resources
The following information is intended to be resources you can use at NMH if you have corporate compliance issues or questions:

NM Corporate Compliance Policies
(Found on the hospital’s intranet, Northwestern Memorial Interactive (NMI) by logging into NMI and selecting Policies and Procedures tab. You can then conduct a search for any policy).

- NMHC ADM 01.0002 Reviewing Alleged Misconduct in Research
- NMHC ADM 01.0003 Records Management
- NMHC ADM 01.0007 Integrated Code of Ethics
- NMHC ADM 01.0009 Education About False Claims Laws
- NMHC ADM 01.0011 Conflict of Interest
- NMHC ADM 01.0013 Gifts and Other Business Courtesies From Vendors, Referral Recipients, and Patients Policy.
- NMHC ADM 01.0015 Privacy and Confidentiality-(and related Appendices)
- NMHC ADM 01.0019 Responding to Government Audits, Inquiries, and Investigations
- NMHC ADM 01.0100 Detection, Prevention, and Mitigation of Medical Identity Theft
- NMHC ADM 01.0101 Corporate Compliance and Integrity Compliance Investigations: Responsibilities and Procedures
- NMHC FIN 03.0012 Free and Discounted Care
- NMHC IS 01.9001 Information Security Policy
- NMH PC 05.0040 EMTALA Emergency Medical Treatment and Active Labor Act

Corporate Compliance Department
Where can I turn for help:
- Call the Office of Corporate Compliance & Integrity (CCI) at 312.926.4800
- Email CCI at compliance@nmh.org.
- Call the confidential Compliance Hotline at 844.339.6271. Note: You may remain anonymous.
- You may also report via EthicsPoint at https://secure.ethicspoint.com/domain/media/en/gui/41424/index.html Note: You may remain anonymous.
- Refer to the policy, Reporting of Wrongdoing: Responsibilities, Protections, and False Claims Laws
THE JOINT COMMISSION (TJC) REQUIRED TRAINING

AGE SPECIFIC CARE

Learning Objectives
Upon completion of the Age Specific Care Training, you will be able to:
- Recognize the characteristics of age specific groups.
- Identify important safety measures as they apply to each group.
- Identify patient/family education that will provide/support the patient’s needs and understanding.

Overview
Healthcare workers care for patients across the entire life span. As people age, they experience some common changes. Although generalizations about these changes can be made, no two people will age identically. Each patient needs full attention and observation by healthcare workers. Instructions should be provided at an age appropriate level. Clear communication with patients will assist in delivering individualized care that enables patients to achieve their fullest potential.

Neonates (Birth to 4 weeks)
- Physical—Skin delicate and easily injured; grows at a rapid rate.
- Key Health Issues
  - Assess sucking, swallowing, gag, and cough reflexes.
  - Support head and neck when moving or carrying.
  - Body temperature is regulated by keeping them warm.
  - Nervous system is immature – provide gentle, tactile stimulation.
  - Neonates should be held, rocked and comforted.

Infants and Toddlers (4 weeks to 3 years)
- Physical—Grows at a rapid rate.
- Mental—Learns through senses.
- Key Health Issues
  - Provide security and physical closeness.
  - Promote healthy parent and child bonds.
  - Provide proper nutrition, sleep and skin care.
  - Be alert to the possibility of dehydration.
  - Ensure a safe environment for exploring, playing, and sleeping.
  - Involve child and parents during feeding, diapering, and bathing.
  - Limit the number of care givers to reduce stranger anxiety.

Young Children (4 to 6 years)
- Physical—Grows at a slower rate; motor skills improving.
- Mental—Begins to use symbols; memory improving; likes stories; vivid imagination.
- Key Health Issues
  - Communicate by giving praise, rewards, and clear rules.
  - Promote health habits—good nutrition; personal hygiene.
  - Promote safe habits—bike helmets; safety belts.
  - Involve parents and child in decision making.
  - Encourage the child to ask questions.
  - Be truthful when procedures will hurt

Older Children (7 to 12 years)
- Physical—Grows slowly until experiences a growth spurt at puberty.
- Mental—Active learner; understands cause and effect.
- Key Health Issues
  - Help the child to feel competent and useful.
Provide information on alcohol, drugs, and tobacco.
Promote safety habits–playground safety; resolve conflicts peacefully.
Allow the child to make some care decisions
Build self esteem
Use toys or games to reduce fear during treatments

Adolescent (13 to 20 years)
- Physical–Growth is in spurts; matures physically.
- Mental–Becomes an abstract thinker; chooses own values.
- Key Health Issues
  - Conscious of body image and effect of illness on image
  - Provide privacy.
  - Promote a healthy life style–proper nutrition, exercise, weight and sexually responsible behaviors.
  - Promote safety–safe driving; violence prevention; discourage risk taking.
  - Treat more as an adult than child.
  - Avoid authoritarian approaches–allow to participate in decision making.
  - Correct misinformation from peers and encourage open communication with parents.

Young Adult (21 to 39 years)
- Physical–Reaches physical and sexual maturity; nutritional needs are for maintenance not growth.
- Mental–Acquires new skills and information; uses these to solve problems.
- Key Health Issues
  - Respect their personal values.
  - Encourage regular checkups.
  - Encourage healthy, safe habits at work and home.
  - Provide support in making healthcare decisions.
  - Recognize commitments to family, career and community.
  - Major fear is loss of independence.

Middle Adults (40 to 64 years)
- Physical–Begins to age; skin begins to dry; may develop chronic problems.
- Mental–Uses life experiences to learn, create and solve problems.
- Key Health Issues
  - Must focus on strengths not limitations.
  - Support regular checkups and preventative exams.
  - Address age-related changes.
  - Monitor health risks.
  - May have worries about the future.

Older Adults (65 to 79 years)
- Physical–Natural decline in some physical abilities; may feel cold easily; protect from extremes of temperature.
- Mental–Continues to be an active learner; memory skills may start to decline.
- Key Health Issues
  - Give respect; prevent isolation; encourage acceptance of aging.
  - Provide information to make medication use and home safer.
  - Avoid making assumptions about loss of abilities.
  - Encourage them to talk about feelings of loss, grief, and depression.

Elder Adults (80 years and older)
- Physical–Decline in physical abilities; risk for chronic illness increases; major health problems.
- Mental–Continues to learn; memory skills and/or speed of learning may decline.
- Key Health Issues
  - Monitor health closely; promote self-care.
  - Ensure proper nutrition; appropriate activity level; rest; reduce stress.
  - Promote safe living environment.
- Encourage independence—provide physical and mental social activities.
- Support end of life decisions.

**Pain Management**
Assisting with pain management for various age groups is the responsibility of all healthcare workers. Pain medication varies with patient age, weight (especially with infants and children) and developmental level. Different age groups may express pain differently.
- Neonates and infants—types of cry may distinguish pain.
- Toddler—may be able to point to painful area.
- Young and older children—may be able to tell how pain feels or show the area of pain.
- Adolescents and young adults—may be able to describe pain and where it is located.
- Older and elder adult—due to a decrease in sensation, may experience pain differently.

**Safety**
Good care in a safe environment is the duty of all healthcare workers. Anyone who comes in contact with patients should know safety interventions for each age group. Safety issues may involve:
- Skin care
- Positioning
- Activities of Daily Living
- Emotional issues

**Patient Education**
When providing patient education, consider the age and developmental level of the patient. Also evaluate the patient’s ability to understand English and/or written prepared materials. Translator services may be needed. Considerations for each age group include:
- Neonate/infant—The family should receive information and education about the patient’s condition and treatment. The family should be allowed to stay with the patient and participate in care.
- Toddler—Explain to the toddler with the family present but the family assumes most of the responsibility of education.
- Young Children—The patient has a better understanding of what is happening and is able to express fears and concerns. Provide comfort objects and role play to help educate.
- Older Children—It is best to educate by providing simple step by step instructions. Children can absorb some information and apply it to their situation.
- Adolescent—Needs careful, complete explanations and education. Changes in body image are linked to self-esteem.
- Young and middle age adults—Generally able to understand information and incorporate the information for patient education.
- Older and elder adults—Able to understand and participate in their education. Do not assume elderly patients are not capable of understanding educational information.

