

# Shore Staffing Annual Mandatory & Study Guide

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Employees in situations in which their cultural, ethical or religious belief interferes with the rendering of patient care should  
a. Alert their supervisor for reassignment  
b. Immediately remove themselves from the situation  
c. Tell patient that you will not provide care for them  
d. All of the above
2. Shore Staffing has a "Zero Tolerance" policy strictly prohibiting employees from making threats or engaging in violent acts.  
a. True  
b. False
3. When confronted with a potentially violent person, you should  
a. Attempt to physically restrain him/her  
b. Call Security  
c. Argue with the person in an attempt to distract them  
d. Stop, Drop and Roll
4. Patient information is to be kept \_\_\_\_\_.
5. Each patient has Rights and \_\_\_\_\_.
6. Corporate Compliance Program is designed to prevent and detect conduct or violations of applicable law, rules and regulations.  
a. True  
b. False
7. Employees may be subject to retaliation for reporting a suspected non-compliant practice/event or quality, safety issue.  
a. True  
b. False
8. List Two Patient Rights \_\_\_\_\_.
9. The Health Insurance Portability and Accountability Act (HIPPA) was passed to formalize patients rights to privacy and confidentiality with specific requirements to safeguard computer managed, written and oral communications  
a. True  
b. False
10. If a patient has a concern or complaint it is better to ignore them and let the issue resolve itself.  
a. True  
b. False
11. For patients requiring language interpretation services, staff may  
a. Utilize the Language Line or follow established policy  
b. Have the operator page an interpreter via the overhead  
c. Ask for volunteer interpreters  
d. Attempt to communicate using hand gestures and speaking slowly and loud
12. Preventing isolation, promoting physical, mental and social activity and supporting coping with any impairment are specific to the following age group  
a. Toddlers or Preschoolers  
b. Adolescents  
c. Adults  
d. Geriatric Adults
13. Giving praise or rewards when a person follows directions or giving only one direction at a time and using distractions are specific to the following age group.  
a. Toddlers or Preschoolers  
b. Adolescents  
c. Adults  
d. Geriatric Adults
14. During a fire, never use an \_\_\_\_\_.
15. Infectious waste should be disposed of in  
a. A yellow trash bag  
b. A red trash bag  
c. An incinerator  
d. Any garbage container
16. The acronym Race stands for  
a. Run Act Crouch Execute  
b. Report Awaken Count Evaluate  
c. Rescue Alarm Confine Evacuate  
d. Race Alert Confiscate Educate
17. Staff is expected to report all safety issues and concerns. Such issues may be reported to  
a. Immediate supervisor  
b. documented on an Incident Report  
c. Facility Safety Officer or Safety Committee.  
d. All of the above

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18. All containers of hazardous chemical should be properly \_\_\_\_\_.
19. To prevent the spread of tuberculosis in health care, wear \_\_\_\_\_ equipment before entering the room of a patient suspected to have TB.
20. \_\_\_\_\_ doors should never be propped open.
21. Never disconnect an electrical device by \_\_\_\_\_ on the \_\_\_\_\_.
22. Name tags are required for proper \_\_\_\_\_.
23. In case of power failure, emergency and life support equipment should be plugged into a \_\_\_\_\_ receptacle.
24. To ensure the success of the organizations Clinical Safety and Risk Management programs, staff is expected to
  - a. Identify and report safety issues and medical errors
  - b. Practice principles of clinical safety
  - c. Encourage patients to ask questions if something appears wrong or unsafe
  - d. All of the above
25. Patients at a moderate or high risk for falls should be identified with a colored arm band, or some other facility specific policy.
  - a. True
  - b. False
26. PASS stands for P \_\_\_\_\_ A \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_
27. The single most important process for preventing the spread of infection is
  - a. Hand Hygiene
  - b. Equipment sterilization
  - c. Appropriate room cleaning
  - d. Standard Precautions.
29. Possible blood borne exposures should be reported to
  - a. Patient's physician
  - b. Immediate supervisor
  - c. Shore Staffing
  - d. Both b and c
30. Only persons with active Tuberculosis can transmit the disease
  - a. True
  - b. False
31. It is recommended that all employees who have a reasonable expectation of exposure receive the Hepatitis Vaccination series.
  - a. True
  - b. False
32. Personal protection gear must be worn when ever coming in contact with blood or body fluids.
  - a. True
  - b. False
33. If exposed to blood or body fluid you must report the incident to your supervisor immediately.
  - a. True
  - b. False
34. Universal Precautions means treating the blood and body fluids of only sexually active adults between the ages of 18 and 65 as if they were known to be infected.
  - a. True
  - b. False
35. National patient safety goals include:
  - a. using 2 patient identifiers
  - b. verifying physician orders with 2 patient identifiers
  - c. reading back orders
  - d. All of the above
36. If an employee develops redness, itching, minor rash, and /or watery eyes after exposure to latex, they should notify Employee Health because such symptoms may indicate
  - a. Latex Allergy
  - b. Infectious Disease
  - c. Latex sensitivity that would develop into an allergy if it continues

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### **Shore Staffing Acknowledgement of Confidentiality of Patient Health Care Information**

An agency healthcare provider's training in the confidentiality of protected healthcare information should include at least the following subject areas:

1. Confidentiality of patient healthcare information is important to the patient, the facility, and the agency healthcare provider. Patient information should only be shared on a "need to know" basis with those healthcare providers involved in the patient's care. Otherwise, Shore Staffing providers should never discuss the patients they see or care for in the Participating Institutions.
2. Many laws require providers to maintain the confidentiality of healthcare information, including professional standards of ethics, state laws, and federal laws. New regulations under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) require health care providers to protect the confidentiality of healthcare information and describe patients' rights about their healthcare information.
3. These new HIPAA regulations -- called the Privacy Standards -- protect healthcare information, whether it is written, electronic, or verbal information.
4. The Privacy Standards require Participating Institution to have policies and procedures about how a patient's healthcare information is used internally and how that healthcare information is released to others outside the Participating Institution. The agency healthcare provider must follow the Institution's policies about how to handle healthcare information to assist in the treatment of a patient, and should never release patient healthcare information outside the Participating Institution. If there is a need for the agency healthcare provider to release patient healthcare information outside the Participating Institution, the agency healthcare provider must get advance approval from his or her supervisor at the Participating Institution.
5. Patients' right under the Privacy Standards, include the right to access their own healthcare information, the right to ask for changes to that information, the right to a list of releases the Institution makes, a right to ask the Institution to change the way it handles a specific patient's information, and a right to communicate in a confidential way. Agency healthcare providers should find out to whom they should refer the patient if the patients have questions about these rights.
6. The government has the power to impose civil money fines and criminal penalties on agency healthcare providers and Participating Institutions that violate the Privacy Standards.

### **Notice of Confidentiality Obligations**

I acknowledge the confidentiality of patient healthcare information ("Confidential Patient Information") that I may receive or have access to in the course of providing patient care services. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable Health Insurance Profitability and Account Act of 1996 (HIPAA) and the policies and procedures of each participating hospital where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Shore Staffing, Inc. and the conclusion of any assignment at a participating hospital under the Chesapeake Registry Program.

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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### Confidentiality

Patients have the right to expect that all personal information remains confidential. Confidentiality includes Patient Information, Employee Information and Business Information. All employees of Shore Staffing are required to sign a HIPPA Confidentiality acknowledgement form annually.

### Pain Scale

It is each employee's responsibility to know the pain scale and ask the patient what level of pain they are experiencing. Employees must then take the appropriate steps to help the patient relieve the pain.

#### 0-10 pain scale

0	= No Pain	5-6	= Miserable/Distressing
1-2	= Soreness/ Annoying	7-8	= Intense/Horrible
3-4	= Aching/Nagging/Troublesome	9-10	=Unbearable/Worst Possible

In addition the Facial Expression Pain chart is also acceptable in the event the patient cannot verbally acknowledge the degree of pain they may be experiencing.

### Life Safety

R = Rescue anyone in immediate danger.

A = Alarm, report the fire by pulling the nearest fire alarm.

C = Confine the fire, close patients doors in the fire area. Reassure patients.

E = Extinguish the fire with an A.B.C. extinguisher or evacuate the area.

### The MSDS (Material Safety Data Sheet)

<b>Identifier:</b>	The name of the chemical or product Hazardous Ingredients: Chemicals contained in the product.
<b>Permissible Exposure Limits:</b>	Explains the amount of time you can be safely exposed.
<b>Physical Data:</b>	The chemical's appearance, smell and physical properties.
<b>Fire and Explosion Data:</b>	Warning of potential.
<b>Health Hazard Data:</b>	Lists signs and symptoms of over exposure.
<b>Reactivity Data:</b>	What materials the chemical should not come in contact with.
<b>Spill and Leak Procedure:</b>	The steps necessary to clean up a spill. Notify the appropriate hospital personnel.
<b>Special Protection:</b>	Gown, Gloves, Mask, or Goggles.

### Fire Procedure

- Whenever an alarm is sounded, immediately close all the doors.
- If you are away from your work area, return to your station.
- Listen for Fire notification and the location.
- If patients require moving, proceed by evacuating horizontally through the fire door.
- If necessary to evacuate from the floor, always remove to the floor below.
- Elevators must never be used.
- Never prop open fire doors.
- Patient files are evacuated with the patient.
- Fire Extinguisher Use  
P.A.S.S.: P = Pull the pin; A = Aim at the base of the fire; S = Squeeze the trigger, S = Spray at the base of the fire

### Fire Extinguishers

<b>"A" Trash, Wood &amp; Paper</b>	Fire extinguishers with a Class A rating are effective against fires involving paper, wood, textiles, and plastics.
<b>"B" Liquids</b>	Fire extinguishers with a Class B rating are effective against flammable liquid fires. These can be fires where cooking liquids, oil, gasoline, kerosene, or paint have become ignited
<b>"C" Electrical Equipment</b>	Fire extinguishers with a Class C rating are suitable for fires in "live" electrical equipment.

**The Medical Safety Device Act of 1990** Requires organizations to investigate and report all incidents of injury, illness, or death, related to medical devices. A medical device is any piece of equipment used to diagnose, treat, or monitor another person. All employees must report all equipment (new, used, loaned, rented, or demo) to Bio-med for inspection before use on a patient.

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### Hazardous Materials

The "Right to Know"

1. All containers must be labeled.
2. All areas are to have M.S.D.S (Material Safety Data Sheets) for employee access.
3. Employees must review information every year.

The label:

- Must identify the chemical and/or product.
- Must state the name and address of the manufacturer.
- Must be easy to read and displayed where anyone can read it.
- Will warn you by picture, word or symbol.

### What to do in case of a power failure:

- If you are off your unit, return
  - All emergency and life support equipment should be plugged into a red receptacle. If not, remove plug and place in red receptacle.
- Check equipment for settings.
- Unplug all unnecessary equipment
- Locate flashlights
- Reassure patients
- Do not attempt to use elevators.

### Utility Safety

1. All plugs must have third prong for grounding.
2. Never use extension cords that are not approved by biomedical engineering.
3. Never unplug equipment by pulling the cord.
4. Report non-static shock immediately.
5. Report damaged or malfunctioning equipment to the biomedical department at x 522.
6. Non-patient care equipment must be initially checked by Plant engineering.

### Helping a shock victim.

1. Call for help.
2. Activate the emergency response.
3. Turn off the power source.
4. Do not touch the victim or equipment until the power is off.
5. If turning off the power source is not an option, knock the victim away with a non-conductive implement.
6. Check the ABC's of basic life support..
7. If necessary, begin CPR.

### Standard /Universal Precautions

- Always treat everyone's blood and other body fluids as infectious.
- Follow Universal Standard Precautions to prevent contact and to reduce the risk of occupational exposure.

If exposed:

- Wash your skin immediately after contact
- Notify the supervisor
- Notify Shore Staffing and complete the appropriate documentation.
- Seek medical care as appropriate.

### Protect Yourself

- P Protect your own health and consider all blood, body fluids, secretions and excretions as infectious.
- R Remember to always wear gloves when handling blood, body fluids, and secretions or excretions.
- O Our hands must be washed before and after caring for each patient. Wash immediately if hands accidentally become soiled with blood or body fluids.
- T Train yourself to include using a resuscitator mask when performing C.P.R.
- E Eye protection and mask are needed when splashing or aerosolization is likely.
- C Contaminated sharps and soiled items must be handled in a manner to prevent exposure.
- T Treat all patients the same and always practice Standard/Universal Precautions

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### Taking Care of Your Back

The Five steps to Safe Lifting:

1. Stand close to object with feet apart
2. Squat down, bend at the knees and hips
3. As you grip the object, arch your lower back.
4. Keep object close to your body.
5. When putting objects down, squat down, bend at hips and knees keep lower back arched in.

Back Safety Principles:

- Push, don't pull
- Move, don't reach
- Squat, don't bend
- Turn, don't twist
- Don't stand or sit in the same position for extended periods of time.

The Four Steps to Proper Sitting:

- Keep feet flat on the floor
- Use support for the small of your back
- Slide chair under the workstation as much as possible.
- Bring reading or work material to eye level

### EEOC

Shore Staffing Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law.

### ELDER ABUSE COMPETENCY

Elder abuse is any knowing, intended, or careless act that causes harm or serious risk of harm to an older person— physically, mentally, emotionally, or financially.

- Physical abuse
- Use of force to threaten or physically injure a vulnerable elder.
- Emotional abuse
- Verbal attacks, threats, rejection, isolation, or belittling acts that cause mental anguish, pain, or distress to an elder.
- Sexual contact that is forced, tricked, threatened, or otherwise coerced upon another person
- Exploitation
- Theft, fraud, misuse or neglect of authority, and use of "undue influence" to gain control over their money or property.
- Neglect: A caregiver's failure or refusal to provide for a vulnerable elder's safety, physical, or emotional needs.
- Abandonment
- Self-neglect
- An inability to understand the consequences of one's own actions or inaction, which leads to harm or endangerment.

The following are some behavioral signs that may indicate problems:

- Abusing alcohol or other drugs
- Controlling elder's actions: whom they see and talk to, where they go
- Isolating elder from family and friends, which can increase dependence on abuser
- Emotional/ financial dependency on elder, inability to be self-sufficient
- Threatening to leave or send elder to a nursing home
- Appearing to be indifferent to elder, seeming apathetic or hostile
- Minimizing an elder's injuries, blaming victim or others for the abuse, neglect, or exploitation
- Threatening to harm an elder's pet
- Calling elder names
- Previous criminal history
- Mental illness

Signs of elder abuse:

- Slap marks, most pressure marks, and certain types of burns or blisters (e.g., cigarette burns).
- Withdrawal from normal activities, unexplained change in alertness, or other behavior.
- Bruises around the breasts or genital area and unexplained sexually transmitted diseases can occur from sexual abuse.
- Sudden change in finances and accounts, altered wills and trusts, unusual bank withdrawals, checks written as "loans" or "gifts" and loss of property may suggest elder exploitation.
- Untreated bedsores, need for medical or dental care, unclean clothing, poor hygiene, overgrown hair and nails, and unusual weight loss are signs of possible neglect.

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**Who are the abusers?** Most abusers are family members, most often an adult child or spouse, or at a long term care facility, such as a nursing home. Employees and temporary staff who have direct contact with residents are perpetrators. They often share some of the following characteristics:

- Alcohol or drug dependence
- History of domestic violence or abuse
- Mental illness, dependency, family dysfunction
- Economic pressures, personal stress
- Longstanding personality traits (bad temper, hypercritical, tendency to blame others for problems) in long term care settings, some other potential risk factors are:
- Negligent hiring practices (hiring violent criminals, thieves, and drug users to work as aides, maintenance workers, etc.; failing to do required background checks) • Too few staff, high turnover, and inadequate training
- Reliance on staff who lack compassion or empathy for older people and those with disabilities 5. Is everyone at risk? Elder abuse can happen to anyone.
- Social isolation/loneliness (lack of social support networks).
- Personal problems of abuser (emotionally or financially dependent on the victim; history of mental illness; hostility; alcohol or drug abuse).

Elder Self-neglect in later life refers to the inability or failure of an older adult to adequately care for his or her own needs, behavior which puts him or her at risk of serious harm or abuse by others. Signs of self-neglect can include:

- Lacking food or basic utilities
- Refusing medications
- Hoarding animals and/or trash
- Unsafe living conditions, vermin-infested living quarters
- Poor grooming and appearance (soiled or ragged clothing, dirty nails and skin)
- Inability to manage • Isolation, lack of social support
- Disorientation, incoherence
- Alcohol or drug dependence

What should I do if I suspect elder abuse? You should call police or adult protective services right away if you suspect that an elder is being abused, neglected, or exploited. If you are concerned about a nursing home or assisted living facility resident, the long term care ombudsman also can serve as a resource. To find your local long term care Ombudsman's office, call the U.S. Administration on Aging's Eldercare Locator at 1 (800) 677-1116 or go to [www.eldercare.gov](http://www.eldercare.gov).

### Violence in the Workplace

#### Introduction

- Workplace violence affects health care and social service workers.
- The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. Although these guidelines do not address terrorism specifically, this type of violence remains a threat to U.S. workplaces.
- Injury rates reveal that health care and social service workers are at high risk of violent assaults at work.

#### The risk factors

- Health care and social service workers face an increased risk of work-related assaults including:
- The prevalence of handguns and other weapons among patient, their families or friends
- The increasing use of hospitals by police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals
- The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others)
- The availability of drugs or money at hospitals, clinics and pharmacies, making them likely targets
- Factors such as unrestricted movement of the public in clinics and hospitals and long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly
- The increasing presence of gang members drug or alcohol abuser, trauma patient or distraught family members
- Low staffing levels during times of increased activity such as mealtimes, visiting times and when staff are transporting patients
- Isolated work with clients during examination or treatment
- Solo work, often done in remote locations with no backup or way to get assistance, such as communication devices or alarm systems (this is particularly true in high crime settings)
- Lack of training in recognizing and managing escalating hostile and assaultive behavior
- Poorly lit parking areas