CORE COMPETENCIES

Annual Education & Training for Licensed Personnel
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INTRODUCTION

This booklet contains information you need to know to provide healthcare to patients by demonstrating your competency in the areas listed below. Various healthcare facilities are required by Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Occupational Safety and Health Administration (OSHA) and other Federal and State regulators to show these competencies have been met by all employees during Orientation and each subsequent year.

The information in the booklet is common to each facility in which you will work. It is designed so you do not need to repeat yearly education regarding the same information at all facilities over time. The Post-Test is the documentation required that indicates you have met the yearly competencies.

In order to meet these competencies you must be familiar with the contents of the booklet and complete the Post-Test.

Topics listed in the booklet:

- Abuse and Neglect and Appropriate Interventions
- Advanced Directives
- Age Specific Patient Care Concerns
- Use of Restraints
- Agency Nurse’s Role In the Use of Restraints
- Cultural Diversity
- Emergency Management Preparedness
- Environmental Safety and Utilities Management
- Electrical Safety, Radiation Safety, Medical Equipment Safety, Hazardous Chemicals, Hazardous Materials
- Ergonomics
- Fire Safety
- HIPAA
- Infection Control/Bloodborne Pathogens
- Fire Safety
- HIPAA
- Licensed Nursing National Patient Safety Goals for Hospitals
- Organ and Tissue Donation
- Pain Management
- Safety and Security
- Workplace Violence and Sexual Harassment

*IMPORTANT – Each facility has its own roster of phone numbers, policies, and personnel. Please familiarize yourself with this information at each facility at which you work.
ABUSE AND NEGLECT

INTERVENTION IN SUSPECTED CASES

Abuse and neglect are serious problems in our communities and institutions. People are most at risk when they are unable to take care of themselves. Children and the elderly are the two groups who are most commonly at risk. Abuse is action by a trusted individual that causes physical and/or emotional harm to a victim. Neglect is a passive form of abuse in which a person who is responsible to provide care for a person (or patient) fails to do so. It may include insufficient supervision, lack of nourishment, medical care or other needs.

Healthcare professionals are in a position to act as advocates for victims of abuse or neglect. It is important to be able to recognize signs of abuse or neglect.

SIGNS OF PHYSICAL ABUSE

- Fractures, lacerations or bruises that have no obvious explanation
- Facial injuries (black eye, broken jaw or nose, broken teeth, swollen lips)
- Burns (cigarette, rope, scalding water)
- Subdural hematoma
- Patterned bruising showing the shape of an object
- Bruises in different stages of discoloration indicating repeated injury over time
- Bite marks
- Injuries to the trunk of the body hidden by clothes
- Stated history of being accident prone
- Multiple nonspecific complaints or complaint of pain without obvious injury
- Suicidal ideation or attempts, depression
- Delay between injury and seeking medical treatment

SIGNS OF NEGLECT

- Signs of malnutrition (thin appearance, dry skin, pallor, bloated stomach, sunken eyes/cheeks, dehydration)
- Inappropriate dress for weather, dirty clothing
- Body odor, poor hygiene, unkempt
- Open sores, infections, rashes
- Potential drug use symptoms
- Suspicious medical history with frequent changes in healthcare providers

SIGNS OF SEXUAL ABUSE

- Genital bruising or tearing (including rectum)
- Swelling or discharge from vagina or penis
- Lesions around mouth or genitals
- Complaint of abdominal pain
- Complaint of painful urination or defecation
SIGNS OF PSYCHOLOGICAL ABUSE
- Patient appears afraid of or intimidated by another person
- Patient appears nervous, fearful, agitated, angry or confused
- Patient appears passive or withdrawn

Cases of suspected abuse or neglect must be reported immediately to the appropriate individual or agency. If you are working in a healthcare facility, there are specific healthcare facility policies and procedures for initiating the reporting process. If you suspect a case of abuse or neglect, refer it to your direct supervisor for assistance in how to implement the reporting process. Do not neglect to implement this process. Reports of suspected abuse or neglect are protected from liability.

In Hawaii, cases of abuse or neglect can be reported to the following agencies:
- Child Abuse/Neglect: Child Protective Services (CPS) and the Police Department
- Adult Abuse/Neglect: Adult Protective Services and the Police Department
- Sexual Abuse: Sexual Abuse Treatment Center
- Domestic Violence: Police Department
ADVANCED DIRECTIVES

An Advanced Directive (AD) is a written statement about a patient’s future medical care which indicates a patient’s decision to accept or refuse treatment if the patient can no longer speak for him or herself. It also indicates who the patient wants to speak for him or her in relating decisions about the end of life. It removes the responsibility of decision-making from family. The form used is titled “Hawaii Advanced Healthcare Directive” and is part of the patient’s medical record. Healthcare facilities must provide the patient with the information necessary to make an informed consent about the consequences of creating or not creating an AD. The facility cannot discriminate against a patient based on this decision.

Most commonly there are two types of Advanced Directives:

- **Durable Power of Attorney for Healthcare** - A person named to make decisions for a patient when the patient is unable to do so for himself
- **Living Will** - A legal document a person uses to make his or her wishes regarding life-prolonging medical treatments

Living Wills or Durable Power of Attorney for Healthcare directives can be withdrawn at any time.

*A patient does not need an Advanced Directive or Living Will for Do Not Resuscitate (DNR) or Do Not Intubate (DNI) orders. A physician can be advised by the patient and write the order in his or her medical record.*

Nurses are often involved in the implementation of an Advanced Directive. The following are possible responsibilities that may or may not be completed by the nurse or another healthcare professional:

- Inform the patient of his or her rights regarding an AD on admission
- Verify the AD is in the medical record or the document indicating the patient’s refusal to have an AD
- Know the facility’s protocols and resources to assist the patient’s decision-making
- The nurse may or may not have to sign as a witness based on facility protocol
- Be alert not to provide treatment against a patient’s wishes - be aware of the AD in the patient’s medical record
Competency in age-related nursing care is a requirement of JCAHO. From birth to old age there are shared developmental characteristics of those in each stage of life. Your responsibility as a healthcare worker is to provide appropriate care as you meet the needs of each individual in the stage of life they are in. For each patient, across all age groups, you must consider their primary language, their cultural differences, their family structure, speech or hearing impairments, possible learning disabilities and signs of confusion, stress, or depression.