The delivery of safe and appropriate care to patients of all ages is a priority of all healthcare organizations. All healthcare workers are obligated to apply age-specific knowledge and skills to promote the well-being of all patients.

**NM Age-Specific Care Resources**
The following information is intended to be resources you can use at NMH if you have age-specific care issues or questions:

**NM Age-Specific Care Policies**
(Found on the hospital’s intranet, Northwestern Memorial Interactive (NMI) by logging into NMI and selecting Policies and Procedures tab. You can then conduct a search for any policy).
- NMH PC 05.0065 Patient Self-Determination Act/Advance Directives
- NMHC PC 05.0001 Patient Rights and Responsibilities
Cultural Diversity

Learning Objectives
Upon completion of the Cultural Diversity Training, you will be able to:

- Verbalize the impact of culture and diversity on healthcare.
- Identify behaviors to provide culturally diverse care.

Overview
Healthcare workers function in an environment that mirrors the cultural and diverse complexities of the larger society. The ability to provide optimal, sensitive care requires that healthcare workers know and understand their own feelings, beliefs, and attitudes. Each healthcare worker must recognize that their own beliefs may influence patient care situations. The key to cultural competence is to treat all patients with care, sincerity, compassion, and to respect individual cultural differences.

Culture
Culture is defined as the lifeways of a group. It includes values, beliefs, attitudes, customs, rituals, and behaviors. Changes within a culture are continuous and are affected by the social environment and the extent in which the group members adapt to change. Culture impacts health and wellness significantly.

Diversity
Diversity is an inclusive concept that embraces not only ethnic groups and people of color, but also those who are vulnerable in society. Diverse populations may experience discrimination based on life style choices, socioeconomic status, or sexual preferences.

Learning to Master Cultural Differences
Each healthcare worker needs to consider a patient’s culture when providing care while treating each patient as an individual. The core of learning to master cultural differences is to:

- Learn to listen – Knowing the difference between hearing and various types of listening.
- Be curious – Learn about cultures of patients.
- Ask non-judgmental questions – Encourage the patient to be honest and open with responses.
- Build rapport – An important part of providing culturally diverse care is being aware of subconscious human reactions.

Cultural diversity can be related to differences of:

- Age
- Education
- Gender
- Mental disabilities
- Regional location
- Sexual orientation
- Racial ethnicity
- Socioeconomic background

Examples of cultural differences include:

- Variations in allowing others into their "personal space."
- Light touching is acceptable in some cultures as a show of concern; in others it is offensive.
- Dietary restrictions or food guidelines may interfere with religious beliefs.
- Eye contact is accepted in some cultures and is considered disrespectful in others.

The main source of problems in caring for patients from diverse cultural backgrounds is the lack of understanding and tolerance. To be culturally competent, the healthcare worker needs to understand his/her own world views and those of the patient, while avoiding stereotyping and misapplication of scientific knowledge. Because members of a group are continually adapting, and changing, one set of behaviors is never applicable to every member of that group. Cultural competence is obtaining cultural information and then applying that knowledge. This cultural awareness allows you to see the entire picture, and improve the quality of care and health outcomes.
Adapting to different cultural beliefs and practices requires flexibility and a respect for others’ point of view. To provide culturally appropriate care, healthcare workers need to know and understand culturally influenced health behaviors. The perception of illness and disease varies by culture. These individual preferences of patients may affect the approaches to healthcare.

**Providing Culturally Diverse Healthcare**
Culture also influences how people seek healthcare and how they behave toward healthcare workers. How we care for patients and how patients respond to this care is greatly influenced by culture. Healthcare workers must possess the ability and knowledge to communicate with a diverse group of patients and to understand that health behaviors are influenced by culture. Having this ability and knowledge can reduce barriers to the delivery of healthcare.

Cultural factors include:
- **Country of origin** – How long a person has lived in this country may affect views toward health.
- **Communication style** – Verbal and nonverbal.
- **Views of health** – May view illness as a punishment.
- **Preferred language** – May understand information better in native language; may need an interpreter who understands health information (a family member might not meet this need).
- **Religion** – May affect consent.
- **Food preferences** – May present problems with dietary needs.
- **Family relationships** – May affect visitation/participation in care.

Cultural awareness that considers the individual, family, and community helps the healthcare worker to gain acceptance and appreciation of the contributions of cultural diversity. This awareness can help to meet the needs of the population of each organization. There is a universal need of all people to be treated with respect. Healthcare workers often may need to bridge the differences of a healthcare system and the patient’s culture.

Each healthcare organization develops policies, practices, and procedures to deliver culturally competent care. The temporary healthcare worker has a responsibility to follow the general principals of managing cultural diversity and policies specific to an organization.

**Online Culture Resource Tool**
At Northwestern Memorial Hospital and Northwestern Lake Forest Hospital, an online tool named CultureVision is available for staff to use to learn more about various ethnic groups, religious groups, or other communities such as the homeless and elderly, and to help provide culturally competent patient care. You can access this tool by opening up the hospital’s intranet, named Northwestern Memorial Interactive (NMI), to its home page and clicking on the located under the Quick Links column.
Learning Objectives
Upon completion of the Patient Rights and Ethics Training, you will be able to:

- Identify patient rights expected during the delivery of healthcare.
- State key concepts of Advance Directives.
- Verbalize issues related to end of life decisions.
- Identify key principals of ethics.

Patient Rights Overview
All patients have a right to certain protections that are guaranteed under state and federal laws. Specific rights are discussed in this narrative but patients should receive a “Bill of Rights” during their admission which outlines an organization’s method of meeting a patient’s rights. Most organizations post the “Bill of Rights” in a prominent place, often in the languages of their typical populations served. Healthcare workers may play the role of the guardian of a patient’s rights during healthcare delivery in a variety of environments.

Basic Rights
The Joint Commission (TJC) has identified specific rights that participating healthcare organizations must meet. These standards are available in manuals provided to organizations. In addition there are federal and state laws protecting the rights of patients. The following is a list of basic rights a patient should expect in a healthcare setting. The list is not all inclusive:

- Informed of his/her rights.
- Treated with respect.
- Know the identity of all healthcare providers (physicians, nurses, students, technicians, etc.).
- Provided privacy to ensure dignity.
- Provided an understandable explanation of their medical condition.
- Receive information regarding recommended treatment, expected risks and benefits of treatment, and reasonable medical alternatives.
- Allowed to ask for a second opinion.
- Provided explanations of medical tests and procedures.
- Allowed to refuse treatment, medications, or aspects of healthcare.
- Given access to their medical records.
- Provided a language interpreter if necessary.
- Receive accommodation for physical or mental disabilities.
- Receive care free of discrimination.
- Allowed to identify a surrogate decision maker.
  - Provided an opportunity to identify a support person to be present during care.
  - Provided that it does not interfere with the rights of other patients.
  - Provided that it does not interfere with the care process.
- Assured healthcare information will be treated confidentially.
- Involved in their discharge plan and informed of the process to follow if they disagree with discharge plans.
- Informed of the process for complaints regarding treatment.

Communication
Communication to the patient and their family/support person is a right each patient should expect. Healthcare workers can facilitate the communication process by noting in the patient’s record:

- Preferred language (written and spoken)
- Need for an interpreter
- Hearing or visual loss
- Aids needed for daily activities (glasses, cane, walker, etc.)
- Adaption needed for access to the call system
- Risk factors for falls

Communication should be tailored to the patient’s age, language, developmental level, and ability to understand.
**Advance Directives**

An Advanced Directive is a written or verbal statement made by patients indicating their wishes in the event that they become unable to make their healthcare decisions. Healthcare organizations usually obtain information concerning Advance Directives when the patient is admitted. If requested, organizations will refer patients to resources for assistance in formulating an Advance Directive. Any person 18 years or older may have an Advanced Directive but they must follow the laws of their state.

