

SAFE, SECURE ENVIRONMENT
Module 3

I. Statement of Purpose

The purpose of this module is to reinforce the concepts and procedures related to patient safety; review asepsis and infection control; and to examine precautions to protect patients and staff in the acute care setting.

II. Terminology

- | | |
|--------------------------------|---|
| 1. Body mechanics | c. Standard Precautions |
| a. Alignment/positioning | d. Contact isolation |
| b. Gait belt | e. Airborne isolation |
| c. Lift sheet | f. Droplet isolation |
| d. Mechanical lift | g. Quarantine |
| e. Transfer board | h. Infectious period |
| f. Transfer sheet | i. Incubation period |
| 2. Emergency codes | 5. Microorganisms |
| 3. Environmental safety | a. Methicillin resistant |
| a. Electrical safety | Staphylococcus Aureus |
| b. Emergency response | (MRSA) |
| c. Fall precautions | b. Vancomycin resistant |
| d. Hazardous materials | Enterococcus (VRE) |
| e. Occupational Safety & | c. Tuberculosis (TB) |
| Health Administration | d. C-difficile (C-diff) |
| (OSHA) | e. Seasonal influenza (flu) |
| f. Material Safety Data | f. Avian (bird) influenza |
| Sheet (MSDS) | g. Pandemic influenza |
| g. Sharps/sharps container | 6. Restraints (vest, waits, soft wrist) |
| 4. Infection control | 7. Risk Management |
| a. Nosocomial | 8. Side rails |
| b. Category-specific isolation | |

III. Performance standards (Objectives)

Upon completion of 3 hours of class plus assignments and 3 hours of clinical experience, the learner will be able to:

1. Define basic terminology.
2. Identify basic rules of body mechanics.
3. Identify steps on safely transporting patients.
4. List potential electrical safety hazards.
5. Describe guidelines for application of side-rails, soft restraints and postural supports.
6. Identify category-specific isolation.
7. List the primary microorganisms requiring isolation in the acute care setting..
8. Explain specific precautions during a possible pandemic influenza outbreak.
9. Explain regulatory standards regarding the handling of hazardous materials.
10. Describe the safety procedures in handling of sharps.
11. Explain hazard of sharps injuries and exposure to body fluids and related reporting procedure.
12. List emergency codes and appropriate responses.
13. List steps that can be taken to protect against workplace violence.
14. Discuss reporting procedures for child abuse, elder abuse and sexual abuse.

SAFE, SECURE ENVIRONMENT
Module 3

IV. References

1. Chancellor's Office, California Community Colleges (2004). *CNA Model curriculum*. Sacramento: Chancellor's Office, California Community Colleges.
2. Gerdin, J. (2004) *Health careers today* (3rd ed.) St. Louis: Mosby.
3. Gerdin, J. (2004) *Workbook to accompany health careers today*. (3rd ed.) St. Louis: Mosby.
4. Hegner, B., & Caldwell, E. (2003). *Nursing assistant: Acute and long term care* (9th ed.). Albany, NY: Delmar.
5. Sorrentino, S. A. (2004). *Mosby's textbook for nursing assistants* (6th ed.). St. Louis: Mosby Lifeline.
6. OSHA Launches Hazard Communication Initiative: *Compliance Assistance, Enforcement Will Improve Workplace Hazard Communication*.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=10734. Accessed on: 06-07-2006.
7. Department of Health and Human Services, <http://www.pandemicflu.gov>
8. World Health Organization (WHO) website, <http://www.who.int/en>
9. Santa Barbara County Public Health Department (2006, November), *Pandemic action kit for schools* (version 1.0). Santa Barbara, CA.

MODULE 3 - SAFE, SECURE ENVIRONMENT

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
Objective 1 Define basic terminology. A. Terminology B. Clinical Setting Application	A. Lecture/ Discuss B. Written test	
Objective 2 Identify basic rules of body mechanics. A. Basic Rules of Body Mechanics: 1. Assess the work load. 2. Use wide base of support. 3. Use stronger, larger muscle groups. 4. Bend from hips and knees, not from the back. 5. Avoid twisting body (move feet instead). 6. Hold object/person close to body. 7. Push, pull or slide heavy objects instead of lifting. 8. Tighten abdominal muscles (pelvic girdle) before assisting patients. 9. Avoid sudden jerky motions. 10. Raise bed to hip level when providing care to patient. 11. Use both hands when lifting. 12. Ask for help. 13. Do personal conditioning exercises. 14. Remember the effects of poor posture and poor body mechanics are cumulative. B. Describe role of resource personnel (i.e. physical therapist).	A. Lecture/ Discuss B. Lab Demonstration C. Written test D. CNA-MC Module 5 - Objective 2-3 pp.5.3-5.5: Body Mechanics	Safely transfers patients using appropriate methods/equipment.
Objective 3 Identify steps in safely transporting patients. A. Basic steps: 1. Check with nurse for specific instructions. a. Activity level (1- or 2-person transfer or mechanical lift)	A. Lecture/ Discuss B. Appendix 3.3 - Bed to Gurney Transfers	<u>Safely transfers and transports patients.</u>

