



General Orientation AY 2024-2025

Safety in the Healthcare Setting

Safety has always been an important practice in healthcare. Not only are healthcare facilities public spaces requiring basic life safety practices, the very nature of healthcare results in placing patients in vulnerable situations where they must rely on healthcare providers to keep them safe.

Safety in the healthcare setting is a key responsibility of *all* healthcare professionals.

Learning Outcomes:

During this component of General Orientation you will:

1. Review basic safety practices in the healthcare setting.
2. Identify potential safety hazards in the healthcare environment and situations that can trigger behavioral events resulting in abuse or violence by staff, patients, and/or families.
3. Review the current National Patient Safety Goals (NPSG) and their impact on care delivery.
4. All Clinical Healthcare Roles: Apply the NPSG required practices to the healthcare environment.
5. All Clinical Healthcare Roles that Administer Medications: Review safe medication practices.

Documenting Completion ... The learning outcomes will be the basis of the General Orientation QUIZ if your role is required to complete a quiz. If your role only requires an ATTESTATION, you will not be asked specific questions from this content. BUT you are responsible for reviewing and understanding the content for application in the healthcare setting.

Unsure of YOUR requirements, check the handout that was provided to you for accessing the online orientation.

Culture of Safety

Regulatory agencies now mandate a safety culture assessment and implementation of safety culture practices within healthcare organizations. The concept of a "safety culture" originated in manufacturing and has resulted in a positive impact on patient and staff safety in the healthcare environment. Developing and maintaining a culture of safety within the healthcare setting requires that ALL healthcare professionals work together toward this common goal.

A "culture of safety" includes these key features:

- Acknowledgment of the high-risk nature of healthcare practices and the determination to achieve consistently safe operations.
- A blame-free environment where individuals can report errors or near misses without fear of reprimand or punishment.
- Encouragement of collaboration across disciplines to seek solutions to solve patient safety problems.
- Organizational commitment of resources to address safety concerns.

Safety Regulations

Because the safety stakes are high in the healthcare environment, several regulatory agencies monitor safety practices:

- US Department of Labor's Occupational Safety & Health Administration (OSHA)
- Accreditation organizations such as The Joint Commission (TJC) and Det Norske Veritas (DNV)
- US Department of Health and Human Services
- Food & Drug Administration (FDA)

These organizations monitor healthcare facilities closely, and there are serious consequences for violations of safety mandates.

Personal Safety

Many aspects of safety in the healthcare environment are common sense – things you do every day in your own environment that keep you and those around you safe. Here are a few examples of basic safety practices that we all must practice to maintain a safe environment:

- Use proper work habits and keep your work area free of clutter, staying focused on the task at hand.
- Pick up objects on the floor to prevent a fall.
- Dispose of trash or other hazardous materials properly.
- Be cautious when using sharp objects.
- Clean up spills.
- Be aware of your surroundings. Use safe travel paths between the parking area and the entrance to the facility.
- Keep personal valuables locked in a desk or locker.

As a healthcare professional, it is important to be aware of the safety risks related to your role and take all precautions to work safely.

Electrical Safety

Mishandling electrical equipment or using defective electrical equipment causes electrocutions, shock, fires, and even explosions. Proper care and use of electrical equipment will keep you, the staff, and patients safe.

Remember these basic guidelines:

- If you are unfamiliar with how to use the equipment, always ask.
- When using any electrical device, inspect the cord and plug to make sure it appears in good working condition. Cords can become damaged through aging and simple wear and tear. If you question the safety of the cord or plug, do not use the equipment.
- Keep electrical equipment away from damp or wet areas.
- Do not handle electrical equipment with wet or damp hands.
- Do not overload power jacks or use extension cords.
- Use care not to create static sparks by using grounding devices as needed.
- Report any malfunctioning electrical equipment.

Ergonomics

Healthcare is a high-tech industry requiring all professionals to interact with many pieces of equipment. Repetitive motions, lifting patients and other heavy objects increase your risk for musculoskeletal injuries and disorders. So how can you protect your self and others?