**Types of Advanced Directives**

- **Living Will** – The oldest type of Advance Directive. It does not allow the patient to select someone to make healthcare decisions. It may tell how the patient feels about care intended to sustain life and may include:
  - The use of dialysis machines
  - The use of breathing machines
  - The wish to be resuscitated if their breathing or heart stops
  - Withholding food or water
  - Tube feedings
  - Organ or tissue donation
- **Healthcare Proxy** – Identifies the person that the patient appoints to make medical decisions
- **Durable Power of Attorney for Healthcare** – The legal document which identifies the person chosen to make decisions if the patient is unconscious or unable to make medical decisions. It must be signed, witnessed, and notarized, with copies made available to healthcare providers.
- **Do Not Resuscitate (DNR)** – May be a separate document or located in the Advanced Directive telling the patient’s wishes in the event their breathing or heart stops.

**Basics of Advance Directives**

- A surrogate is someone appointed by a person to act and make decisions for them.
- Surrogates can only make decisions when a patient is temporarily or permanently unable to make their own healthcare decisions.
- Most treatment or procedure decisions can be made by a surrogate, but it depends on the state law.
- Most states will recognize an Advance Directive completed in another state, but it is state specific.
- Only one person may be made a surrogate. Alternates can be selected if the surrogate is unavailable or unable to make decisions.
- Surrogates cannot be held liable for decisions or costs associated with medical care.
- Having a Living Will or a DNR does not mean pain medication or other treatment will be withheld.
- If a patient’s Advance Directive is not available, healthcare workers are obligated to provide the best care to prolong life.

**Changes to Advance Directives**

- Changes must be done while the patient is of sound mind, able to think rationally, and communicate in a clear manner.
- Changes should be written, signed, and notarized according to state law.
  - The patient has the right to verbally change an Advance Directive. The physician should be notified with family/friends present.

**End of Life Care**

End of Life Care is a general term that refers to medical and psychological care to a person given in the advanced or terminal stages of an illness. Care at this time may have a goal of comfort rather than cure. All patients have the right to expect that they:

- May make the decision to withhold or share information about their illness or treatment decisions.
- May be asked to sign an informed consent regarding their decisions.
- May change their decisions over time.
- May choose not to receive aggressive medical care but that does not mean that they will not receive care such as:
  - Antibiotic medication
  - Nutrition
  - Pain medication
  - Radiation therapy
• Will receive respectful responsive care.
• May have made plans for organ/tissue donation.
  o Organizations have specific policies regarding asking for and obtaining organ donations.
  o Healthcare workers have a responsibility to assist with organ/tissue donation including appropriate state laws and forms that need to be completed.

Patients have the responsibility to know and understand their rights during medical care. Healthcare workers have the responsibility to assist patients with understanding and meeting the rights of those patients.

**Ethics Overview**

Ethics is a generic term for various ways of understanding and examining life. Ethics is used to refer to the practices or beliefs of a particular group of individuals. Ethics explores the basis on which people decide whether actions are right or wrong. Progress in biomedical technology has brought about a greater awareness of ethical issues and the need for moral conduct.

**Values**

Values arise from cultural and ethnic backgrounds, family, traditions, peer groups ideas, political, education, and religious philosophies. Healthcare workers should not impose their own values on patients but allow patients to make their decisions based on their own beliefs and relevant information. Personal value systems differ from person to person and values may be challenged by the world view of others. Generally recognized values in medical ethics are:

- Autonomy – Patient has the right to refuse or chose their treatment.
- Beneficence – A practitioner should act in the best interest of the patient.
- Non-maleficence – First do no harm.
- Justice – Fairness and equality in healthcare.
- Dignity – The right to expect dignity in care.
- Informed consent – Fully informed and understand the potential risks and benefits of treatment.

**Organizational Compliance**

Healthcare organizations have policies concerning managing ethical situations. These may be included in the mission statement and also a corporate compliance plan. The objectives are:

- Protect care.
- Prevent fraud.
- Prevent abuse.
- Reflective of the organization’s mission and values.
- Ensure all care workers within the organization provide care in an ethical manner.
- Patient rights are respected.

Compliance encompasses a range of activities such as fraudulent billing practices and experimental care provided to patients without their informed written consent.

- Each healthcare worker should be aware of the organizations compliance polices. If you are an agency RN, you need to know the policies of Medical Staffing Network Healthcare, LLC (MSN)
- Organizations can be fined if care provided is found to be illegal or unethical
- Questions from a healthcare worker regarding compliance should either be directed to a supervisor at the organization or the Compliance Hotline at MSN (if you are an agency RN).

**Ethics Committee**

Ethics Committees are formed in response to difficult ethical decisions faced by patients, families, and healthcare workers. The members of the Ethics Committee may be:

- Ethicists
- Physicians
- Nurses
- Social workers
- Religious persons
- Legal advisors
Ethics Committees may assist patients and their families in facing and resolving ethical dilemmas. They can educate the healthcare worker in developing a reasonable approach to ethical problem solving. Issues which may confront the Ethics Committee may include:

- Quality of life
- Terminal illness treatment
- Use of healthcare resources

The goal of medicine is to ensure the best possible outcome for each patient. Ethical oversight of healthcare is the responsibility of all healthcare workers.
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) TRAINING

INFECTION CONTROL/BLOODBORNE PATHOGENS

Learning Objectives
Upon completion of the Infection Control/Bloodborne Pathogens Training, you will be able to:

- Describe general infection control and hand hygiene guidelines.
- Define bloodborne pathogens and processes to reduce exposure.
- Explain how to follow:
  - Standard Precautions
  - Guidelines related to needle stick injuries
  - Tuberculosis control guidelines

General Information
The most important method of reducing infection in healthcare organizations is the use of proper hand hygiene. This includes the use of alcohol-based hand rubs and hand washing. According to the Centers for Disease Control (CDC), hand hygiene is the simplest, most effective measure for preventing Healthcare Associated Infections (HAI). HAI are infections which occur as a result of treatment in a hospital or a healthcare service unit, but secondary to the patient's original condition. Infections are considered HAI if they:

- First appear 48 hours or more after hospital admission OR
- Within 14 days after discharge. An exception is surgical wound infections which can appear up to 30 days after surgery.

Hand Hygiene
Hands must be cleaned immediately and thoroughly after contact with blood or body fluids from any patient. Hands must also be cleaned after gloves are removed and after handling articles/equipment soiled with blood or body fluids. The CDC suggests the use of alcohol-based hand rubs instead of hand washing with soap and water because:

- They kill microorganisms more effectively and quickly.
- They are less damaging to the skin, resulting in less dryness and irritation.
- Take less time.
- Are usually more accessible at the point of care.

Per the CDC alcohol-based hand rubs should be used unless hands are visibly soiled. Hand cleaning instructions:

- Alcohol-based hand rub
  - Apply the rub to the palm of one hand.
  - Rub palms together with fingers interlaced, back and front.
  - Rub hands together for 20-30 seconds.
  - Once dry, hands are considered clean.

- Soap and water
  - Apply water then soap.
  - Rub together for at least 15 seconds.
  - Dry with a disposable towel.
  - Turn off the water with a disposable towel.

CDC and most organizations prohibit the use of artificial nails by direct care providers. It is recommended that natural nails are no more than ¼ inch in length. Many organizations also prevent or limit the use of nail polish for healthcare workers.

Bloodborne Pathogens
Bloodborne pathogens, which are carried in a person’s blood stream, can cause illness and sometimes death. They are transmitted from person to person by contact with blood or certain other body fluids. One notable bloodborne infection, Autoimmune Deficiency Syndrome or AIDS, has reached epidemic proportions. This has triggered concern among workers about their occupational exposure risk. Two bloodborne viruses pose a potential risk to healthcare workers. These are the Human Immunodeficiency virus (HIV), which causes AIDS, and the Hepatitis B virus.

Individuals can be infected with HIV and not have any symptoms. In fact, the majority of people with an HIV infection have no symptoms. However, once infected with HIV, a person is capable of infecting others. HIV circulates in the blood...
and infects a certain white blood cell, the T-Helper cell. This cell is critical to the immune system. When T-cells are destroyed, the body is unable to protect itself against serious infections and can be fatal.

Hepatitis B virus infection is the major infectious occupational health hazard in the healthcare industry. The Hepatitis B virus circulates in the blood and infects the liver. It can cause serious illness, including chronic liver damage, cancer, and death. The Hepatitis B virus may be present in some individuals without symptoms.

