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THE JOINT COMMISSION HEALTH AND SAFETY MODULES

A basic overview for Mission Search healthcare professionals about general health and safety training required by the Joint Commission for personnel working in a Healthcare environment.

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THE JOINT COMMISSION HEALTH AND SAFETY MODULES

These self-directed learning modules contain information you are expected to know to protect you, patients, and guests of our client facilities, and are designed to meet the annual general health and safety training required by the Joint Commission for personnel working in a Healthcare environment.

Each client facility may have their own procedures, please contact your supervisor at the beginning of your assignment to obtain additional information specific to your department.

MISSION SEARCH MODULES:

- Age Specific Care
- Bloodborne Pathogens
- Elder Abuse and Neglect
- Fire Safety
- Hazardous Chemicals
- Infection Control & TB
- Medical Facility Safety
- Pain Management
- Patient Transfers
- Prevent Backaches
- Restraints
- Workplace Violence

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AGE SPECIFIC CARE

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

- Age specific training is not limited to Doctors and Nurses
- Competency should be for each age group

Factors that need to be taken into consideration to establish competency in each age group include:

- How well do you know what normal physical growth should be and how to assess it
- How well do you know what normal mental development should be and how to assess it
- How well do you know what normal psychosocial development should be and how to assess it
- How well can you provide and interpret information
- How well do you communicate
- How well do you relate to, and interact with family members or others that have a strong relationship with the patient

Infants First year
Physical: Growth rapid; weight doubles by sixth month; limited ability to self regulate; easily dehydrated.
Mental: Responds to external stimuli such as temperature, light, and sound.
Erikson's Stage: Trust vs. Mistrust.

Toddlers 1-3 year olds
Physical: Growth of 4-6 lbs. a year, can walk and run, develops hand-eye coordination.
Mental: Verbal communication limited; recognizes and remembers people; short attention span.
Erikson's Stage: Autonomy vs. Shame/Doubt.

Preschool 4-6 year olds
Physical: Growth, of 5-6 lbs. in a year; good motor skills and coordination; able to bathe and dress.
Mental: Communicates verbally, able to reason and understand discipline.
Erikson's Stage: Initiative vs. Guilt.

School Age 7-12 year olds
Physical: Growth is steady at 5-6 lbs. a year. Good balance, athletic ability begins to show.
Mental: Verbal communication is clear; logical and deductive thinking
Erikson's Stage: Industry vs. Inferiority.

Adolescent 12-18 year olds
Physical: With the onset of puberty a growth spurt of 4-6 inches in height is experienced.
Mental: Abstract thinking, aware of danger but risk takers; able to make decisions based on moral concepts.
Erikson's Stage: Identity vs. Role Confusion.

Adult 18—65 years old
Physical: Physically mature.
Mental: Full mental capacity is reached although the person will continue to learn.
Erikson's Stage: Intimacy vs. Isolation (early adult). Generativity vs. Stagnation (Young & Middle Adulthood).

Older Adult: Over 65 years old
Physical: Diminished function, muscle atrophy, reduced motor skills.
Mental: Forgetful, with short-term memory loss; confusion, however, they continue to learn.
Erikson's Stage: Ego Integrity vs. Despair.
A sense of integrity results from satisfaction with life and acceptance of what has been; despair arises from remorse for what might have been.

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BLOODBORNE PATHOGENS

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

SOURCE:

BLOOD
- Wound drainage
- Tissue
- Other body fluids
- Contaminated materials

ENTRY MAY BE THROUGH:
- Eyes
- Nose
- Mouth
- Non-intact skin

UNIVERSAL PRECAUTIONS:
ALL blood exposures are considered potentially infectious – including undiagnosed exposures. Categories of exposure are Potential and No Potential.

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

PERSONAL PROTECTION EQUIPMENT
To prevent exposure through eyes, nose, mouth, or non-intact skin:
- GLOVES are used when likely to touch the body fluids.
- Change after each patient contact.
- Use disposable exam/surgical gloves.
- Gloves are required for phlebotomy.
- Housekeeping gloves may be reused if intact, properly cleaned.
- Protective eyewear and are used if likely to have blood or body fluid droplets in the air.
- Gown is used if body fluids are likely to splash on clothing.
- Resuscitation equipment to avoid mouth-to-mouth contact.