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
b. Transporting by gurney or wheel chair c. Get instructions for care if sedating medications given (keep safety belts on, do not let patient get off gurney). d. Oxygen setting (oxygen tank change covered in respiratory unit) e. IVs and precautions f. Wound drains/dressings g. Catheters (Foley, suprapubic, condom cath) h. Instructions regarding specific test being done and destination 2. Gather equipment: a. Check equipment for proper and safe working order. b. Check wheel chair brakes, footrests and IV pole holder. c. Sliding board d. Pull sheet e. Trapeze f. Mobilizer (used at some facilities - a mobilized gurney that transfers patients. Used for large patients and for post-op patients to prevent increased pain with transferring) 3. Safety: a. Get help if necessary. b. Slide rails up on gurney and patient strapped in for safety. c. Do not allow patient to ambulate after pre-op medication given. B. Wheel chair: 1. Push patient forward except when going over rough area like door sill and elevator. 2. Turn wheel chair around and enter elevator backward. 3. Turn around in the elevator and back wheel chair over elevator threshold, if possible. C. Gurney:		

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
1. Transfer the patient safely to gurney, getting help to hold the gurney up against the bed. 2. Make sure the patient is covered. 3. Secure safety straps around patient. 4. Put side rails up. 5. Push gurney from the patient's head with feet moving down the hall first. 6. Pull gurney into elevator while standing at the patient's head. 7. Push gurney out of elevator feet first unless there is a large bump. Then you will need to pull and lift the foot end of the gurney until it is out in the hall, and then push gurney from the head end as before. D. Transporting patient with an IV: 1. Reasons for IV a. Provide medication b. Administer fluids c. Nutrition 2. Correct placement of IV pole on wheelchair (special pole) 3. Correct placement on gurney 4. Complications of IVs a. Infection b. Blood loss c. Over-infusion of liquids d. Infiltrating 5. Alarm resetting when moving patient (depends on facility policy) 6. IV tubing comes apart a. Close IV tubing clamp to stop fluid from running on floor and creating a fall danger. b. Pinch off tubing near insertion site on patient, being careful not to contaminate the end. c. Call or alert a passerby to contact the licensed nurse. 7. Wheel chair transport with IV		

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
a. Make sure patient is not sitting on tubing. This would occlude flow and cause IV to clot off. b. Long tubing should not drag on the floor where it could become tangled in the wheels and be disconnected. Make sure tubing is visible along total length. 8. IV pump a. Regulates flow from IV bottle/bag b. Has a battery so it is portable and can be unplugged and transported. Be sure to plug it back in after returning patient to room. E. Transporting patient with oxygen 1. Check with nurse. 2. Change patient's oxygen supply from wall oxygen to portable oxygen (check with facility policy for limitation of scope). 3. Have licensed nurse check setting of oxygen before taking patient off the floor. 4. Check with licensed nurse when bring patient back and restoring wall oxygen. 5. Signs and symptoms of oxygen deficit a. Labored respirations (respiratory distress) b. Shortness of breath (dyspnea) c. Noisy respirations (wheezing) d. Fast/Slow respiratory rate e. Change in ability to perform activities (activity intolerance) f. Shallow respirations g. Cyanosis F. Transporting patient receiving tube feeding 1. Keep head of bed elevated at least 30 degrees. 2. If must put patient flat to move, elevate head of gurney or bed as soon as possible. 3. If patient will be flat for longer time period than just during the transfer, tube feeding must be turned off 30 minutes prior to laying patient flat. Tube feeding can only be turned back on if head of bed can be		

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
returned to 30 degree elevation. G. Transporting patient who begins vomiting 1. Definitions a. Emesis - process and product of vomiting. b. Vomiting - forceful ejection of contents of stomach through the mouth. c. Aspiration - the act of breathing or drawing in foreign material into the lungs. d. Vomitus - matter that has been vomited. 2. Vomiting can occur when patient is: a. Unconscious b. Under anesthesia c. Sedated d. In lying position 3. Anatomy relationships a. Esophagus to trachea b. Trachea to lungs 4. Actions a. Position the patient so vomit will come out and be removed from the mouth and not flow to the trachea. b. Assist and support head if patient is on gurney. Raise head by hand or by raising top of gurney. Place emesis basin under mouth. c. If patient cannot sit up, turn head to side and place emesis basin under mouth. 5. Wheelchair a. Less problem, but aspiration can still occur. b. Assist patient to use emesis basin. 6. Give emotional support. 7. Assure patient you will stay with him/her. 8. Be empathetic, touch shoulder, etc. 9. Provide cleansing with cold washcloth, if available (may need to wait until you reach destination). 10. If patient has incision, splint the incision using pillow or blanket (put pressure on the incision). 11. Continue to destination.		