Hepatitis B vaccine is a safe, effective treatment to prevent a person from contracting Hepatitis B. This vaccine is recommended for healthcare workers having frequent exposure to blood, body fluids, and needles. The Occupational Safety and Health Administration (OSHA) requires employers to furnish the Hepatitis B vaccination free to all workers who are at a substantial risk of contact with blood and body fluids.

**Standard Precautions**

Standard precautions are a set of infection control practices that healthcare workers use to reduce transmission of microorganisms in healthcare settings. Bacteria can survive for days on patient care equipment and other surfaces. Standard Precautions must be utilized each time a healthcare worker comes in contact with patients and equipment to reduce the risk of occupational exposure. Standard Precautions are used with every patient since it is not always known which patient is infected with bloodborne pathogens. The CDC recommends that protective barriers and safe work practices be used consistently for contact with blood and body fluids of all patients.

**Personal Protective Equipment (PPE)**

PPE’s should be used when exposure to blood, body fluids, excretions (except sweat), mucous membranes, or open skin is anticipated. Healthcare organizations have the responsibility to provide personal protective equipment (PPE) and supplies to healthcare worker for Standard Precautions. PPE includes:

- Gloves – when hand contamination is anticipated.
- Masks and eye protection – when splashes may occur.
- Gowns and aprons – when soiling of clothes may occur.

The selection and use of these protective barriers alone or in combinations vary depending on the task to be performed and the likelihood of contamination. It is the responsibility of the healthcare worker to protect themselves from exposure to infectious materials, and to familiarize themselves with and follow organization-specific policies regarding infection control.

**Needle Stick Injuries**

Needle stick injuries can lead to serious or fatal infections. Healthcare workers, who use or may be exposed to needles, are an increased risk of needle stick injury. All workers who are at risk should take steps to protect themselves from this significant health hazard. Needle stick facts include:

- Injuries often result from workers improperly handling or disposing of needles, scalpels, broken glass, and other sharp instruments or devices.
- Items must be disposed of immediately in puncture resistant containers.
  - Containers should be located as close as possible to the point of use.
  - Needle sticks frequently occur when needles are manipulated by hand.
  - Used needles should not be recapped by hand; should not be removed from disposable syringes; and should not be bent, cut, or broken.

**Exposure Control Plan for Bloodborne Pathogens**

Each healthcare worker is responsible to report all exposures immediately to the appropriate personnel. This includes notifying a supervisor at the organization. If you are an agency RN, you also need to report this incident to Medical Staffing Network Healthcare LLC (MSN). Each healthcare organization will have a written exposure control plan designed to eliminate or minimize worker exposure to bloodborne pathogens. In the event the healthcare worker is unaware of the details of the exposure control plan, the immediate supervisor on duty should be contacted to request orientation to the plan. General guidelines if exposed to bloodborne pathogens include:

- Flush the exposure site with water immediately.
- Wash area with soap and water if applicable.
- Seek emergency treatment if necessary.
• Report all injuries immediately to the immediate supervisor at the organization. If you are an agency RN, you need to also report the incident to MSN.
• Reporting will assist in ensuring appropriate post-exposure evaluation and follow-up care including post-exposure prophylaxis when appropriate.
• Complete an appropriate report per the organization and MSN’s policy (for agency RNs only).
• Remember, the best methods for prevention of exposures is the use of safe practices which include but are not limited to:
  o Use Standard Precautions – Treat each patient encounter as a potential infectious occurrence.
  o Plan for safe handling and disposal of needles before using them.
  o Avoid recapping, bending, or breaking used needles.
  o Promptly dispose of used needles in appropriate puncture resistant and leak proof sharps containers.
  o Change sharps containers that are two thirds full.
  o Participate in bloodborne pathogen training and follow recommended prevention strategies including hepatitis B vaccination.

**Tuberculosis (TB) Facts and Guidelines**

Tuberculosis (often called TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body. TB is spread from person to person through the air. An individual with the TB bacteria is diagnosed as having either Latent TB or Active TB. **Both latent and active TB require treatment as soon as diagnosed.**

**Latent TB bacteria:**
- Is in an inactive or dormant state in the body.
- Is not contagious.
- Is not causing any problems.
- Can eventually become active.

**Active TB bacteria**
- Is contagious.
- Shows symptoms, such as
  - A persistent cough
  - Fatigue
  - Unexplained weight loss
  - Fever
  - Night sweats
  - Coughing up blood

According to the CDC, transmission of TB is a risk in healthcare settings and requires screening for anyone whose duties involve:
- Face-to-face contact with patients.
- Entering patient rooms or treatment areas whether or not a patient is present.
- Participating in aerosol-generating or aerosol-producing procedures.
- Participating in suspected or confirmed tuberculosis specimen processing.

Annual TB Screenings are performed to determine if the healthcare worker has been exposed to the TB bacteria. The Tuberculin Skin Test known as a PPD is the most widely used diagnostic test for screening healthcare worker. A positive result would require a more detailed exam by the doctor before a final diagnosis can be made or ruled out.

**General Guidelines in caring for TB patients include:**
- Screen patients for signs and symptoms of active TB during initial encounters.
- ER or outpatients should be placed in a separate area if possible and given a mask and tissues with instructions for containing secretions.
- Promptly initiate Respiratory Precautions for inpatients with known or suspected cases of TB:
  - Place in a negative air pressure flow room.
  - Keep doors closed.
  - N95 Respirator should be worn by anyone entering the room.
- For the employees’ safety, N95 respirators require fit testing annually.
- Administer treatment as ordered.
- Explain the importance of treatment and isolation procedures to the patient and/or family.
Summary
Healthcare workers have a responsibility to patients and themselves to practice safe infection control procedures. The training material provides basic infection control information. Each healthcare worker must follow specific organizational policies and procedures. Points to remember include:

- Proper hand hygiene is one of the most important infection control practices in healthcare organizations.
- The use of gloves is also very important to reduce the risk of contamination to hands.
- Masks, protective eyewear, and gowns should be worn during procedures likely to splatter blood or body fluids.
- Resuscitation equipment and mechanical pipette devices should be used where appropriate to minimize infection exposure.
- Needle sticks and other puncture wounds cause the greatest risk of bloodborne infection.
- Great care should be used when handling needles and other sharps.
- Cleaning blood and body fluid spills should be done with a chemical germicide and gloves should be worn.
- Protective barriers should be worn when handling soiled linen and medical waste.

NM Infection Control and Prevention Resources
The following information is intended to be resources you can use at NM if you have infection control or prevention issues or questions:

NM Infection Control and Prevention Policies
(Found on the hospital’s intranet, Northwestern Memorial Interactive (NMI) by logging into NMI and selecting Policies and Procedures tab. Can then conduct a search for any policy).

- NMH INF 02.0002 Hand Hygiene
- NMH INF 02.0003 Standard Precautions
- NMH INF 02.0007 Isolation Precautions
- NMH INF 02.0012 Blood/Body Fluid Exposure of Patients or Visitors

NM Healthcare Epidemiology and Infection Prevention Department
Where can I turn for help:
- Visit the NMH Healthcare Epidemiology and Infection Prevention page on NM Interactive.

Reporting an Employee Incident
- To report an employee incident, log into Northwestern Memorial Interactive (NMI), which is the hospital’s intranet and follow this path to access the online reporting tool: My NMI tab > My Health and Safety >Report an Exposure OR Report a Work Injury
Learning Objectives
Upon completion of the Hazardous Materials Training, you will be able to:

- Define a hazardous material.
- Describe Safety Data Sheets (SDS’s).
- Explain the guidelines for hazardous materials.
- Describe the basics of a latex allergy.