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

INFECTIOUS WASTE-LINEN
Bag and label before transport for disposal or decontamination per your local procedure (includes infection warning: “Biohazard”).

INSTRUMENTS CARE
To prevent infection through cuts, punctures, or non-intact skin:
- Do not recap needles – or bend, break or remove needles.
- Use caution when using, cleaning, or disposing of sharps/instruments.
- Place all disposable needle-syringe units and sharps into puncture-resistant container – immediately after use.
- If you have bloodborne cut or puncture incident, report for treatment with follow-up procedure. Be familiar with post-exposure prophylaxis procedures.

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HANDWASHING

- Must be immediate and thorough.
- Before and after each contact
- After removal of gloves
- After exposure to contamination
- Wash other skin surfaces if exposed to infected body fluids.

DISINFECTING

- Clean up and disinfect spills immediately – per policy.

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

FACTS ABOUT HIV
(Human Immunodeficiency Virus)

- **HIV** weakens the body's immune system (our defense against infections) which can result in life-threatening illness: (AIDS) Acquired Immune Deficiency Syndrome.
- **HIV** is transmitted by direct contact with infected blood or body fluids primarily by sexual contact, needle sharing, and infected pregnant woman to fetus.
- Symptoms may include: Swollen lymph glands (neck, underarms, groin), "night sweats," fever, weight loss, diarrhea, fatigue, white spots in mouth.
- Weakened immune system is prone to infections such as Pneumocystis corinii pneumonia, Kaposi sarcoma skin cancer.
- To date, no vaccine can cure AIDS. Anti-virals may be effective for prevention, particularly if administered in the first few hours after exposure. Prevention is the best option to control HIV.
- Risk of transmitting HIV in occupational health settings is extremely low. Infection control procedures are in place to protect against HIV exposure.
- Patient confidentiality of medical condition and sexual orientation is to be maintained.
- You are not at risk working alongside of worker with AIDS since HIV is not spread by occupational casual contact.
- For more information: Check local AIDS agencies, public health departments, or call the National Hotline 1-800-342-AIDS.

FACTS ABOUT: HBV
(Hepatitis-B Virus)

- Hepatitis-B is a major occupational risk. Your infection potential depends on exposure to contaminated blood and body fluids.
- HBV is not transmitted by casual contact (touching, shaking hands, eating food prepared by infected person – or from drinking fountain, telephone, or other surfaces).
- Hepatitis-B may have no symptoms, or be flu-like (fatigue, fever, muscle aches, nausea, vomiting, diarrhea, jaundice). HBV may cause cirrhosis, liver cancer.
- Hepatitis-B Vaccine is provided for prevention of HBV infection, and is recommended to health care workers:
  - IF there is potential exposure to infected body fluids – or
  - IF there is exposure incident (also requires medical evaluation and counseling with follow-up written report for worker).

ELDER ABUSE & NEGLECT

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

The committee defined the following types of elder abuse:

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

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

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

Assessment Data

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

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

INDICATORS OF ABUSE

Physical/Neglect

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

Psychological/Emotional Abuse

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

- Agitation

Financial Abuse

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

Caring for the Abused Patient

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

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

Interviewing the Abused Patient

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

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

FIRE-SAFETY

(Check with your facility for specific procedures)

If you see fire or smoke in a patient area:
Get help quick, then **R.A.C.E.:**
RESCUE: Take immediate lifesaving action, and close that door.
ALARM: No delay. Signal the alarm and notify switchboard.
CONFINE: Close doors and windows to prevent fire/smoke spread.
EXTINGUISH: Fight the fire only if you have been trained and it is still small.

If you hear a fire signal: (Check with your facility for specific procedures)

- All nurses report to your designated area promptly.

- If patient must know, reassure that a plan is in operation.
- Close doors and windows.
- Account for all patients.
- Instruct visitors per plan.
- Authorized personnel shut off equipment per plan.
- Prepare for evacuation.

