TRIAGE

Safety Orientation & Injury Prevention Plan

Table Of Contents

POLICY STATEMENT 2
INCIDENT REPORTING & GENERAL SAFETY 3
EMERGENCY PREPAREDNESS 5
INFECTION CONTROL, BLOODBORNE PATHOGENS, AND EXPOSURE PLAN 7
PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING 13
HAZARDOUS CHEMICALS AND MATERIALS 15
RADIATION SAFETY AWARENESS 19
BODY MECHANICS, BACK & SAFE LIFTING PLAN 21
PREVENTING SLIPS, TRIPS AND FALLS 24
LATEX SENSITIVITY OR ALLERGY 26
INTENTION & PREVENTION: CORONAVIRUS PANDEMIC 27
RESPIRATORY PROTECTION PROGRAM 28
PATIENTRIGHTS AND CONFIDENTIALITY 29
CULTURALDIVERSITY AND SENSITIVITY 32
SEXUAL HARASSMENT SEXUALABUSE ELDER OR CHILD ABUSE 33
SENTINEL EVENT POLICY AND PROCEDURES 36
LIFE SAFETY 40
AGE SPECIFIC COMPETENCIES 41
PAIN MANAGEMENT 43
WORKPLACE VIOLENCE 45
RESTRAINTS 46
PREVENTING MEDICATION ERRORS 48
ABBREVIATIONS DO NOT USE 49
DRUGS IN THE WORKPLACE 51
DOMESTIC VIOLENCE 53

Policy Statement

To all employees:

The personal safety and health of each employee of Triage is of primary importance. The prevention of occupational-related injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary.

The intent of this Orientation/Training Program is to provide you with general information and guidelines to protect your safety and health in the workplace, as recommended by OSHA (Occupational Safety and Health Administration) and The Joint Commission (Joint Commission for Accreditation of Healthcare Organizations) standards.

A key factor in success and safety will be your strict compliance with all applicable federal, state, local and facility policies, and procedures. Failure to comply with these in your working or housing locations may result in disciplinary action and up to termination.

As an employee of Triage, you will be assigned to work at a client site healthcare facility that is not under our control. The information and training we are providing you is intended to familiarize you with OSHA regulations and The Joint Commission standards. Once you arrive at the client site healthcare facility and before beginning your assignment, you will receive safety orientation training specific to the facility's procedures and practices. Should you ever have concerns about safety and or patient care standards in any of the facilities to which you are assigned, or observe what you believe to be unsafe practices, promptly contact your Recruiter at Triage. Triage Staffing will make every reasonable effort in working with our client sites to provide a safe workplace that is free from recognized or known hazards. Triage will rely heavily on the client site to take necessary actions in work site hazard education, recognition, and remediation.

Safety Awareness and Incident Reporting

The following Safety Rules were established to familiarize the employees of Triage about the requirement and expectations of work-related incident reporting and general safety practices patterned after The Joint Commission and Federal OSHA requirements.

Incident Reporting

If you are involved in a work-related incident, you must report it to your client site supervisor, immediately. After which, you must also report the details to your Triage Recruiter. These two reports need to be completed immediately following the incident. Work-related incident reporting should be completed in-person or directly over the phone to the specific individuals indicated above. In the event you are unable to report, in-person or over the phone, please send basic details (*who, what, when, where, and how*) via text and email to indicated persons. Incident report forms will be supplied to you by the client site and Triage for necessary documentation.

For non-emergency medical treatment, consult your client site supervisor to be seen at facility's employee health. If not, treatment location will be determined in conjunction with Triage Safety, as needed.

If possible, communicate to client site safety department about hazards that may have caused or contributed to the incident so it can be remediated (not harm anyone else.)

Employees have the right to report work-related injuries and illnesses. Dave Stading has examined our incident reporting procedures and other safety programs to ensure they do not deter or discourage a reasonable employee from accurately reporting a workplace injury or illness.

Moreover, Triage; will not discharge or in any manner discriminate against any employee for reporting a work-related injury or illness. Employers, including our organization, are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses. However, this does not prohibit our organization from disciplining employees who violate legitimate safety rules or reasonable reporting procedures.

It is critical that all incidents are reported, immediately. This practice is in place to best protect you as an employee. In addition, it allows the client site and Triage to comply with OSHA mandated reporting requirements (29 CFR 1904.39) for fatal or catastrophic incidents (work-related amputation, loss of an eye, or in-patient hospitalization of one or more employees.)

If you need access to your incident / injury records, additional details, or clarification(s) regarding Triage safety policies, please contact our Triage Safety Department at safety@triagestaff.com.

General & Personal Safety

- Make sure you report all concerns, problems, and any observed unsafe conditions (hazards) to your client site, direct supervisor immediately.
- If you can resolve or correct a hazard, it will not cause an incident for you or anyone else. Any hazard that could lead to an incident or injury should be resolved or reported.
- Report all incidents, injuries, illnesses, exposures, or 'near' incidents to your client site supervisor *and* Triage Recruiter immediately.
- The use or possession of intoxicating beverages, drugs, unauthorized firearms, or other weapons on the job is forbidden and could result in immediate dismissal. Make sure you follow all safety instructions given to you in client site orientation at the client facility.
- Appropriate clothing, footwear, and protective equipment must always be worn on the job. This will vary from client location to client location as you work for Triage. Please contact your direct supervisor at the client facility to obtain client specific details on what is allowed/not allowed for appropriate

clothing/footwear and protective equipment. No sandals or open toed shoes. Closed toe shoes and scrubs are suggested.

- All required PPE will be provided to you by the client site. If there should be any questions or concerns, contact your Triage Recruiter immediately.
- Do not perform any tasks that you are not trained for or authorized by Triage to do. If you have any concerns while on your assignment, you must contact a client site supervisor immediately and then follows up with your Triage recruiter.
- Never remove or bypass safety devices.
- All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of electrical grounding.
- Cord management is a high priority safety item. All cords running into walk areas should be rerouted. If not, they must be inserted through cord protectors or securely taped to the floor to prevent them from becoming tripping hazards. Cords, lines, and tubes should always be in an organized and controlled state. Any hazards identified should immediately be reported and resolved. If not, contact your Triage Recruiter, immediately.
- Always keep flammable or toxic chemicals in closed containers when not in immediate use. All chemicals should be kept in well labeled containers.
- Be aware of the potential hazards involving various chemicals stored or used in the client site facility. Client site orientation shall review all appropriate SDS information, provide proper training and PPE for handling of chemicals you may need to interact with or be exposed to.

Safety Awareness – Environmental, Fire, and Electrical

The following Safety Rules were established to familiarize the employees of Triage about environmental, fire, and electrical safety practices patterned after The Joint Commission and Federal OSHA requirements.

Environmental & Severe Weather Safety

Client site specific practices, protocols and expectations regarding emergency preparedness / emergency action plan will be provided during your client site safety orientation and training.

General Weather Safety

Here is some guidance on severe weather events like threats of thunderstorms and or tornados. Weather forecasts are issued based on the following definitions:

- Watch: Conditions are favorable for the development of severe weather in the immediate area.
- Warning: Severe weather is occurring or is imminent in the immediate area.

Client site command and appointed designees should monitor local weather conditions. When conditions require the client site command should alert staff when an impending situation necessitates moving personnel and/or guests to a sheltering position.

Other aspects from the client site leadership:

- Issue the Severe Weather Warning notification via radio (or other resource / tool) to all personnel.
- Direct staff to assume designated response roles.
- Coordinate use of personnel to facilitate movement of obstacles in pathways to designated shelter areas.
- Ensure all outdoor resources and temporary structures are secured / stowed properly.
- Oversee movement of all individuals to pre-designated shelter areas, conducting and verification of headcounts, etc.
- Once appropriate, issue the "**all clear**" notification to all personnel.

Always maintain situational awareness until the "all clear" is provided by client site leadership.

Fire Safety Basics

Fire Safety priority is always the evacuation of personnel, guests, clients, and visitors before any attempt is made to extinguish a fire.

Fire Safety relative to each client facility shall be included in your client site orientation and training. If you should have any questions after that time, do not hesitate to ask your client site supervisor. You will be expected to follow all client policies and procedures and participate in all emergency-related drill exercises.

Learn where fire extinguishers, first aid kits, eye wash stations, and emergency exits are at each client facility to which you are assigned.

Common Fire Procedures

If a fire hazard is observed (smoke, burning smell, flames), observer will:

- Activate the nearest fire alarm pull station.
- Announce that the building is being evacuated.
- All personnel, guests, clients, and visitors will be evacuated in an orderly fashion.
- While time is of the essence, the speed of emptying a building should be secondary to maintaining proper

order and discipline for proper and prompt evacuation.
- **DO NOT** use elevators.
- It is required for staff to know the floor plan and the most efficient route to exit the building prior to the occurrence of an event requiring evacuation of the building.
- The first option is for evacuees to exit via the nearest exit to the outside of the structure.
- Retreat to, at least, a 250 ft. distance from the building.
- Once outside the building, no one is permitted to re-enter the building.
- Client site personnel, designee, or any other person with ready access to a phone, will notify 9-1-1.
- Once staff has evacuated the building, headcounts will be conducted to confirm accountability of staff and guests, as applicable to client site protocols.

Immediately report any missing/additional staff or guests via the chain of command.

Helpful Information

You are never required to fight a fire. Number one priority is to evacuate and get everyone to safety. If, however you voluntarily choose to try to extinguish a known fire, keep this in mind. The main thing is to always position yourself with an exit or means to escape at your back before you attempt to use an extinguisher to put out a fire.

PASS

Pull the pin on the fire extinguisher

Aim the extinguisher nozzle at the base of the fire

Squeeze or press the handle

Sweep from side to side until the fire appears to be out

In case the extinguisher malfunctions, or something unexpected happens, you need to be able to get out quickly, and you don't want to become trapped.

Electrical Safety

Safety procedures for handling utility and electrical safety should be included in your client site orientation and training. If you have specific questions, do not hesitate to ask your client supervisor.

Here are some general tips for Electrical Safety:

- You are not a licensed or trained electrician. You should never attempt to fix or tamper with any electrical equipment, devices, outlets, breaker boxes, fuses, etc. Immediately contact your client site supervisor or maintenance personnel regarding identified electrical hazards or equipment needing repairs.
- Your use of personal electronic devices (cell phones, etc.) are prohibited in client facilities, unless you have specific permission directly from your client supervisor. Using this type of equipment can interfere with certain electrical devices, including patient monitoring equipment.
- Do not touch pipes, plumbing or radiators at the same time you touch electrical equipment.
- Do not place power cords on a wet surface. Only use electrical equipment with three pins on the plug.
- Place power cords away from traffic patterns to avoid tripping hazards.
- Report all shocks immediately, even small tingles may indicate trouble and precede major shocks.
- If a shock occurs or you notice equipment that is not working, do not use the equipment again until it is inspected and repaired, if necessary.

In a power outage, most client facilities will have outlets with red faceplates, red placards, or red outlets (or marked as emergency outlets) for emergency electrical power. Be sure you have these identified with your client site supervisor. During a power outage, emergency outlets are only to be used for essential equipment.

Bloodborne Pathogen Program

This policy and procedure will provide a method to safeguard our employees from being occupationally exposed to blood and other potentially infectious materials (OPIM). It is also the intent of this policy to comply with federal OSHA requirements listed in 29 CFR 1910.1030. It is imperative that you report exposure incidents immediately to your client site supervisor and to your Triage Recruiter. Triage, in conjunction with the client site healthcare facility, will guide you in obtaining a timely medical evaluation and follow up.

This policy applies to individuals who have the potential for exposure to blood and other potentially infectious materials when responding solely to injuries resulting from workplace incidents. Triage has determined that all its contract employees in healthcare settings are to be classified as having a risk of occupational exposure by the nature of their job position. An exposure occurs when specific eye, mouth, other mucus membrane, no-intact skin, or parenteral contact is made with blood or other potentially infectious materials, resulting from the performance of an employee's duties.

All blood or other potentially infectious material should be considered infectious regardless of the perceived status of the source individual.