**BIRTH TO 28 DAYS**

**Body functions to assess:**
- Reflexes - normal reflexes such as grasping, gagging and startling
- APGAR - five criteria, two points each, equaling a total of ten as the highest
- Vital signs - age appropriate temperature, pulse, respiration, blood pressure
- Weight - steady weight gain
- Blood glucose levels

**Parent education:**
- Handle the neonate in a gentle manner to avoid over-stimulation and stress
- Teach skills for feeding/nursing, diapering, cord care, bathing and importance of keeping the infant warm
- Teach symptoms of jaundice, fever, correct sleeping positions to avoid threat of SIDS
- Importance of car seats, crib railings up, not using pillows, appropriate toys
- Stress importance of hand-washing to help avoid infection

**INFANTS and TODDLERS 0 – 3 YEARS**

This is a period of rapid growth and learning. Although dependent, they are beginning to develop a sense of a separate self. Discovery of their world is through direct sensory contact. It is important to keep a safe environment and to engage in positive child-parent bonding.

**Items to assess/or discuss with parents:**
- Immunizations and check-ups on schedule
- Will begin walking
- Speech and bowel and bladder control
- Feeding and eating habits
- Appropriate age-related motor skills
- Vision or hearing impairments
- Daycare - threat of colds or flu
- Check teeth and discuss tooth care
- Nurturing and bonding
- Communication with toddler before touching to reduce anxiety
YOUNG CHILDREN 4-6 YEARS
During these years they must have rules and boundaries established. They will respond well to praise and rewards.

Items to assess and/or discuss with parents:
- Keep immunizations and check-ups on schedule
- Children of this age like routines
- They become more independent
- Development occurs through play and interaction, books, may develop imaginary friends, may be afraid of the dark
- Necessity of safety equipment such as bicycle helmets, elbow and kneepads and safety issues regarding bike riding, pool or fire
- Introduce grooming and hygiene
- To reduce fear or anxiety explain any procedures to the child
- Regression may occur under stress
- Never lie by saying a procedure won’t hurt but tell them it won’t hurt for long
- There is a fear of pain
- Never leave young children unattended
- Keep dangerous objects away from child and out of reach

OLDER CHILDREN 7-12 YEARS
During these years growth continues slowly until the spurt at puberty. Children become more mentally active and strive for a greater sense of self. Peers become important as well as social activities. For good emotional health it is important for them to feel competent and useful.

Items to assess and/or discuss with parents:
- Immunizations and check-ups should be on schedule
- Guide child towards healthy lifestyle, good choices including exercise and nutrition
- Privacy is important, maintain good communication
- Vital signs are approaching those of adults; temperature does not change
- Increased intellectual ability and creativity
- Conflict resolution
- Involve child in care whenever possible
- Explain all procedures well before they are to take place
- Include parents in care as much as possible
ADOLESCENTS 13-20 YEARS
Independence, creativity, intellectual ability, abstract thinking and complex thinking are characteristics of this age group. The body develops into an adult as they progress to becoming sexually mature. The adolescent group needs help balancing identity development with the need for close relationships. Peer groups and parents can come into conflict. It is also a time when they challenge authority.

Items to assess and/or discuss with parents:
- Immunizations and check-ups
- Privacy and maintaining confidentiality
- Fostering an attitude of trust and respect
- Peer pressure
- Sexuality and responsibility – protection against STDs, pregnancy
- Substance abuse, alcohol and “street drugs”
- Risk taking – feelings of being invincible
- Nutritional disorders – anorexia, bulimia or obesity
- Skin problems
- Mood swings
- Cigarette smoking
- Speak to these patients directly – not through their parents
- Involve them in decision making and gain their consent as well as their parents’
- Explain procedures and encourage questions
- Teach breast examination, testicular examination

ADULTS 21-39 YEARS
These patients have reached physical and sexual maturity. They are acquiring new skills in life and value support, honesty and respect. Muscle strength and coordination are at their peak. Interventions at this age are disease and situation specific. These are the predominant child-bearing years.

Items to discuss:
- Immunizations – flu or tetanus
- Accident prevention
- Life-work balance
- Dietary guidelines
- Physical exercise
- Specific disease process
- Tests or procedures
- Disease processes
- Prescribed medications
MIDDLE ADULTS 40-64 YEARS
Patients in this group may be re-evaluating priorities, be very involved in older children’s or grandchildren’s lives, or planning for retirement.

Items to discuss:
- Job stress
- Women – menopause, signs of depression, mid-life crises may necessitate psychiatric interventions
- Medication use
- Chronic conditions that may have developed – diabetes, hypertension,
- Caring for parents and children simultaneously – “sandwich generation”
- Men – prostate check-ups, midlife crises, chronic conditions
- Children leaving home

OLDER ADULTS 65-79 YEARS
There is some decline in physical abilities and sensory perception although those in this group continue to learn. Some need to adapt to grandchildren, being single if a spouse has passed away, or many other family or social situations. It is important to remain active.

Items to discuss:
- Immunizations – Varicella, Flu, Pneumonia
- Being alert to chronic conditions – hypertension, diabetes, arthritis, osteoporosis, esophageal or digestive problems, hearing impairment, heart disease, bladder or bowel problems
- Expression of feelings of loss or grief
- Complexity of various prescribed medications and their use
- Immunizations – pneumonia, shingles, flu
- Importance of mild to moderate exercise program
- Proper nutrition and weight control

ADULTS 80 YEARS AND OVER
Patients in this group should be monitored closely and regularly. Major body organs and systems begin to decline. Skin becomes fragile and dry. There is an increased susceptibility to infection. Eyesight declines. Of importance are proper footwear, adequate lighting, clear pathways, handrails on stairs and bathroom and removing loose floor rugs to help prevent falls. There is a loss of bone mass which may make bones brittle.