Check your area to identify

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

If you…

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

ASSIGNED TASKS: (Check with your supervisor)

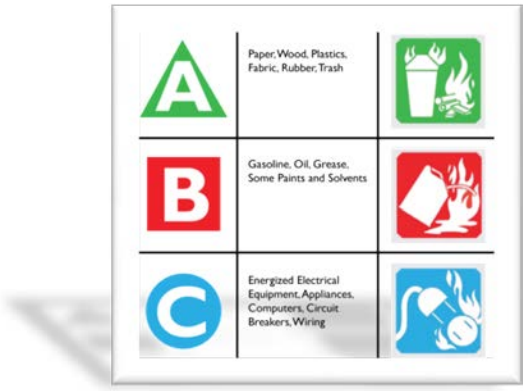
Switchboard Operator calls Fire Dept. at once, gives priority to vital calls.
Service Departments secure equipment, report per plan.
Assigned Maintenance Crew reports to fire area with emergency equipment.

INSTANT ACTION

- If possible, smother fire with a blanket, pad, or coat - almost anything quick at hand.

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

FIRE EXTINGUISHERS – LEARN TO USE THEM AND WHAT THEY ARE FOR
"Classes" of fire:



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

DO NOT USE WATER ON
"Flammable Liquids": Water splashes/spreads fire.

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

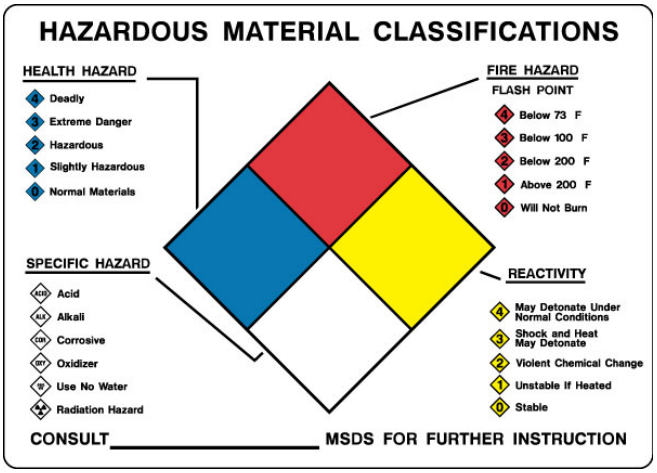
Instead, use Dry Chemical or CO2 Extinguisher. These smother “Electrical” or “Flammable Liquid” fires. Multipurpose Dry Chemical can be used on all fires.

DISASTER PREPAREDNESS
Medical services may dramatically increase at the same time utilities and other resources may be restricted. Planning is vital. Each department has an Emergency Preparedness Manual which can cover windstorm, flooding, earthquake, loss of utilities, and expansion of services. Know the location of this Manual and know your own responsibilities. More than ever, in a crisis we are a team providing vital medical services.

HAZARDOUS CHEMICALS

It is required to know potential hazards of the chemicals you may use. Your facility Supervisor must provide specific Hazardous Chemicals training which should include:

- Program explanation
- Safety data sheet and labeling for each chemical you may use
- Direction for the care and use of any Personal Protection Equipment required at your job site



Hazard Communications Program
Employees and employer are responsible to keep a safe work environment. A written program shows how the Hazardous Materials Standard works, employees’ rights to know, and includes inventory of chemicals.

Labels and Material Safety Data Sheets
A label contains basic information such as:

- Manufacturer
- Name of chemical
- Tells how serious hazard is – “signal word”
- Type of hazard
- Precautions to take for safe handling
- May also include basics for first aid, spills, fire, storage, disposal, other.
- Must be replace if damaged

Material Safety Data Sheets contain more detailed information and instructions:

- Product name, manufacturer, chemical formula, severity
- Hazards, exposure limits
- How it looks and acts
- Temperature/concentration for ignition, fire fighting facts
- Effects, symptoms, first aid
- Causes for being unstable
- How to clean-up, disposal
- Personal protection equipment
- Any other details

A HAZARDOUS CHEMICAL PROGRAM INCLUDES:
TRAINING - Employees are informed of rights to know, and access to written program.