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
12. Report: a. Color of emesis (important) b. Character of emesis (coffee grounds, partially digested food, etc.) c. Amount of emesis		
Objective 4 List potential electrical safety hazards. A. Review regulatory requirements related to electrical equipment. B. Resource personnel (i.e. biomedical engineer, plant operations, safety officer) C. Review measures for electrical safety. D. Review fire prevention as related to electronic equipment in <i>CNA-MC</i>.	A. Lecture/ Discuss B. Written test C. <i>CNA-MC</i> Module 4 - Objective 4, pp. 4.5 & Objective 8, pp. 4.10 - 4.11: Electrical Safety and Fire Prevention D. <i>CNA-MC</i> Module 4 - Objective 9b.1a-c pp. 4.12 Fire Prevention/ Electrical Equipment	Safely uses electrical equipment. Reports defective equipment per hospital guidelines.
Objective 5 Describe guidelines for application of side-rails, soft restraints and postural support A. Types and purpose of protective devices B. Review documentation procedure regarding application of protective devices. C. Review hospital restraint policy and guidelines by regulatory agencies: 1. 24-hour renewal of MD order 2. Alternatives tried 3. 2-hour release and ROM 4. Cannot use double restraints 5. Side rails constitute restraint	A. Lecture/ Discuss B. Written test C. <i>CNA-MC</i> Module 4 - Objective 10-11, pp.4.12-4.15	Uses protective devices safely and appropriately. Correctly charts results of patients monitoring.
Objective 6 Identify category-specific isolation. A. OSHA guidelines: 1. Work practice controls to reduce the likelihood of exposure. a. All procedures shall minimize splashing, spraying, splattering and generation of droplets.	A. Lecture/ Discuss B. Appendix 3.6a – Agreement Renewing ... Chemical Hazard ... C. Appendix 3.6b – OSHA Launches Hazard Communication Initiative D. Handout 3.6c - Synopsis of Types of Precautions E. Handout 3.6d – Chemotherapy	Uses appropriate isolation techniques when caring for patients. Consistently complies with Standard Precautions and

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
b. Wash hands when gloves are removed and as soon as possible after contact with blood or other potentially infectious materials. c. Employer must provide and make available a mechanism for immediate eye irrigation in the event of an exposure incident. d. Do not bend, recap or remove contaminated needles (if necessary to recap for transport, use one-handed technique or forceps). B. Standard Precautions 1. From Center for Disease Control (CDCP). 2. Applies to all patients receiving care in hospitals. 3. Applies to (1) blood (2) all body fluids, secretions and excretions except sweat, regardless of whether they contain visible blood, (3) non-intact skin and (4) mucous membranes. C. Transmission-Based Precautions: 1. Sometimes called “category-specific isolation” 2. Airborne Precautions: a. Use for microorganisms that are transmitted by airborne nuclei of evaporated droplets that may remain suspended in the air for long periods of time, or dust particles containing the infectious agent. 3. Droplet Precautions: a. To prevent transmission of large-particle droplets from infected person during coughing, sneezing or talking and during the performance of such tasks as suctioning and mouth care. b. Droplets do not remain suspended in the air and travel only short distances, usually 3 feet or less. 4. Contact Precautions: a. To reduce the risk of direct contact transmission that involves skin-to-skin contact. b. Use when turning, bathing or performing other patient care activities that require physical	Precautions F. Written Test G. CNA-MC Module 6 - Objective 8-10, pp. 6.8-6.12: Standard Precautions and Isolation	isolation procedures.

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
contact. c. Can occur between patients and indirectly from contaminated intermediate objects. D. Chemotherapy Precautions E. Resource personnel (i.e., infection control nurse)		
Objective 7 List the primary microorganisms requiring isolation in the acute care setting. A. Microorganisms 1. Methicillin-resistant staphylococcus aureus (MRSA) a. Antibiotic-resistant form of common bacteria. b. Not dangerous to healthy healthcare worker. c. Problem arises when patient infected by MRSA and limited number of antibiotics available to treat infection. d. Caused by overuse of antibiotics and patients not finishing the full course of prescribed antibiotics, allowing strongest and most resistant bacteria to survive. e. Can be spread from patient to patient on hands of healthcare personnel, or from contaminated equipment and environmental surfaces. B. Vancomycin-resistant enterococci (VRE) 1. Can be found in the normal gastrointestinal tract and female genital tract. 2. Increased risk associated with previous vancomycin and/or multiantimicrobial therapy. 3. Patient-to-patient transmission can occur. CDC recommends comprehensive, institution-specific, strategic plan to detect, prevent and control infection and colonization with VRE (November, 1994). Prudent Vancomycin use Isolation precautions: a. Place VRE patients in private rooms or in the same room as other patients who have VRE.	A. Lecture/ Discuss B. Written test	Identifies patient who has infective organism, and uses appropriate category-specific isolation.

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
b. Wear gloves when entering the room of a VRE patient (may need a change of gloves if highly soiled). c. Wear a gown when entering the room of a VRE patient if substantial contact with the patient or with environmental surfaces in the patient's room is anticipated, if the patient is incontinent, or if the patient has had an ileostomy or colostomy, has diarrhea, or has wound drainage not contained by a dressing. d. Remove gloves and gown before leaving the patient's room and immediately wash hands with antiseptic soap. e. Ensure that after glove and gown removal and hand washing, clothing and hands do not contact environmental surfaces in the patient's room that are potentially contaminated with VRE (i.e., a door knob or curtain). f. Dedicate items for daily care (stethoscope, BP cuff, thermometer) to a single patient. C. Tuberculosis (TB) 1. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care facilities, 1994 (CDC) 2. Transmission is most likely to occur from patients who have unrecognized pulmonary or laryngeal TB, are not on effective anti-TB therapy, and have not been placed in TB isolation. 3. Patients with multi-drug resistance can remain infectious for prolonged periods which increases the chance for transmission. 4. Increased incidence of TB has been observed, partially due to high risk for TB among immunosuppressed persons, particularly those with HIV. 5. Every health-care facility should have an effective TB infection-control program that requires early		