- Protect your back:
 - Place bulky or heavy equipment on a cart rather than carrying it.
 - Push, rather than pull, bulky, heavy objects. Keep arms close to your body and push with your whole body, not just your arms.

- Lift loads close to the body. Keeping your back upright, lower your body by bending your knees. Use the power of your legs to lift objects rather than your back.
- Do not hold your breath while lifting.
- Avoid lifting with your spine rotated or while reaching across an object.
- Important back safety practices when assisting patients:
 - Never attempt to lift a patient alone, particularly an uncooperative patient. Ask another healthcare professional to assist.
 - Use team lifts or mechanical assistance. If you are unsure about your ability to safely use equipment to lift a patient, always ask for assistance.
 - Use gait belts to assist with ambulating patients.
 - If a patient is falling, allow them to slide down your body to the floor if possible. Never try to stop the fall or "catch" the patient.
- RMI:

Repetitive Motion Injuries (RMIs) are tissue injuries that occur as a result of repeated motions. The most common are tendinitis and bursitis. For healthcare professionals, RMIs are often related to the increasing use of computers and other devices within the healthcare environment. As devices have gotten smaller and more portable, RMIs have become more frequent in healthcare professionals. Use these steps to prevent the likelihood of developing an RMI:

 - Always take the time to adjust your seating prior to spending any length of time at a computer workstation.
 - Incorporate mini-breaks to stretch and change postures every 20-30 minutes.
 - Keep your head and neck in a neutral position, avoiding excessive neck flexion or rotation.
 - Angle screens so they are perpendicular to your line of sight and free of glare.
 - Position keyboards at elbow height, keeping your wrists straight while keying.
 - Avoid resting your wrist on a sharp edge.
 - When standing for a long time, use a foot rail or portable footrest to shift body weight from both to one or the other leg.
 - Alternate hands when performing repetitive tasks.

Hazardous Chemicals

In the healthcare environment, you will be expected to safely use any hazardous chemicals or gases related to your role.

A variety of chemicals are used in healthcare settings. These chemicals may be in liquid, solid, or gas form and all are potentially hazardous! Examples of hazardous chemicals commonly found in the healthcare environment include disinfectants; gels used for diagnostic procedures (e.g., ultrasounds); prescription creams; Formaldehyde and other lab chemicals; and certain medications such as chemotherapy.

Healthcare facilities have strict procedures for the safe use and storage of hazardous chemicals and gases. Know how to protect yourself and those around you before using any of these substances - or working near storage of these substances!

OSHA requires that all hazardous chemicals & gases be properly labeled and that a **Safety Data Sheet (SDS)** be on file that explains how to properly handle, clean and dispose of the chemical or gas. All hazardous chemicals and medical gases must have a globally standardized label that clearly communicates the type of hazard such as flammability, reactivity, and health hazards. The required Personal Protective Equipment (PPE) when using the substance will also be identified.

Dealing with Chemical Spills

If you spill a chemical or find a spill notify your supervisor immediately so that proper methods can be used to adequately deal with the spill without injury.

- There may be a special spill kit available that will have all the needed supplies to clean the spill safely. These are available in multiple sizes and with different components based on the type of spill.
- Never leave a spill unattended where someone else could potentially be exposed.
- Refer to the SDS for instructions on how to safely contain and clean up a spill.
- PPE may be needed to clean up the spill.
- If your eyes or body could be exposed to hazardous chemicals, emergency equipment such as a safety shower and eyewash station are usually available within the work area for quick flushing.

Remember, chemicals can be very dangerous. If there is a question, ALWAYS ask your supervisor!

Gas Emergencies

Medical gases may be found in special holding tanks - portable or fixed, as well as piped throughout the building and through ports in patient care areas. Common gases include oxygen, nitrogen, nitrous oxide, carbon dioxide, and helium. If you hear a gas alarm, or suspect a gas leak, notify your supervisor immediately to ensure it is dealt with promptly and to find out if any precautionary measures should be followed!

Dealing with Gas Alarms: Remember that most medical gases are flammable, so a leak from portable tanks or in pipes can lead to an explosion if a spark ignites the fumes.

- Gas alarms stations are located anywhere there are gases available via wall outlets. These alarms will sound whenever there is a malfunction or leak detected. Specific facility staff members are assigned to deal with these leaks.
- Portable gas cylinders can also leak. There may be a hissing sound or another indication by the regulator that the tank is emptying faster than expected. If you suspect that a tank is malfunctioning or leaking, notify your supervisor immediately. Seek direction on how to swap the tank being used in order to maintain a safe patient environment.

Radiation Safety

Radiation and radioactive materials are used in the healthcare environment to diagnose and treat patients. Regulatory agencies and workplace safety standards require warning signs to be displayed in all areas where radiation and radioactive materials are used. Be alert for these signs and avoid these areas unless your role requires that you enter the area.

MRI Safety

Magnetic Resonance Imaging (MRI) has radically improved the ability to view body tissues and structures. While the capabilities of this diagnostic test are beneficial, there are some inherent dangers that can impact both patients and healthcare professionals.

Because MRI equipment uses an extremely powerful magnet, “Missile Effect” accidents can occur when any metallic objects are brought into the fringe field of the MRI equipment. For this reason, all individuals, including patients must be screened prior to entering the area for metallic objects that could become projectiles. Patients should wear hospital gowns without metallic fasteners for MRI procedures. Infusions and physiologic monitoring will require special techniques and non-metallic equipment to be used. Never attempt to run a cardiopulmonary resuscitation attempt within the MRI area.

The following items should **not** be brought into the MRI Suite.

cleaning equipment	oxygen cylinders	steel-toed shoes
clipboards (paper-based patient charts)	nail clippers and nail files	stethoscopes
stretchers or gurneys	pulse oximeters	scissors/clamps
hairpins	pacemakers	staples
hearing aids	paggers /cell phones	tools
identification badges	paper clips	watches
insulin pumps	pens and pencils	wheelchairs
keys	IV poles/pumps	
	prosthetic limbs	

Always follow the instructions of the MRI staff related to maintaining both the patient's and YOUR safety in this area of the healthcare facility!

Behavioral Safety

Healthcare settings can be stressful environments for patients, family, and staff.

Workplace Violence:

Frequent causes of violence or inappropriate behavior in healthcare settings include prolonged waiting times, overcrowding, high-stress circumstances, family dynamics, unfamiliar processes, gaps in communication, alcohol, and drug impairment.

Additional situations that can result in inappropriate behavior include:

- Patients dealing with acute or chronic pain are often preoccupied with their own situation. Pain, frustration, and expectations of immediate relief can contribute to abusive interactions. Medications for pain may also contribute to inappropriate behavior.
- Parents with sick children may lose a rational perspective when it comes to issues involving their child. Naturally, they want to "protect" their child from pain and feel helpless when their child hurts.
- Patients with head injuries often experience personality changes that can include violent outbursts and offensive language and actions.

If someone becomes violent ... As a healthcare professional, it is important to monitor for situation escalation. Individuals speaking in a louder voice, fidgeting, and agitated verbalizations are all signs that the situation is escalating. Remember that as emotions increase, auditory processing abilities decrease. Always try to involve another staff member to assist with a disruptive patient, family, visitor, or other staff member.

If you are faced with an inappropriate situation:

- Call for security assistance anytime a situation appears to be escalating. Most facilities will have a security emergency plan for dealing with abusive individuals.
- Talk in a firm and calm voice. Use simple statements.
- Help the individual get in control. "I want to hear what you have to say but I can listen better if you speak normally".
- Avoid arguing or defending previous actions.
- Avoid threatening body language - don't stand with arms crossed.
- Outline limits of the situation calmly. Give some choices.
- Reduce environmental stimulation by bringing the individual from a waiting room to a more private area.
- Give an upset individual plenty of personal space.
- Ignore personal verbal "attacks."

- Offer to call your supervisor.

It is always easier to be proactive, not reactive. Attend to the situation BEFORE it gets out of hand!

Limiting your risk ... Although not every incident can be prevented, many can be! The severity of injuries sustained by healthcare professionals can be reduced by following a violence prevention plan. Limit your risk to violence by:

- Not wearing items around your neck such as stethoscopes, jewelry, and name badges.
- Not sharing personal information about yourself.
- Always giving yourself access to an exit from the room or area.
- Limiting access to scissors, clamps and other sharp objects since these can be used as a weapon. Be aware of where these are located or stored and if the angry individual has access.
- Noting when silverware is missing from food trays at meal times. Report any missing tableware.

Remember... Always call security if there is a potential threat or you become aware of potentially dangerous situations. It is always better to call security for a false alarm than to deal with a violent patient, family member, or coworker!

Sexual Harassment

Sexual harassment is defined as a form of sex discrimination that violates Title VII of the Civil Rights Act of 1974. It includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature from other healthcare professionals, patients, or visitors. Sexual harassment does not refer to an occasional compliment of a socially acceptable nature or normal, courteous, and mutually respectful interactions between persons.

As a healthcare professional, always maintain a professional stance in your interactions, particularly with patients. Gender issues and personal interactions (e.g., touching, discussion of bodily functions) that healthcare professionals must partake in can be misinterpreted if you do not conduct yourself professionally. You can often avoid misunderstandings by explaining your actions.

Patients with head injuries and on pain medication may exhibit inappropriate behavior that may or may not be considered sexual harassment - but may be offensive, nonetheless.

You have the right to be treated with respect! If it happens to you ...

If you are presented with sexual advances or other types of sexual misconduct from anyone in any setting, you must communicate your discomfort. Prevention of sexual harassment must start by you clearly communicating that you are not interested. Phrases such as those listed below can be effective.

“It makes me uncomfortable when you talk to me or touch me that way. Please do not do it again.”

“I am not interested in going out with you. Please do not ask again.”

Continued inappropriate behavior should be reported to your supervisor, or other facility leadership. Ignoring the repeated behavior will generally not stop the harassment.

Substance Abuse

If you suspect someone is abusing substances - drugs or alcohol - report your suspicions to facility leadership! Their life and perhaps the life of their patients are at risk.

Common activities that can warn of substance abuse include:

- Aberrant behavior
- Erratic personality changes
- Frequent absenteeism
- Working excessive overtime
- Disappearing from the work area

- Excessive time spent in drug supply areas
- Frequent wastage of medications

While there is a natural reluctance to report a co-worker, you should always report this type of concern to facility leadership. It is often the first step in getting the individual help.

While there are serious consequences for healthcare professionals who abuse or steal drugs – including loss of their professional license—Peer Assistance Programs are available to help the individual cope with the stress and addiction.

Abuse & Neglect

Three populations come to mind when abuse and neglect are considered: children, the elderly, and battered women. While these may be the most prevalent populations that are abused or neglected, abuse can also be seen in patients who are mentally or physically challenged.

As a healthcare professional, it is your responsibility to report any suspected abuse or neglect. Should you see signs or symptoms of abuse or neglect in one of your patients, talk to your supervisor immediately.

Potential Signs of Abuse or Neglect – when the individual:

- Is overly compliant, passive, or withdrawn.
- Has unexplained bites, bruises, broken bones, grip marks, or black eyes.
- Has burns, possibly caused by cigarettes, caustics, acids or friction from ropes or chains.
- Seems frightened of the parents and/or caregiver and protests or cries when it is time to go home.
- Shrinks at the approach of adults, caregiver, or family and/or spouse.
- Reports injury by a parent or caregiver.
- Lacks needed medical or dental care, immunizations, or glasses.
- Has unexplained vaginal or anal bleeding; pain or itching in the genital area.
- Has bruised breasts, becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14.
- Is deserted at a healthcare facility.
- Has rashes, sores, fecal or urine smell, inadequate clothing, malnourished, or dehydrated.
- Has an untreated medical condition.
- Displays signs of helplessness, hesitation to talk openly, fear, withdrawal, depression, denial, agitation, anger, confusion or disorientation in the person.

Potential Abuser Behaviors can include:

- Showing little concern for the victim or is overly protective.
- Rarely touching or looking at the victim.
- Explanations that are conflicting or unconvincing for the victim's injury or condition
- Using harsh physical discipline with the victim.
- Constantly blaming, belittling, or berating the victim.
- Preventing the victim from speaking or interacting with others.

To Err is Human: Patient Safety!

In 2000, the Institute of Medicine identified in its "To Err is Human" report that patient-care errors led to as many as 98,000 deaths a year. This study led to a marked increase in patient safety standards and practices, but today patient safety is still a critical issue being addressed by all healthcare organizations and professionals, our government, and professional organizations! Patients are still dying or are injured needlessly.

Patient Safety Goals

While all healthcare regulatory agencies mandated safer patient care delivery, one of the most far-reaching initiatives is found in TJC's **National Patient Safety Goals (NPSGs)**. First implemented in 2003, these goals have been reviewed and expanded each year. These goals vary in intensity based on the type of healthcare facility such as hospital, long-term care, home-care, behavioral health, or ambulatory care. Regulatory agencies monitor compliance with these goals by healthcare facilities, and failure to comply can result in loss of accreditation and subsequent Medicare/Medicaid funding.

Note: Be sure to review the additional handout related to the current NPSGs!

The NPSGs require that ALL healthcare professionals work together to ensure patient safety! How a clinical facility complies with these goals will vary. Be sure to identify what specific practices and procedures your facility uses to meet these mandated safety goals.



Role-Specific Information:

Non-Clinical Health Care Professionals skip to the “Falls” on page 12 of this document.

All other Healthcare Professionals, please continue with National Patient Safety Goals below.

National Patient Safety Goals

The National Patient Safety Goals continue to impact patient care delivery as they are refined each year to raise the safety expectations. As goal components are considered met by the healthcare community, other related components are added.

Positive Patient Identification

Positive Patient Identification (PPID) is a critical component of safe patient care. The NPSGs require that two positive identifiers be used before all procedures, medication administration, and diagnostic testing.

Upon admission to a healthcare facility, patients are tagged with an ID band that has their name and additional information such as their medical record number, birthdate, and a barcode containing their identification data. Some ID bands also include the patient's picture. The ID band is used to support positive patient identification by care providers.

To achieve the two positive identifiers required, healthcare professionals will reference the ID band or scan the barcode, and verbally ask the patient's name. If the patient is unable to speak or is confused or disoriented, then two identification elements on the identification band must be referenced to ensure accurate patient identification. Be sure to check the facility PPID policy for more details.

The key is to make sure that you always identify YOUR patients accurately to prevent a potentially deadly mistake!

Improving Communication

Good communication strategies between care providers not only improve patient safety, but also can improve patient outcomes.

- Limit interruptions during critical times such as during report or while preparing medications.
- Use a standardized approach for “handoff” communications between care providers, such as the SBAR or another facility-approved tool.
- Read back and verify verbal and telephone orders. Be sure to verify if your organization allows you to take verbal and/or telephone orders.

- Standardize abbreviations, acronyms, symbols and dose designations. In recent years organizations have adopted "Do Not Use" listings that reduce the chance of errors through misinterpretation.
- Report critical results of tests & diagnostic procedures on a timely basis. Many facilities use standardized Critical Results reporting forms or other communication strategies.
- Ask questions. Speak up if something does not seem right.



Role-Specific Information:

Health Care Professionals that do NOT work with Medications skip to the "Alarm Safety" on the next page of this document.

All other Healthcare Professionals, please continue with Medication Safety below.

Medication Safety

Medication Safety is another major patient safety initiative. Here are the key NPSG requirements:

- Medication reconciliation is a critical component of this NPSG. With each visit to a provider, regardless of setting, all medications and supplements must be reviewed for on-going use and appropriateness.
- Patients on blood thinning medications are considered high-risk and need to be monitored carefully.
- Medications in syringes, cups, or basins that will be used in a procedure should be labeled before the procedure.

The NPSG require careful monitoring and use of Sound/Look Alike medications. These are medications that either sound alike or their spellings look alike unless carefully read. Most facilities have a list of these medications that require special identification precautions and are flagged by Pharmacy Packaging Alerts. These are usually printed in **Red!**

For healthcare professionals who handle or administer medications, be aware of the following key concepts/practices:

Error Prone Situations:

- Nonstandard medication times resulting in dose omissions.
- Dose omissions or extra doses when students and staff share medication administration responsibilities.
- Medication Administration Records not consistently used or referenced during the medication administration process.
- Students not administering all medications (such as IV meds) when assigned to a patient.
- Unfamiliarity with holding or discontinuing medication policies.
- Unfamiliarity with lab values or vital signs that should be monitored before administering certain medications.

Medication Rights: Remember the 8 Rights of Medication Administration!

1. **Right Patient:** Check the name on the order and the patient. Use two identifiers for PPID.
2. **Right Medication:** Check the medication label against the order.
3. **Right Dose:** Check the dosage order. Confirm appropriateness of the dose using a current drug reference. If you must calculate a dose, have a professional check your calculations.
4. **Right Route:** Check route against order and for appropriateness using a current drug reference. Confirm the patient can take the medication using the ordered route.
5. **Right Time:** Check the frequency of the ordered medication. Confirm when the last dose was given.
6. **Right Documentation:** Document administration immediately **After** giving the medication. Document time, route, location (such as for IM or IV meds) and any needed laboratory values or vital signs related to the administration of the medication.
7. **Right Reason:** Confirm the rationale for the medication. Does this medication support the diagnosis?
8. **Right Response:** Make sure the medication had the desired effect, and document any other interventions that were applicable.

Additional evidence-based practice research studies are beginning to suggest four additional rights.

9. Right Assessment & Evaluation
10. Right Patient Education
11. Right to Refuse Medication
12. Right Expiration Date

Meeting the Medication Rights of Patients is important in documenting compliance with the NPSGs. Be sure to verify if additional documentation is needed based on these rights.

USP<800> Hazardous Medications

In addition to Medication Safety guidelines in the NPSGs, an initiative from the National Institute for Occupational Safety and Health or NIOSH establishes the standard known as USP<800> for the safe handling of hazardous drugs (HDs) in the healthcare environment. The CDC reports that about eight million healthcare workers are exposed to these drugs each year. Hazardous drugs (HDs) are a class of pharmaceuticals that pose serious health risks to individuals who handle them, including organ toxicity, reproductive and developmental defects, genetic toxicity, cancer, and even death.

The presence and use of HDs in any given facility will vary somewhat by the patient population, but most facilities will store and provide some hazardous meds to their patients. A list of HDs used in a facility is required by OSHA and USP<800>, as is a specific packaging system to alert users of the drug's hazardous status. Packaging varies from organization to organization, so be alert for HD packaging when handling all medications.

USP<800> provides specific guidelines for storing, handling and administering HDs and target pharmacists, pharmacy technicians, nurses, physicians, and physician assistants. Always refer to these organizational procedures when you encounter HDs in practice.

- Pharmacy professionals must follow specific guidelines to follow with storing, handling, compounding, mixing and labeling these medications. For instance, gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are required for compounding sterile and nonsterile HDs.
- Nurses, Physicians, and Physician Assistants must use needleless or closed administration devices, use and dispose of PPE properly, and then dispose of the packaging materials appropriately. Healthcare professionals administering these HDs should refrain from crushing tablets or opening capsules. All IV administration bags should be pre-primed with non-HD solutions. Required PPE can include one or two pairs of nitrile or chemotherapy gloves, and gowns depending upon the HD involved.

Should a spill or exposure occur, be sure to immediately seek guidance from your supervisor! Because of the danger associated with HDs, USP<800> compliance is closely monitored by OSHA and the Joint Commission. Remember, your safety is on the line when you encounter HDs – so always work with care and follow the outlined procedures for your facility and role.

****Healthcare Professionals that do NOT work with medications start back with here with Alarm Safety ****

Alarm Safety

Alarms in the healthcare setting are intended to alert caregivers of potential problems and can compromise patient safety if not properly managed. Many patient care areas have numerous alarms and the barrage of warning noises tend to desensitize care providers, causing them to ignore alarms or even disable them. This desensitization to alarms is known as "alarm fatigue". To meet this NPSG, healthcare organizations must develop an action plan that includes specific policies and procedures to address the safe use of alarms.

- To be safe ... should you hear an alarm sounding, **ALWAYS** investigate the reason for the alarm.
- Keep the alarm volume on equipment at a level that can be heard from outside a direct patient care area.

- Check with your supervisor before silencing ANY alarm if you are not immediately prepared to perform the required action that would eliminate the alarm. (e.g. IV alarm sounding that more fluid is needed).

Preventing Infections

Preventing infection continues to be a major goal to improve patient safety. Remember, hand hygiene is the single most important practice for preventing the spread of infection. Hand hygiene and infection control practices are discussed in the Infection Control module, where specific strategies required for preventing and controlling the transmission of infection are discussed.

It is also important that healthcare providers identify high-risk patients and use proven guidelines to prevent them from acquiring an infection while in their care..

The infections/conditions that are particularly stressed include:

- Central IV Line-associated infections (CLABSI)
- Surgical site infections
- Ventilator-associated pneumonia (VAP)
- Catheter-associated urinary tract infections (CAUTI)
- Healthcare acquired pressure ulcers (decubiti)

Identifying Suicide Risk

Patient suicide is considered a sentinel event and must be reported to regulatory organizations. Assessing and protecting patients at risk for suicide is another major initiative of the NPSG. This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

To screen for suicide ideations in patients, facilities perform a suicide risk assessment such as the **Modified Sad Persons Scale**. This screening tool identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.

This risk assessment is typically completed during the nursing admission assessment. Patients assessed as “at risk” will have special precautions implemented. If you are interacting with a patient on suicide precautions, be sure to verify exactly what precautions are to be followed to protect the patient!

Surgical & Procedural Safety

Another important outcome of the NPSGs is the **Universal Protocol**. The intent of this protocol is aimed at preventing wrong site, wrong side, wrong patient surgeries or procedures. This protocol is practiced in the surgical suite and for any invasive bedside procedures.

There are three components of the protocol:

1. Pre-procedure verification of the intended surgery or procedure at each patient interaction such as upon admission and with any handoff between care providers.
2. The site of the procedure must be marked by the physician or care provider with input from the patient.
3. A final timeout must be completed before beginning the procedure or surgery, to verify:
 - The correct patient, site, and side.
 - An informed consent that matches the intended procedure.
 - The patient’s position.
 - Relevant radiology images.
 - Any prophylactic antibiotics or fluids for irrigation purposes.

Falls

Fall Prevention is *Everyone's* Responsibility!

All patients are at risk of falling while hospitalized or in an extended care facility. Research and quality improvement studies have identified several “at risk” populations that should be considered to have an even higher fall risk. The following patients should be considered “high risk” and have appropriate measures implemented to decrease their chance of falling.

- Patients who are incontinent, have urinary frequency, and/or are receiving fluids or laxatives.
- Patients with reduced or altered dexterity, muscle strength, mobility, gait, and balance.
- Patients who use assistive devices and/or have impairments in cognition, vision, or the ability to perform activities of daily living.
- Elderly patients taking four or more prescriptions. Benzodiazepines, antidepressants, and anticonvulsants can be particularly problematic.
- Male patients.
- Older adults with diabetes or any diabetic patient with foot neuropathy.

All healthcare facilities have implemented a fall safety program in response to a previous NPSG. While these programs may be called different “names”, all programs are aimed at minimizing fall risk.

Fall Risk Assessment

Fall-risk assessments are initially performed by nurses or physical therapists on all patients upon admission to a healthcare facility, when transferred to a new unit, when level of care changes, if a change in condition occurs, and after a fall. The most common risk assessment scales in use today include:

- The Morse Fall Scale
This scale is used widely in acute care inpatient settings. This scale requires systematic, reliable assessment of a client’s fall risk factors including history of a fall, a secondary diagnosis, the use of ambulation aids, difficulty with gait or transfers, presence of an IV or Heparin Lock, and altered mental status.
- The Hendrich II Fall Risk Model
Designed to be administered quickly, it considers eight independent risk factors: confusion, disorientation, and impulsivity; symptomatic depression; altered elimination; dizziness or vertigo; male sex; administration of antiepileptics (changes in dosage or cessation); administration of benzodiazepines; and poor performance in rising from a seated position in the Get-Up-and-Go test.

Fall Prevention Strategies

The following strategies are typically components of a healthcare organization’s fall risk protocols.

- Room doors of fall-risk patients should remain open unless patient care is in progress or the patient is on infection control precautions.
- High risk patients should be moved to more visible areas within a patient care unit.
- Keep the space around a patient’s bed clear and free of obstacles and spills. Position IV poles, commode chairs, assistive devices, etc. on the exit side of the bed.
- Keep the bed in the lowest position. Use the bed alarm if available.
- Lock mobile beds, wheelchairs, and furniture when not in transit.
- Use non-skid foot covers when ambulating the patient.
- Check on elderly patients and those with limited mobility often; anticipate needs.
- Offer toileting frequently – particularly the elderly and patients who may have frequency or experience urgency.
- Keep call light and frequently used items within easy reach of the patient.
- Use side rails and other Safety Reminder Devices (SRDs) as appropriate. Check facility protocols for use of these.

- Orient patient and family to fall risk procedures.
- Use fall-risk alerts to remind the patient, staff, and visitors that the patient is at risk.

All healthcare professionals should check on fall-risk patients when passing their rooms to verify their safety.

Restraints

Restraints are methods or devices used to limit the movement of a patient and are designed to protect the patient or other persons. They are only used when other methods to control behavior have not worked, and there is a high risk of patient harm if not used.

There are three types of restraints:

- Physical - such as wrist or ankle ties, locked chairs, and side rails on beds.
- Chemical - the use of medicines to calm a patient, limit movement, or both.
- Environmental - putting a patient into a limited area for a period of time. Environmental restraint is also called seclusion.

Regulatory agencies require that specific, restraint use policies be used in healthcare settings to protect the patient. For instance, patients in restraints must be assessed every 15 minutes for their continued safety. **Be sure to consult with your supervisor and review the restraint policies in your facility should you have a patient who is demonstrating the need for a medical restraint. Some facilities will only allow a licensed care provider to remove or apply restraints without direct supervision.**

Incident Reporting

Despite all attempts to provide a safe environment for patients, visitors, and staff, sometimes accidents happen. These incidents or accidents could be the result of a variety of situations such as malfunctioning equipment, infrastructure failure, carelessness, or poor communication. If you suspect or know of such an error or situation, report it to your supervisor immediately!

ALL accidents, errors, and unexpected events must be reported for cause and effect analysis and potential reporting to outside regulatory agencies.

Incidents are usually reported using some form of an occurrence report. This may be done by completing a paper form or through a computerized system to record key information about the incident.

Conclusion

As you have learned, safety in the healthcare environment is everyone's responsibility in the healthcare setting. As a healthcare professional or student, YOU are responsible and can put both patients and you at risk if you do not follow the practices outlined in this module and in the supplemental information provided by the facility. If you have any specific questions, please talk with your supervisor!

Remember that there will be content from this material and opportunities to apply what you've learned in the General Orientation Quiz if your role requires a quiz to document completion!