INFORMATION (of chemical)

- Health hazards
- Physical hazards
- How to detect chemical presence (appearance, odor, monitor, alarm)
- How chemicals can enter the body (exposure)
- How to use Labels (quick data) and Material Safety Data Sheets (detailed)

PROTECTION

- Controls and safety equipment
- Safe-work procedures
- Personal Protection Equipment (for each type of exposure)

EMERGENCY

- First aid if exposed
- Clean up spills
- Waste disposal system

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

PHYSICAL HAZARDS

Flammable Chemicals

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

To control these flammable vapors:

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

To control ignition sources:

- Keep away from heat, sparks, flame.

Reactive Chemicals
Reactive chemicals are highly unstable. A violent chemical change can be set off by certain conditions like heat, motion, water, decomposition, mix.

HEALTH HAZARDS

Toxic Chemicals - Can poison internal organs, nervous system, and brain.

Corrosive Chemicals - Can destroy or irritate living cells.

Exposure may occur immediately or take time.
Entry may be through:

- Eyes (mucous membranes)
- Nose (inhalation)
- Mouth (ingestion)
- Skin (absorption)

PROTECTION:

- Use equipment and controls
- Practice safe work procedures
- Use Personal Protection Equipment (for each type of chemical, concentration, form).
- If you are given an unsafe task or not provided necessary training for your job assignment, notify your Mission Search consultant

INFECTION CONTROL AND TB

Infection Control Procedures apply for all contagious diseases.

INFECTION EXPOSURE
There are several ways disease-causing agents get from one person to another:

- Airborne or droplet infection (e.g. colds, flu).
- Animal borne or insect borne infection (e.g. rabies, malaria, Lyme Disease).
- Blood borne infection (e.g. HIV, hepatitis).
- Food borne or water borne infection (e.g. salmonella, giardia).
- Sexually transmitted (e.g. Chlamydia, gonorrhea, syphilis).
- Other direct contact (e.g. some kinds of warts, scabies).
- Indirect contact (e.g. colds and flu carried from person to person on dirty tissues, money, door knobs, phones, computer keyboards).
- Air ventilation
- Insects / parasites

Infection Control
Isolate body substances and other sources of infection by following these procedures:

- Wash hands before/after each patient contact, after exposure, after glove removal, before/after shift, before eating, after toilet, after blowing nose

- Dispose of needles and sharps into puncture resistant container immediately. Prevent needle sticks - do not bend, remove or recap.
- Wear gloves when likely to touch a body substance, mucous membrane, or other potential contamination (if activity is at risk).
- Wear protective eyewear/mask if procedure releases droplets into the air.
- Wear gown-apron as needed if splashing may soil clothing.
- Properly handle, bag and label infectious material before transport. Precautions vary – follow facility, local, state, and federal policies.
- Clean up infectious spill immediately –wear gloves - or report as per facility policy.
- Isolate – See supervisor for detailed facility procedures.
- Ventilate - Negative air pressure exhausts airborne germs safely outside.

Practice good infection control

- When you are sick keep your germs to yourself and stay home from work or school. Notify supervisor for medical help, report infection exposure.
- When you are well stay a safe distance (2-3 feet) from those who are sick.
- If you are given medication to treat an infection, be sure to finish your prescription. Stopping too soon may lead to resistance, making future infections harder to fight.
- Wash hands frequently and completely
- Use alcohol gel or hand rubs in place of soap and water only if hands are not visibly dirty and the solution contains at least 60% alcohol.
- Take advantage of vaccines that are available to prevent serious illnesses. Keep health tests and immunizations up-to-date as required for your job.
- Personal hygiene – shower/bathe daily, keep hair clean (restrained at work), wear clean uniform daily, leave jewelry home.
- Maintain good health. A strong body resists infection – sleep, exercise, diet.

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

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

TB EXPOSURE
When sharing the same breathing space, as in healthcare settings, within family, crowded areas, group, and homeless shelters.
When body's germ defense (immune system) is weakened by such as HIV/AIDS, diabetes, and certain cancers.

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Potential healthcare TB exposures may be:

- If entering "isolation" area
- During procedures that cause cough, aspiration
- When transporting a known or suspected TB case
- By possible undiagnosed patients as in emergency triage area

TB CONTROL

Identify the person with TB disease isolate immediately to limit germ exposure, and then give prescribed treatment.