Overview
Hazardous and toxic substances can be defined as those chemicals present in the workplace which are capable of causing harm. The term chemicals include dusts, mixtures, and common materials such as paints, fuels, and solvents. Routes of exposure normally occur through inhalation, skin or eye contact, and ingestion. Each facility is mandated by the Occupational Safety and Health Administration (OSHA) to develop a Hazardous Communication Program. OSHA’s Hazard Communication Standard (HCS) is based on a simple concept, that employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working. Health hazards include chemicals that are toxic, carcinogens, irritants, corrosives and agents that may damage the lung, skin, eye or mucous membranes. The toxicity of a substance is its ability to cause harm and is only one factor in determining whether a hazard exists. The hazard of a chemical is the likelihood that the chemical will cause harm. A chemical is determined to be a hazard depending on the following factors:

- Toxicity: how much of the substance is required to cause harm.
- Route of exposure: how the substance enters the body.
- Dose: how much entered the body.
- Duration: the length of time exposed.
- Reaction and interaction: other substances the person is exposed to.
- Sensitivity: how the body reacts to the substance compared to other substances.

Some chemicals are hazardous because of the risk of fire or explosion. These are important dangers but are considered to be safety risks rather than toxic hazards.

SDS
The Safety Data Sheets (SDS’s) are available in the Safety Departments of all healthcare organizations. Each unit has available SDS’s appropriate to the unit. The information assists in identifying the risks and handling of materials which may be used at facilities. Contained in the sheets is the following information:

- Chemical Identification – Includes trade names and manufacturer name and address.
- Hazardous Ingredients – Indicates the permissible exposure limit and concentration of the chemical.
- Physical Data – Characteristics of the chemical such as appearance, odor and volatility.
- Fire and Explosion Data – Flash point (the temperature for chemical ignition), flammability, combustibility and extinguisher needed.
- Health Hazards – Symptoms of exposure; first aid and emergency treatment; medical conditions caused by exposure.
- Reactivity Data – Incompatibility, instability and reactions with other materials.
- Spill/Leak Procedures – How to clean up a spill or a leak; disposal of chemical; necessary protective devices.
- Special Protection and Precautions – Equipment needed to work with the chemical and the need for safety signs.

All hazardous materials must be in labeled containers. The label should have the following information:

- Corporation – Manufacturer.
- Organic Solvent – Chemical name.
- Danger – Indicates how serious.
- Flammable – Indicates type of hazard.
- Precautions – Instructions for safe handling; may include basics for first aid, spills, fire, storage, and disposal.

Exposure
General guidelines regarding exposure to hazardous chemicals are:

- Immediately flush exposed area (skin or eyes) with water.
• Attempt to limit access to the area of the exposure.
• Notify the immediate supervisor on duty.
• Read the SDS’s for specific instructions for the chemical involved for treatment and clean up.

General Guidelines for Hazardous Materials
• Follow department and the organizational safety guidelines.
• Use protective equipment where appropriate.
• Read all labels on unfamiliar containers. Containers should be labeled with content name, appropriate hazard warnings, and specific details as to the type of hazard.
• Find the location of the SDSs’ book and ask for the facility number for notification of a hazardous situation.
• SDS’s are found on Northwestern Memorial Interactive (NMI), which is hospitals intranet, at NM via the path: NMI > Quick Links > More > Safety Data Sheets (SDS) Database.
• Facilities will have specific policies to contain disposal of radioactive waste for post nuclear medicine patients
• Supplies and waste contaminated with hazardous materials are disposed of according to facility policy. Ask the immediate supervisor for facility-specific procedures.
• Organizations will have specific policies for cleaning hazardous spills. Responding to a hazardous spill includes:
  o Protecting your safety and the safety of others.
  o Confining the spill and prohibiting entry to the area.
  o Notifying the department or individual to clean the spill.
  o Notify the immediate supervisor.

Latex Allergy
Allergy to latex was first recognized in the late 1970s. Since then, it has become a major health concern due to an increasing number of people affected in the workplace. Healthcare workers exposed to latex gloves or medical products containing latex are especially at risk.

Latex is the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree found in Southeast Asia. Some synthetic rubber materials may be referred to as "latex" but do not contain the natural rubber proteins responsible for latex allergy symptoms.

Latex allergy can result from repeated exposures to proteins in natural rubber latex through skin contact or inhalation. Reactions may begin within minutes of exposure to latex or they can occur hours later producing various symptoms. Reactions can range from contact dermatitis to hypersensitivity (anaphylactic symptoms).

The amount of exposure needed to sensitize individuals to natural rubber latex is not known. Reducing exposure to latex may decrease sensitization and symptoms. People at increased risk for developing latex allergy include:
• Workers with ongoing latex exposure.
• Persons with a tendency to have multiple allergic conditions.
• Persons with allergies to certain foods such as avocados, potatoes, bananas, tomatoes, chestnuts, kiwi fruit, and papaya.

The healthcare worker should document in the patient’s record known or suspected latex allergy. These patients may need premedication prior to surgery or procedures.

Reports of work-related allergic reactions to latex have increased in recent years. This is especially true among employees in the healthcare industry where latex gloves are widely used to prevent exposure to infectious agents. Once sensitized, workers may go on to experience the effects of latex allergy.

Prevention of Latex Allergy
The National Institute for Occupational Safety and Health (NIOSH) recommends wherever feasible the selection of products and implementation of work practices that will reduce the risk of latex allergic reactions. These recommendations include:
• Use of non-latex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance, etc.).
• Appropriate barrier protection when handling infectious materials.
• Avoidance of oil-based hand creams or lotions when wearing latex gloves, unless they have been shown to reduce latex-related problems.
• Frequent cleaning of work areas contaminated with latex dust (upholstery, carpets, ventilation and ducts).
• Frequent changing of ventilation filters and vacuum bags used in latex-contaminated areas.
• Recognizing the symptoms of latex allergy: skin rashes, hives, flushing, itching, nasal, eye, or sinus symptoms, asthma, and shock.
• If symptoms of latex allergy occur, avoid direct contact with latex gloves and products until treatment occurs.
• If diagnosed with a latex allergy, use the following precautions:
  o Avoid contact with latex gloves and products.
  o Avoid areas where inhalation from the powder from latex gloves may occur.
  o Notify employers of the latex allergy.
  o Wear a medical alert bracelet.

NM Hazardous Material Resources
The following information is intended to be resources you can use at NM if you have hazardous material issues or questions:

NM Occupational Health and Employee Safety Department
Where can I turn for help:
  • Contact Occupational Health and Employee Safety Department at 312.926.7238 (6SAFT).
Learning Objectives
Upon completion of the Environmental Safety training, you will be able to:

- Describe the hazards for electrical safety.
- List radiation safety precautions to take.
- Describe general safety guidelines.

Electrical Safety
Proper use of electrical equipment is the first step in electrical safety. Equipment brought into a facility must be tested by facility personnel prior to use by staff or patients. Look for a safety identification tag. Notify the supervisor on duty of electrical equipment that does not have an inspection tag or has an outdated tag. Follow all rules and guidelines for the use of electrical equipment.

General Guidelines for Electrical Safety

- Remove all broken or damaged electrical equipment from the work area. Notify the appropriate person for equipment repair.
- When removing plugs from electrical sockets, pull out the plug, do not pull on the cord or wire.
- Remove electrical problems immediately. Examples include equipment that is overheating, delivering a small shock, sparking, or making an unusual noise.
- Three pronged plugs contain a grounding pin. Do not use two pronged plugs in a three pronged outlet.
- Observe for frayed electrical wires, broken plugs, cracks in cords, and damaged outlets and remove from service. Report the problem to the appropriate person.
- Contain electrical cords and wires to prevent tripping.
- Keep hands dry when operating or touching electrical equipment.
- In most facilities, red outlets provide emergency generator support when normal power is interrupted. Red outlets should be used for life support equipment.
- Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
- All equipment used in patient care areas MUST have Hospital Grade (HG) plugs on power cords. These plugs are identified by a green dot and three prongs in the plug.
- Check power plugs and cords before turning on equipment. Any damaged equipment should be reported to engineering.
- Turn equipment off before pulling the plug from the outlet.
- Avoid using extension cords whenever possible.
- If any electrical equipment looks, smells, or sounds strange, pull the plug from the outlet and notify engineering.
- Patient-owned appliances or equipment should be inspected by engineering before use.
- Use of electrical equipment, other than life support equipment, should be kept at a minimum in the vicinity of electrically-sensitive patients.
- The first step to take in the event of an electrical fire or electric shock is to disconnect power to the involved equipment, if possible.