Items to discuss:
- Importance of mild exercise
- Proper nutrition and weight control
- Medication use and interactions
- Use of assistive devices – walkers, hearing aids, eyeglasses
- Need for dentures
- Need for talking and socialization
USE OF RESTRAINTS

Placing a patient in restraints can be uncomfortable for a nurse. However, in certain situations, placing a patient in restraints is the only option to protect and ensure the patient’s safety and safety of others. Each hospital has detailed policies that govern the use of restraints. The policies, in following JCAHO standards, provide the least restrictive environment possible for the patient. Restraints must never be used for discipline, coercion, staff convenience or punishment. Restraints are used only as a last resort.

There are three types of restraints:
1. Physical
2. Chemical
3. Seclusion

The most common type of restraint is Physical. The Physical restraint may involve:
- Applying a wrist, ankle, or waist restraint
- Tucking in a sheet very tightly so the patient cannot move
- Keeping side rails up so patient cannot get out of bed
- Using an enclosure bed

Components of a facility’s restraint policies include the following:
- Only utilize hospital approved restraint methods
- Protect patient’s personal rights and dignity
- Explain the purpose of the restraints to the family of the patient
- Position the patient to prevent aspiration
- Basic physical needs are met (water, nutrition, exercise, hygiene)
- Assess patient’s skin condition and circulation
- Be prepared for an emergency contingency (fire or evacuation)

Legal Requirements
- Restraints require an order initiated by the patient’s doctor
- PRN, or standing orders, for restraints are prohibited
- Time-sensitive telephone orders for restraints must meet all criteria for using restraints
- Only a licensed nurse may implement the restraint orders
- Restraint orders must be time-limited based on hospital protocol
- Restraints must be removed as soon as possible

Documentation
Progress notes must include:
- Clear evidence and justification for using restraints (confusion, sedation, agitation, unsafe behaviors, inability to respond adequately to requests)
- The alternative methods to restraining patient that were unsuccessfully attempted
- Evidence that the patient was assessed frequently as dictated by hospital policy (usually every 15 minutes to two hours)
USE OF RESTRAINTS WITH THE AGENCY NURSE

Kahu Malama Nurses, in keeping with the importance placed on decreasing or eliminating restraints, requires its nurses to meet all implementation and documentation criteria of the facility in which he or she is working. It is also required that the agency nurse be familiar with specific restraint/seclusion policies of the facility.

Guidelines for the nurse representing Kahu Malama Nurses:

- Commit to the goal of eliminating the use of restraints whenever possible
- Utilize alternative nursing interventions to restraint use which may include:
  - Giving clear verbal instructions
  - Providing diversional activities such as T.V., music, or games
  - Providing frequent monitoring or use of a “buddy” or “sitter”
  - Provide frequent exercise and toilet use
  - Provide a quiet environment as much as possible
  - Try to remove the (if known) source of agitation
  - Listen to the patient and be respectful of what they are trying communicate
- Pay attention to the restraint/seclusion policy when orienting to a new facility
- Check doctor orders and consult with facility staff before utilizing restraints
- Do not utilize any equipment or restraint device unless you are familiar with it and feel competent
- Assess and protect the safety of the patient in restraints on a frequent and regular basis
- Protect the patient’s dignity while he or she is in restraints
- Document the use of restraints per the criteria set forth by the facility
- Discontinue use of restraints as soon as patient safety criteria are met
CULTURAL DIVERSITY

Working effectively with diverse cultures requires a set of attitudes, skills, behaviors and policies that strengthen communication patterns. Cultural diversity includes race, gender, religion, sexual preference, age, and ethnicity. Hawaii has a large number of different cultures in both the patient population and the workforce. According to JCAHO, the following are necessary for healthcare personnel to practice in order to meet cultural competence:

- **Value diversity:** Be aware of personal biases, attitudes, beliefs, and behaviors that may influence how we care for patients and how we interact with fellow colleagues. Developing a “cultural humility” can help us to understand the historical, familial, community, occupational, and environmental contexts in which our patients and co-workers live. Look for commonalities and embrace the differences in language and multicultural activities. Be open-minded and respectful.

- **Assess themselves:** Do an honest assessment of positive and negative assumptions about others. Do not fall into the “cultural ignorance” category or harbor prejudices.

- **Manage dynamics of difference:** Adherence to treatment must cross the cultural “divide” by effective communication between provider and patient. These include asking non-judgmental questions, listening carefully, setting realistic goals for behavior change, solving problems together, and working with a professional interpreter, if necessary.

- **Acquire and institutionalize cultural knowledge:** Facial expressions, head movements, hand and arm gestures, personal space, touching, eye contact, physical postures, family interaction, and pregnancy and childbirth interaction among family members are examples of areas of cultural distinction.

- **Adapt to diversity and the cultural contexts of individuals and communities served:** Gender and taboos with regard to men and women. Food and alternative medicines acceptable in different cultures are concerns that must be openly discussed.

The impact of cultural competency can lead to more appropriate testing and screening, fewer diagnostic errors as a result of more accurate histories, avoidance of medication complications, greater adherence to medical advice and patients’ adherence to their treatment plans.
EMERGENCY MANAGEMENT PREPAREDNESS

According to the World Health Organization (WHO), a disaster is a ‘sudden ecological phenomenon of sufficient magnitude to require external assistance.’ The American College of Emergency Physicians describes a disaster as ‘when the destructive effects of natural or man-made forces overwhelm the ability of a given area or community to meet the demand for healthcare.’

Nurses and other healthcare professionals must know and understand their facility’s disaster preparedness plan, as well as Joint Commission principles and Hospital Incident Command System (HICS) guidelines.