HEALTHCARE PROFESSIONALS

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

- Know when you are "at risk"
- Know your responsibilities
- Know the control procedures
- Protect and care for patients
- Protect your work environment

TB SKIN TEST

- If it is a "positive" reaction other tests determine if it is TB disease which requires immediate isolation and treatment until it is not contagious.
- If test shows TB Infection – it is not contagious, but potential risk to develop TB disease exists (which is contagious).
- Medication is provided to treat TB Infection while a normal work schedule continues – no symptoms.

RESPIRATOR

- Required respirator is worn when exposed to patient with known/suspect TB disease
- Respirator must be properly fitted and maintained
- TB is prevented by Infection Control and treated with medication.

BASIC MEDICAL FACILITIES SAFETY

These are general safety rules. See your supervisor for specific facility requirements.

YOU AND YOUR JOB

- Always avoid shortcuts. Do each job the right way, it is the safe way.
- Know your job procedures. If in doubt, ask a supervisor.
- Arrive at work rested, clean and in good health.
- Wear proper clothing. Torn or loose fitting clothes, jewelry, high heels, sandals, or clogs can cause accidents.
- If you feel ill at work report to supervisor. Get medical aid to protect yourself and others. Keep health tests up to date.
- Protect your spine; use your strong legs and arms to lift. Check before you lift, if heavy/awkward – get help.

SAFETY

- Report unsafe conditions to supervisor right away. Do not try amateur repairs.
- Report unsafe acts to your supervisor before someone may get hurt.
- Get medical aid even for small injuries. Delay can make it worse.
- Report any incident right away (even if no injury) to help prevent other problems.
- At incident be helpful, courteous, and do not argue or discuss conditions. Get supervisor to document conditions.

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ISLES AND HALLWAYS AND OTHER COMMON AREAS

- Keep isles clear – always. Residents can trip easily.
- Do not rush; it is dangerous to you and others.
- Watch out at corners and doorways
- Warning signs help you prevent incidents. Obey them and remind others, too.
- Horseplay is NOT allowed. Practical jokes can cause serious injury.
- Do not let a fall happen. Get rid of the anything that may throw you off balance, clean up spills right away.
- Small items under foot are a hazard too; pick them up when you see them.
- If you cannot reach the top, get a stepladder or stool.
- On stairs a little attention is needed. Use handrail, take just one stair at a time.
- Expect the unexpected – give support, keep watch…especially in the bathroom and hallways.
- Clean up broken glass with a brush (not fingers). Wrap in paper to protect others' hands too.

CARTS, BEDS, AND WHEEL CHAIRS

- Push carts slowly. Keep load low – to see ahead. Get help with a big load.
- Push carts from end (not from sides) to avoid smashing your fingers.
- Pull carts through swinging doors (do not ram through).
- On ramp, control cart from low side.
- At elevator, be sure floor is at level before moving. With wheelchair, always back on/off.
- When assisting resident on or off chair, be sure to set wheel brakes, foot rests up.
- Secure patient. If restraints are used, check regularly to avoid any slipping or tightening problems.
- Do not operate beds and other equipment unless authorized. (Lock bed casters and store bed cranks as required).

ELECTRICAL EQUIPMENT

- Keep cords out of traffic.
- Shock danger:
  - Keep water/electricity apart
  - Keep hands dry and prevent dampness near electrical equipment.
- Protect cords, plugs, and appliances from damage.
- Before use, inspect electrical equipment for damage. If you see a problem, do not use – report it to maintenance department.

FIRE SAFETY

- In case of fire you need to preplan and practice – make no mistake. Know now.
- FIRE DRILLS teach you to RACE:
  - Rescue (immediate life threat)
  - Alarm (never delay)
  - Confine (close all doors)
  - Extinguish (know the "ABCs")
- Know how to prevent fire: smoking rules, flammable liquids and oxygen use, trash clean up, electrical care.

PATIENT SAFETY

- Answer signal bell right away to avoid patients getting up when unable.
- Keep things within easy reach. If bedpan or urinal is needed, tell patient to use signal bell for aid.
- Use bed side rails on both sides when "ordered" or when conditions require.
- Have infirm patient secured when transported or sitting.
- Medication: Double check label with doctor's orders.
- Toxic materials need special care – keep in clearly labeled containers, away from food.
- Put toxic materials away – no delay. Keep in locked cabinet to protect residents.

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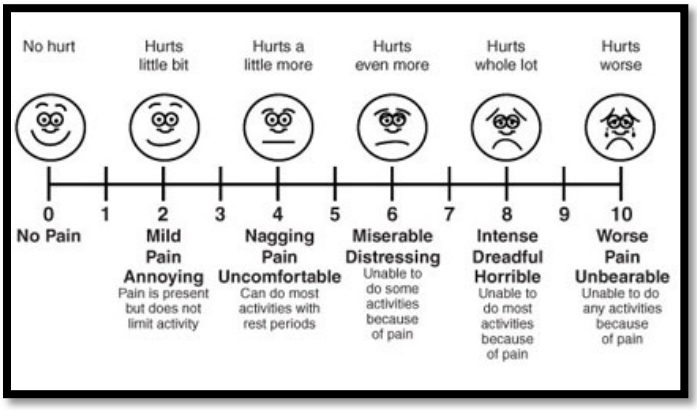
PAIN MANAGEMENT

The Joint Commission standards summary:
Standard RI.1.2.8
Patients have a right to appropriate assessment and management of pain:

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



Standard PE 1.4
Pain is assessed in all patients

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

Standard TX.3.3
Policies and Procedures address

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

Medications can help manage pain.

- Non-opioids are used to treat mild to moderate pain
- NSAIDs help reduce pain, swelling, fever and bone pain
- Acetaminophen reduces pain and fever but not swelling

- Skeletal muscle relaxants have additive analgesic effects when used in junction with NSAIDs
- Severe pain can be treated with a combination of opioids and other drugs like NSAIDs

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

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

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

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

Be involved in pain management:

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

Use the right medication
Opioids

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

Non-Pharmacological Therapies

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

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PATIENT TRANSFERS SAFETY

- **Never lift alone.** Unless the patient can do most of the work, use an assistive device such as a mechanical lift or a transfer board, or wait until someone is free to help you.
- **Have a partner** when moving a patient up in the bed and three helpers when transferring a patient from bed to stretcher, especially if the patient is heavy.
- **Coordinate your moves** by lifting together on a predetermined number or signal.
- **Remove all obstacles**. Before lifting a patient, move any unnecessary furniture, equipment, pillow, and electrical cords - anything that would force you to twist and bend to get around it - out of the way.
- **Follow good rules of body mechanics.** Don't lift while flexing, extending, or rotating your spine. This shifts the weight distribution over the discs of your back.
- **Keep your center of gravity** - the point at mid-pelvis where your bulk is centered – above your legs and feet.
- **Lift keeping your back straight**, your feet a comfortable distance apart, and your knees slightly bent.
- **Position the patient** at or just below your waist level.
- **Do not lift with your back muscles**.
- **Use your arms and legs** and tighten your abdominal muscles and your body weight to lift. The upper thigh muscles are the best for lifting.
- **Exhale** when lifting.
- **Listen to your body.** If you are sore, stiff, or tired, or feel pressure in your back, stop and rest.
- **Learn to say no.** When a heavy patient is unable to assist and you think you or the patient could get hurt, get help. You sometimes need more than just good technique.

MOVING A PATIENT UP IN BED WHEN HE/SHE CAN ASSIST

- Stand facing the head of the bed with your knees bent, back straight, and feet slightly apart. Your weight should be on your back foot.
- Lock arms with the patient. Support her/his neck or shoulders with your other arm. Your partner on the other side of the bed should do the same.
- Ask the patient to bend her/his knees and push with the heels as you and your partner shift your weight to the leg nearest the head of the bed.

MOVING A PATIENT UP IN BED WHEN HE/SHE CANNOT ASSIST

- Place a draw sheet under the patient from shoulders to mid-thigh.
- Stand opposite your partner with your feet a shoulders-width apart, knees bent, and back straight.

BASIC GUIDE TO PREVENT BACKACHES

LIFT FROM SITTING

To assist from sitting to standing position:

- Get close
- Bend knees
- Together you both push up in one easy motion

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LIFT FROM A FALL
- Step back
- Pull, to steady against you—or slide gently to the floor as you drop safely to knee
- Make patient comfortable, get help

PULL UP IN BED
- Ask patient to push up while you pivot. Work together
- Pace yourself
- Mechanical aids help

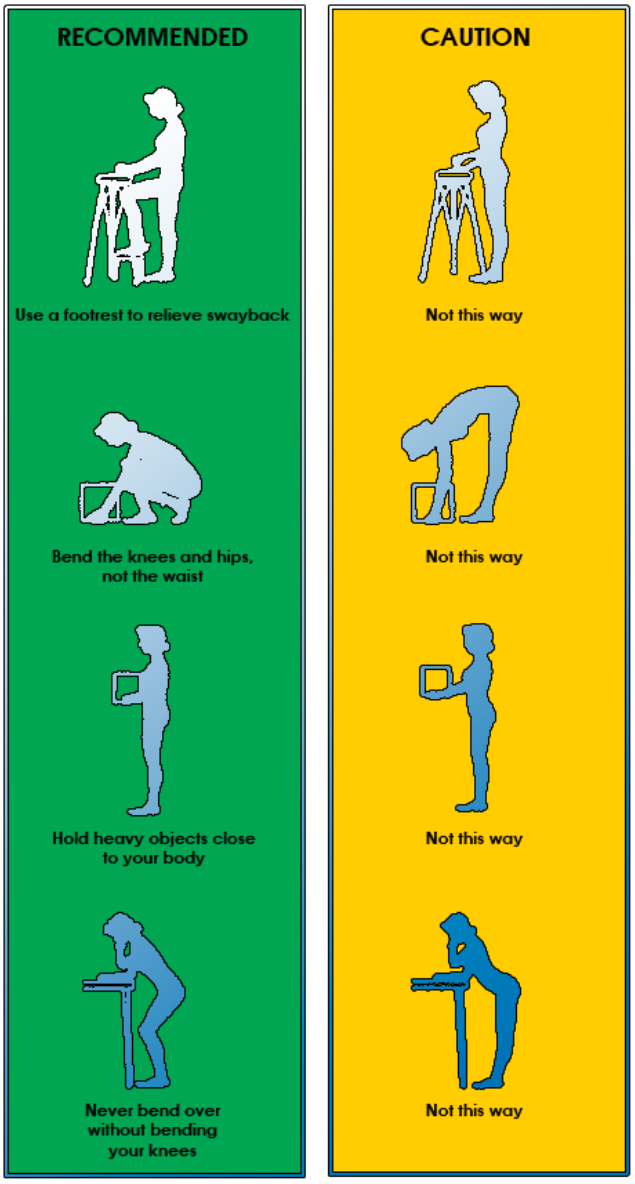
BENT OVER AT BEDSIDE OR CHAIR
Plan your workspace to keep good posture in everything you do:
- Pull up a chair
- Kneel
- Bend your knees
- Brace one hand

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

WHEN MAKING A BED
- Raise bed
- Bend knees
- Walk around

CONDITIONING
- Flex stretch before each lift.
- Get your muscles ready for action after resting, sitting, driving, or if tense: warm up
- Tighten up your stomach to straighten your posture (abdominal muscles support your back)
- Keep exercise in your life. Build strength and endurance to prevent muscle fatigue. Even 10 minutes each day will help

RELAX
Take deep breaths anytime, anywhere; 3 -4 time per session will make you feel refreshed.



RESTRAINTS

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

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

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

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

Monitoring Requirements and Termination of Restraint Use

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

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

Alternatives to restraints

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

Alternatives Include:

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

WORKPLACE VIOLENCE

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

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

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

Bottom line:

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

Observe your Surroundings

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

Review the Procedure

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

What To Do If You Are A Victim

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

Follow-up

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

Site Specific Training

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

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

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

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Get Involved

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

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

Thank you for reading the Joint Commission Health and Safety Modules.

Please remember to take the quiz.