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
identification, isolation and treatment. 6. Isolation of TB patients requires the following: - A facility plan for early identification of infectious TB patients and isolation measures for TB patients - Engineering controls to prevent the spread and reduce the concentration of infectious droplet nuclei - The use of personal respiratory protective equipment in areas where there is still a risk for exposure to TB D. Resource personnel (i.e. infection control nurse)		
Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
Objective 8 Explain specific precautions during a possible pandemic influenza outbreak. A. Seasonal influenza - Definition and symptoms: Fever of $\geq 101.5^{\circ}$ + one of the following symptoms (CDC 11/06): - Cough - Sore throat - Headache - Muscle ache - Pneumonia in at-risk groups (very young, elderly & immunosuppressed) - Transmission – large droplets (coughing, sneezing, contact with saliva) + fomites (commonly shared objects, i.e., door knobs). - Prevention – vaccine developed each year. Good handwashing. Coughing/sneezing into a tissue or inner elbow. A. Avian (Bird) Influenza - Definition – a contagious respiratory disease that can infect humans as well as birds (including poultry). - Symptoms – similar to those of seasonal flu: fever,	- Lecture/ Discuss - Appendix 3.8a – How Does Seasonal Flu Differ from Pandemic Flu? - Appendix 3.8b – Avian Flu (Bird Flu) - Appendix 3.8c – Pandemic Influenza Powerpoint - Appendix 3.8d – Stopping the Flu is Up to You	Demonstrates thorough handwashing technique. Coughs into a tissue and disposes of it or coughs into inner elbow.

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
cough, sore throat, muscle aches. Severe respiratory illness like pneumonia. May also have diarrhea, coma, encephalitis and eye infections. 3. Transmission – from contact with infected birds, contaminated surfaces or standing pond water. Person-to-person transmission unknown (1/07). Not transmitted from eating cooked chicken or eggs. 4. Prevention – no vaccine at present (1/07). If Avian Flu identified in the U.S.: • Wash hands after outdoor activities and use of tissue. • Cover cough with tissue or inside of elbow. • Stay at home when ill. • Avoid contact with wild birds, especially water birds. • Avoid entering bird cages and chicken pens. A. Pandemic Influenza 1. Definition – a highly contagious respiratory disease which is more readily transmitted and has more severe complications than seasonal flu. Outbreaks are infrequent (last occurred in 1968). 2. Prevention – vaccine may not be available in early stages of pandemic. Priority would be given to those at higher risk (family members of infected patients, very young, elderly and health care workers). Antiviral - Tamiflu. Isolation, quarantine, strict handwashing.		
Objective 9 Explain regulatory standards regarding the handling of hazardous materials. A. Utilize hazardous materials reference manuals. 1. Safe handling of body fluids from chemotherapy and radiation patients	F. Lecture/ Discuss G. Appendix 3.6a - OSHA Directive: Hazard Communication Standard H. Written Test	Demonstrates correct procedure to manage and dispose of hazardous substances.

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
2. Hazardous material spill kit 3. Material Safety Data (MSDS) sheets B. Resource personnel (i.e. plant operations, safety officer and biomedical engineer) C. Review guidelines for handling hazardous and biohazardous waste	I. CNA-MC Module 6 - objective 9, pp. 6.8 – 6.11: Handling biohazardous waste.	Locates facility hazardous material reference manuals.
Objective 10 Describe safety procedures in handling of sharps. A. Review hospital guidelines on reporting injuries from sharps. B. Describe reasons for increased sharps precautions in acute care hospital related to increase use of: 1. IVs 2. IM injections 3. Tests and procedures done in patient's room 4. Doctors and licensed personnel perform procedures and give medications that involve sharps	A. Lecture/ Discuss B. Clinical Observation C. CNA-MC Module 6 - Objective 9.C.2a-b & 9.C.4h.2b, pp. 6.9 & 6.11 D. Review CNA-MC Module 4, objective 5, p. 4.6.	Demonstrates appropriate use of Standard Precautions. Exhibits care when changing linen and cleaning patient's area. Demonstrates proper disposal of _ full sharps container.
Objective 11 Explain hazard of sharps injuries and exposure to body fluid and related reporting procedure. A. Review how to fill out an Incident Report or an Unusual Occurrence report. B. Review hospital guidelines on reporting of sharps injuries. C. The CDC revises their post-exposure guidelines frequently. Check with your Employee Health nurse or Infection Control nurse for treatment after a needle stick or an exposure to body fluids.	A. Lecture/ Discuss B. Written test	Demonstrates appropriate use of Standard Precautions. Exhibits care when changing linen and cleaning patient's area.
Objective 12 List emergency codes and appropriate responses. A. Identify facility-specific codes B. Identify appropriate response/notification: 1. Fire	A. Lecture/ Discuss B. Role play emergency response scenario. C. Written Test D. Review CNA-MC Module 4,	Demonstrates accurate reporting of and appropriate response to emergencies

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
2. Patient emergency (i.e., code blue) 3. Bomb 4. Internal/external disaster 5. Infant abduction 6. Ab 508 (response to violent episode)	objective 2-4, pp. 4.4 – 4.5	
Objective 13 List the steps that can be taken to protect against workplace violence. A. How to recognize angry people B. Know how to call for help C. Know when to back away	A. Lecture/ Discuss B. Written test	
Objective 14 Discuss reporting procedures for child abuse, elder abuse and sexual abuse. A. Reporting is a legal responsibility for healthcare workers. B. Institution policies for abuse reporting C. Institution policies for sexual harassment	A. Lecture/ Discuss B. Written test	