Radiation Safety
Radiation is used for multiple purposes in healthcare including providing images of internal organs, killing cancer cells, and sterilizing equipment. A few basic precautions while caring for patients undergoing radiation therapy treatments will minimize the potential for exposure to radiation. There are two types of exposure, internal and external.

- Internal exposure results when radioactive material enters the body by ingestion, inhalation, or absorption through the skin. It can be discharged by the patient through body wastes such as feces, sweat, urine, and vomit. To reduce the potential for exposure:
  - Gloves should be worn when handling body fluids.
  - Waste should be placed in radiation waste containers located in the patient’s room.
  - Protective gowns and shoe covers should be worn when possible contamination exists.
  - All materials should be disposed of in the radiation waste containers in the patient’s room.

- External exposure results from radiation emitted by a radioactive source outside the body:
  - Implant and radiopharmaceutical therapies may result in exposure.
  - To reduce risk, the healthcare worker should:
- Minimize time spent around the source of radiation.
- Maximize distance from the source (even small increases in distance can have a large impact on reducing total exposure).
- Use shielding.

Organizations usually have a Radiation Safety Officer (RSO). All radioactive waste must be disposed of according to the Radiation Safety Office or Nuclear Medicine. Waste bags are removed by specially trained workers. If a spill or other potential exposure occurs, the RSO should be contacted immediately.

**General Safety Environmental Guidelines**
- Never block aisles or exits, even temporarily.
- Approach corners and corridor intersections cautiously; use overhead mirrors.
- Push wheelchairs, stretchers, carts, etc., slowly.
- Push patients from the head of the patient’s bed.
- Keep patients hands inside the rails and ask for assistance when necessary.
- Identify patients that are at risk for falls or other injuries; take precautions to prevent potential injuries
- Do not run.
- Do not eat or drink in work areas.
- Alert security to situations in which there is a potential for violence.
- Remain calm during emergency situations.
- Know how to access emergency systems.
- Protect patient valuables. Report all cases of missing patient property as soon as possible.
- Report all cases of facility property damage as soon as possible
- Report all suspected work-related injuries to the immediate supervisor. If symptoms are discovered after possible injury, report as soon as symptoms appear.
- Secure your personal property.
- Park in appropriate parking areas; remember general rules such as do not walk to your car alone during unusual hours or during hours of darkness.

**NMH Environmental Employee Safety Resources**
The following information is intended to be resources you can use at NM if you have environmental safety issues or questions:

**NM Employee Safety Policies**
You can find the policies on the hospital’s intranet, Northwestern Memorial Interactive (NMI) by logging into NMI and selecting Policies and Procedures tab. Click on the NM business unit [NMHC, NMH, NLFH, or NMPG] to search for site-specific policies. For system-wide employee safety policies, click on Human Resources.

**NM Occupational Health and Employee Safety and Radiation Safety Departments**
Where can I turn for help:
- Contact Occupational Health and Employee Safety Department at 312.926.7238 (6SAFT).
- Contact the Radiation Safety Department at 312.926.2292 if you have any concerns regarding a source of radiation.

**Reporting Employee Safety Concerns**
The ways to report employee safety concerns at Northwestern Medicine are:
- Report your concern to your manager.
- Contact the Occupational Health and Employee Safety Department at 312.926.7238 (6SAFT).

**Reporting Employee Incidents**
- To report an employee incident, log into Northwestern Memorial Interactive (NMI), which is the hospital’s intranet and follow this path to access the online reporting tool: My NMI tab > My Health and Safety >Report an Exposure OR Report a Work Injury.
Learning Objectives
Upon completion of the Body Mechanics Training, you will be able to:

- List causes of back injuries.
- Describe the principals of good body mechanics.

Overview
Body mechanics is the correct positioning of the body for a given task. Body mechanics include the proper techniques for moving patients and equipment during daily activities. Ergonomics is the science of fitting the job to the worker. Back injuries account for more than half of all occupational injuries in the healthcare field. Most of these injuries occur when lifting and moving patients.

Lifting and transferring patients is a high-risk occupational activity because of the weight of patients and the posture that must be assumed by workers. Because a patient often moves unexpectedly, a worker cannot always control the patient’s weight or position during lifting. The Occupational Safety and Health Administration (OSHA) recommends minimizing manual lifting of patients in all cases and eliminating lifting when possible.

Common back disorders include disc strain or bulge, disc herniation, and chronic muscle strains. To protect your back, assess the situation before starting a procedure and use proper body mechanics. Healthcare workers should recognize the signs and symptoms of back or muscle strain and know the procedure for reporting injuries.

Specific root causes of occupational back injuries include:
- Appropriate transfer equipment is not always available.
- The patient can’t cooperate during the transfer because of his or her physical or mental condition.
- The patient assessment does not determine how much assistance particular patients may need during transfer.
- Workers are fatigued at the end of a shift and employ poor transfer technique.
- Workers do not ask for assistance when necessary.

Another common cause of back problems is poor posture. Posture is the position in which the body is held upright against gravity while standing, sitting, or lying down. Good posture involves training the body to stand, walk, sit, and lie in positions where the least strain is placed on supporting muscles and ligaments. Good posture when seated includes using the following checklist:
- Feet – Flat on the floor.
- Knees – Directly over feet, bent at right angles (or slightly greater), with a couple inches of space from the chair.
- Lower back – Arched in and supported by your chair (if it is shaped properly) or a towel roll.
- Upper back – Naturally rounded.
- Shoulders and arms – Relaxed at side.
- Neck – Arched in; relaxed; supported by spine. Be careful not to hold tension in back or under chin.
- Head – Balanced gently on top of spine.
- Pelvis – Rocked forward with hips position no lower than or slightly higher than the knees.

Using patient assistive handling equipment (Hoyer lift, gait belts, etc.) contributes to patient comfort, dignity, privacy, and decreases the potential of patient injury such as falls or skin tears. Patient assistive handling equipment can be selected to match a patient’s ability to assist in their own movement, promoting the expression of patient autonomy.

Principals of Good Body Mechanics:
- Never transfer patients when off balance.
- Do not try to lift uncooperative or confused patients.
- Plan before the lift and be realistic about your abilities.
- Assess the situation; make sure there is a clear path; look for sharp edges when lifting objects.
- Ask for assistance when needed and/or ask for an assistive device if necessary.
- Patients that are combative or confused may require additional personnel to perform treatments or personal care.
- Get a firm grip on the patient or item.
- Give yourself a wide balanced base of support.
- Lift loads close to the body.
- Bend your knees or hips; do not bend at the waist.
Grasp objects firmly; lift with your knees; keep your back at a neutral curve; pivot with your feet.
Never twist or jerk when lifting.
Make loads lighter; carry the load in front.
Push rather than pull objects.
Never reach above your shoulder level to lift an object.
Maintain good posture.
To control a falling patient, support a steady slide to the floor, make the patient comfortable, and call for assistance.
Maintain good sitting posture at all times; have a chair that supports your back.
Sit in a chair that allows your feet to rest flat on the floor; sit close enough to reach your work without bending.

Remember, back injuries are usually a result of poor lifelong habits and take months or years to develop. Studies also show that regular exercise and pre-work stretching assist in preventing chronic back pain. Take the time to assess a situation which may be a threat to your physical health and practice good body mechanics.

**NM Body Mechanics/Ergonomics Resources**
The following information is intended to be resources you can use at NM if you have body mechanics/ergonomic issues or questions:

**NM Ergonomics-Related Policies**
You can find the policies on the hospital’s intranet, Northwestern Memorial Interactive (NMI), by logging into NMI and selecting Departments tab. Click on NMHC Departments > Occupational Health and Security > Office Ergonomics bar (located on left side of department page):

**NMH Healthcare Occupational Health and Employee Safety Department**
Where can I turn for help:
- Contact Occupational Health and Employee Safety Department at 312.926.7238 (6SAFT).
FIRE SAFETY

Learning Objectives

Upon completion of the Fire Safety training, you will be able to:

- Describe general fire safety guidelines.
- Define each letter in the two acronyms, R.A.C.E. and P.A.S.S.
- Describe the types of fire extinguishers.