- Gloves will be worn when touching blood or other body fluids, mucus membranes, non-intact skin, or handling items or surfaces soiled with blood or other body fluids. Gloves will be disposed of after a single use.
- If it is anticipated droplets of blood or any body fluids may encounter the mucus membranes of the employee's eyes, nose, or mouth, he/she will wear protective equipment. (i.e. goggles or face shield)
- Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal.
- Any items such as razors, knife blades, broken glass or equipment will be disposed of in a puncture and leak proof container, labeled for disposal of such items.
- If clothing is contaminated, it is to be removed as soon as possible and discarded into an appropriate laundry basket.

Practice Good Hygiene

Handwashing is considered the most important measure for preventing nosocomial (hospital - acquired) infections. Any healthcare worker involved in direct or indirect patient care must know how and when to perform proper hand hygiene.

- Use waterless, alcohol hand rinse if hands are not visibly soiled.
- Wash with soap and water if hands are visibly soiled.

Proper handwashing must be done:

- Before patient contact
- Before performing an aseptic procedure (a procedure that must be free from bacteria and other microorganisms)
- After exposure to any body fluids
- After patient contact
- After contact with patient surroundings (touching items in the immediate patient care environment, even if you don't touch the patient
- Prior to putting on gloves and after removing gloves

Hand Hygiene Guidelines from the Centers for Disease Control (CDC)

- Hand washing or the use of an alcohol-based hand rub has been shown to terminate outbreaks in

healthcare facilities, to reduce transmission of antimicrobial resistant organisms and reduce overall infection rates.

- The Center for Disease Control (CDC) recommends the use of alcohol-based hand rubs by healthcare personnel for patient care because they address some of the obstacles that healthcare professionals face when taking care of patients.
- Hand washing with soap and water remains a sensible strategy for hand hygiene in non- healthcare settings. When a healthcare professional's hands are visibly soiled, they should wash with soap and water.
- The use of gloves doesn't eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by up to 80%. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.

When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Alcohol based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.

Healthcare professionals should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (i.e., patients in the ICU or in transplant units).

Get the Hepatitis B Vaccine if you could be exposed to blood on the job.

Protect Yourself from Handling Sharps

Safe Injection Practices

Recommendations by the CDC for safe injection practices include: follow proper infection control practices, maintain aseptic technique when preparing and administering injected medications (follow hand-washing guidelines and maintain a sterile field), never administer medications from the same syringe to more than one patient, even if the needle is changed, never enter a vial with a used syringe or needle, do not use medications packaged as single-dose or single-use for more than one patient, do not use bags of intravenous solution as a common source of supply for more than one patient and use facemasks when injected material or inserting a catheter into the epidural or subdural space.

Prompt disposal

The best way to prevent cuts and sticks is to minimize contact with sharps. That means disposing of sharps immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps-either for disposal or, for reusable sharps, later decontamination for re-use. When reprocessing contaminated reusable sharps, employees must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible **only if there is no feasible alternative** or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, workers must use either a mechanical device or a one-handed technique. If recapping is essential-for example, between multiple injections for the same patient-employees must avoid using both hands to recap. Employees must recap with a one-handed "scoop" technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

Sharps Containers

Containers for used sharps must be puncture resistant. The sides and the bottom must be leak proof. They must be labeled or color-coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and sharps inside. Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually. Containers need to be located as near to as feasible the area of use. In some cases, they may

be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. These containers must be replaced routinely and not be overfilled, which can increase the risk of needle sticks or cuts.

Handling Containers

When employees are ready to discard containers, they should first close the lids. If there is a chance of leakage from the primary container, the employee should use a secondary container that is closable, labeled, or color coded and leak resistant.

Hepatitis B Vaccination Program

To protect our employees as much as possible from the Hepatitis B infection, Triage has implemented a vaccination program. This program is available, at no cost to the employees, to all individuals who have been identified as having the possibility of occupational exposure to blood or other body fluids. Should you elect to receive the series, please sign, and date the Hepatitis B Consent Form provided with your new hire packet and return to your Triage Recruiter.

Employees who decline the Hepatitis B vaccine will sign a waiver that is included in your New Hire Packet. Employees who initially decline the vaccine, but who later wish to have it, may request, and receive it within ten days at no cost to that employee. You must contact your Triage Recruiter to get this arranged.

Tuberculosis

If you are assigned to work in an area where respiratory protection is deemed necessary, particularly when there is a risk of contracting TB, you must advise your Triage Recruiter to arrange for you to have a fit test in order for you to be sized for a respirator device.

Who is at risk for Tuberculosis?

Healthcare workers are presumed to be at an elevated risk of developing TB when compared to the population at large. It is for this reason that healthcare workers, especially those delivering direct patient care, are required to be tested annually.

Mode of transmission

Mycobacterium tuberculosis is spread by airborne particles, known as droplet nuclei, that can be generated when persons with pulmonary or laryngeal TB Sneeze, cough, or speak. Persons who share the same airspace with persons with infectious TB disease are at greatest risk for infection. Infection occurs when a susceptible person inhales droplet nuclei containing tubercle bacilli and these bacilli become established in the alveoli of the lungs and spread throughout the body.

TB Skin Testing

A person exposed to an individual with infectious TB or who has other risk factors for TB as noted above should be given a TB skin test. Healthcare workers, because of the inherent risk for potential exposure in the healthcare setting, may be tested at a minimum, annually based on client site policy. Based on the healthcare facility's internal and ongoing risk assessment, TB testing may be required more frequently.

- The Mantoux TB test – this is the standard method of skin testing. The Mantoux TB skin test is the intradermal injection of purified protein derivative (PPD) of killed tubercle bacilli, usually on the inner forearm. This site is then examined by a trained healthcare worker 48-72 hours after injection for induration. The diameter of induration is measured and recorded; erythema or bruising is disregarded.
- Two Step TB Test – Two Step testing should be used for the initial skin testing of adults who will be retested periodically, such as healthcare workers. Two step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection.

Follow-up for Positive TB Test Results

It is important to obtain an initial chest x-ray on personnel with positive PPD-test reactions, documented PPD-test conversions, or pulmonary symptoms suggestive of TB. Chest radiographic examinations should be performed of any healthcare professional with a positive PPD-test as part of the evaluation for active TB. In addition to the chest x-ray, examination by a physician must be conducted of the individual, evaluation whether there are any pulmonary symptoms suggestive of TB. If the chest x-ray is negative, and there is an absence of signs and symptoms of TB, the healthcare professional is deemed to be non-infectious, and may continue working. Chest x-rays should not be repeated unless symptoms suggestive of TB develop. An annual exam for signs and symptoms may be required to continue working in a healthcare setting.

Reporting Positive TB Results and Cases

It is required in every state to report positive TB test results to the local health department. All new and suspect TB cases should be reported promptly by the clinician or by infection control nurses or pharmacies when TB drugs are dispensed. In addition, all positive TB smears and cultures should be reported promptly by laboratories.

Post Exposure Evaluation and Follow-up

Examples of exposure incidents are puncture from a contaminated sharp, or splash of blood onto any of your mucous membranes (e.g., mouth, eye), splash or splatter onto non-intact skin (e.g., dry or chapped hands). Upon being notified of a Triage employee being involved in an accident where exposure to bloodborne pathogens may have occurred, there are two things we immediately focus our efforts on:

- Investigating the circumstances surrounding the exposure incident.
- Ensuring that our employees receive medical consultation and treatment, if necessary, as quickly as possible.

Employees involved in an exposure, need to report the incident to their client site supervisor. They should call their Triage Recruiter as soon as possible so they can be put in contact with the Clinical Team and the Safety Officer.

The Clinical Team and Safety Officer will investigate every exposure incident that occurs. This investigation is initiated within 24 hours of the incident reporting and involves gathering the following information:

- Where, when, and how the incident occurred
- What potentially infectious materials were involved
- Source of the infectious materials
- Personal protective equipment being used at the time
- Action taken as a result of the incident.

Our follow-up process usually consists of several steps outlined below:

- After the recruiter learns of an exposure, a Clinical Liaison will reach out to the HCP to guide them through the post-exposure process
- The safety department will send out an incident report to be filled out by the exposed employee
- Next, if possible, the source is tested per client site procedures to determine HBV, HCV and HIV infectivity. This information should also be made available to the exposed employee if it is obtained. At that time, the client site should notify the exposed employee of any applicable laws and regulation concerning disclosure of the identity and infectious status of a source individual.
- Finally, the proper labs of the exposed employee should be collected and tested (for HBV, HCV and HIV status) per client site protocol

Once source and employee labs are collected, the employee should expect a consultation to review results and follow up treatment. We recognize that much of the information involved in this process must remain confidential and will do everything possible to protect the privacy of the individuals involved.

Bloodborne Pathogens Resource Tool

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Health Care Providers (HCP) exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses. In the event an exposure does occur, the following procedure should be followed.

What to do if you've been exposed by a bloodborne pathogen:

1. You should take immediate action to clean the site
    - Skin Exposures
        - Wash with soap and water for 5 minutes.
        - Wounds or punctures may be cleaned with an antiseptic such as an alcohol-based hand hygiene agent
    - Mucosal Surface (mouth, nose, eyes) Exposures
        - Flush with large amounts of water or normal saline for at least 10 minutes
2. Notify your unit Supervisor at the facility
3. Seek immediate care, within the first hour of exposure to a potential BBP
    - As a contracted employee of the direct site facility, you are still an 'employee'. If Employee Health is not an option, go to the ED.
    - While every exposure case is unique, the CDC generally recommends immediate follow-up, immediate baseline testing, and possibly prophylactic medications at the discretion of the healthcare provider.
4. Report and Document Exposure
    - Notify your recruiter at Triage
    - Expect to be contacted by the Triage Clinical Department and the Safety Department
        - They will ensure you have everything you need to complete the needed screening, testing, documentation and follow up
        - We will provide additional resources on Bloodborne Pathogens upon request
        - You should receive an incident report that needs to be filled out and returned as soon as possible to: safety@triagestaff.com
5. Post-Exposure Prophylaxis (PEP)
    - PEP is always an available option with anyone with bloodborne pathogen exposure
    - Typically, PEP treatment plan will be determined by a medical provider as they have the most up-to-date information regarding the following in accordance with your exposure:
        - Some variables that may affect your PEP treatment plan:
            - The type of injury (percutaneous injury, mucous membrane exposure, non-intact skin exposure, bites resulting in blood exposure to either person)
            - The type and amount of fluid/tissue (blood, fluids containing blood, potentially infectious fluid or tissue, direct contact with concentrated virus)
            - Infectious status of source (presence of HBsAg, presence of HCV antibody, presence of HIV antibody
            - Susceptibility of exposed person (hepatitis B vaccine status, HBV, HCV, and HIV immune status)
    - In the case of an unknown source, we encourage all precautionary measures be taken
    - Notify your primary care provider for any questions or to direct your future follow up care as needed
    - If anyone is unsure whether to start PEP or not, the Clinical Team is an available resource to answer any questions. You can direct any questions to clinicalteam@triagestaff.com
    - You can also call the National PEPline for up-to-date advice on managing occupational exposures to bloodborne pathogens at 888-448-4911
    - According to the CDC, HBIG, Hepatitis B vaccine and HIV PEP are most likely to be effective if administered as soon after the exposure as possible
        - HBIG-within 24 hours

- HBV vaccine-within 24 hours
- HIV PEP-as soon as possible

Personal Protective Equipment and Clothing

Personal Protective Equipment (PPE) are determined necessary for employee protection when working with hazardous materials or under hazardous conditions. PPE should only be used as a supplement when all apparent hazards cannot be eliminated with appropriate engineering, administrative, and work practice controls, or by a combination.

The selection of appropriate PPE depends on the quantity and type of exposure expected via a workplace hazard assessment. Generally, PPE includes, but is not limited to gloves, gowns, laboratory coats, face shields or masks, and eye protection. The client site healthcare facility will provide the necessary PPE you need to perform the responsibilities of your position. If you should find yourself questioning or lacking required PPE, notify your client site supervisor and Triage Recruiter immediately and we will work with the client site facility for immediate resolution.

