



2018 Rapid Regulatory Compliance Volunteer Education Module

Instructions: Use the down or right arrow key on your keyboard or your computer mouse to scroll through this guide.

2018 VOLUNTEER ANNUAL EDUCATION MODULE OVERVIEW

To ensure we provide the highest quality of care and maintain a safe environment, **ALL** volunteers are required to review the 2018 Annual Education Module and test by **December 31, 2018**.

Please follow these steps:

1. Read through the module carefully.
2. Complete the post-test questions through the on-line exam
OR
3. Return your **paper test** to Volunteer Services Department.



***All tests and evaluations must be received by December 31st to be compliant and for you to continue your volunteer service.**

Course Map

Lesson 1: Introduction & Volunteer Policies

Lesson 2: Compliance & Ethics

- » Compliance laws and regulations
- » Potential consequences of noncompliance
- » Compliance programs

Lesson 3: Patient Rights & Safety

- » Confidentiality

Lesson 5: Safety

Lesson 6: Emergency Preparedness

Lesson 7: Infection Control



Lesson 1

Introduction & Volunteer Policies

2018 Volunteer Annual Education Module Overview

This guide will rapidly review and update your knowledge on essential topics for **ALL** volunteers. It is important for you to apply the knowledge to your role as a volunteer.



For additional information on any topics related to your specific assignment, **please contact your department supervisor and/or the Volunteer Services Department.**

The Volunteer Handbook is available on the Volunteer Connection site. A hard copy of the handbook is also available for review in the Volunteer Services Office.

Volunteer Services Department Overview

Director: **Ed Callahan**

Supervisor: **Ashley Chia**

Department Secretary: **Gerda Spencer**

Hospice Volunteer Coordinator: **Sandra McGregor**

Administrative Volunteers: **Susan Kallan, Tobie Parnett,
Laura Taff, June Hutchens, Shirley Stacy, Tony Rosati,
Shirley Stacy**

Volunteer Services: (609) 853-6010

Hospice: (609) 497-4959

Fax Number : (609)853-6011

Office Hours for Volunteer Services:

Monday – Friday, 8:00 am to 4:00 pm

Who is my supervisor?

- Each volunteer position has a designated supervisor or supervisors.
- **Your supervisor(s) is/are paid staff whom you take direction from, in the area where you physically volunteer.** This is whom all questions and concerns related to your duties should be addressed. You may also have a volunteer team leader for your area. This person is also a resource for you.
- **Volunteer Services is responsible for overall coordination of volunteer engagement. This includes:**
 - » compliance with policies and procedures
 - » recruiting of volunteers
 - » bringing new volunteers on-board
 - » helping to improve services provided by volunteers

General Policies



- It's important that we are able to communicate the contribution that all volunteers make! Always **sign-in and out each time you serve.**
- If you are a Hospice volunteer, you should report your hours to the Hospice Volunteer Coordinator.
- **Absences should be reported to the department where you volunteer AND documented on your Volunteer Connection page. Managers and staff where you volunteer receive a daily email with the volunteer schedule. This helps keep is up-to-date!**
- If your department has established additional call-out procedures, please follow these. Some assignments are important to daily operations and require volunteers to attempt to find substitutes.

General Policies

- For safety reasons, you **not permitted to feed patients**, offer medical/nursing advice or provide any services that require special training/ skills/licensing, unless it is expressly stated in your job description (*For example – we have licensed massage therapists who work under their professional license to provide massage therapy*).
- If a hospital patient needs assistance or has questions, please **notify clinical staff**.
- For your safety and the safety of our patients, you will **need to be officially trained to perform the following tasks**:
 - » Push a patient in a wheelchair
 - » Push a stretcher (E.D. volunteers only)
 - » Transport/deliver specimens
 - » Translate for patients. This must be done through a certified (employee or volunteer) interpreter or our language line service.



Lesson 2

Corporate Compliance & Ethics

Volunteers, like employees, must serve as active protectors of the values and ethics that help define our organization. This section will review information related to corporate compliance.

Corporate Compliance



- Corporate compliance is all about following business law and regulations. **A formal program helps prevent fraud, waste and abuse.** **Laws and regulations related to healthcare will be reviewed on the next few slides.**
- Everyone, including you, is responsible for understanding and reporting any suspected fraud or violations.
- A copy of the PMPH Code of Ethical Conduct can be found on Volunteer Connection and is available in the Volunteer Services Department.
- Copies of corporate policies can be accessed by asking your supervisor and/or contacting the Volunteer Services Department.

Corporate Compliance

Medicare Regulations

Facilities must follow standards for quality care and **providers can not bill unnecessarily.**

Federal False Claims Act

Illegal to submit a falsified bill to a government agency. Provides protection for any “whistleblower” for reporting the fraud.

Stark Act

(Ethics in Patient Referrals Act)

Makes it illegal for physicians to refer patients to a facility if they or a relative has a financial relationship with the facility.

Anti-Kickback Statute

Makes it illegal to give or take kickbacks, bribes, or rebates for healthcare that will be paid for by a government program.

“Red Flags” Rule

Helps to identify red flags for patient identity theft. Helps to create plans to prevent identity theft where/when possible.

Corporate Compliance

Social Security Act

Makes it illegal for hospital to pay physicians to encourage them to limit service to Medicare or Medicaid patients or offer gifts to these patients, to get their business.

Mail/Wire Fraud

Makes it illegal to use the U.S. Mail or electronic communication as part of a fraud.

EMTALA

(Emergency Medical Treatment and Active Labor Act)

Hospitals must provide emergency services to all patients, whether or not the patient can pay. Patients must be screened and stabilized.

HIPAA

(Health Insurance Portability and Accountability Act)

Protects a patient's right to privacy of health information. Requires all healthcare businesses to follow certain standards related to patient information. Violation can result in fines and jail time.

Corporate Compliance

- When someone is convicted of breaking any law for healthcare, penalties can include:
 - » Criminal fines
 - » Civil damages
 - » Jail time
 - » Exclusion from Medicare or other government programs
- In addition, a conviction can lead to serious public relations harm.
- The federal Volunteer Protection Act (VPA) of 1997 does not protect volunteers from actions that violate the law or are the result of gross negligence or outside the scope of duties that they are assigned.

Corporate Compliance



Immediately notify your supervisor AND the Compliance and Privacy Officer if you think there has been a violation of any regulation, policy or law or if you believe that patient privacy has been breached.

Amanda Levine - Compliance and Privacy Officer

- » Phone Number: **609-853-7140**
- » Compliance Hotline: **1-800-779-4035**
- » Location: Administration Suite, 1st Floor

Corporate Compliance

Joint Commission

The Joint Commission requires that any employee or volunteer who has concerns about safety or quality of care provided by PMPH should report these concerns to his/her supervisor, manager, director, VP, HR and/or the Compliance and Privacy Officer and/or the Compliance Hotline at **1-800-779-4035**. If the concerns cannot be resolved by PMPH, employees or volunteers may contact The Joint Commission directly at 1-800-994-6610 or complaint@jointcommission.org.



NJ Department of Health

Employees, volunteers and patients and members of the public may also contact the NJ Dept. of Health regarding concerns or complaints. The New Jersey Dept. of Health can be reached at 1 800-792-9770

Sexual Harassment

Penn Medicine Princeton Health has zero tolerance for sexual harassment.

Sexual harassment examples:

- Sexual advances
- **Requests for sexual favors, or**
- Other inappropriate sexual conduct

When these actions are unwelcome, they:

- Affect volunteer and employee position status
- Interfere with performance, or
- Create a hostile work environment



Sexual Harassment



To help eliminate sexual harassment:

- Know what defines it.
- Confront the harasser directly, if you feel able and safe to do so.
- Notify your supervisor, a member of the management team, Human Resources or Volunteer Services immediately.
- Contact security at extension 16464 or by dialing the emergency number (4444) if you ever feel you are in danger while on PMPH property.

Lesson 3

Patient Rights

It is important to understand basic rights that all patients are entitled to while receiving treatment at or through PMPH. Patient rights are listed in each patient room at Princeton Medical Center.

HIPAA and Privacy

The HIPAA Privacy Rule is part of the HIPAA regulation.

The Privacy Rule:

- Sets standards for when patient information may be disclosed.
- Sets standards for protecting the privacy of patient information.
- Sets severe civil and criminal penalties for people who violate a patient's privacy.

Patient Privacy



- Encourage patients to discuss their medical and personal information in a private place.
- Share information about a patient **only** with PMPH employees and volunteers who are involved in the patient's care.
- Never disclose any patient information to family, visitors or others outside of PMPH.
- Never leave patient charts out or computers unlocked while unattended. Even if you step away for a short-time.
- Never send patient information through an unsecured email.
- **Never share your computer account or password information with ANYONE.**
- **Immediately notify your supervisor/manager/director or the Compliance and Privacy Officer if you think protected health information (PHI) has been improperly disclosed.**

Patient Privacy

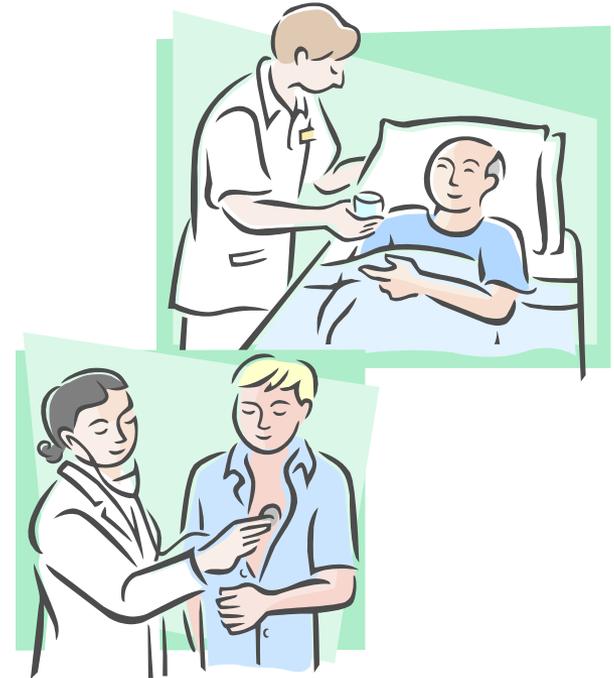


- Volunteers must NEVER breach (or break) confidentiality. All requests for patient information must be reported to a supervisor, manager or director.
- **If you use email, you must send messages with patient information as secure.**
- When in doubt, don't share information and notify your supervisor.

Treatment

In addition to privacy, patients have the right to:

- Participate in decisions about their care.
- Set the course of their treatment.
- **Refuse treatment.**
- Be respected by use valuing their:
 - » Needs
 - » Feelings
 - » Right to privacy
 - » Right to effective communication, including having an interpreter.
 - » Right to pain management.
 - » Cultural and personal values, beliefs, and preferences.



Putting Rights Into Practice

You should put your respect for patient rights into action by:

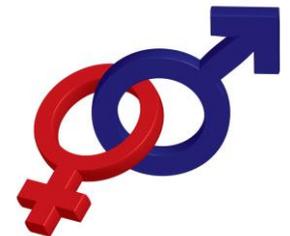
- Treating each patient in a respectful manner that supports their dignity
- **Knocking and waiting before entering a patient's room**
- Responding politely to patients
- Listening to patients
- Remaining compassionate



Nondiscrimination

Patients have the right to fair and equal healthcare regardless of their:

- Race
- National origin
- Political affiliation
- Place of residence or business
- Gender Identity or Expression
- Personal appearance
- Sexual orientation
- Source of payment
- Ethnicity
- Religion
- Level of education
- Age
- Marital status
- Mental or physical disability
- Genetic information



Patient Visitor Rights

A patient has the right to decide who will visit them, even if they are not related to the patient.



Visitors may:

- Have full and equal visitation privileges as consented to by the patient and include spouses, domestic partners (same or opposite sex), family members, friends, or other support individuals the patient chooses.
- Be restricted or limited for clinical or safety reasons, as described in the hospital's written policies.
- Not be denied visiting privileges on the basis of race, color, national origin, sex, religion, age, sexual orientation, gender identity/expression or disability.

These and other rights are posted in each patient room and clinical area and can be made available upon request.

Patient Safety

Ensure a safe environment of care for all patients by:



- Verifying you have the correct patient before transporting them or giving them food/drink. This is done by confirming name and date of birth against your info.
- Always washing your hands before you enter a patient's room and when you leave, even in the homecare setting.
- Ensuring the patient has everything they need at their bedside including their call bell or a phone, even in the home setting.
- Checking to make sure the patient's bed is in the lowest possible position and notifying staff if it is not.
- Notifying staff immediately if you think a patient is the victim of abuse or the patient tells you they need protection from abuse. **This includes suspicions of human trafficking.**
- Only performing tasks/duties that you have been trained to perform.
- Always checking with nursing staff or the Hospice Volunteer Coordinator before giving any liquids or food to a patient.
- Never removing patient restraints, personal (chair) or bed alarms. These help protect the patient.
- Bed alarms are placed on patients who are at a moderate to high fall risk. Never turn off or silence an alarm of any kind!
- Immediately reporting to the RN any physical risks in the environment. Special attention should be paid to any area where a behavioral health patient is being cared for.

Patient Safety Events Identified

- A patient safety event is any occurrence that is not consistent with routine PMPH operations;
- A patient safety event is an event that potentially could have or did result in injury, harm or loss to patients, visitors, students or volunteers.

Example: A patient may tell you *that they believe they were given the wrong medication by a nurse. You would need to report this event immediately.*

Near Misses



Near misses are events which are caught before the error is made, and which did not result in patient harm. Always report these types of incidents.

Example: You may walk into a patient's room who is about to fall out of bed and summon staff assistance before a fall actually occurs.

Other Examples of Events

Examples of patient events to report:

- Patient falls
- Medication errors
- Problems with how equipment or devices work
- Delays in treatment
- Errors in patient identification



If you are unsure what to report, ask your supervisor or the Patient Safety Officer

Reportable Events

A reportable event is an unanticipated preventable incident that results in death or serious harm to patients, which may be reportable to the NJ Dept. of Health and/or The Joint Commission.



These events are also **known as sentinel events.**

Attempted suicide is a reportable event.

Your Role - How to Report an Event

You should report events or near misses to you supervisor immediately. You may also report events and near misses to the patient's nurse, any member of the management team or the Patient Safety Officer.

Jackie Kavouras, RN, MBA, FACHE, CPHQ
Patient Safety Officer/ Chief Quality Officer

- Phone: (609) 853-7182
- Patient Safety Hotline: 1-877-768-7389

Grievances

- Many patient complaints can be addressed quickly. This can be done informally or by filing a grievance, also known as a formal complaint. Formal complaints are handled by the office of Patient Relations. Patient relations can be reached at (609) 853-7490.
- When complaints aren't resolved, patients have the right to file a grievance with PMPH and/or other agencies such as the NJ Dept. of Health.
- All employees and volunteers are empowered to resolve a verbal complaint at the time of its occurrence. All employees and volunteers must report both resolved and unresolved complaints to their respective supervisor, manager and/or director.



Lesson 4

Safety

Safety is everyone's responsibility. Make sure to be safe, stay safe and report any situation that is unsafe.

Emergency Codes and Responses



- Refer to the back of your ID badge for all code definitions as well as posters and policies in your area on how to respond. Remember that Code Pink is for births occurring outside the labor & delivery unit.
- If you **see something suspicious (people, packages, vehicles, situations, etc)**, SAY something. Call Security by dialing **4444**. Hospice volunteers should call 911 if there is a non-medical emergency in the home setting.
- If there is a **medical emergency, dial 5555 for assistance**. Hospice volunteers should follow hospice protocols.
- **If you are injured while volunteering, notify your supervisor immediately or contact Security by dialing 16464. An incident report will be filed and you will be asked to seek treatment in the Emergency Department.**



Fire Safety - Prevention

To help prevent fires related to common causes:

- » Follow and enforce the no smoking policy.
- » Remove damaged or faulty equipment from service, when applicable.
- » Submit malfunctioning equipment for repair.
- » Do not use any piece of equipment before being trained.



Fire Safety – Safeguards

Our facilities are equipped with fire safety features. These include:

- » Fire alarm systems
- » Fire extinguishers
- » Emergency exit routes and doors
- » Smoke and fire doors and partitions
- » A fire plan which is provided by your supervisor



Emergency equipment should NEVER be blocked or inaccessible

Fire Safety - Response



Treat all fire alarms as if they are a true emergency.
Respond using the RACE protocol:

- **R: Remove or Rescue**
 - If possible, rescue or remove anyone from the immediate area of fire.
- **A: Alarm or Alert**
 - Give the alarm or alert by calling out for help, using a pull station or dialing 4444 to notify the operator. Hospice volunteers should call 911.
- **C: Confine or Contain**
 - Confine or contain the fire by closing the door to the room where the fire started.
- **E: Extinguish or Evacuate**
 - If the fire is small enough to put out with a single portable extinguisher, attempt to extinguish. Use the PASS protocol which is detailed on the next slide.
 - Otherwise, prepare to evacuate patients to a safe area.

Fire Safety – PASS



P: Pull the pin



A: Aim the nozzle



S: Squeeze the trigger

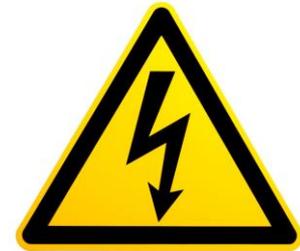


S: Sweep back and forth across the base of the fire

Electrical Hazards – Preventing Accidents

To help prevent electrical accident:

- **Remove and report electrical hazards to your supervisor. Do this when equipment:**
 - Shows signs of damage or unusual heating
 - Produces a burning smell
 - Shocks someone
- **Use electrical equipment properly.**
 - Learn how to use equipment before using it
 - Do not use damaged equipment
 - Do not use equipment on which liquid has been spilled
 - Do not operate equipment when your hands are wet
 - Turn equipment off before plugging in or unplugging
- **Maintain, test, and inspect equipment.**
- **Submit requests for engineering/physical hazards by calling the operator or notifying your supervisor.**



Electrical Safety - Hazards

Use cords and outlets properly

- Do not use outlets or cords with exposed wiring.
- Report damaged outlets or cords.
- A hot outlet can be an indication of unsafe wiring. Unplug cords from outlet and report it.
- Do not bend, stretch or kink power cords.
- Do not jerk cords from outlets. Pull the plug.
- Do not staple, tack or nail power cords to walls or floors.
- Do not rest equipment on power cords.
- **Use only power cords with three-prong plugs.**
- Never use adapters, two-prong plus or broken cords.



Use circuits safely

- Do not overload circuits.

Protect patients

- Never touch a plug attached to medical equipment unless it is posing an immediate safety risk.
- Keep floors dry.
- Do not touch patients and equipment at the same time.
- Ensure cords are not accessible to patients who may be at risk for suicide.

Back Safety

Volunteers are NOT permitted to lift, move or transfer patients.

To protect your back you should:

- Avoid fixed or awkward positions.
- When seated keep your knees and hips at a 90 degree angle with your wrists straight and supported.
- Avoid lifting without proper technique.
- Avoid highly repetitive tasks.
- Provide support for your limbs.
- Use proper posture and body mechanics when sitting, standing or lifting.
- Avoid reaching, twisting, and bending for tools. Keep tools and supplies close to you.
- Use supportive equipment.
- Respond promptly to aches and pains.
- Always make sure you are “fit for duty.” This means you are in a physical and emotional state that safely allows you to perform your duties.



Back Safety

Some important guidelines:

Sleeping

- Sleeping on the back is best for back health.
- Sleeping on the side is next best.
- Sleeping on the stomach is least healthy for the back.

Standing

- Wear good, comfortable shoes.
- Stand up straight.
- Keep the knees flexed.
- If you must stand for long periods of time, put one foot on a footrest. Alternate feet every few minutes.

Sitting

- Form 90-degree angles at the knees and hips.
- When the hands are on a desk or keyboard, also form a 90-degree angle at the elbows. The wrists should be kept straight.

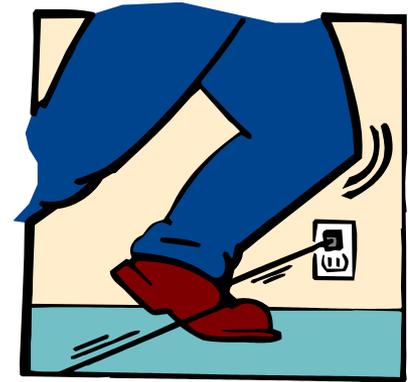
Lifting a static load vertically

- Bend at the hips and knees.
- Keep the head up.
- Maintain the three natural curves of the spine.
- Hold load close to the body.
- Lift with the muscles of the legs.

Slips, Trips, and Falls

To help prevent falls:

- Keep floors clean and dry.
 - Keep floors clear and uncluttered.
 - Keep staircases clean.
 - Take one step at a time.
 - Make wide turns at corners.
 - Ensure proper lighting.
 - Choose slip-resistant shoes. Look for:
 - » Soft rubber soles
 - » A large amount of surface area in contact with the floor.
 - » Patterned soles that increase friction.
- Danger zones for falls-to-below include stairs and ladders. Use caution with each.



Slips, Trips and Falls: Minimizing Risk

When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart.
- Point your toes slightly outward.
- Take slow, short steps. Keep your center of balance under you.
- Make wide turns at corner.
- Keep your arms at your sides. This gives additional balance. It also keeps your arms available for support if you fall.

Hazard Communication



- Under the Hazard Communication Standard, OSHA requires all employers to develop written hazard communication programs.
 - » **Safety Data Sheets (SDS) or Material Safety Data Sheets (MSDS) are available for all approved chemicals that are used at PMPH facilities. These are reference documents that describe the chemical, hazards, first aid, etc.**
 - » SDS material can be accessed via any computer desktop or by asking your supervisor for the information. Hospice volunteers should be cautious about using any chemicals in the home.
 - » Always read labels before using any chemical or solution and read all labels before use.

Hazardous Materials

Most volunteers do not work with chemicals as part of their regular duties, however, there are some volunteers who do and everyone, including you, has the potential to come into contact with chemicals.

You should always:

- Know which hazardous chemicals are used in your area.
- Only use chemicals that are approved to be used for your assignment.
- Know how to read an SDS.
- Read all relevant SDSs before starting an assignment that may require the use of a hazardous chemical.
- Understand first aid procedures for the chemicals you are working with. Some chemicals are actually activated by water which can impede efforts to remove them from your skin.
- Read product labels carefully. Follow all instructions.
- Heed all warnings on labels and documents.
- Attend all required hazardous chemical training sessions.
- **Never mix chemicals or used unlabeled bottles/containers.**
- Ask your supervisor if you have questions about chemicals in the area where you volunteer.

Lesson 5

Emergency Preparedness

Prevention is all about preparation!

Emergency Operations

- Be familiar with the emergency operations plan for your department/area. If you are unsure of what your role would be during an emergency, speak to your supervisor. If you are volunteering when a disaster/incident occurs, remain in your respective area until told otherwise.
- If you are **not on duty during a disaster or emergency and want to help**, please **contact Volunteer Services before reporting to the hospital**. We will know where and when volunteers are needed and how to best deploy your services.
- ***Sign up for text messaging through Volunteer Connection! This will help ensure timely notifications during an emergency/disaster.***



Emergency Operations

What happens during an incident or emergency at PMPH?

1. All directors will report to the Command Center
 - » Command Center extension: 16050
 - » Command Center Location: Education Center Conference Room E
2. Directors will receive a briefing and be given instructions.
3. Instructions will be communicated to employees and volunteers.

Lesson 6

Infection Control

Knowledge and hand washing can help save lives!

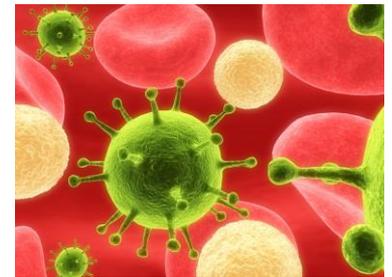
Healthcare Associated Infections

Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system. Preventing HAI is an important focus of The Joint Commission.

HAI may be caused by bacteria, viruses, fungi, or parasites.

These “germs” may come from:

- Environmental sources (dust, etc.)
- Patients
- Staff members
- Hospital visitors



Using Wipes for Equipment: You must allow the surface to stay wet and dry on it's own. Each wipe has a different dry time.

PDI Sani-Cloth Bleach (Orange): = 4 minutes

PDI Sani-Cloth AF3 (Gray) = 3 minutes

Healthcare Associated Infections

- Preventing HAI (Healthcare Associated Infections) is an important focus of The Joint Commission.
- HAI may be caused by bacteria, viruses, fungi, or parasites.

The Joint Commission makes it clear:

“The activities of infection prevention and control should be practical and involve collaboration between staff. **Everyone who works in the organization should have a role and hold each other accountable.**”

Hand Hygiene – When and What

Hands should be washed or decontaminated **before** and **after** each direct patient contact or when visibly soiled. Hand hygiene should also occur after gloves are removed.



Current CDC guidelines recommend the use of:

- Soap and water for washing visibly soiled hands OR after contact with anyone known to have c-diff
- Alcohol-based hand rubs for routine decontamination of hands between patient contacts, when hands are not visibly soiled
- Nail length regulations for **all** employees and volunteers coming into contact with patients is **less than ¼ inch**.

Hand Hygiene – How to

HAND RUB (foam and gel)

1. Apply to palm of one hand (the amount used depends on specific hand rub product).
2. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

HANDWASHING

1. Wet hands with water.
2. Apply soap.
3. Rub hands together for at least 20-25 seconds, covering all surfaces, focusing on fingertips and fingernails. Sing Happy Birthday to time 20 seconds.
4. Rinse under running water keeping hands angled down.
5. Dry with disposable towel.
6. Use the towel to turn off the faucet.

Environmental Hygiene

For good environmental hygiene:

- Maintain a clean environment. There should be no visible dust or soiling.
- Make sure that medical equipment is cleaned, disinfected, or sterilized after each use.
- Follow appropriate guidelines for kitchen and good hygiene. NO food for employees or volunteers in labs or patient care areas.
- Notify your supervisor/manager of bugs or pests found inside the facility.
- Hospice volunteers should notify staff if there are signs of environmental hygiene issues in a patients home that could be a safety hazard.

Antibiotic Use: Impact of Resistance

Widespread use of antibiotics began in the 1940s. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable bacterial illnesses. However, bacteria is very adaptable. **They have the ability to change genetically to resist the effects of antibiotics (loss of effectiveness over time).**

The more antibiotics are used, the more resistant strains of bacteria become. ***Consequently, antibiotic resistance is a significant health problem that everyone, including you, needs to be aware of.***

Precautions

Hospital volunteers are **not permitted in any rooms for patients who are on precautions or isolation.**

Rooms are identified as having a patient on precautions using any of the signs pictured to the right. These include contact precautions, soap and water precautions, droplet precautions and airborne precautions.



One or more of the above signs indicates the patient is on precautions.

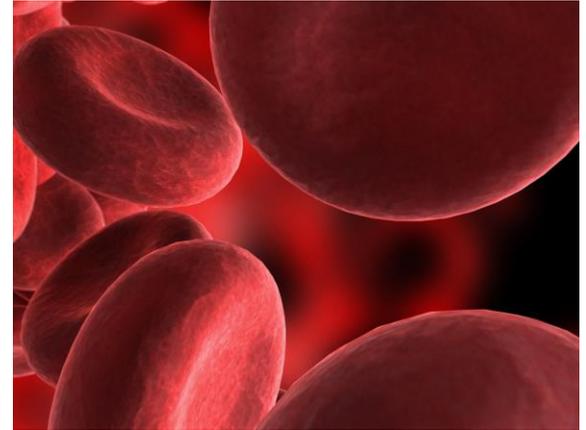
Blood Borne Pathogens

Blood borne diseases are spread from person to person when there is exposure to:

- » Infected blood
- » Certain other body fluids and tissues

Important blood borne diseases include:

- » **HIV infection/ AIDS**
 - » Hepatitis B
 - » Hepatitis C
- * Can live on surfaces for several weeks



Bloodborne Pathogens

The Bloodborne Pathogens Standard helps protect you from bloodborne diseases. One of the key parts of the Bloodborne Pathogens Standard is the use of Standard Precautions.



Standard Precautions protect healthcare workers from exposure to patient:

- » Blood
- » Body fluids, secretions, and excretions (except sweat)
- » Non-intact skin
- » Mucous membranes

Standard Precautions must be used in the care of **all** patients or when cleaning equipment. You should only handle soiled linen if you have been trained and while wearing appropriate personal protective equipment. You should never touch biohazard waste or needles.

Bloodborne Pathogens

Follow these steps if you ever come into contact with blood or body fluids:



1. Immediately wash the exposed area with soap and water.
2. If your eyes, nose or mouth have been exposed, flush with water.
3. Notify your supervisor immediately.
4. Get evaluated and begin treatment by visiting the Emergency Department.

Personal Responsibility

Volunteers and employees have a personal responsibility for infection control. Maintain immunity to vaccine-preventable diseases such as:

- » Hepatitis B (bloodborne disease)
- » Measles
- » Varicella (Chickenpox – airborne disease)
- » Rubella
- » Mumps
- » Influenza (prevented through immunization)

Stay home when you are sick!

Conclusion

Thank you for reviewing the 2018 Annual Education Module. **We appreciate your cooperation with this process and your dedication to provide high quality care in a safe and healing environment!**

Please close this presentation and revisit the web page where you accessed this module to access the on-line exam. If you cannot access the exam, a hard copy is available for download on the website or in the Volunteer Services Department.

The test and the evaluation for your position must be completed by December 31, 2018.