Overview

All healthcare workers are responsible for knowing the fire safety procedures of each facility. At each facility, healthcare workers become part of a team sharing responsibility for the safety of patients, visitors, and hospital staff. Fire prevention is the first line of defense. This includes:

- Keeping patient care areas neat and free of clutter.
- Disposing of rubbish and other combustive materials properly and promptly.
- Keeping fire doorways and exits clear at all times.

Whatever the cause, fires in healthcare facilities have the potential to develop into major disasters because of the problems associated with evacuation.

R.A.C.E.

The “R.A.C.E.” program is a general approach on how to respond to a fire and it is used at NM. Also, each department has a plan specifically designed for the requirements of that department.

R.A.C.E. stands for:

- R = Rescue—Rescue anyone in immediate danger of the fire or smoke. Move staff, patients, visitors, and employees to a safe area away from the fire or smoke. Separate the patient from smoke and fire, and remain calm. Yell for help if the patient is non-ambulatory or too large to handle.
- A = Alarm—Pull the alarm to alert other personnel in the department and organization. Call your building’s emergency phone number: At NMH, call 5-5555 or 312.695.5555.
- C = Confine and Clear
  CONFINE: To prevent the spread of fire and smoke:
  o Close doors (and windows) to all rooms to keep smoke and fire out. Smoke is the biggest problem of a building fire. Try to keep the fire behind closed doors.
  o If you have automatic fire doors that close upon fire system activation, make sure the doors close completely.
  CLEAR: Clear equipment and supplies from the hallways so you can safely evacuate patients and others if it becomes necessary.
- E = Extinguish—Before trying to put out a fire, ask yourself:
  o Can I put the fire out safely with one extinguisher?
  o Do I have the right type of extinguisher?
  o Do I have a “buddy” to help me?
    If you answered NO to ANY of the questions, do NOT try to put out the fire.
    If you answered YES to ALL of the questions, use the P.A.S.S. method with a fire extinguisher to put out the fire. This method is explained further below.

Types of Fires and Extinguishers

Class A: Ordinary Combustibles — Use on fires involving wood, cloth, paper, rubber, many plastics, and other common materials that burn easily. The Class A extinguishers have the greatest cooling effect. They are generally the hose stream, pump tank extinguishers that hold 2 1/2 gallons of water.

Class B: Flammable Liquids — Use on fires involving gasoline and other flammable liquids; oils, grease, tars, oil-based paints, lacquers, and flammable gasses. Class B extinguishers provide a smothering effect of separating the oxygen in the air from the burning fuel. These extinguishers are carbon dioxide (CO2), foam, and dry powder.
**Class C: Electrical Equipment** – Use on fires involving energized electrical equipment, including wiring, fuse boxes, circuit breakers, machinery, and appliances. Class C extinguishers utilize a non-conducting medium as an extinguishing agent. These extinguishers are carbon dioxide (CO2) and dry powder.

**Class D: Combustible Metals** – Use on fires involving metals and metal dusts, such as magnesium, titanium, zirconium, lithium, potassium, and sodium (these are often used in industry).

The ABC Extinguisher is a multipurpose type of extinguisher and is the most common type of extinguisher found in healthcare settings. It extinguishes using dry chemicals by smothering the fire and forming a fire retardant coating.

**Operation of Fire Extinguishers**
Methods of operation for the various types of fire extinguishers are generally simple. There should be some written instructions printed on the extinguisher. **P.A.S.S.** is the technique that is universally taught:

- **PULL** - Pull the pin. Some extinguishers require the release of a lock latch, pressing a puncture lever, or other motion.
- **AIM** - Aim the extinguisher nozzle, horn or hose at the base of the fire.
- **SQUEEZE** - Squeeze the handle.
- **SWEEP** - Sweep from side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for return of the fire and reactivate the extinguisher if necessary.

**Fire Safety Rules**
- Always report a fire—no matter how small.
- When the fire alarm is sounded and you are not in your area, report to your area promptly.
- Fire requires immediate action to prevent the spread of heat, flames, and smoke.
- Smother a pan or trash fire by completely covering the open end.
- Use water from a pan, bucket, pitcher, hose, etc. Avoid using water when live electrical wires or equipment are involved.
- Do not throw water on hot oil or grease fires.
- It is important to use the right type of extinguisher for the type of material that is burning.
- The wrong extinguisher may not only fail to extinguish the fire, but may cause great personal harm from electric shock and poisonous fumes, or may further spread the fire.
- **Most facilities use Class ABC extinguishers** because they can be also be used on Class A,B and C fires.
- Determine the location of fire alarms, extinguishers and evacuation routes for each unit worked.
- Keep exit and fire doors clear from obstruction at all times.
- Do not prop or wedge open fire doors.
- Know how to turn room oxygen off and instruct patients and/or visitors to observe oxygen caution rules.
- Flammable liquids should be stored in a safe locker or room. Only a one-day supply of flammable liquids should be available in the workplace.
- Observe all “no smoking” areas.
- **Treat all fire alarms as real until notified of an all clear.**
- Learn evacuation routes from assigned areas.
- If the area becomes unsafe, you need to evacuate. Follow these guidelines:
  - If there is a fire happening, take a moment and think about where your nearest exit is located.
  - You will first move horizontally to another safe area on your floor and only after this would you go down the stairwell.
  - Moving vertically means you will use the stairs to go DOWN to a different level of the building.
  - **NEVER** use the elevators during a fire in your building.
  - In most situations, the fire department will say in an announcement over the fire alarm system when to evacuate and the safest route to follow.
NM Fire Safety Resources
The following information is intended to be resources you can use at NMH if you have fire safety issues or questions:

NM Fire-Related Policies
You can find the policies on the hospital’s intranet, Northwestern Memorial Interactive (NMI), by logging into NMI and selecting Policies and Procedures tab. Click on NMH > Safety and Security OR Emergency Management. Will find:

- NMH EOC 06.1502 Fire Prevention
- NMH EM 06.1445 Fire Response Annex

NMH Healthcare Emergency Management Department
Where can I turn for help:
- Contact Emergency Management at 312.926.9651 with any fire prevention or response issues or concerns.
**EMERGENCY PREPAREDNESS**

**Learning Objectives**

Upon completion of the Emergency Preparedness training, you will be able to:

- Recall the key components of an emergency preparedness plan.
- Explain the importance of disaster drills.
- Explain the three key steps that need to be taken with any emergency operations event.

**Overview**

Emergency Preparedness includes the planning and training for extreme emergencies (disaster). The most common cause of a disaster is an unusual environmental condition whether due to the forces of nature or human actions.

- Disasters have an impact which negatively affects society or the environment.
- Disasters usually occur suddenly and may cause great loss of life, damage, or hardship, such as a flood, airplane crash, or hurricane.
- Disasters may be external, affecting numerous organizations, or internal, only disrupting the affected organization.
- All healthcare staff must follow the policies and procedures regarding emergency preparation at their assigned organization.

Each organization is mandated by The Joint Commission (TJC) to develop a specific and unique disaster plan, although certain elements of the plan are universally applicable. Each disaster is distinct. Each facility is unique and exists within a community environment. TJC suggests an effective emergency preparedness plan includes four key components:

- **Mitigation**– Plans are made prior to a disaster to lessen the severity and impact of an emergency.
- **Preparation**– Organizations must plan for necessary supplies and have agreements in place with vendors, train staff, and conduct organization drills.
- **Response**– Plan the warning and notification process, define actions of the staff during an emergency, and liaison with other organizations.
- **Recovery**– Plan for staff support and use of community resources to restore essential services and resume normal operations.

**Disaster Drills**

Disaster simulation drills are considered a fundamental tool to evaluate and improve disaster response. Since September 11, 2001, emergency preparedness has included the threat of bioterrorism from agents such as small pox and anthrax. Facility disaster drills, computer simulations, and other exercises are designed to test a facility’s emergency plan and to train employees to become familiar with emergency procedures.

The Joint Commission requires accredited organizations to create emergency plans and to test them at least twice a year. As a temporary healthcare worker, it is your responsibility to learn the basics of an organization’s emergency plan. A drill tests the emergency plan to reveal potential problems and correct those problems before a real disaster occurs. Healthcare workers, who are on duty during a drill, must treat the drill as if it is a real emergency.