SAMPLE TEST QUESTIONS

Directions: Circle the best answer

1. In basic body mechanics, which principle should be applied?
 - a) Turn patient away from your body.
 - b) Lift items rather than slide them.
 - c) Work with equipment as close to your body as possible.
 - d) Utilize your back instead of your legs whenever lifting.
2. Contact isolation procedure
 - a) Does not require the use of gloves.
 - b) Requires good hand washing.
 - c) Requires the linen be disposed of outside of the room.
 - d) Is used for all patients with respiratory infections.
3. Which of the following represents a fire hazard?
 - a) Frayed electrical wire
 - b) Overloaded circuits
 - c) Smoking in bed
 - d) All of the above
4. When caring for a patient with the diagnosis of tuberculosis (TB)
 - a) Special masks are required to be worn by staff.
 - b) The patient may be in a semi-private room.
 - c) The door must be open for ventilation.
 - d) The patient must be in contact isolation.
5. When a hazardous material spills you should
 - a) Clean it up with a paper towel.
 - b) Dispose of it in the regular trash.
 - c) Obtain a spill kit.
 - d) Ignore it and let someone else clean it up.
6. A patient who has a compromised immune system is in what type of isolation?
 - a) Standard
 - b) Special
 - c) Protective
 - d) Universal
7. When caring for a respiratory isolation patient, it is okay to enter the room without a mask when
 - a) You are just going to drop off a meal tray.
 - b) Your unit is out of masks.
 - c) The patient is not coughing.
 - d) You may never enter without a mask.

8. Material Safety Data Sheets (MSDS) are required to include information that
 - a) Describes how to repackage the product.
 - b) Explains first aid measures to use if exposure occurs.
 - c) Describes how to use the product.
 - d) Lists other approved uses for the product.
9. When dealing with a potentially violent individual, the nursing assistant should
 - a) Speak loudly and clearly.
 - b) Maintain a distance of 2 feet.
 - c) Listen to what the person is saying and communicate that you care.
 - d) Attempt to touch the person gently.

SAMPLE TEST QUESTIONS - KEY

1. In basic body mechanics, which principle should be applied?
 - a) Turn patient away from your body.
 - b) Lift items rather than slide them.
 - c) **Work with equipment as close to your body as possible.**
 - d) Utilize your back instead of your legs whenever lifting.
2. Contact isolation procedure
 - a) Does not require the use of gloves.
 - b) **Requires good hand washing.**
 - c) Requires the linen be disposed of outside of the room.
 - d) Is used for all patients with respiratory infections.
3. Which of the following represents a fire hazard?
 - a) Frayed electrical wire
 - b) Overloaded circuits
 - c) Smoking in bed
 - d) **All of the above**
4. When caring for a patient with the diagnosis of tuberculosis (TB)
 - a) **Special masks are required to be worn by staff.**
 - b) The patient may be in a semi-private room.
 - c) The door must be open for ventilation.
 - d) The patient must be in contact isolation.
5. When a hazardous material spills you should
 - a) Clean it up with a paper towel.
 - b) Dispose of it in the regular trash.
 - c) **Obtain a spill kit.**
 - d) Ignore it and let someone else clean it up.
6. A patient who has a compromised immune system is in what type of isolation?
 - a) Standard
 - b) Special
 - c) **Protective**
 - d) Universal
7. When caring for a respiratory isolation patient, it is O.K. to enter the room without a mask when
 - a) You are just going to drop off a meal tray.
 - b) Your unit is out of masks.
 - c) The patient is not coughing.
 - d) **You may never enter without a mask.**

8. Material Safety Data Sheets (MSDS) are required to include information that
- a) Describes how to repackage the product.
 - b) **Explains first aid measures to use if exposure occurs.**
 - c) Describes how to use the product.
 - d) Lists other approved uses for the product.
9. When dealing with a potentially violent individual, the nursing assistant should
- a) Speak loudly and clearly.
 - b) Maintain a distance of 2 feet.
 - c) **Listen to what the person is saying and communicate that you care.**
 - d) Attempt to touch the person gently.

BED-TO-GURNEY TRANSFERS

EQUIPMENT:

Body mechanics

Gait belt
Mechanical lift
Soft restraints
Jacket/postural support
Lift sheet

Transport props

Wheel chair
IV pole/wheels
Gurney
Bedside commode
Abductor pillow
Nonskid slippers
Transfer board

See *CNA-MC* Module 5, pp. 5.12 – 5.17 for Manual Skill – Transfer of Patient From Bed to Chair, Use of Mechanical Lift, Moving Helpless Patient up in Bed with Two Helpers.

See *CNA-MC* Module 6, pp. 6.15 – 6.18 for Manual Skill – Applying gown, gloves and mask.