According to the Joint Commission, an effective ‘emergency management’ plan includes four key principles:

• Mitigation: Make plans ahead of time to lessen the severity and impact of an emergency.
• Preparation: Create needed organizational capacities, including supplies and equipment, agreements with vendors, staff orientation and training, planning processes and organization-wide drills.
• Response: Define actions staff would take when confronted by an emergency, such as reporting to prearranged locations. Plan for a warning and notification process, priority-setting and liaison with other organizations.
• Recovery: Take steps to restore essential services and resume normal operations. Plan for staff support and community response.

The HICS management plan offers a simplified, predictable structure for:

• Communication during disasters
• Predetermined management positions, such as Incident Commander and Section Chiefs
• Clarifies the chain of command and reporting channels
• Helps to improve communication within the facility, as well as other participating facilities
• Provides standardized forms for consistent documentation

There are three classes of disaster:

1. **Natural disasters:** earthquakes, tornadoes, hurricanes, floods, tsunamis, blizzards
   *External disasters/Medical Emergencies:* chemical exposure, biological disease epidemic, explosions, fire, large-scale poisoning, multiple-victim accidents, nuclear fallout, riots and civil disturbances, structural collapse, toxic radiation
2. **Internal disasters/Medical Emergencies:** disease epidemics, large-scale food poisoning, large-scale infections
3. **Internal disasters/Non-Medical Emergencies:** explosions, fire, terrorist activity, bomb threats, State Board of Health emergency, strikes, power failure, major mechanical failure, internet related issues involving patient records

The key for hospitals and healthcare workers to effectively manage and react to a disaster is to practice preparedness using mock situations and periodic drills, which are required by JCAHO. Nurses and other healthcare workers are responsible for their patients. It is important, therefore, to understand the plan for the safety of everyone.
ENVIRONMENTAL SAFETY AND UTILITIES MANAGEMENT

Accident prevention in the hospital is everyone’s responsibility. It is important that the healthcare worker be aware of any possible hazardous situations that might occur. You must REMOVE the problem if you suspect a possible accident and REPORT the problem so it can be handled by the appropriate department. All accidents must be reported.

ELECTRICAL SAFETY

Safety means looking at plugs on electrical equipment for loose or broken prongs. Do not use ‘cheater’ adapters that convert three-prong to two-prong plug-ins. Do not pull on the cord. Disconnect the equipment by the plug. Broken electrical equipment can ‘leak’ electricity which can cause a fire if it is near flammable material. It can also give someone a shock. In this case, report the defective equipment so it can be removed. Electricity follows a path. A break at any point in the path can cause fire or injury. The following rules will protect everyone from harm. Do not use if:

- The equipment smells ‘hot’
- It has smoke coming out of it
- It is not working as it should
- It has had liquid fall into it

Things to remember:
- Avoid touching a conductive surface and a patient at the same time by turning the equipment on first
- Inspect electrical equipment before use
- Protect equipment from liquids, chemicals and heat
- Do not use extension cords unless it is an emergency
- Do not overload electrical outlets

RADIATION SAFETY

Protection is the most important thing to remember when using radiation.

Things to remember:
- Minimize time to reduce exposure
- Maximize distance
- Maximize shielding by using a lead wall, lead apron, lead gloves if provided and a thyroid shield
- Wear your own radiation badge monitor on the outside of the apron and have it read at the prescribed times

COMPRESSED MEDICAL GAS

Compressed gas cylinders are potentially dangerous if not treated carefully. The contents can become an uncontrolled projectile or explode if the contents are released too quickly. Fire can occur in an oxygen-enriched atmosphere. ‘Oxygen In Use’ signs must be posted. Combustible materials cannot be stored near the cylinders and all tanks MUST be secured to a rigid stand.
OTHER MEDICAL EQUIPMENT SAFETY

In the event of a malfunction of any equipment, you must submit a report of any incident where the device may have contributed to serious injury or illness of a patient or healthcare worker. This is mandated by a federal law, The Medical Device Act. If an incident occurs with a medical device, follow these steps:

• Attend to the needs of the patient
• Remove the device and label it as being defective
• Save all materials connected with the incident (IV bags, tubes, masks cannulas)
• Report the incident to facility management
• Submit an incident report

Kahu Malala Nurses would like to be informed of all incidents. Please submit a Kahu Malama Nurses incident report as well.

HAZARDOUS CHEMICALS

OSHA has recently adopted new hazardous chemical labeling requirements utilizing the Globally Harmonized System (GHS). They will be phased in over time until 2016. The previously labeled Material Safety Data Sheets (MSDS) will be changed to Safety Data Sheets (SDS). Employees must understand the new, international approach to hazard labeling and communication in order to protect themselves in the workplace.

Chemical Safety is everyone’s responsibility. Healthcare workers must know what hazards are on the job and know how to protect themselves, co-workers, patients and visitors. They must read labels and SDSs and follow instructions, warnings and safety procedures while on the job.

Hazardous chemicals can create two types of hazards:

• Physical hazards – (usually improper use or storage of hazardous chemicals) – there are flammable, explosive, and reactive
• Health hazards – Effects can be acute and appear right after exposure or chronic (long-term) and take years to develop (cancer, birth defects or sterility)

Types of Exposure include four different ways a chemical could enter the body. These include:

1. Inhalation
2. Absorption
3. Ingestion
4. Injection

*A signal word is used to indicate the relative level of severity of hazard and alerts the reader on the label. There are only two signal words. They are DANGER (more severe) and WARNING (less severe).
HAZARDOUS MATERIALS

When you begin working at a new facility, locate the Safety Data Sheets (SDS) in a manual or computer. (SDS has been changed from MSDS) and contains information on the following:

- Chemical or Trade name of materials
- Hazardous ingredients
- Permissible exposure limits
- Physical data
- Fire and explosion data
- Health hazard data
- Reactivity data
- Spill/leak procedures
- Special precaution/protection information

Knowing this information can protect you if you adhere to the precautions. *Never mix substances not even with water unless you are instructed. Never change containers. You should be familiar with the facility procedures for a hazardous spill. Locate the Spill kit on your unit.