Facility emergency preparedness includes the following:

- Assemble an interdisciplinary team of key stakeholders for emergency planning.
- Review current resources, strengths, and weaknesses.
- Develop a detailed, written emergency response plan.
- Define an internal command structure that links with the community command structure.
- Organizations must work cooperatively with community resources to foster mutual aid for planning and response.
- Disseminate and practice the plan through education and drills.
- Evaluate the level of staff knowledge and skills and the availability of necessary resources.
- Revise the plan based on objective data and lessons learned.
- Modify education and training as needed to target areas of weakness.
- Continuously repeat these steps.

It is the responsibility of every employee to know their role in an emergency. Each alarm should be treated as real until notified by the authorities it is a drill. Healthcare workers are responsible for the safety of their patients. Preparation for emergency situations will promote a safe environment in the event of a disaster.
Responding to an Emergency Operations Event at NMH

For ALL emergency operation events, follow these steps:

- **Rescue:**
  - Protect patients and others from injury.
  - Rescue anyone in immediate danger.

- **Notify:**
  - Call 5-5555.
  - Report your location and the type of emergency.
  - Notify your manager of the situation.

- **Respond:**
  - If available, your manager will lead response in your department.
  - Follow the steps of the job action sheet for the type of event.
  - For large events, you will receive information and directions from the hospital’s command center.

### More Details on How to Respond to Specific Events

- **Armed Intruder Response Plan – General Response at NM**
  - If you or anyone else is being threatened with physical harm by someone with a weapon, call 5-5555.
  - You will be connected to security who will take information about your location, a description of the intruder, and the type of weapon he/she has.
  - Security will immediately notify the Chicago Police Department.
  - Move patients, visitors, co-workers, and yourself to a room and lock the door or place heavy items in front of it. You can also hide under a desk or behind other large furniture.
  - Do not take any actions that may result in harm to you or others.
  - Keep informed by checking NMI and your email, or calling 926.INFO (4636). The command center will be posting updates using these sites.

- **Bomb Threats – General Response at NMH**
  - **Before a threat is received:**
    - Review the Bomb Threat Checklist, which can be found found on NMI.
  - **When you receive a bomb threat by phone:**
    - Stay calm.
    - Try to keep the caller on the line.
    - Notify security at 6-2311.
    - Complete the Bomb Threat Checklist.
  - **When you receive a bomb threat letter:**
    - Notify security at 6-2311.
    - Try not to handle it any more than necessary.
    - Store it in a secure location until it can be picked up by a security officer.

- **Bomb Threat Plan – Security Response**
  - Security services will notify the Chicago Police Department and NM administrative personnel.
  - Security will work with Chicago Police to determine whether a search is necessary.
  - You may be asked to help security look for suspicious objects in your department.
  - You will be told when a decision is made to evacuate your area.

### How Will You Know What Is Happening During an Emergency Operations Event?

Emergency-related information will come from:

- Your manager or supervisor
- NM Interactive (NMI) or PowerChart alert banners
- Email
- Emergency Hotline - 926-INFO (4636). It can be called to obtain general info about the event.
- The NMH Staff Information website: [http://www.nmhstaffinfo.com](http://www.nmhstaffinfo.com)
  - **TIP:** You can create a bookmark to the above website on your smart phone or home computer.

You should refer all media calls or questions to Public Relations at 312.926.2038.
NM Emergency Management Resources
The following information is intended to be resources you can use at NM if you have emergency management issues or questions:

NM Emergency Management Online Tools
You can find all on-line emergency response resources on the hospital’s intranet, Northwestern Memorial Interactive (NMI), by logging into NMI and select Departments tab > NMH Departments > Emergency Management. The Job Action Sheets (roles to take in particular emergencies), Emergency Response Guidelines poster, Emergency Management Plans found on the Emergency Management page can guide you on how to respond to a variety of emergency events.

NM Emergency Management Policies
You can find the policies on the hospital’s intranet, Northwestern Memorial Interactive (NMI), by logging into NMI and selecting Policies and Procedures tab > NMH Policies and Procedure > Emergency Management.

NM Healthcare Emergency Management Department
Where can I turn for help:
- Contact Emergency Management at 312.926.9651 or emmgmnt@nmh.org with any emergency preparedness or response questions or concerns.
Rights of Medication Administration

Learning Objective
Upon completion of the Medication Administration Rights Training, you will be able to:

- Define the eight medication rights.

Eight Medication Rights of Medication Administration
In addition to the well-known 5 rights of medication administration, some experts have added 3 more rights to the list. When it comes to patient safety, it is never a bad time to review some of the basics of medication safety.

Here are the rights and some of the methods used to meet those rights:

1. Right Patient
   - Check the name on the order and the patient.
   - Use 2 identifiers:
     - Ask patient to identify himself/herself.
     - Ask the date of birth.
     - Another identifier is the last 4 digits of the social security number.
     - Other identifiers include pictures on the MAR.
     - Ask another co-worker to identify the patient when arm bands are not used and the patient is not able to identify themselves.
     - When available, use technology (for example, bar-code system): don’t override the system.

2. Right Medication
   - Check the medication label.
   - Check the order.
   - Avoid abbreviations not approved by The Joint Commission.
   - Check both Generic and Trade names with physician’s orders.
   - Watch for sound alike/look alike names and labels.

3. Right Dose
   - Check the order.
   - Confirm appropriateness of the dose using a current drug reference for adults and pediatric populations.
   - Consult with supervisor or MD if dosage is outside of recommended range.
   - Do not administer medications calculated by someone else except pharmacist.

4. Right Route
   - Again, check the order and appropriateness of the route ordered.
   - Confirm that the patient can take or receive the medication by the ordered route.
   - Routes include:
     - By mouth
     - By gastric tube
     - By nasogastric tube
     - Buccal
     - Sublingual
     - Topical - to treat skin or mucous membrane (oral, nasal, ear, eye, vaginal, rectal)
     - Transdermal - for systemic dosage
     - Parenteral o Intradermal – testing
     - Subcutaneous o Intramuscular
     - Intravenous medications
     - Direct intravenous push
     - Intermittent "piggy back"
     - Continuous infusion

5. Right Time
   - Check the frequency of the ordered medication.
   - Double-check that you are giving the ordered dose at the correct time.
   - Confirm when the last dose was given.
6. **Right Documentation**
   - Document administration AFTER giving the ordered medication.
   - Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.

7. **Right Reason**
   - Confirm the rationale for the ordered medication:
     - What is the patient’s history?
     - Why is he/she taking this medication?
   - Revisit the reasons for long-term medication use.

8. **Right Response**
   - Make sure that the drug has the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?
   - Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.

**Key Points to Avoid Medications Errors**
- Remember that Goal #1 of the National Patient Safety Goals is to improve the accuracy of patient identification.
- Interruptions occur in at least 50% of medication administrations.
  - Remove distractions when passing medications.
  - Each interruption is associated with 10% increase in errors.
- Establish a quiet zone and discourage conversations when passing medications.
- Find a place where distractions can be minimized when checking transcribed or computerized orders.
- Structure your work environment to reduce the probability of error.
- Label syringes if the medication is going to prepared at one area and administered in another area.
- Remember IV medications are twice as likely to cause patient harm as medications by other routes.
- A root cause analysis may be done when a medication error occurs.
  - The purpose is to determine the fundamental reason for an error.
  - Often it is determined that many healthcare providers and departments share the problem.
- Wash hands before beginning medication pass.
- Wear gloves for parenteral injections.
- Keep the medication cart locked when not in use.

Remember as nurses, patient safety is our ultimate concern and using all the Rights of Medication Administration with every medication administered will help to reduce medication errors.

**NM Medication Administration Resources**

The following information is intended to be resources you can use at NM if you have medication administration issues or questions:

**NM Medication Administration Policy**

You can find the policies on the hospital’s intranet, Northwestern Memorial Interactive (NMI), by logging into NMI and selecting Policies and Procedures tab. Click on NMH >Patient Care. Will find:
- **NMH PC 05.0090 Medication Administration with several appendices**