CRITERIA:

Transfers a patient from bed to gurney

1. Wash hands.
2. Introduce self and explain procedure to patient.
3. Raise bed slightly higher than gurney.
4. Lower side-rails on bed and side of gurney next to bed.
5. Lock wheels on bed.
6. With a helper, move patient to edge of bed using lift sheet.
7. Grasp the lift sheet, palms up and pull sheet tight; instruct helper to do the same.
8. Count to three, lean back and shift weight while sliding patient to edge of bed.
9. Instruct helper to hold patient, using sheet folded back around patient toward helper.
10. Place gurney next to bed, locking brakes.
11. If available, use plastic transfer board (smooth mover). Slide one edge of smooth mover under patient and the other edge to the middle of gurney.
12. Slide patient's legs onto gurney.
13. Instruct helper to kneel on bed holding onto the lift-sheet.
14. Grasp lift-sheet and pull tight.
15. Count to three and move patient onto gurney.
16. Position patient on gurney.
17. Apply safety strap.
18. Raise side-rails.

SYNOPSIS OF TYPES OF PRECAUTIONS AND PATIENTS REQUIRING THE PRECAUTIONS

Standard Precautions

Use Standard Precautions for the care of all patients

Airborne Precautions

In addition to the Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

- Measles
- Varicella (including disseminated herpes zoster): Certain infections require more than one type of precaution.
- Tuberculosis

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

- Invasive *Haemophilus influenzae* type b disease including meningitis, pneumonia, epiglottitis and sepsis.
- Invasive *Neisseria meningitis* disease, including meningitis, pneumonia and sepsis.

Other serious bacterial respiratory infections spread by droplet transmission, including:

- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal (Group A) pharyngitis, pneumonia or scarlet fever in infants and young children

Serious viral infections spread by droplet transmission, including:

- Adenovirus (Certain infections require more than one type of precaution)
- Influenza
- Mumps
- Parvovirus B19
- Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known for or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include: gastrointestinal, respiratory, skin or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional or national recommendations, to be of special clinical and epidemiologic significance.

Enteric infections with a low infectious dose or prolonged environment survival are found in diapered or incontinent patients and include enterohemorrhagic *Escherichia Coli* *Shigella*, hepatitis A or rotavirus.

Respiratory syncytial virus, parainfluenza virus or enteroviral infections in infants and young children.

Skin infections that are highly contagious or that may occur on dry skin including:

- Diphtheria (cutaneous)
- Herpes simplex virus (neonatal or mucocutaneous)
- Herpes zoster—disseminated or in the immunocompromised host: certain infections require more than one type of precaution.
- Impetigo
- Major (noncontained) abscesses, cellulitis or decubiti
- Pediculosis
- Scabies
- Staphylococcal furunculosis in infants and young children

Viral/hemorrhagic conjunctivitis

Viral hemorrhagic infections (Ebola, Lassa, or Marburg)

CHEMOTHERAPY PRECAUTIONS

EQUIPMENT:

1. Gloves
2. Goggles
3. Gowns
4. Masks
5. Hazardous material spill kit
6. Biohazardous waste receptacles

CRITERIA:

Safely handles body fluids from chemotherapy or radiation patients.

1. Use gloves when handling body fluids from a patient who received chemotherapy within the last 48 hours.
2. Wear gown and protective eyewear if fluid splatter is a risk.
3. Post a "Chemotherapy Precautions" sign in patient's room.
4. Double flush the commode after patient voids or has a bowel movement.
5. Use hazardous materials precautions when handling linen contaminated with body fluids.
6. Place disposable chux as protective barrier between incontinent patient and linen.
7. In case of a chemo spill, don gown and two pairs of gloves worn with sleeve cuff over gloves at the wrist.
8. Following facility policy, blot spill with a disposable cloth, chux or paper towels.
9. Clean spill area with germicide or alcohol using disposable clean-up material provided by facility.
10. Discard gloves and disposable material in a red plastic bag.
11. Place the red plastic bag in a container labeled chemo waste or Class III waste.

http://www.osha.gov/dcsp/alliances/schc/schc_renewal_20051205.html

**AGREEMENT RENEWING AN ALLIANCE
BETWEEN
THE OCCUPATIONAL SAFETY AND HEALTH
ADMINISTRATION
U.S. DEPARTMENT OF LABOR
AND
THE SOCIETY FOR CHEMICAL HAZARD COMMUNICATION**

The Occupational Safety and Health Administration (OSHA) and the Society for Chemical Hazard Communication (SCHC) recognize the value of continuing a collaborative relationship to foster safer and more healthful American workplaces. OSHA and SCHC hereby renew an Alliance to provide SCHC members and others, including small businesses, with information, guidance, and access to training resources that will help them protect employees' health and safety, particularly in reducing and preventing exposure to chemical hazards and addressing hazard communication and material safety data sheets in the workplace. In addition, the Alliance will work to distribute information and increase awareness of the Globally Harmonized System of Classification and Labeling of Chemicals. In developing this Alliance, OSHA and SCHC recognize that OSHA's State Plan and Consultation Project partners are an integral part of the OSHA national effort.

OSHA and SCHC will work together to achieve the following training and education goals:

- Work with OSHA to provide expertise to develop training and education programs for small business and other employers regarding hazard communication and to provide expertise in communicating such information to employers and employees in the industry.