Training on PPE

All employees who are required by client site facilities to wear PPE should receive information, training and demonstrate understanding on the following suggested subject bullets below prior to use:

- When PPE is necessary.
- What PPE is necessary.
- How to properly don, doff, adjust, and wear PPE.
- The proper care, maintenance, life of, and disposal of PPE.
- The limitations of the PPE.

Any retraining will be performed as necessary, by the client site supervisor/facility, based on changes which would render the previous training inadequate or obsolete including:

- Changes in the workplace.
- Changes in the types of PPE.
- Inadequacies in the employee's knowledge or understanding regarding the PPE being used.

Minimum Acceptable PPE Criteria

Eye and Face Protection: Protective eye and face devices shall comply with ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection."

Foot Protection: Protective footwear shall comply with ANSI Z41-1991, "American National Standard for Personal Protection-Protective Footwear."

Cost and Payment

The client site facility will pay for and provide PPE such as, but not limited to:

- Non-prescription eye protection/safety glasses
- Laser safety goggles
- Hearing protection
- Items used in medical/laboratory settings to protect from exposure to infectious or radiation agents
- Respiratory protection
- Equipment required as part of the task and/or job specific requirements.

Contact your client site supervisor and/ or Triage Recruiter for clarification of any specific items or issues regarding costs and payment.

The single most important measure to control transmission of the spread of infection is to treat all human blood and other potentially infectious materials as if they were infectious. This approach is referred to as "Universal

Precautions”.

Precautions for using PPE

- Make sure to remove the PPE following contamination and upon leaving the work area, placing items in an appropriately designated area or container for storing, washing, decontaminating, or discarding.
- Use full face shields or face masks with eye protection, goggles, or eyeglasses with side shields with splashes of blood and other bodily fluids may occur and when contamination of the eyes, nose, or mouth can be anticipated.
- Wear surgical caps or hoods and/or shoe covers or boots when gross contamination may occur, such as during surgery and autopsy procedures.

Hazardous Chemicals and Materials

To protect our employees and comply with OSHA's Hazard Communication Standard, Triage has established the following Hazard Materials Program. Under this program, you will gain familiarization of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which you may work with, safe handling procedures, and action to take to protect yourself from such chemicals. Client site facilities control the workplace in which our contract employees are assigned, and they are responsible for complying with OSHA standards related to chemicals in their facility work areas.

The Hazard Communication policies and procedures specific to the client site facility that you are assigned to should be covered in your client site orientation training. You will always be expected to follow client site policies and procedures while on assignment. If you have questions, ask your client site supervisor and or contact your Triage Recruiter. The following information is a general overview of types of hazardous materials you may encounter in a healthcare setting.

Every employee has the right to know about the potential hazards associated with the materials they are required to use on the job. The following is a list of information that should be available at the client site facility:

- Know what chemical hazards you may face on the job
- Know how to protect yourself, coworkers, patients, and visitors from these hazards
- Read and understand labels and Safety Data Sheets, and follow instructions and warnings
- Follow safety procedures on the job per client site specifics
- Physical and health problems caused by exposure and the signs and symptoms of overexposure
- Location and proper use of protective equipment
- How to handle an emergency spill and/or leak
- Care for handling, storing, or using the hazardous material
- Location of material safety data sheets, or other documentation related to hazardous materials and their handling / disposing

Safety Data Sheets (SDS)

For each of the hazardous chemicals identified, there should be a SDS readily available during each work shift. This is a detailed information bulletin prepared by the manufacturer or importer of a chemical that includes information about the chemical:

- The physical and chemical properties
- Physical and health hazards
- Routes of exposure
- Precautions for safe handling and use
- Emergency and first aid procedures
- Control measures

OSHA requires the following categories on each SDS:

- Section 1. Manufacturer's Name and Contact Information
- Section 2. Hazard(s) Identification
- Section 3. Composition Ingredients Information
- Section 4. First-Aid Measures / Symptoms, etc.
- Section 5. Fire-Fighting Measures
- Section 6. Accidental Release Measures
- Section 7. Handling & Storage
- Section 8. Exposure Controls & PPE
- Section 9. Physical & Chemical Properties
- Section 10. Stability & Reactivity

- Section 11. Toxicological Info
- Section 12 – 15: Not Mandatory, Not OSHA Related
- Section 16. Other Info: Date of Last Revision

Hazardous Chemicals

Client site facilities you are assigned to should include in your on-site orientation training a list of potentially hazardous chemicals you may encounter, and the location of associated SDS sheets.

Whenever a new hazardous chemical is introduced into the workplace, appropriate orientation, and training for it are required at that time. Your training should include any measures you can take to protect yourself from the hazards, and specific procedures they have put into place to provide protection to employees and any methods or observations by which employees can detect the presence of a hazardous chemical to which they may be exposed.

Types of Chemical Exposure

There are four different ways a chemical could enter your body. These types of exposures include:

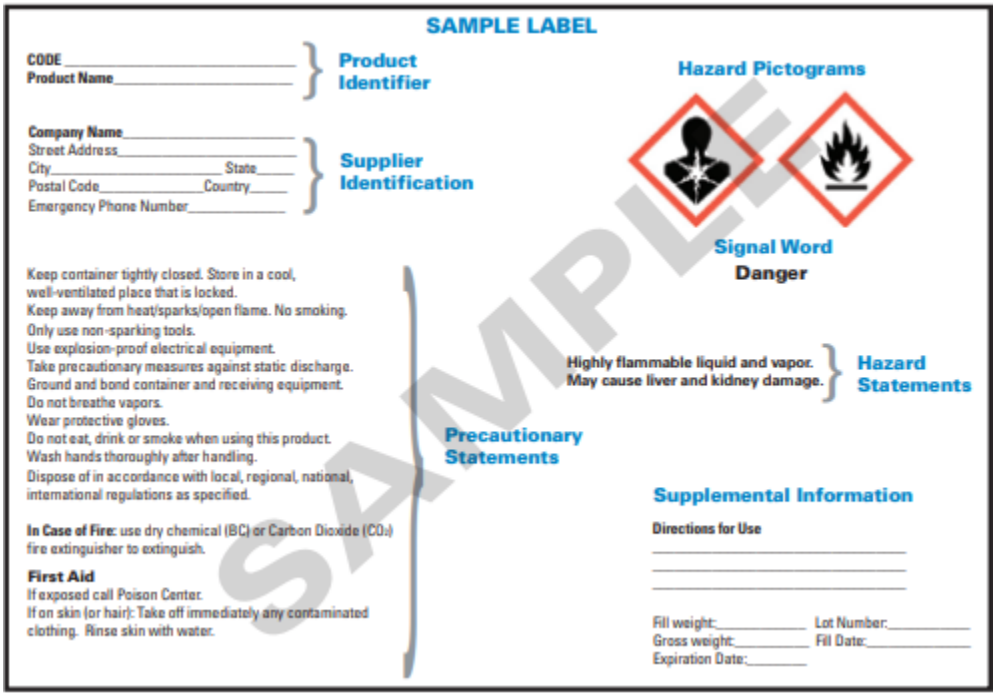
1. Inhalation. Inhaling hazardous chemicals could cause:
    - Dizziness
    - Headaches
    - Nausea
    - Vomiting
    - Throat and/or lung damage
2. Absorption. Skin and eye contact could cause:
    - Burns
    - Allergies
    - Vision problems
    - Blindness
3. In addition, cuts and other skin injuries may allow chemicals to pass into your bloodstream.
4. Ingestion. Swallowing hazardous chemicals when you eat, drink, or smoke in areas where chemicals are located could damage your internal organs.
5. Injection. An accidental puncture with a needle, scalpel, or any sharp object can allow toxins to enter your bloodstream directly and circulate throughout your body.

Labeling, Signs, and Color Coding of Hazardous Materials

All containers of hazardous material should be labelled. The label must contain the name of the product and appropriate hazard warnings.

- Product labels should include the following key elements (do not remove product labels).
- Product identifier
- Signal word
- Hazard statement Pictogram(s)
- Precautionary statement(s)
- Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party
- Workplace labels for all products transferred to “in-house” containers should have this label, or a similar label containing a product identifier along with the hazard information. If you still have questions after talking to your client site facility supervisor, contact your Triage Recruiter.

Sample Labels and Pictograms



HCS Pictograms and Hazards

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

General things you should do if you see a spill?

- Follow your client site facility safety procedures
- Protect your safety and the safety of others
- Isolate the scene: Keep patients, visitors, and other employees from encountering the spilled material.
- Immediately report the spill to Security and to your client site supervisor.
- Check for an identification label and look it up in the information provided during your training and orientation. If you are unable to identify the substance, treat it as hazardous until it is identified as non-hazardous.

Housekeeping and Preventative Procedures

Employers must ensure a clean and sanitary workplace. Contaminated work surfaces must be decontaminated with a disinfectant upon completion of procedures or when contaminated by splashes, spills, or contact with blood, other potentially infectious materials, and at the end of the work shift. Waste cans and pails must be inspected and decontaminated on a regularly scheduled basis. Broken glass should be cleaned up with a brush or tongs; never pickup broken glass with your hands, even when wearing gloves.

Local and state laws regulate waste removed from healthcare facilities. Special precautions are necessary when disposing of contaminated sharps and other contaminated waste, and include the following:

- Disposal of contaminated sharps in closable, puncture-resistant, leak proof, red or biohazard- labeled containers.
- Placement of regulated waste in closable, leak proof, red or biohazard-labeled bags or containers. When outside contamination of the regulated waste container occurs, it must be placed in a second container that is closable, leak proof, and appropriately labeled.

Contaminated Laundry

Laundering contaminated articles, including employee lab coats and uniforms meant to function as personal protective equipment, may be the responsibility of the client facility. Contaminated laundry shall be handled as little as possible with minimum agitation. A washer and dryer may be provided in a designated area at the client site, or you can send the contaminated items to a commercial laundry. The following requirements should be met with respect to contaminated laundry:

- Bag contaminated laundry as soon as it is removed and store in a designated area or container.
- Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in effect in the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- Clearly mark laundry sent off-site for cleaning, by placing it in RED bags or bags clearly marked with the orange biohazard symbol; and use leak-proof bags to prevent soak through.
- Wear gloves and other protective equipment when handling contaminated laundry.

Radiation Safety

Radiation is the process of emitting radiant energy in the form of waves or particles. Light, heat, and sound are all types of radiation. The kind of radiation discussed in the following material is called ionizing radiation because it can produce charged particles (ions) in matter.

Radiation Safety policies and procedures specific to the client site facility should be covered in your on-site orientation and training. You will always be expected to follow client site policies and procedures while on assignment. If you have questions, ask your client site supervisor and or contact your Triage Recruiter.

Radiation Contamination

Contamination occurs when material that contains radioactive atoms are deposited on skin, clothing, or any place where it is not desired. A person is externally contaminated if radioactive material is on skin or clothing. A person is internally contaminated if radioactive material is inhaled, swallowed, or absorbed through wounds. The environment is contaminated if radioactive material is spread about or uncontained.

Client site facilities are required to have signs in radiation areas that present a risk of exposure as defined in OSHA standards. The sign should be accompanied by the warning “Caution: Radiation Area” or “Caution: High Radiation Area”. Areas or rooms in which radioactive material is used or stored in excess of OSHA-defined standards shall be equipped with warning signs stating “Caution: Radioactive Materials”. The three departments most likely to use radioactive materials are:

1. Radiology – X-Ray, CT, Mammography, Special Procedures.
2. Nuclear Medicine
3. Radiation Therapy/Oncology

Radiation Safety

If you do not work in the radiology department, you can still be exposed to radiation using portable X- Ray machines. Policies and procedures for your protection in these situations should be covered in your client site orientation training at the on-site facility. If you are designated to work in areas where radiation exposure is inherent, you will be required to wear the appropriate personal protective equipment, usually containing lead.

Client site facility will supply appropriate personnel monitoring devices to ensure that exposure limitations are not exceeded (i.e., Radiation Badges). It will be the responsibility of each employee to follow the client site specific policies and procedures regarding return the badges for regular interval evaluation. This is determined by the client site facility. They will maintain test records of radiation exposure for employees returning badges and will provide a copy of exposure testing reports to employees upon their request. If they are any questions or concerns, please first check with your client site supervisor and then with your Triage Recruiter.