UTILITIES MANAGEMENT

A hospital can only function effectively with the support of several utilities. The healthcare worker is required to report any problems in those areas for which they are responsible. Usually these problems will be reported to your Nursing Supervisor or to the hospital operator. A list of hospital utilities includes the following:

- Air conditioning
- Computer Systems
- Elevators
- Electrical distribution
- Hot/Cold water distribution
- Medical gas systems
- Medical Vacuum systems
- Nurse call systems
- Pneumatic tubes
- Sewage removal systems
- Steam distribution
- Telephone systems

Items to be aware of in the event of a failure in one of the systems:

- Turn your cell phone off when entering the facility. Never use your phone on your unit.
- Know and implement the hospital plan for emergency communications.
- Identify the location of emergency power outlets (red).
- Be certain life support equipment is connected to emergency power.
- Utilize battery powered equipment wherever possible.
- Be aware of the location of medical gas shut off valves.
- Know where to get portable oxygen tanks and how to use them.
- Know where to obtain portable suction equipment, portable fans, flashlights, etc.
- Know how to operate equipment manually when necessary
ERGONOMICS/BODY MECHANICS

Disabling injuries occur all too often in the healthcare setting. The most common are muscle strains, sprains or back injuries as a result of improper body mechanics. These injuries can be avoided by learning how to properly lift and move heavy or bulky objects, or simply just being aware of how the body moves. Body mechanics can be defined as the way muscle groups and bones work together to articulate at joints in an efficient and coordinated manner.

Healthcare workers are required to stand or sit for long periods of time and lift heavy, cumbersome weight, often in awkward positions or in confined spaces. An understanding of anatomy and following rules can alleviate current or future problems.

General rules of good body mechanics to always keep in mind:

- Try to push or pull an object before lifting it. Avoid lifting if you can.
- When pushing, extend your arms out and shift your weight forward with your back straight so that you entire body weight helps push.
- When pulling towards you, lean back with your back straight to make your body weight work for you. Keep your legs in a wide stance, one behind the other and use your arms to pull the object to you.
- When moving an object, clear away any obstruction so you can move in the most direct, safe and efficient way.
- To lift a heavy object, or a person, ask for help whenever possible. Do not try to lift or move too much weight by yourself. But when lifting, keep the back straight and tighten the abdominal muscles. The goal is not to damage your back.
- When carrying an object, keep it close to your body near your center of gravity. This transfers more of the weight to the large muscles in your legs.
- Always avoid twisting your torso. Instead, pivot on the balls of the feet.

Posture is the first place to practice good body mechanics. Because healthcare professionals are on their feet for long periods, the value of maintaining correct posture is paramount.

- Stand with the head squarely erect, not tilted to front or side to side.
- Each leg supports an equal amount of body weight and the knees are forward, slightly flexed.
- Back should be straight, shoulders back and not curving forward.

Sitting puts more pressure on the lumbar region of the spine than any other position.

- The head should be held erect with the spine straight.
- The feet should be flat on the floor and the knees bent at a 90 degree angle and level with the hips or slightly elevated above them.

Using the principles of good body mechanics, working with the body’s natural design, will help you prevent injury.
FIRE SAFETY AND PREVENTION

Hospitals are equipped with an automatic fire alarm system that will sound when heat or smoke is detected within the facility or when a manual pull station is activated. Fire drills are conducted as preparation for an actual event. They are required quarterly, on all shifts, in buildings that house patients overnight. They are unannounced. Participation in fire drills is mandatory for all employees. Therefore, the key to responding correctly in a fire situation is paramount. When you begin a shift, you should immediately identify the location of the fire extinguishers, the fire alarms and the posted evacuation plans. If a fire drill occurs while you are working, respond as if it is an actual fire.

In the event of an actual fire, use the acronym RACE to remember the correct procedures to follow:

- **R** - **Rescue** those in immediate danger. Evacuate patients only if absolutely necessary. Reassure patients and visitors that staff are responding to the emergency. If there are flames, get patients out.
- **A** - **Activate** the alarm by pulling the nearest fire alarm pull station. Know the location of the nearest pull alarm. Activate the facility alarm by dialing the emergency number and telling Security the location of the fire.
- **C** - **Confine/Contain** the fire. Cover the door and window of the room. Cover the wastebasket.
- **E** - **Extinguish** the fire if small and contained, or evacuate the area. **Evacuation** plans are posted on each unit.

Fire Extinguishers: Hospitals are equipped with Class A, B, C multi-purpose extinguishers that can be used on all types of fires. To use a fire extinguisher, remember the acronym, PASS.

- **P** - Pull the pin.
- **A** - Aim the nozzle low pointing towards the base of the fire.
- **S** - Squeeze the handle. Stand approximately 10 feet from the fire.
- **S** - Sweep the hose from side to side.

Access to fire extinguishers should be unobstructed at all times. If an extinguisher is used, discharge the full amount of the bottle. Never put a used extinguisher back in its cabinet after being used. It must be refilled.

Evacuation of an area will be ordered when the following situations exist:

- It is determined that a fire cannot be controlled by the immediate use of available fire extinguishing devices.
- Patients, visitors and employees are in immediate danger of injury or death as a result of their presence in an area of smoke or fire.

Fires may be prevented if the No Smoking policy is enforced, if combustibles are stored away from heat, if flammable liquids are in their original containers and stored properly and if waste cans are regularly emptied.
HIPAA

Healthcare workers and organizations rely heavily on the sharing of patient information. As the transition toward electronic sharing continues, healthcare workers must stay current to enable fast, secure and accurate transmission of information of patients across the care continuum. Portable information has become more difficult to protect. Therefore, healthcare workers and organizations must adhere to the standards set forth by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Department of Health and Human Services (HHS) published two rules under HIPAA, the Privacy Rule and the Security Rule.

PRIVACY RULE

The Privacy Rule ensures that personal medical information shared with doctors, hospitals and others who provide and pay for healthcare is protected. The Privacy Rule imposes restrictions on the use and disclosure of personal health information (PHI). It gives patients greater access to their medical records and provides greater protection of their medical records.

Personal Health Information (PHI) – PHI includes any information about a person’s physical or mental health. This can be oral, recorded, on paper or sent electronically. It includes services rendered or payment for those services. Examples of PHI include a patient’s name, address, birthdate, Social Security Number, other identification numbers (i.e. medical record numbers), billing information, email, fax and phone numbers, device identifier and serial numbers or health plan beneficiary numbers.

PHI can be used or disclosed for the following:
- Treatment, payment and specific healthcare operations
- With authorization or agreement from the patient
- For disclosure to the patient
- When required by law

*PHI can be used and disclosed without a signed or verbal authorization from the patient when it is a necessary part of treatment, payment, or healthcare operations.

*The Minimum Necessary Rule requires that only the information needed to get the job done be provided.

*A breach in PHI is an impermissible use or disclosure under the Privacy Act that compromises the security or privacy of PHI that could pose a risk of financial, reputational, or other harm to the affected individual.

An authorization and patient consent is REQUIRED if a healthcare worker discloses a patient’s PHI for purposes other than treatment, payment or healthcare operations. Each authorization form only covers the use and disclosure of the information outlined in that form. The form MUST contain:
- A description of the PHI to be used
- Who will use the PHI and for what purpose
- Whether or not the PHI will result in financial gain for the entity authorized to use it
- The patient’s right to revoke authorization
- A signature of the patient and date of signing
- An expiration date
PATIENTS’ RIGHTS
The Privacy Rule grants patients control over their PHI. They have the right to adequate notice concerning the use and disclosure of their PHI. Once a patient has received notice of his or her rights, the covered entity must make an effort to get written acknowledgement of receipt of notice from the patient, or document reasons why it was not obtained. Copies must be kept of all notices and acknowledgements.

- Patients may request restricted use and disclosure, although the covered entity is not required to agree in all cases.
- Patients have the right to inspect and amend PHI and obtain copies, with some exceptions.
- Patients may request a history of disclosures for six years prior to the request, except for disclosures made for treatment, payment, and healthcare operations or with prior authorization.
- Patients have the right to file complaints about covered entities’ privacy practices or compliance with the rule.

PRIVACY RIGHTS OF MINORS
Parents have the right to access and control the PHI of their minor children, except when state law overrides parental control. Examples:

- HIV testing
- Cases of abuse
- If parents have given up control over their minor child

NON-COMPLIANCE
HIPAA has set civil and criminal penalties in place if the Privacy Rule is violated. There are four Civil Violation Categories under the HIPAA Final Rule:

- Did Not Know
- Reasonable Cause (not due to willful neglect)
- Willful neglect but violation is corrected within a designated time period
- Violation is due to willful neglect and not corrected

Penalties under these categories run from $100 per violation to $50,000 per violation with an annual maximum of $1.5 million.

Violations for Non-Compliance Criminal Penalties range is $50,000 and one year in prison to $250,000 and up to 10 years in prison for offenses committed in disclosing PHI with the intent to sell, transfer, or use the information for commercial advantage, personal gain, or malicious harm.

HIPAA’s Privacy Rule is the responsibility of everyone within a healthcare entity who may have access to the patient’s medical records. The key to maintaining privacy is to balance the objectives of safeguarding confidentiality while engaging in communications. ANY individual working for a covered entity (i.e. hospital) who may come in contact with PHI, must be aware of the entity’s policies and procedures regarding HIPAA, procedures for reporting and documenting incidents or possible breaches of PHI.
It is important to avoid hospital-acquired (nosocomial) infections in the patient population by understanding the transmission of infectious agents. All healthcare workers are required to follow STANDARD (Universal) PRECAUTIONS which reduces the risk of cross-contamination from one infected patient to another. OSHA monitors hospitals for compliance with this regulation. Whether suspected or confirmed, all human blood, body fluids, secretions, excretions except sweat, non-intact skin and mucous membranes must be treated as if they are infected with HIV, HBV, HCV or any other pathogen. Prevention practices include the following:

- Hand hygiene
- Use of Personal Protective Equipment (PPE)
- Safe injection practices
- Respiratory hygiene/ cough etiquette

HAND HYGIENE
Hand washing is the most important effective measure for preventing hospital-acquired infections.

Always wash your hands:
- Between patient contacts
- Before and after contact with wounds
- Before manipulating invasive devices
- After touching excretions and secretions
- Following glove removal
- After using the toilet
- After touching items/surfaces in the immediate patient care environment even if the patient isn’t touched

The Centers for Disease Control (CDC) recommends washing hands with soap and water and rubbed together vigorously for at least 15 seconds. Rinse with water and dry thoroughly with a disposable towel. When decontaminating hands with an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together covering all surfaces of hands and fingers until hands are dry.

PERSONAL PROTECTIVE EQUIPMENT

PPE is specialized clothing or equipment worn to protect against infectious material. PPE includes:
- Gloves: protect hands
- Gowns: protect skins and/or clothing
- Masks/respirators: masks protect mouth and nose while respirators protect the respiratory tract from airborne infectious agents
- Goggles - protect eyes
- Face shields
How to use gloves:

- Gloves are to be used whenever there is a possibility of contacting blood or any body fluids or contaminated items.
- Gloves must be removed or changed after use and whenever they become soiled or damaged. Turn the gloves inside out when removing and dispose of them in the proper receptacle. Wash hands.

If you are exposed to blood or body fluids, wash the area immediately with soap and water. Notify the designated person at the facility that you have been exposed. Follow the facility protocols for reporting and file an incident report. Each facility has its own protocols to follow; however, you must also file an incident report with Kahu Malama Nurses in each situation. Kahu Malama Nurses’ protocol for needle stick response and reporting are located in your policy manual.

ASEPTIC TECHNIQUE

All materials used in the sterile field MUST be sterile. The sterile field must be created and maintained by all persons treating the wound or incision. Movement around the sterile field must not cause contamination. Motions are from sterile to sterile areas and unsterile to unsterile areas. Every sterile field should be continuously monitored.

BLOODBORNE PATHOGENS

According to the National Institutes of Health (NIH), bloodborne pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). Healthcare workers are at risk for exposure through needle sticks and other modes of transmission. All used sharps are considered contaminated and can cause infection. Use sharps containers carefully. In the event of a needle stick, report it to your supervisor and complete a needle stick/body fluid exposure report. You will likely be sent to Employee Health for follow-up.

Hepatitis is a serious disease of the liver. Hepatitis B and C are caused by different viruses, usually without symptoms, but both are life-threatening if not treated. Hepatitis C is a chronic infection which can be carried by the host for many years without detection. There is a vaccine for Hepatitis B. There is treatment for Hepatitis C, although no vaccine has yet been developed.

HIV can cause Auto Immune Deficiency Syndrome (AIDS). The virus can be carried for up to 10 years or more before developing AIDS. 25% of people infected with HIV are unaware of their infection.

OTHER INFECTIOUS PATHOGENS AND TRANSMISSION

Other infectious pathogens that are not bloodborne include the Flu virus, Varicella (Chickenpox) (Measles, Mumps, Rubella (MMR), Pneumonia, SARS and multi-drug resistant organisms (MDROs) such as MRSA, TB, Ebola and VRE, among others. There are three Modes of Transmission precautions to be used when Standard Precautions alone are not enough to interrupt the route or break the chain of transmission.

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Check with your facility to find out what precautions they take to prevent the spread of disease.
Healthcare workers must be knowledgeable and proficient in using and removing PPE. Each step of the process must be mastered.

- Be sure to know where to acquire the necessary PPE equipment
- Know the facility-specific protocols for protection from all organisms
- Know the facility-specific protocol for needle stick incidents

Further Recommendations

- Use safe injection practices
- All needles and sharps must be handled with extreme care
- Keep hands away from face
- Limit touching surfaces and body fluids
- Disinfect immediately any visibly contaminated PPE surfaces, equipment, or patient area surfaces using an Environmental Protection Agency (EPA)-registered disinfectant wipe

The Kahu Malama Nurses office has further available information regarding Hepatitis B, C or HIV if you would like to review it.
LICENSED NURSING NATIONAL PATIENT SAFETY GOALS FOR HOSPITALS

Improve the accuracy of patient identification: Use at least two patient identifiers when providing care, treatment, and services \textit{(patient’s room number is not used as an identifier)}. Label containers used for blood and other specimens in the presence of the patient.

\textbf{Examples:}
- Administering medications, blood or blood components
- Collecting blood and other specimens for clinical testing
- Providing treatments or procedures
- Blood or blood component transfusion \textit{(requires two-person verification process), matching the blood component to the order, and matching the patient to the blood or blood component}

\textbf{Rationale:}
- To be certain the patient is the person for whom the service or treatment is intended
- To match the service or treatment to that individual

Improve the effectiveness of communication among caregivers when critical diagnostic test results need to be communicated.

\textbf{Examples:}
- Tests that fall out of the normal range
- Report results within an acceptable time frame

\textbf{Rationale:}
- Results may indicate a life-threatening situation
- Allows for prompt treatment

Improve the safety of using medications: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings \textit{(medication containers include syringes, medicine cups and basins)}.

\textbf{Rationale:}
- Unlabeled medications or other solutions are unidentifiable
- Errors, sometimes tragic, have resulted from removing medications or solutions from their original containers and placed in unlabeled containers
- Risk-reduction activity consistent with safe medication management
Reduce possible risk of patient harm associated with anticoagulant therapy: refers to hospitals or patients on long-term anticoagulant prophylaxis.

Examples:
- Atrial fibrillation
- Deep vein thrombosis
- Pulmonary embolism
- Mechanical heart valve implant

Rationale:
- Anticoagulation medications are more likely to cause harm due to complex dosing, insufficient monitoring or poor patient compliance
- Face to face patient education will achieve better clinical outcome

Maintain and communicate accurate patient medication information: compare the medications a patient should be using (and is actually using) to new medications that are ordered to avoid and resolve any discrepancies.

Rationale:
- There is evidence that medication discrepancies can affect patient outcomes
- Medication reconciliation reduces discrepancies by observing medication name, dose, frequency, route, and purpose

Hospital identification of safety risks inherent in its patient population – SUICIDE - Psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Elements of Performance:
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. Provide suicide prevention information to the patient or his or her family when leaving the hospital.

Implement evidence-based practices for preventing surgical site infections
Elements of Performance:
1. Educate staff about surgical site infections 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, about surgical site infection prevention when the patient is undergoing a surgical procedure.
3. Adhere to policies that meet regulatory requirements (for example, Centers for Disease Control and Prevention (CDC)) and are aligned with evidence based guidelines.
4. Administer antimicrobial agents for prophylaxis for a particular procedure or disease.

Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (adults only).

Elements of Performance:
1. Insert indwelling urinary catheters limiting use and duration.
2. Use aseptic technique for site preparation, equipment, and supplies.
4. Maintain sterility of the urine collection system.
5. Replace urine collection system when required.
6. Collect urine samples to test for urinary infection.
ORGAN and TISSUE DONATION

Organ donation is giving the gift of life to someone awaiting an organ. Currently in Hawaii there are approximately 400 people awaiting organs. The organ donor organization, Legacy of Life Hawaii, is the source for information regarding organ donation and tissue transplantation. Legacy of Life Hawaii works closely with hospitals to provide information and assist staff in the clinical management of potential donors.

All prospective donors must be screened for HIV, Hepatitis B, Hepatitis C and other communicable diseases using the nucleic acid testing (NAT) method which is able to detect infections acquired up to seven days before the test, except for Hepatitis C which cannot be detected during the first 70 days of infection.

The Donate Life Hawaii Registry of Legacy of Life Hawaii is a computer database of individuals 18 and older for organs, or 5 and over for tissue, who have made, or parents have made, the decision to be a donor. It allows organ and tissue donor professionals to determine at the time of death if a person has registered to be a donor. People can also register through the Department of Motor Vehicles. Legacy of Life Hawaii coordinates the organ and tissue allocation process and the surgical recovery of organs and tissues. They also are trained to discuss the donation option with grieving families and coordinate the consent process with legally authorized individuals.

Federal regulations require healthcare professionals to notify Legacy of Life Hawaii in the event of a patient death, regardless of the cause of death. The Transplant Coordinators are on call 24 hours a day all year long. The healthcare professional should not discuss organ or tissue procurement with the family. The Transplant Coordinator will approach the family and attempt to obtain consent and coordinate surgical recovery of the organs in persons who have not previously registered. Patients must meet specific criteria in order to be candidates as donors.

Each nurse should know the procedures in the event of the death of a patient. They should also have reviewed procedures for organ or tissue donation.
PAIN MANAGEMENT

Pain is the result of a signal sent from the peripheral nerves to the brain. It can impact anyone at any time. Pain that lasts for a short time is acute pain. It typically alerts us to a possible injury or health problem. Chronic pain is often defined as any pain that lasts for 12 weeks or longer. Chronic pain may be caused by an injury, infection, anxiety and depression, disease, but often it is the result of a medical illness which may or may not have a known cause. Chronic pain may affect a person’s ability to perform activities of daily living. Sleeplessness, fatigue, decreased appetite and mood changes often accompany chronic pain.

No two people experience pain at the same intensity or in the same way because of the many factors that may contribute to causing the pain. It is purely subjective. Each individual has a pain threshold. Therefore, pain management is important in keeping a patient comfortable and as pain-free as possible.

The nurse has the responsibility of assessing a patient’s pain and providing treatment options and education regarding the different options. Pain management problems and treatment modalities must be documented in order to continuously and accurately assess a patient’s pain. Because nurses are an integral part of alleviating or controlling a patient’s pain, he or she must consider the following:

- Consult with other members of the care team regarding effectiveness of the treatment being used
- Collaborate with pharmacy to discuss kinds of medications or alternatives that are most effective
- Utilization of Patient Controlled Analgesics (PCA) pumps that enable a patient to control the amount of medication needed to control his or her pain
- Educate the patient to keep a pain diary which describes the type and location of pain, duration, time of day and intensity
- Educate the patient to document activities that increase or decrease pain

There are four types of Pain Measurement:
1. Wong-Baker Faces measurement
2. 0 – 10 Pain Numeric scale
3. Visual Analog
4. Verbal Pain Intensity scale

When discussing medications with a patient, include information about side effects and how to address them as well as any fears he or she may have about addiction.

In addition to pain medications, there are alternative methods that support pain relief. These include but are not limited to massage, relaxation techniques and visualization, types of exercise, breathing techniques, hot/cold therapy, and meditation.

Finally, educate the patient regarding the importance of rest in reducing pain. Considering diet changes may also contribute to pain relief as some foods exacerbate symptoms.
SAFETY AND SECURITY

Each facility you work in has a Security Department that oversees the safety of staff to ensure a safe work environment. Their responsibilities include giving assistance whenever it is needed. Being aware your surroundings and being familiar with the physical layout of the facility will help to ensure a safe workplace. Consider the following:

Be alert and guard your personal safety
- Wear your ID badge at all times.
- Be aware of any non-staff member wandering around in your workplace area.
- Report any suspicious person or activity to Security personnel.
- When approaching a suspicious person, let your personal safety take priority.

Be cautious – be aware of your surroundings
- Familiarize yourself with all emergency exits in your work area.
- Mentally prepare how you would escape if the situation should arise.
- Be observant and focused when walking around the facility.
- Know the emergency numbers and emergency codes for that facility.
- If you are going to an isolated area, utilize the “buddy system” for safety.
- Park your car in a well-lighted area.
- If you leave work after dark, Security can provide an escort to accompany you to your car.

Prevent the possibility of theft
- Put your purse or personal items in a safe, preferably locked, place in your unit or workplace.
- Keep doors and cabinets locked according to facility policy.
- Take only essential items to work. Do not take valuables to work.
- Do not leave valuables in your car. Lock your car.
- Be sure patients have valuables locked up with Administration or sent home.

* REPORT ANY THREAT OR INCIDENT YOU ENCOUNTER
WORKPLACE VIOLENCE

Workplace violence is defined as any act or comment that threatens fear of harm, or actual harm, associated with a person's place of employment. Facilities do not allow threatening behavior from a staff member, patient or visitor. Any threat, no matter how seemingly harmless, can have the potential to escalate. Your supervisor or Security should be notified in the event this occurs.

It is impossible to know who might be capable of committing a violent act. The behavior is not limited to a particular ethnicity, gender or age. There is no measure to indicate who might be harmful. It is important, therefore, to protect yourself and others from a possible threatening situation by being aware of behaviors that could point to a violent episode.

Examples:
- Disruptive conduct or aggressive behavior (emotional outbursts, shouting, tossing objects, punching walls)
- Exhibiting anger/expressing paranoid thoughts
- Showing signs of alcohol or drug use
- Making direct threats
- Discovery of a history of troubled relationships

*If a potentially toxic situation like this occurs, immediately call for Security or assistance. Stay a safe distance from the person and observe a way to escape if necessary.

SEXUAL HARASSMENT

Sexual harassment is defined as unwelcome sexual advances or requests for sexual favors, and other verbal or physical conduct of a sexual nature. It is a type of bullying or coercion to engage in sexual behaviors unwillingly or without consent. It often affects an individual's employment, interferes with work performance, or creates an intimidating or offensive work environment. Sexual harassment can be perpetrated by either males or females.

A variety of suggestive behaviors can be seen as sexual harassment from innocent joking to outright sexual assault. It is important to be aware of your own behavior for its effect on others. Being respectful of all individuals around you is key to preventing its occurrence.

Sexual harassment will not be tolerated in any facility. Please contact Kahu Malama Nurses if you believe you are receiving unwanted advances.