OSHA and SCHC will work together to achieve the following outreach and communication goals:

- Work with OSHA to provide expertise in developing information on the recognition and prevention of workplace hazards, and to provide expertise in developing ways of communicating such information (e.g., print and electronic media, electronic assistance tools and OSHA's and the SCHC's Web sites) to employers and employees in the industry.
- Speak, exhibit, or appear at OSHA's or SCHC's conferences, local meetings, or other events.
- Share information among OSHA personnel and industry safety and health professionals regarding SCHC's effective approaches and publicize these results through outreach by SCHC and through OSHA- or SCHC-developed materials, training programs, workshops, seminars, and lectures (or any other applicable forum).
- Promote and encourage SCHC members' or worksites' participation in OSHA's cooperative programs such as compliance assistance, the Voluntary Protection Programs, and the Consultation Program and its Safety and Health Achievement Recognition Program.

- Work with other Alliance participants on specific issues and projects on hazard communication that are addressed and developed through the Alliance Program.

OSHA and SCHC will work together to achieve the following goals related to promoting the national dialogue on workplace safety and health:

- Convene or participate in forums, round table discussions, or stakeholder meetings on hazard communication issues to help forge innovative solutions in the workplace or to provide input on safety and health issues.

OSHA's Alliances provide parties an opportunity to participate in a voluntary cooperative relationship with OSHA for purposes such as training and education, outreach, communication, and promoting a national dialogue on workplace safety and health. These Alliances have proved to be valuable tools for both OSHA and its Alliance participants. By entering into an Alliance with a party, OSHA is not endorsing any of that party's products or services; nor does the Agency enter into an Alliance with the purpose of promoting a particular party's products or services.

An implementation team made up of representatives of both organizations will meet to develop a plan of action, determine working procedures, and identify the roles and responsibilities of the participants. In addition, they will meet at least three times per year to track and share information on activities and results in achieving the goals of the Alliance. Team members will include representatives of OSHA's Directorate of Cooperative and State Programs and any other appropriate offices. OSHA will encourage State Plan States' and OSHA Consultation Projects' participation on the team.

This agreement will remain in effect for two years. Either signatory may terminate it for any reason at any time, provided they give 30 days written notice. This agreement may be modified at any time with the concurrence of both signatories.

Appendix 3.6b

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=10734

OSHA News Release

2004 - 03/16/2004 - OSHA Launches Hazard Communication Initiative



[OSHA News Release - Table of Contents](#)

OSHA Trade Release

March 16, 2004

Contact: Layne Lathram

Phone: 202-693-1999

WASHINGTON -- The Occupational Safety and Health Administration, U.S. Department of Labor, today announced improving the quality of hazard communication and helping employers and employees comply with the Hazard Communication initiative.

"Appropriate and accurate hazard communication is essential to safe chemical management programs in the workplace. We will help improve that process."

Compliance assistance is a key component of the initiative. OSHA has developed a new page on the agency's website:

- **Hazard Determination Guidance** will help chemical manufacturers and importers identify the right hazard classification.
- **Model Training Program** provides guidance for developing and conducting an employee training program.
- **Guidance for Preparation of MSDSs** will be posted for comment after comment periods close for the first time. Importers must develop MSDSs on each product they identify as hazardous.

Education and outreach are vital to compliance assistance efforts. OSHA has formed an Alliance with the Society for Small Businesses on preparation of MSDSs; development of a training program for OSHA compliance staff; and participation to provide outreach on this issue.

In addition, internationally developed and peer reviewed International Chemical Safety Cards (ICSCs), are available.

For the enforcement component of this initiative, Compliance Safety and Health Officers will use sample hazard communication citations.

OSHA is also evaluating the adoption of the Globally Harmonized System of Classification and Labeling of Chemicals.

There are two components to OSHA's hazard communication initiative: compliance assistance and enforcement.

Compliance Assistance

Compliance assistance is the way to help employers develop better and more accurate hazard communication programs, consulting with key professional society in this field, and establishing a portal page on hazard communication on its website.

- **New page on OSHA's web site** that will bring together material on Hazard Communication from OSHA's website.
- **Hazard Determination Guidance** addresses the process of hazard determination and helps chemical manufacturers understand the process involved, and to identify considerations to be taken into account in the conduct of hazard determination. A final document will be prepared after review of those comments.
- **Model Training Program for Hazard Communications.** Employers are required by the HCS to prepare and implement a training program that is tailored to the needs of their workplace, regardless of size or complexity. A final document will be prepared after review of those comments.
- **Guidance for Preparing MSDSs** will be posted for comment after comment periods close for the first time. Sources that can be consulted to obtain information to complete the sections will be provided. The guidance will address both the accuracy and the comprehensibility of MSDSs.

Education and Outreach. OSHA has formed an Alliance with the Society for Chemical Hazard Communication. The Alliance will focus on the preparation of MSDSs; development of a training program for OSHA compliance staff on review of MSDSs.

- **International Chemical Safety Cards** are available on OSHA's webpage. OSHA's compliance staff, and the cards are available in 14 languages. They will be modified to be consistent with the GHS classification.

Enforcement

The Hazard Communication Standard (HCS) remains a focus of OSHA enforcement efforts. In fiscal year 2001, OSHA initiated an initiative for compliance officers to review and evaluate the adequacy of MSDSs. This enforcement component is part of OSHA's hazard communication initiative.

- **A list of critical information** for certain chemicals that CSHOs will use in reviewing MSDSs during inspections.
- **Referrals via phone and fax** are also available for situations where employees are concerned about chemical hazards.

The Globally Harmonized System of Classification and Labeling of Chemicals (GHS) is a very important international effort to harmonize the classification and labeling of chemicals.