Pregnancy

For female employees working in radiology departments who are concerned about exposing their unborn baby to radiation, it is important to know that the standard practices of protection make it unlikely that an unborn child could receive more than .5 rem in any clinical environment. However, the higher radiation levels in some areas give a potential for exceeding this level over a period of many procedures if some component of this protection breaks down for any reason. Nuclear Regulatory Commission (NRC) requirements (10.CFR.20) specify that the dose to the embryo/fetus for occupational exposure of the expectant mother should be limited to .5 rem (5 mSv) for the entire gestation period. Exposure of over .5 rem can pose a risk to unborn babies during their early development, between weeks 2 and 15 of pregnancy. The health consequences can be severe, including stunted growth, deformities, abnormal brain function, or cancer that may develop sometime later in life. However, since the baby is shielded by the mother’s abdomen, it is protected in the womb from radioactive sources outside the mother’s body.

Consequently, the radiation dose to the unborn baby is lower than the dose to the mother for most radiation exposure events.

A female employee has the option of choosing to voluntarily declare pregnancy and wear a fetal monitoring device to continuously measure their cumulative exposure. Employees who choose to declare pregnancy must do so in writing. Please contact your Triage Recruiter if you need a Declaration of Pregnancy Form. *Pregnant employees should discuss radiation exposure with their personal physician and follow his/her directions.*

Purpose

Triage and our client site facilities want you to follow safe lifting practices to ensure that you protect yourself from the hazards of improper lifting/transferring practices.

It is the responsibility of Triage management to ensure that you are familiar with good body mechanics. It is the responsibility of the client site facility to ensure that you are properly informed and trained on their site-specific policies and procedures necessary to carry out these safety practices. It is the responsibility of all employees to follow safe work practices and comply with these rules regarding work practices.

Safe Lifting Techniques

The following points outline good lifting practices and procedures, safe lifting techniques that may be taught to associates to minimize their risk of back injury and pain. These practices are created with the lifter in mind. Lifting remains an important function despite the level of mechanization found in the workplace today, so attention must be directed toward safe lifting practices.

The basics of good lifting are:

1. Size up the load before you lift. Test by lifting one of the corners or pushing. If it's heavy or feels too clumsy, get a mechanical aid or help from another worker. When in doubt, don't lift alone!
2. BEND THE KNEES. You will note this is capitalized. There's a reason for that, it is the single most important aspect of lifting.
3. When performing the lift:
    - Place your feet close to the object and center yourself over the load.
    - Get a good hand hold.
    - Lift straight up, smoothly and let your legs do the work, not your back!
    - Avoid overreaching or stretching to pick up or set down a load.
    - Avoid overreaching or stretching to pick up or set down a load.
4. Do not twist or turn your body once you have made the lift.
5. Make sure beforehand you have a clear path to carry the load.
6. Set the load down properly.
7. Always push, not pull, the object when possible.
8. Change the lifting situation, if possible, to minimize a lifting hazard:
    - If it's a long load, get some help.
    - Split the load into several smaller ones, when you can to achieve manageable lifting weight.
    - Avoiding lifts from below the knees or above the shoulders by using mechanical aids, positioning yourself so that the object to move is within an acceptable lifting range (between the shoulders and the knees), and/or getting help from your co-workers.

Other Safe Work Techniques

Work issues other than lifting are related to back pain or injury. You can avoid them or improve work techniques related to them.

1. Poor Lighting - Poor lighting in the work area can lead to poor work practices that result in injuries of many types. Make sure lighting is adequate for the task at hand, replace burnt out bulbs, and point out hazardous areas to your immediate supervisor.
2. Catching Objects & Working Low - When catching falling or tossed objects, your feet should be firmly planted, with your back straight and your knees slightly bent. Your legs should absorb the impact, not your back. If you're working on something low, bend your knees. Keep your back as straight as possible. Bending from the waist can lead to back pain. If you must use your back, keep your knees bent and your back flat. In both situations, frequent rest breaks are necessary to keep from getting back fatigue.
3. Extended Sitting/Standing - Certain jobs require long hours of standing or sitting. These conditions can

create back troubles. Get up and stretch frequently if you are required to sit for long periods. If standing, ease the strain on your lower back by changing foot positions often, placing one foot on a rail or ledge. However, keep your weight evenly balanced when standing. Don't lean to one side.

4. Other Materials Handling Tasks - Tasks such as lowering, pushing, pulling, and carrying can create hazards to the back as well. If the task feels uncomfortable or unnatural, utilize the alternative materials-handling techniques listed in this Back Safety Plan.
5. Housekeeping - Poor housekeeping: slippery floors, crowded work conditions, tools or other hazards on the floor can create slip, trip, or fall hazards that can result in back injury.
6. Poor Posture at Work - Be aware of proper posture when sitting, standing, or reclining. When sitting, your knees should be slightly higher than your hips and your shoulders and upper back should be straight. When lying down or sleeping, keep your knees slightly bent. Sleeping on your stomach can lead to morning backache.
7. Other Back Safety Issues

Factors unrelated to work that can affect back safety, including such things as physical condition and posture, athletic or home-improvement activity, and tension and stress.

1. **Posture** - Whether your standing, sitting, or reclining, posture affects the amount of strain put on your back. The wrong posture increases strain on the back muscles and may bend the spine into the positions that will cause trouble. Be mindful of practicing good postures in all your daily positions.
2. **Poor Physical Condition** - Your physical condition can lead to back pain. If you are overweight, and especially if you have developed a pot belly, extra strain on your spine results. An estimate is that every extra pound up front puts 10 pounds of strain on your back.
3. **Stress** - Stress is another factor that may lead to back pain. Tied in with your general physical condition, stress created from work or play can cause muscle spasms that affect the spinal nerve network. Although stress is part of everyone's life, and a certain amount of stress is normal, excessive stress causes backache. The solution is a balanced lifestyle with time to relax.
4. **Repetitive Trauma** - People often think back injuries result from lifting heavy or awkward objects. Many back incidents, however, do not come from a single lift or isolated event, but occur from relatively minor strains over time. As the worker repeats a particular irritating movement, the minor injuries begin to accumulate and weaken affected muscles or ligaments without the worker being aware of it. Thus, a specific weight lifted may have little to do with any single injury. Remember to use mechanical aids when appropriate along with good lifting techniques, whenever you do any lifting. You can lift safely when performed with caution.

Transferring and Ambulating Patients

In the course of patient care, you may be required to turn and move patients on a regular basis. It is important to do so without harming either the patient or yourself. Practicing good body mechanics when lifting and moving patients is vital.

Always use patient transfer techniques that apply proper body mechanics.

- Wear comfortable clothes with a loose fit and footwear that will not slip.
- Be sure that the floor is dry and the area is clear of obstacles.
- Explain to the patient how you will make the transfer, and have the patient assist you as much as possible.
- Whenever necessary, have someone help you in the transfer.
- Transfer aids can play an important role in avoiding injury. The time it takes to use these devices is greatly offset by the time it would take to recover from an injury.
- You can provide support to a weak or unsteady person by using a transfer belt (also called a gait belt), a sturdy webbed belt with a buckle that easily secures around the patient's waist.
- In addition, mechanical lifts, roller boards, sliding boards, flexible patient movers and slings, and pivoting turntables can facilitate patient transfers and greatly reduce the level of manual effort required to move a patient.

To accomplish bed-to-chair transfers:

1. Position the wheelchair close to the bed, on the patient's strongest side, and lock it at a slight angle.
2. Have the patient sit on the edge of the bed with feet shoulder-width apart and flat on the floor. The patient should wear nonslip footwear.
3. Explain what you are about to do and secure a transfer belt around the patient's waist.
4. Place yourself in front of the patient and block the patient's leg closest to the chair with your foot and leg.
5. Your other leg should be slightly behind and spread in a stance that provides a solid base of support and control of the lift.
6. Grasp the sides of the transfer belt and keep your head and back straight while bending at the knees.
7. The patient should lean toward you and hold your forearms if possible. Do not allow the patient to hold onto your neck or shoulders.
8. With your back straight, lift with your legs to bring the patient to a standing position. Keep the patient as close to you as possible.
9. Pivot on the balls of your feet or side-step and position the patient to the chair.
10. Gently lower the patient into the chair, bending at your knees, not your back. This basic technique can also be used for chair-to-chair, chair-to-commode, and chair-to-bed transfers.

To accomplish bed-to-stretcher transfers:

1. Bed-to-stretcher transfers require the assistance of another person and are best done with a lift or draw sheet. If a lift sheet is not available, using the actual bed sheet is safer than attempting to lift the patient without a sheet. 2. Begin by positioning the patient on the lift sheet and as close to the edge of the bed as possible.
2. Raise or lower the bed and stretcher to equal heights. Position the stretcher against the side of the bed and lock the wheels.
3. While keeping your back as straight as possible, reach over the stretcher and grasp the lift sheet.
4. Be sure to hold the corner of the pillow as well as the lift sheet to support the patient's head during the move.
5. Your assistant should grasp the sheet in the same manner and be prepared to push as you pull.
6. The assistant may find it easier to place one or both knees on the patient's bed to avoid leaning over excessively.
7. Using a three count, lift and pull the patient onto the stretcher while your assistant lifts and pushes.
8. Several short lifts may be preferable to attempting one large movement.

To assist a patient with ambulation:

1. Allow the person to sit up in the bed for a few minutes before helping him or her out of bed.
2. Have the patient wear nonslip footwear.
3. Use a transfer belt for safety.
4. Position yourself to the side and slightly behind the patient.
5. If the patient is unsteady, two assistants are required (one may be a family member). Hold the patient's upper arms and support the lower arms and hands.
6. If the patient needs firm support, two assistants are required. The assistants grasp each other's arms behind the patient's back, and the patient puts his or her arms around the shoulders of the assistants.
7. Remember, if the patient becomes faint and is going to fall, you can avoid injury by safely easing him or her to the floor.

There are simple means to recognize potentially avoidable slips, trips, and falls hazards. These are the key elements to minimize potential slip, trip and fall hazards.

- Housekeeping
- Maintenance
- Footwear
- Lighting (interior/exterior)
- Flooring materials and cleaning products used
- Indoor walking surfaces and potential tripping hazards
- Exterior conditions and walking surfaces

Client site locations should perform routine walkthroughs which includes addressing potential related hazards.

Housekeeping and Wet Surfaces

Housekeeping at the client site maintains specific procedures regarding the cleaning of floors and surfaces, addressing the potential for slips, trips, and fall hazards.

Employees are informed to check floors and address any spills noticed by reporting immediately to their client site supervisor. Wet floors, spills and excess clutter can mean disaster for employees working in a health care setting. Injuries caused by slips, trips and falls range from sprained or strained muscles and joints, to broken bones and head injury. There are several precautions you should take to ensure your safety and the safety of others in our facility.

Floor

- Always keep floors clean and dry. Wet floors present a slip hazard and can promote the growth of infection-causing microbes like mold, fungi, and bacteria.
- Remove all objects and clutter from aisles, exits and passageways.
- Display warning signs to alert others of a wet floor.
- Floor mats might be good alternative while surfaces are drying after cleaning to provide traction.
- Keep an eye out for uneven floors and fix them or notify someone who can immediately.

Always Stay Alert

If you notice any situation that you think could present a slipping, tripping, or falling hazard in the facility, act immediately to remedy it or notify your supervisor. You could be saving an unsuspecting victim serious pain.

Footwear

Staff working in certain areas at client site and/or performing tasks where wet conditions may increase the potential for a slip or fall, may be required to wear slip-resistant footwear. Proper footwear mindfulness should be something you weigh in consideration every day (working or not.) Consider critical variables like, the climate you're traveling to, the time year, weather conditions, coming from and going to vehicles, walking / working surfaces, etc. Parking lots and walkways will be cleared of ice and snow removal by the designated team at the client site. Having on the best footwear specific to your immediate environment plays a significant role in preventing slips, trips, and falls. If you notice areas that need attention, please notify your client site supervisor.

Hallways and Obstructions

Avoid cables and cords from equipment and objects being run or placed in potential foot traffic areas like patient rooms and hallways that create tripping hazards.

All staff are instructed to be mindful of the work environment and know where items are stored or located to avoid potential hazards. All staff should do their part to eliminate cluttered or obstructed work areas and reporting all hazards you might identify while at the client site location.

Stretch floor mats and area rugs that bulge or have become bunched to prevent tripping hazards.

Client site maintenance folks should also perform routine walkthroughs of the location to determine and address potential hazards.

Stairways and Uneven Surfaces

Use handrails on stairs, and to maintain an unobstructed view of the stairs, even if that means requesting help to manage a bulky load or refraining from texting on a cell phone.

Do not stand on boxes, chairs, or stools to try to reach items that may be a bit out of reach but use proper stepladders or ladders for the job.

Environment and Lighting

Client sites will inform you on expectation specifics re: reporting potential safety hazards, as well as any loose or damaged surfaces, broken handrails, torn materials, burned out bulbs, or other dim lighting conditions, so that a work order may be issued for repairs.

Latex Sensitivity or Allergy

What is Latex and what is a latex allergy?

- Latex refers to products manufactured form a milky fluid derived from the rubber tree. Examples of latex products include exam gloves, latex-containing medical supplies, balloons and bandaids.
- Latex allergy can develop from repeated exposures to proteins in natural rubber latex through skin contact or inhalation.

What should you do if you have a latex allergy and working in a healthcare setting?

- Use non-latex gloves for activities not likely to involve contact with infectious materials. If you choose latex gloves, use powder-free with reduced protein content to ensure appropriate barrier protection.
- Avoid contact with latex gloves and products and areas where you might inhale the powder from latex gloves worn by others.
- Use appropriate work practices to reduce the chance of reaction:
    - When using latex gloves, **do not** use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems.
    - After removing latex gloves, wash hands with soap and dry thoroughly
    - Frequently clean work areas and equipment contaminated with latex-containing dust
- Learn to recognize symptoms of latex allergy: skin rash, hives, itching, nasal/eye/sinus symptoms, asthma, and shock
- Tell your coworkers/supervisors of your allergy and wear a medical alert bracelet.
- Take full advantage of latex allergy education and training provided by your employer and the facility you're working

What if a patient you are caring for has a latex allergy?

- The Client Site you are working at should have on-site orientation training that will include information about their Latex Exposure Control Policy. If you have questions after this time, please ask your supervisor.
- Use non-latex gloves/supplies and follow unit procedures

Latex Exposure Control Policies will normally include information for how to:

- Identify and document information for patients with latex sensitivity/allergy
- Communicate allergies to patient care team members
- Control patient exposure and deliver patient education.
- Report suspected or confirmed reactions to latex.
- Use only authorized gloves designed for sensitive patients

Intention & Prevention: Coronavirus Pandemic

Triage's intention behind infection prevention and control recommendations for our healthcare personnel during the coronavirus pandemic is a fluid situation. As we progress through the various stages of this pandemic we will defer to our client site specific plan, policy, and protocols.

Anytime you feel you might have symptoms, questions, or concerns, first reach out to your client site supervisor and then your Triage Recruiter. Other helpful resources are listed below.

Beyond the client site specifications, Triage will defer to the CDC current recommendations. Please visit the CDC website for the most up-to-date and accurate information.

- Centers for Disease Control and Prevention (cdc.gov)
- https://www.cdc.gov/coronavirus
- CDC-INFO: Answers to COVID-19 questions for healthcare workers
- 800-CDC-INFO (800-232-4636)

The purpose of this program is to ensure that proper respiratory protection is provided and used, when necessary, to protect the health of all employees from respiratory hazards. When working on an assignment with Triage, it becomes the healthcare facility's responsibility to evaluate their environment and prescribe respirators as appropriate, since only they can evaluate the hazards in their specific environment.

General Program Management

Responsibility

If you are assigned to work in an area where respiratory protection is deemed necessary, particularly when there is a risk of contraction TB, you must advise your Triage Recruiter to arrange for you to have a fit test (a medical evaluation while wearing a respirator device). This testing must be completed prior to your use of the device in a healthcare facility and the type will be based on the specific client's requirements. Only respirators that are MSHA/NIOSH approved are selected and used.

Respirator Selection

Only respirators selected from among those jointly approved by the Mine Safety and Health Administration (MSHA) and National Institute for Safety and Health (NIOSH) will protect you from TB. Most healthcare organizations have elected to use the **NIOSH series N95 respirator**, surgical masks are not NIOSH-Approved. Some healthcare organizations are now using Powered Air-Purifying Respirators PAPR. PAPR's provide a much higher level of respiratory protection than the N95 and are a good choice for "first receivers" in the event of a pandemic where exposure levels are unknown.

Employees who use respirators are responsible for:

- Using them in accordance with the instructions and training received
- properly inspecting before and after each use
- cleaning and storage after each use
- immediately reporting any malfunction or defect of their respirator to their supervisor at the client facility where they are working and to your Triage Recruiter

Please keep the device that is defective or malfunctioning and send it to Triage.

Instruction and Training

Each user will be instructed and trained in the proper use of respirators and their limitations. This training will provide the employee an opportunity to handle the respirator, have it fitted properly, test its facepiece- to-face seal, wear it in normal air for a familiarity period, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to determine if it fits properly.

No worker will wear a respirator when existing conditions prevent a good face seal. Such conditions may include growth of a beard, sideburns, the absence of one or both dentures, a skull cap that projects under the facepiece, or temple pieces on eyeglasses. The employees' diligence in observing these factors will be evaluated by periodic checks. To assure proper protection, the facepiece fit will be checked by the wearer each time the wearer puts on the respirator. This will be done by following the manufacturer's instructions.

Patient Rights and Confidentiality

Patient rights are outlined in the Patient's Bill of Rights, developed by the American Hospital Association. The intent of the Patient's Bill of Rights is to provide patients with optimal healthcare services while preserving patient's dignity, personal rights, and legal rights. Patient rights are important to prevent abuse or patient harm. In addition, each state defines specific patient rights that are protected under state law.

Patient's Rights will vary depending on the site and state you are working in. It is important to familiarize yourself with your Client Site's Patient Rights. According to Joint Commission, individual rights include:

- Right to considerate and respectful care
- Right to current and understandable information about their healthcare
- Right to refuse treatment
- Right to privacy
- Right to resolution of conflict
- Right to review their medical records
- Right to refuse to participate in research studies
- Right to confidentiality of their health information
- Right to continuity of care
- Right to knowledge of business relationships that influence care
- Right to be transferred to another medical facility- emergency Medical Treatment and Active Labor Act (EMTALA) – protects patients who have true emergency medical conditions from refusal of care and unnecessary transfer.
- Informed consent-Patients have the right to make decisions and can understand their options and their decisions are voluntary
- Advance Care Planning-Patients have the right to document their wishes and/or name a proxy to make decisions about their treatment on their behalf when unable to do so
- End of Life Care-Ensuring decisions made are consistent with the values and desires of the patient and respect the individual rights of that patient
- Health Information Portability and Accountability Act (HIPAA) Privacy Rule – requires that healthcare providers protect the privacy of patient health information and track those who access their information.

Keep in mind, additional responsibilities may be added by the Client Site you work at depending on applicable state laws, policies, and procedures.

Confidentiality and Privacy

Patient confidentiality is imperative in the Healthcare field. Confidentiality means only sharing patient information when needed, to those who need it (i.e. only those directly involved in the patient's care). HIPAA establishes standards for the fast and accurate exchange of health information data, while maintaining the security of that information.

Your Client Site will have specific policies and procedures related to patient confidentiality that will be provided to you during your hospital orientation at the facility. Healthcare facilities must inform patients of their privacy policies and provide training to staff regarding the HIPAA regulations. HIPAA is required, it's not optional.

Protected health information (PHI) is any individually identifiable information, information that is linked to a specific patient, relates to a person's past, present or future health conditions, includes the provision of healthcare to a person as well as the payment for the provision of healthcare to a person.

Under the HIPAA Privacy Rule:

- All patients must receive the facility's Notice of Privacy Practices
- Patients may give verbal authorization to provide PHI to family and friends
- Patients are notified of their rights to complain about an organization's compliance with the privacy rule
- Patients have the right to access and amend their own PHI
- Recommendations for Caregivers
- Ensure all conversations regarding patients are done in a confidential area
- Avoid talking about patient's condition in front of other patients, visitors, or family members
- Talk in a low voice when discussing patient information in person or over the phone
- Don't talk about patients in public places
- Do not leave patient-related information out visibly for others to see (charts or computer screens)
- Sign out of computers when not in use
- Never share passwords

If you have any further questions, contact your unit supervisor and/or a member of the Triage Clinical Team by emailing clinicalteam@triagestaff.com.

HIPAA penalties can include criminal charges and fines to the individual and/or healthcare facility and possible prison time. Disciplinary actions may range from verbal warnings up to termination.

Healthcare workers and organizations rely heavily on the sharing of patient information. As the trend of electronic sharing of information continues, the healthcare industry needs standards that enable fast and accurate transmission of information.

However, as patient information becomes more portable (easy to share), the more difficult it is to protect the privacy of that information. Therefore, healthcare workers, organizations, and consumers are increasingly concerned about patient privacy.

One of the HIPAA Standards already in effect, The Privacy Rule, establishes certain regulations that protect the privacy of patient information, gives patients greater control over their health information.

The Privacy Rule protects the privacy of all Protected Health Information (PHI). PHI is individually identifiable health information that is gathered, stored, or transmitted on paper, orally, or by electronic or any other media. PHI doesn't include individually identifiable health information in education records and in employment records held by a covered entity in its role as an employer.

Individually identifiable health information is health information that specifically identifies the individual or is information that could reasonably be expected to identify an individual, even if the individual is not named.

Compliance

- As electronic information becomes more portable, it also becomes more susceptible to misuse.
- The HIPAA Privacy Rule protects the privacy of patient information.
- Covered entities must now follow the HIPAA Privacy Rule.
- Any employee of a covered entity who is involved in the gathering, storing, and transmission of patient information must comply with the HIPAA Privacy Rule.
- Failure to follow HIPAA regulations could result in punitive fines for healthcare providers and/or individuals involved.
- Protected Health Information (PHI) is information that specifically identifies an individual.
- Protected Health Information (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 is provided.
- All patients must receive a healthcare organization's Notice of Privacy Practices.

- Patients may give a verbal authorization to provide PHI to family members and friends.
- Patients are notified of their rights to complain about an organization's compliance with the Privacy Rule

Patients have the right to access and amend their own Personal Health Information.

PHI does not include employment, education, or Worker's Comp records. Some examples of PHI:

- Name
- Birthdate
- Address
- Phone Number
- Email Address
- Social Security Number
- Medical Record Number
- Health Plan Number
- Account Number
- Current and Past Health Diagnosis, Treatments, or Procedures

Patient permission is not required for everyday activities such as treatment, Payment, and Healthcare Operations. The following information is permissible to be shared with other healthcare providers:

- Payment Options - any activities for a health care provider to obtain reimbursement for the provision of care to include eligibility, coverage, billing, claims mgt, collections.
- Treatment – management of health care and related services by one or more health care providers.
- Healthcare Operations – quality assessment and improvement, reviewing qualification of employees and students, underwriting activities, cost management, internal grievances, customer service, education.

When is patient permission required?

Patient permission is required when there is a request for PHI that is unrelated to what is needed to provide payment, treatment, or healthcare operations. (i.e. a family member requests health records of their relative). Written consent would be required of the patient to release this information.

Individuals have the right to access their own PHI. Individuals have the right to inspect and receive a copy of their PHI with the exceptions of psychotherapy notes and information that has been gathered in anticipation of civil, criminal, or administrative action.

Individuals have the right to amend their PHI. Individuals can request that the organization change any PHI that it maintains in record sets. The organization can require that these requests for change be in writing and that the individual explain the reason for the change.

Individuals have a right to have an account of access to their PHI. Individuals have a right to know the identities of those persons or agencies, including business associates, that have accessed their PHI for six years prior to the request.

Cultural Diversity and Sensitivity

As Triage continues to partner with Healthcare facilities across the country, we support each facility's efforts in respecting diversity across their organization. Organizations typically define diversity as an inclusive collection of individuals and groups who bring varied human characteristics. Below are some examples:

- Age
- Ethnicity
- Gender
- Physical Abilities
- Race
- Religion
- Sexual Orientation
- Socio-economic status

Cultural competence is the ability of the healthcare providers to understand and respond effectively to the cultural and language needs of all patients. Culture is defined as a pattern of learned beliefs and behaviors shared among groups including:

- Thoughts and beliefs
- Styles of communicating and interacting
- Views on roles and relationships
- Values, practices, and customs

Failure to understand and respect these differences may have significant health consequences. According to Joint Commission, five components of cultural competence for healthcare workers include:

- Valuing diversity: be aware of your own personal attitudes and biases that may influence the care you provide to patients and how you interact with colleagues
- Assessing one's own cultural competence: an honest desire not to allow biases to keep you from treating every individual with respect
- Managing cultural differences: The key to a patient's ability to adhere to a treatment plan is effective communication—ensure they hear and understand what you are communicating
- Incorporating cultural knowledge into care: Be empathetic, encourage patients to express their beliefs and concerns, keep an open mind and take time to listen.
- Adapting to diversity: Adapting patient care to include patient's cultural or gender differences

What can you do to support Diversity in the workplace?

- Support all cultures as you carry out your role in the workplace.
- Use translation services when needed to communicate with patients and their families.
- Recognize your own cultural background and biases.

If you are a victim of Harassment, or Abuse at the workplace, contact your Triage Recruiter immediately.

Harassment

Harassment is a form of discrimination, and it violates your Civil Rights. Verbal and Physical conduct based on race, color, religion, sex, national origin, age, disability, and sexual orientation, can constitute harassment when:

- The conduct creates a hostile work environment
- The conduct results in a tangible change in an employee's employment status (i.e. failure to promote, termination, or demotion)
- A hostile work environment occurs when comments or conduct are made based on race, sex, or other legally protected characteristics and these comments or conduct interfere with the employee's work performance or creates an intimidating, hostile, or offensive work environment. Victims can be anyone affected by the conduct or comments, not just the individual at whom the offensive conduct is directed.
- Some examples of actions that may create a hostile work environment include:
- Touching in a way that makes an employee feel uncomfortable.
- Telling jokes that have sexual content.
- Comments about an individual's skin color or racial or ethnic characteristics.
- Comments made about looks, clothing or a person's body parts.
- Sending or displaying sexually suggestive notes, emails, or letters.
- Use of racially derogatory words and phrases.
- Comments about a person's religious beliefs, or lack thereof.
- Negative or intimidating reference to a person's mental or physical impairment.

Sexual Harassment

Sexual Harassment in the workplace is unacceptable and will not be tolerated by Triage. It's our goal to follow up and respond immediately to any complaints of harassment in the workplace by one of our employees. Triage Staffing, Inc will work with the Client Facility to eliminate the conduct, take corrective actions, and if needed, remove the source, or re-assign the employee being affected. The first step in resolving the problem is to assess the situation from the point of view of non-biased third party that is in the complainant's position by looking at the following factors:

- Seriousness of the event
- Frequency of the event
- If the event physically threatens or humiliates
- The location of the conduct and in which context it occurred
- If the conduct affected the education or employment environment of the individual

Once the situation has been thoroughly investigated, the next step is to develop a resolution plan. If possible, the first step is to attempt resolution for a victim by informing the harasser directly that the conduct is unwelcome, and it must stop. This action is not appropriate if the behavior is of a criminal nature such as stalking, sexual assault, or physical assault. If the victim is not comfortable with this method or it's unsuccessful, the next step is to use a formal verbal or written complaint method. If this method is necessary, Triage employees are asked to contact their Triage Recruiter in order to develop a plan of action that will eliminate the problem.

Abuse – Physical, Emotional, Sexual, and Neglect

Triage and our employees will support our client facility's efforts in identifying and reporting abuse or neglect involving patients within their organization. The client facility, where you're assigned, will have policies and procedures in place that you will be expected to follow while on assignment at their location.

In most states, licensed individuals are mandated reporters for Child and Elder Abuse. If an incident occurs, contact your Triage Recruiter immediately so we can evaluate and determine if reporting of the incident is required.

The following items will provide you with a general overview of some identifiers for different types of abuse or neglect and how to handle and report your findings.

- For starters, you should know that not all signs and symptoms noticeable and obvious.
- The individual may not be able or may be reluctant to speak about the abuse or neglect.
- In order to be effective in stopping abuse or neglect, all employees must be able to:
- Identify the signs of abuse and neglect.
- Provide appropriate care and referrals.
- Follow procedures for preserving evidence and reporting abuse and neglect.
- Here are four primary and distinct types of abuse:
- Physical - bruises, burns, cuts, poor hygiene, speech disorders
- Emotional – behavior extremes, obvious distress, low self esteem
- Sexual – avoidance of bathroom, chronic constipation, difficulty walking or sitting
- Neglect – poor hygiene, malnutrition, starvation, extremes in behavior, depression

Elderly Abuse

Elderly Abuse can occur at home or in a residential facility. Family members or caregivers are most often to blame for this. The most likely victims of abuse are those who need partial or total assistance with their daily activities such as dressing, bathing, and eating. It is important to try and observe and notice signs of abuse between the patient and their caregiver because it is very common for elderly adults to fear what will happen if they seek help, or many are too embarrassed to talk to someone about the abuse.

Some common signs of Emotional and Physical abuse:

- Fear of strangers
- Low self esteem
- Depression, anger, or paranoia
- Evidence of restraints
- Injuries around the face, ears, neck, or bruises in regular patterns in unusual places
- Injuries in various stages of healing

Some common signs of Sexual Abuse or Neglect:

- Bruising of the inner thigh area
- Injuries, bleeding, itching, or pain in the genital area
- Poor hygiene
- Abandonment
- Abandonment
- Indication the person was left unattended or alone for long periods
- Dehydration or malnutrition

Also be aware and conscious of Self-Neglect in elderly adults. Some signs include:

- Dehydration, Malnutrition, and medical conditions that go untreated
- Poor hygiene
- Unsanitary or unsafe living conditions

Most states have specific laws pertaining to healthcare providers and facilities reporting abuse or neglect. Failure to report suspected abuse or neglect can result in criminal liability which is typically a misdemeanor that is punishable by a fine. For cases where an adult appears to have been abused, a report can only be made with the consent of the adult involved.

If you witness or suspect abuse or neglect, the following steps need to be taken:

- Take immediate action to protect and comfort the patient.
- Take the necessary actions to facilitate treatment of the patient.
- Alert your supervisor at the healthcare facility.
- Make sure to preserve any evidence that may be important.
- Complete any necessary reports or forms required by the healthcare facility.

Advance Directives, End of Life Care

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Sentinel events apply to events that meet the following criteria:

- The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition.
- The event is one of the following, even if the outcome was not death or major permanent loss of function:
    - Suicide of a patient in a setting where the patient received around the clock care (i.e. hospital, residential treatment center, crisis stabilization center, etc.)
    - Infant abduction or discharge to the wrong family
    - Rape
    - Reactions involving administration of blood or blood products having major blood group incompatibilities
    - Surgery on the wrong patient or wrong body part

Such events are called “sentinel” because they signal the need for immediate investigation and response. If you are involved in a sentinel event, contact your Triage Recruiter immediately.

The terms “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

The Joint Commission’s goals of the Sentinel Event Policy:

- To have a positive impact in improving patient care, treatment, and services and preventing sentinel events.
- To focus the attention on understanding the underlying causes of the sentinel event, and making process changes within the organization’s systems and to reduce the probability of the event from occurring again
- To increase the general knowledge about sentinel events, their causes, and strategies for prevention.
- To maintain the confidence of the public and accredited organizations in the accreditation process.

When a sentinel event occurs in a healthcare facility, it is necessary that the appropriate individual within the facility and Triage be notified of the event; investigate and understand the causes that underlie the event; and make changes to the organization’s systems and processes to reduce the probability of event reoccurring. All healthcare facilities will have their own procedures regarding handling and reporting sentinel events. This information should be included in your on-site orientation training. If, after your orientation, you still have questions, don’t hesitate to ask your facility supervisor.

If you are involved in a sentinel event where there was any risk to a patient’s life or the potential to cause serious physical or psychological injury, you must notify your Triage Recruiter who is required to document and report the event.

Events that are reportable to The Joint Commission and to Triage:

- Any patient death, paralysis, coma, or major permanent loss of function associated with a medication error.
- Any suicide of a patient in a setting where the patient is housed around the clock, including suicides following elopement from such a setting.
- Any elopement, i.e. unauthorized departure, of a patient from around the clock care setting resulting in a temporally related death or major permanent loss of function.
- Any procedure on the wrong patient, wrong side of the body, or wrong organ.

- Any intrapartum (related to the birth process) maternal death.
- Any perinatal death unrelated to a congenital condition in an infant having a birth weight
    - 2,500 grams.
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function.
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall.
- Hemolytic transfusion reaction involving major blood group incompatibilities.

Advance Directives and End of Life Care

Advance Directives

Advance Directives are a living will. Advance directives document a patient's wishes concerning medical treatments at the end of life.

Before a living will can guide medical decision-making, two physicians must certify the following:

- Person is unable to make medical decisions
- Person is in the medical condition specified in the state's living will law such as terminal illness or permanent unconsciousness
- Other requirements also may apply, depending upon the state

A medical power of attorney, or healthcare proxy, allows someone to appoint a person they trust as a healthcare agent, or surrogate decision maker, who is authorized to make medical decisions on their behalf.

Before a medical power of attorney goes into effect, a person's physician must conclude that they are unable to make their own medical decisions. In addition:

- If a person regains the ability to make decisions, the agent cannot continue to act on the person's behalf.
- Many states have additional requirements that apply only to decisions about life- sustaining medical treatments.
- For example, before your agent can refuse a life-sustaining treatment on your behalf, a second physician may have to confirm your doctor's assessment that you are incapable of making treatment decisions.

What you and your patients need to know:

- Who can help me prepare an Advance Directives? Each client site will be different. Please contact your direct supervisor at the client site to obtain this information.
- Advance directives are legally valid throughout the United States. While you do not need a lawyer to fill out an advance directive, your advance directive becomes legally valid as soon as you sign them in front of the required witnesses. The laws governing advance directives vary from state to state, so it is important to complete and sign advance directives that comply with your state's law. Also, advance directives can have different titles in different states.
- Emergency medical technicians cannot honor living wills or medical powers of attorney. Once emergency personnel have been called, they must do what is necessary to stabilize a person for transfer to a hospital, both from accident sites and from a home or other facility. After a physician fully evaluates the person's condition and determines the underlying conditions, advance directives can be implemented.

- One state's Advance Directive does not always work in another state. Some states do honor Advance Directives from another state; others will honor out-of-state advance directives if they are similar to the state's own law; and some states do not have an answer to this question.
- Advance Directives do not expire. An Advance Directive remains in effect until you change it. If you complete a new advance directive, it invalidates the previous one.
- You should review your advance directives periodically to ensure that they still reflect your wishes.

Preparing Your Advance Directives

Below is information you should know and be able to communicate to patients in the event they have questions about preparing Advance Directives.

Before you prepare your advance directives:

- Get information on the types of life-sustaining treatments that are available.
- Decide what types of treatment you would want or would not want.
- Share your end-of-life wishes and preferences with your loved ones.

Preparing your own advance directives:

- You do not need a lawyer to prepare advance directives.
- Make sure you prepare your advance directive to accurately reflect your decision.
- Complete your state-specific advanced directives. A list is available at: www.caringinfo.org/stateaddownload
- In most states, you can include special requests in your advance directives such as wishes about organ donation, cremation, or burial.
- You also should be sure to make your physician and loved ones aware of your specific requests so appropriate referrals and arrangements can be made.
- Ask someone else to look over the documents for you to be sure that you have filled them out correctly.
- Read all of the instructions carefully to ensure that you have included all of the necessary information and that your documents are witnessed properly.

What to do after your advance directives are signed:

- Make several copies of the completed documents.
- Keep the original documents in a safe but easily accessible place and tell others where you put them; you can note on the copies the location where the originals are kept.
- Do not keep your advance directives in a safe deposit box. Other people may need access to them.
- Give copies to your agent and alternate agent.
- Be sure your doctors have copies of your advance directives and give copies to everyone who might be involved with your healthcare, such as your family, clergy, or friends. Your local hospital might also be willing to file your advance directives in case you are admitted in the future.

End of Life Care

Hospice and Palliative Care

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes. Support is provided to the person's loved ones as well.

The focus of hospice relies on the belief that each of us has the right to die pain-free and with dignity, and that our loved ones will receive the necessary support to allow us to do so.

- Hospice focuses on caring, not curing and, in most cases; care is provided in the person's home.
- Hospice care also is provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities.
- Hospice services are available to patients of any age, religion, race, or illness.
- Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

Anyone can inquire about hospice services. You or your loved one may call a local hospice and request services. The hospice staff will then contact your physician to determine if a referral to hospice is appropriate. Another way to inquire about hospice is to talk with your physician, and he or she can make a referral to hospice.

Hospice and other palliative care providers have teams of people working together to provide care. The goal of palliative care is to improve the quality of a seriously ill person's life and to support that person and their family during and after treatment.

Hospice focuses on relieving symptoms and supporting patients with a life expectancy of months not years, and their families. However, palliative care may be given at any time during a person's illness, from diagnosis on. Most hospices have a set of defined services, team members and rules and regulations. Some hospices provide palliative care as a separate program or service, which can be very confusing. The list of questions below provides answers to common questions about the difference between hospice and palliative care.

Life Safety

Life Safety in the Healthcare field refers to protecting occupants of the healthcare facility from danger to one's life by fire, smoke, or panic. The Joint Commission's standards are broad to provide minimum requirements for the design, operation, and maintenance of buildings and structures for the safety of its occupants.

The "Environment of Care" for the Healthcare professionals, is made up of three components: buildings, equipment, and people. All are equally important in protecting the safety of all individuals. There are some key elements that can affect these three components:

- Light in the facility
- Privacy
- Security
- Building layouts that support overall functional operation

It is important to try and manage these elements in order to preserve Life Safety. The following items can help create a positive outcome for everyone involved:

- Reduce and control environmental hazards and risks
- Do everything you can to prevent accidents and injuries
- Maintain safe conditions for patients, staff, and co-workers
- Participate in the maintenance of a Fire Safety Plan which includes fire drills, testing of fire alarm systems, enforce non-smoking policies
- Appropriate and proper planning for new construction and remodeling projects
- Participate in performance improvement plans that are implemented by the facility

Your role as a Healthcare Professional regarding Life Safety:

- Understand and follow the safety and security procedures established by the facility where you're working.
- Be conscious of situations that could develop into a safety or security threat.
- Fix or report any unsafe conditions or acts to your facility supervisor immediately.

Every patient is different and so is every age group. As a member of the healthcare team, you need to be aware of certain considerations related to each age group and ways to effectively communicate with patients of various ages.

The following information will help you better understand the different stages of human growth and development to ensure all patients receive quality care they deserve, in a manner that is appropriate for them.

Infants and Toddlers: Birth to 3 years old

This is a time of rapid growth, especially in brain size. This age group learn through senses, exploring and playing. They communicate by crying babbling and eventually through 'baby' talk. Healthcare providers should involve the parent/caregiver in any cares provided, provide distraction with safe toys and give opportunities to play. Make sure to use equipment that is appropriate in size and age of the infant (crib, needles, etc.). Ensure infant warmth during care/procedures. Help parents learn about how to care for their child. Expect an exaggerated response to pain, frustration and changes in the environment. Speak to them at eye level. Use play to prepare for and explain procedures.

Young Children: 4-6 years

Children at this age grow at a slower rate, they become more independent and sensitive to others' feelings. They fear the dark, being left alone and bodily injury. Communicate with this age group using praise, rewards and clear rules. Continue to involve the parents but give the child options to choose from, encourage them to ask questions.

Older Children: 7-12 years

They are mentally active, eager to learn, understand cause and effect and are developing a greater sense of self. They are more focused on school activities, "fitting in" with peers and want more independence. Help these kids feel competent and useful and allow them to make decisions. Allow the child to make care decisions. Keep in mind that children of this age have a fear of the unknown, pain, death, loss of control or disappointing others.

Adolescents: 13-20 years

Grows in spurts with gains in height, weight, and muscle mass. During the adolescence years, the peer group becomes increasingly important in helping adolescents become independent, trying out new behaviors, exploring different aspects of their personality and interacting with members of the opposite sex. Privacy is very important at this age, try to understand that this age group is easily embarrassed—treat them more as an adult than a child. Avoid authoritarian approaches. Show respect and explain procedures/treatments Encourage communication with parents and doctors. Treat adolescent patients as adults to foster an atmosphere of trust and respect.

Young Adult: 21-39 years

Young adults ease their dependence on their parents as they being to establish autonomy, careers and intimate relationship. Thinking at this age is more reasonable, practical and logical to consider the inconsistencies and complexities encountered in daily experiences. Key concerns when caring for this age group are support, honesty and respect for personal values. Involve these patients in their plan of care and in making decision. Healthcare providers should acknowledge/address worries and stressors.

Middle Adult: 40-64 years

May develop chronic health problems and hormonal changes, remains mentally active and builds on what they already know. This age group tends to focus on contributing to future generations and their own retirement. Healthcare workers should respect privacy, acknowledge their worries or concerns for the future.

Geriatric: 65 years and older

At this stage in life, changes in appearance and the decline of the senses and major body systems will continue at a gradual but steady pace. Because of the declines in organ reserve, the immune system and overall muscle strength, older adults are at greater risk of chronic and acute diseases, heart disease and cancer. Health status, and death of a significant other can be major stress factors at this age. Make sure to encourage patients to participate in as many self-care activities as possible. Make sure to repeat instructions frequently and slow your pace of care to allow for slower mobility. Recognize the potential for loss of hearing and/or sight.

Pain Management can influence patient care outcome.

The Joint Commission's Standards Summary:

Standard RI.1.2.8

Patients have a right to appropriate assessment and management of pain:

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

Standard PE.1.4

Pain is assessed in all patients:

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

Standard TX.3.3

Policies and Procedures address:

- "As needed" (PRN) and scheduled prescriptions or orders and times of dose administration
- Appropriate use of patient-controlled analgesics (PCA), spinal/epidural, or intravenous administration of medications and other pain management techniques in the care of patients with pain
- Medications can help manage pain:
- Non-opioids are used to treat mild to moderate pain
- NSAIDs help reduce pain, swelling, fever and bone pain
- Acetaminophen reduces pain and fever but not swelling
- Skeletal muscle relaxants have additive analgesic effects when used in junction with NSAIDs
- Severe pain can be treated with a combination of opioids and other drugs like NSAIDs

All patients have a right to pain relief

What is pain? Pain is any kind of discomfort anywhere in your body.

People feel pain in different ways. Many things can affect everyone's experience of pain. Pain is whatever a patient says it is.

Common barriers to pain management:

- Fear of addiction and over-dosage
- Fear of side effects from medications
- Fear of obscuring the diagnosis

- Reluctance of patients to complain of pain or demand pain treatment
- Cultural differences in pain expression
- Lack of standardized methods of communicating about pain
- The use of the IM route instead of PO, IV or intraspinal
- PRN dosing instead of around the clock scheduled doses to control pain

Policy

This policy defines violence as any intentional conduct which causes injury or is offensive or intimidating to cause an individual to reasonably fear for his safety or the safety of others.

Purpose

Providing an environment free from violence is consistent with our mission statement. This policy provides protection to all victims and prohibits all aggressors regardless of their status, position, or employment.

Procedure

Watch your surroundings, watch your activities, watch people and know your client-site's emergency plans. Report things that you think are unsafe and may contribute to the potential for violence. Don't be a victim.

Specific site training will be provided to all employees which should include: the recognition of violent or potentially violent acts, methods of protecting themselves from violence, and the required reporting of these acts.

Workplace violence includes but is not limited to:

- Fighting or the unlawful use of physical force
- Use of alcohol or unlawful use of drugs
- Abusive or profane language.
- Possession of firearms or weapons except by Law Enforcement Officers or authorized Security Officers.
- Any disruptive, harassing, threatening, or belligerent behavior.
- What to do if you are a victim:
- If someone becomes verbally abusive or threatening, try to calm them down.
- If someone engages in inappropriate behavior such as touching or grabbing you, make sure you clearly explain that there is a zero-tolerance policy on violence.
- If you are the victim of a violent physical act, yell for help immediately, protect yourself in the best way possible and try to get away.
- If you see someone else becoming a victim, try to intervene. Having a second person concerned about their problems will often relieve tension in an angry person.
- If the incident involves weapons of deadly force like a robbery or hostage situation, don't be brave; hide.

If an incident occurs, you need to immediately report the incident to your supervisor at the Client Site along with your Triage Recruiter. The incident report will be submitted to the appropriate person without delay. The incident will be reviewed, and Triage will work on identifying any corrective action which should be taken to prevent a reoccurrence of the violent act. The Safety Manager may maintain these reports and review them to identify patterns and trends requiring correction.

A report will be filed with the client site, where relevant data will be collected. This data will be analyzed to identify trends, patterns, and training opportunities.

Restraints

Restraints should only be used when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others.

Each client site where you are assigned will have specific policies that you will need to follow which will specify who is able to initiate restraint or seclusion. The client site is responsible for establishing policies and procedures for the initiation, evaluation and monitoring of patients who are restrained or secluded. The client facility will have written policies and procedures that guide the use of restraint or seclusion and the proper way to document the use of restraint or seclusion. Be familiar with your client site's policy and direct any question to your immediate supervisor and your Triage Recruiter.

Behavioral Restraint and Seclusion Management

A restraint is used when there is an imminent risk of a patient physically harming self or others. The use of restraint or seclusion to manage behavior is an emergency measure that is reserved for those occasions when unanticipated, severely aggressive, or destructive behavior places the patient or others in imminent danger. These are not specific to the treatment setting, but to the situation the restraint is being used to address.

A chemical restraint is a drug used to control behavior or to restrict the patient's medical or psychiatric condition.

Seclusion is the involuntary confinement of a person in a room or an area where the patient is physically prevented from leaving (i.e. any room where the door is locked, shut or blocked and the patient is unable to leave).

Monitoring and Termination of Restraint Use (this may vary for each facility):

Assess the patient at least every two hours for the following:

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

Alternatives to Restraints

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

Alternatives Include:

- Self-releasing safety belt
- Self-releasing roll belt
- Self-releasing lap belt
- Enlisting family members to sit with patient
- Patient room placement near the nurse's station
- Familiar music and/or objects
- Quiet environment with adequate lighting
- Use of hearing aid and/or glasses
- Distraction with food or activity
- Frequent checks by staff

- Clocks and calendars
- Consistent staff assignments
- Uninterrupted sleep
- Exercise programs
- Bed and chair alarms
- Foot and back massage

Preventing Medication Errors

Medication errors are a constant challenge for health care providers in maintaining quality of care and risk management. The Joint Commission for Accreditation of Health care Organizations recently issued a Sentinel Event Alert on the importance of medication reconciliation at transition of care to limit medication errors.

The Joint Commission outlines a 5-step process for medication reconciliation:

1. Develop a list of current medications
2. Develop a list of medications to be prescribed
3. Compare the medications on the two lists
4. Make clinical decisions based on the comparison
5. Communicate the new list to appropriate caregivers and to the patient

Collect a complete list of current medications (including dose and frequency along with other key information) for each patient on admission.

Reconcile medications within specified time frames (within 24 hours of admission; shorter time frames for high-risk drugs, potentially serious dosage variances, and/or upcoming administration times).

Adopt a standardized form to use for collecting the home medication list and for reconciling the variances (includes both electronic and paper-based forms).

Develop clear policies and procedures for each step in the reconciliation process.

Finally, The Joint Commission recommends that the health care organization consider:

- Placing the medication list in a highly visible location in the patient's chart and including dosage, drug schedules, immunizations, and allergies or drug intolerances on the list.
- Creating a process for reconciling medications at all interfaces of care (admission, transfer, discharge) and determining reasonable time frames for reconciling medications. Patients, and responsible physicians, nurses and pharmacists should be involved in the medication reconciliation process.
- On discharge from the facility, in addition to communicating an updated list to the next provider of care, provide the patient with the complete list of medications that he or she will be taking after discharge with instructions on how and how long to take any newly prescribed medications. Encourage the patient to carry the list with him or her and to share the list with any care providers, including primary care and specialist physicians, nurses, pharmacists and other caregivers.

Abbreviations Do not use

In May 2005, The Joint Commission affirmed its “do not use” list of abbreviations. The list was originally created in 2004 by The Joint Commission as part of the requirements for meeting National Patient Safety Goal Requirement 2B *(Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization*).

For accreditation purposes, the following official “do not use” list applies, at a minimum, to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre- printed forms. This requirement does not currently apply to preprogrammed health information technology systems (for example, electronic medical records or CPOE systems), but remains under consideration for the future. Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols, and dose designations from the software.

Official “Do Not Use” List1

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

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

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

Your client site may have their own list of additional Do-not-use abbreviations. Please ask your supervisor for further clarification.

Additional Abbreviations, Acronyms and Symbols

(For possible future inclusion in the Official “Do Not Use” List)

Do Not Use	Potential Problem	Use Instead
> (greater than) < (less than)	Misinterpreted as the number “7” (seven) or the letter “L” Confused for one another	Write “greater than” Write “less than”
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number “2” (two)	Write “at”
cc	Mistaken for U (units) when poorly written	Write “mL” or "ml" or “milliliters” (“mL” is preferred)
µg	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write “mcg” or “micrograms”

The following represents the policy of Triage regarding employee substance abuse. The policy will be enforced uniformly with respect to all employees.

Purpose

- To establish and maintain a safe, healthy working environment for all employees, visitors, and guests.
- To reduce the number of accidental injuries to persons and/or property.
- To reduce absenteeism and tardiness and improve productivity.
- To provide rehabilitation assistance for any employee who seeks such help.
- To eliminate the liability, cost and expense of Triage for injuries to persons or damages to property caused by employees who are impaired by the improper use of legal drugs or alcohol or the use of illegal drugs/inhalants or controlled substances.

Policy Enforcement

The specific elements of the policy are as follows:

- All employees are prohibited from being under the influence of illegal drugs/inhalants or controlled substances during working hours.
- If you feel a co-worker is under the influence of drugs/inhalants or controlled substances during work where it could affect patient care, you need to immediately report the situation to you client site supervisor and your Triage Recruiter. Triage will communicate the problem to the client and discuss corrective action.
- The sale, use, possession, distribution, transfer or purchase of illegal drugs/inhalants or controlled substances on company property or while performing company business (whether on or off company property) is strictly prohibited. Such action will be reported to appropriate law enforcement officials.
- The sale, use, possession, distribution, transfer or purchase of illegal drugs/inhalants or controlled substances while on duty, on or off company property, is cause for immediate termination.
- If it is suspected that drugs and/or alcohol are affecting the employee's work ability, impairing the employee's decision-making ability, or endangering the safety of patients or others, the employee's supervisor is to take immediate corrective action. The employee is to cease contact with all other employees, submit to drug testing, and the company will provide transportation home.
- No prescription drug will be brought on company property by any employee other than the employee for whom it is prescribed; such drugs will be used by said employee only in the manner, combination and quantity prescribed. When any prescription or over-the-counter drugs might affect behavior and performance, an employee is encouraged to advise his/her supervisor that such drugs are being taken for medical reasons. When such use of drugs adversely affects job performance, medical evaluation may be required, and the employee may be temporarily relieved of his/her duties. While on such leave, the employee may be entitled to any unused and earned paid time off.
- Any employee whose abuse of alcohol, illegal drugs/inhalants, controlled substances or prescription drugs results in excessive absenteeism or tardiness or is the cause of on-the- job accidents or poor or unsatisfactory performance of work-related duties may be requested to enter an appropriate alcohol, drug/controlled substance abuse program for rehabilitation. Failure to enter and complete such a program is cause for termination of employment.

- Any employee who is convicted of an illegal drug or alcohol related violation, whether under city, county, state or federal criminal law, or who pleads guilty or nolo contendre such to such charges must inform the company within two days of such conviction or plea. Failure by an employee to report criminal convictions as provided in this paragraph, will result in disciplinary action and is cause for termination of employment.
- For purposes of this Policy, an alcoholic beverage is any beverage that has any alcoholic content.
- Drug means substance, other than alcohol, capable of altering an individual's mood, perception, pain level or judgment; a prescribed drug is any substance prescribed for individual consumption by a licensed medical practitioner. An illegal drug is any drug or controlled substance the sale or consumption of which is illegal. "Controlled substance" is defined to mean those drugs in Schedules I through V of Section 202 of the Federal Controlled substances Act, 21 U.S.C. Section 812, and includes, but is not limited to, marijuana, hashish, cocaine (including "crack", "ice", and other cocaine derivatives), morphine, heroin, amphetamines, and barbiturates.
- Notwithstanding any provision of this policy to the contrary, it will be within company discretion to determine the disciplinary measures to be taken when an employee violates this policy. Each employee should be aware and always keep in mind that one of the disciplinary measures the company will consider and may impose in each case of a violation of this policy is the termination of employment of the employee who has violated this policy.

Policy Compliance Measures

For Triage and their clients to monitor and implement this Policy, an employee may be subject to random drug screening.

An employee may be asked to provide a drug/alcohol test under the following circumstances:

- Condition of initial employment
- Following a work-related accident
- Being observed using a prohibited substance on the job
- When exhibiting a severe and prolonged reduction in productivity
- Suspected on-assignment drug diversion

Further, an employee may be required, if the company has other reasonable suspicion, to submit to a search of any company vehicle used for company business, and to submit to a search of a desk, file, locker, clothing or other equipment or material provided by the company.

An employee who fails or refuses to submit to alcohol and drug testing or a search as provided above, will be subjected to disciplinary action and refusal is cause for termination of employment.

Any employee who fails a drug screen for any drug without a prescription (besides marijuana) will no longer be eligible to travel with Triage.

Domestic Violence

When a spouse or intimate partner is victimized by another in a pattern of physical violence, psychological abuse, and/or non- consensual sexual behavior, that person is caught in an abusive cycle called Domestic Violence.

Domestic violence includes violence against men and women and can include violence in gay and lesbian relationships. Women between the ages of 19-29 are the most likely victims of violence. The core of the problem consists of a pattern of coercive behavior practiced by a competent adult or adolescent to establish control over another competent adult or adolescent. Behaviors of violence, abuse or non- consensual sex may occur sporadically or continually over time, singly and in combination. Incidents build upon previous incidents, increasing the underlying threat and expectation of violence for all concerned.

There are three basic forms of abuse: physical, psychological and sexual. Forms of physical violence include pushing, shoving, slapping, punching, kicking, binding, holding, choking and assault with weapons. Psychological abuse includes intimidation, degradation, coercion, false accusations, humiliation, ridicule and threats of physical harm. Sexual abuse may involve unprotected, non-consensual or painful sexual acts.

Victims of domestic violence are often asked why they remain in dangerous and agonizing family situations. Some reasons are listed below:

- Love – Domestic violence often occurs in relationships where love has gone before and where either or both partners is deeply invested in the other's (perceived) affection. They will do anything to keep this allegiance alive.
- Dependence – This barrier to healing is most frequently observed in women. Despite physical abuse of all kinds, they will move to protect their partners from police intervention and frequently do not report instances of rape and violence. If questioned after a few days of the traumatic event, they will often deny they have been assaulted or the level of abuse may be minimized.
- Fear – Probably the largest factor in maintaining the status quo of a violent relationship is fear. Victims know that the act of seeking help, prosecution, or separation will only escalate the violence and perhaps lead to kidnap, murder or increased violence. During prosecution, approximately half of those prosecuted threaten revenge and 30% actually take revenge.
- Hope – After trauma, the need for love and understanding is felt as a driving and all- encompassing need. The abused partner wants to hold on to this peaceful, caring, virtually unrecognizable partner and to believe that promises made are somehow binding.

The following are some behavioral characteristics that could be present in an abuser:

- Calling the partner names
- Blaming the victim for injuries
- Obsession with the victim
- Hostile personality
- Low threshold of anger
- Expressing jealous and accusing partner of promiscuity
- Previous record of violence
- Past history of killing a pet
- Attempted suicide
- Easy access to guns/drugs/alcohol
- History of family violence
- Psychiatric history

TRIAGE

24-Orientation Training Program – Self Assessment

Signed Acknowledgement

I hereby acknowledge that I have read, reviewed, and am familiar with the Triage Orientation Training Program, which has provided me with a review of key topic areas related to Safety, Patient Care, and Quality as recommended by OSHA regulations and The Joint Commission standards. The areas I reviewed include the following:

Safety	
Incident Reporting	**Emergency Preparedness**
Hazardous Communications of Chemicals	**Radiation Awareness**
Environmental Safety	**Body Mechanics – Injury**
Fire Safety Prevention	**Preventing Slips, Trips & Falls**
Electrical Safety	**COVID Awareness**
Infection Control/Blood Borne Pathogens	**Respiratory Protection**
Personal Protective Equipment	

Quality Patient Care and Performance Improvement	
Patient Rights, Confidentiality	**Workplace Violence**
HIPAA Privacy Regulations	**Restraints Preventing**
Cultural Diversity and Sensitivity	**Medication Errors**
Sexual Harassment	**Abbreviations Do-Not-Use**
Abuse / Neglect – Elder and Child Directives Life Safety	**Drug Free Workplace**
Sentinel Events, End of Life Care, Advanced Directives	**Domestic Violence**
Age Specific Care Competencies	**Latex Sensitivity/Allergy**
Pain Management	**National Patient Safety**

I understand that if I have any questions at any time, either before or during any assignment through Triage, I must refer these questions to my Triage supervisor and/or the client supervisor at the facility where I'm assigned.

I understand I will receive an onsite orientation of applicable policies and procedures for each facility where I am assigned, and it is my responsibility to ask questions of my client supervisors as needed for clarification of these requirements. I understand I must not perform tasks that I am not trained for or not authorized by Triage to perform. I understand the importance of upholding high standards for patient safety and care. If I have any of the following concerns while on assignment, I am to refrain from carrying out assigned tasks and responsibilities related to these areas until these concerns have been adequately addressed and resolved. I agree to promptly notify both my client supervisor and my Triage supervisor in any of these instances:

1. Being asked to perform tasks and responsibilities beyond the scope of my training, or where required resources (i.e. support and professional staff, equipment) are NOT available to support the process to

deliver quality patient diagnosis and care.

2. Having to perform my job in an environment that poses a safety risk to me, patients, and/or others.
3. Any occurrence of a work related incident(s) with a potential for injury, including first aid(s) and 'near misses.'
4. Observing activities that compromise the quality of patient care and/or patient rights.

I understand that when working as a contract employee of Triage, I will be working in facilities that are not under the control of Triage. I acknowledge it is the client facility's responsibility to ensure the environment and activities of their organization comply with all applicable laws and standards, including OSHA and The Joint Commission. I understand that all Personal Protective Equipment (PPE) required for my protection will be provided by the client facility and/or Triage. I understand I must notify my client supervisor and Triage supervisor immediately if I experience an occupational exposure to a hazardous substance, or if I am injured on the job, regardless of how minor.

I understand that if I am asked to work in an area where respiratory protection is deemed necessary, particularly when there is a risk of TB, I must advise Triage so that a medical evaluation may be completed prior to use of a respiratory device. I have read and understand the National Patient Safety Goals, the Patient Bill of Rights, and HIPAA privacy regulations. I understand that if I have concerns about privacy practices while on a contract assignment, including being asked or expected to release PHI I am unsure about, I must advise my client supervisor and Triage supervisor immediately so these concerns can be addressed and resolved.

Employee Printed Name _____

Employee Signature _____ **Date:**_____

TRIAGE