- OSHA is preparing a guide to the GHS to increase public awareness of the system. OSHA believes that the GHS will be a significant improvement over the current system.
- OSHA participates in an interagency committee on harmonization, and is working with other agencies to develop a guide to the GHS.
- The Agency's Alliance with SCHC is also anticipated to serve as a mechanism for increasing awareness of the GHS.

U.S. Labor Department news releases are accessible on the Internet at www.dol.gov. The information in this 202-693-7755.

Avian Flu (Bird Flu)

What is Avian Flu?

Avian Flu, also called bird flu, is a contagious respiratory disease that can infect humans as well as birds. It is caused by a flu-like virus. Avian Flu virus does not usually infect humans but a number of cases of human Avian Flu have occurred since 1997. As of March 2006, there are no human cases of Avian Flu in the U.S.

Chickens, ducks, geese and other wild water birds are especially at risk to get the disease. Avian flu can be deadly to both birds and humans.

What are the symptoms of Avian Flu in humans?

They are similar to those of the seasonal flu.

_Fever, cough, sore throat, muscle aches

_Severe respiratory illness like pneumonia

Some persons may show other symptoms like diarrhea, coma, encephalitis, and eye infections.

How is human Avian Flu spread?

Humans can get Avian Flu from contact with infected birds, contaminated surfaces, or standing pond water. Infected birds shed the virus in saliva and droppings. A person can catch the Avian Flu virus when an infected chicken coughs or sneezes onto the person's face, or by breathing in bird dropping particles.

The World Health Organization (WHO) is still looking into whether Avian Flu spreads from person to person. The virus is not spread by eating cooked meat or eggs so there is no danger in eating cooked chicken, duck or other poultry.

What drugs are available for Avian Flu?

The effectiveness of antiviral drugs is unknown.

Is there a vaccine against human Avian Flu?

No. However, health care providers may give regular flu vaccine to high-risk groups such as poultry workers, to lessen the risk that they may become infected with both the human and bird flu viruses at the same time.

Why worry about getting both human and bird flu viruses at the same time?

The mixing of human and Avian Flu viruses could produce a new type of flu to which humans have no defenses. It is

possible that the new type would be easily passed from person to person, which could cause worldwide outbreak (pandemic) and even death.

If Avian Flu is identified in the U.S., these are things you can do to protect yourself:

1. Always wash your hands after outdoor activities, such as after playing with standing water, after picnicking.
2. Always cover your cough.
3. Avoid ill people.
4. Stay home when ill.
5. Avoid contact with wild birds, especially water birds.
6. Do not enter bird cages & chicken pens.

Bird Illness

How do chickens or other birds get Avian Flu?

_From direct contact with the saliva or droppings of infected birds

_From contaminated feed, water, cages, equipment or clothing, like shoes of poultry workers.

Indoor birds are safe from Avian Flu.

What are the symptoms of Avian Flu in birds?

_Lack of appetite and energy

_Swollen head, eyelids, comb, wattle and legs

_Purple wattle and comb

_Nasal discharge

_Sneezing and coughing

_Diarrhea

_Sudden death

Things you can do to protect your bird from Avian Flu:

1. Do not mix birds of unknown origin with existing pet birds.
2. Keep your birds in cages, hen houses, or in a netted area to keep wild birds away.
3. Clean and disinfect your bird cage or hen house as necessary.

Visit our websites at: <http://www.sbcphd.org> and <http://www.SBCFluInfo.org> for information about Avian Flu or call the Flu Information Line at (888) 722-6358 or the SB Public Health Department at (805) 681-5280. Visit the Department of Human and Health Services website at: www.pandemicflu.gov or the WHO website at: <http://www.who.int/en/> for up-to-date information on countries that have been affected by Avian Flu.

Stopping the Flu is up to You!

The flu is spread from person-to-person when someone who has the flu sneezes, coughs or even talks. The flu virus is put into the air and may be inhaled by anyone close by. Occasionally a person may become infected by touching something with the virus on it and then touching their mouth or nose.



To protect yourself and your family from the flu:



Wash your hands often with soap and warm water.

Use tissue when you cough, sneeze, or spit, and dispose of the tissue in a covered trash bin.

Keep hands away from your face.

Clean shared space more often such as phone receivers, keyboards, steering wheels and office equipment.

Do not share personal items such as forks, spoons, toothbrushes and towels.

Avoid crowds or people who are ill.



HOW DOES SEASONAL FLU DIFFER FROM PANDEMIC FLU?

SEASONAL FLU

Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates

Usually some immunity built up from previous exposure

Healthy adults usually not at risk for serious complications (the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications)

Health systems can usually meet public and patient needs

Vaccine developed based on known virus strains and available for annual flu season

Adequate supplies of antivirals are usually available

Average U.S. deaths approximately 36,000/yr

Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.

Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)

Manageable impact on domestic and world economy

PANDEMIC FLU

Occurs rarely (three times in 20th century - last in 1968)

No previous exposure; little or no pre-existing immunity

Healthy people may be at increased risk for serious complications

Health systems may be overwhelmed

Vaccine probably would not be available in the early stages of a pandemic

Effective antivirals may be in limited supply

Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 500,000)

Symptoms may be more severe and complications more frequent

May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)

Potential for severe impact on domestic and world economy

For additional information visit: www.pandemicflu.gov

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES