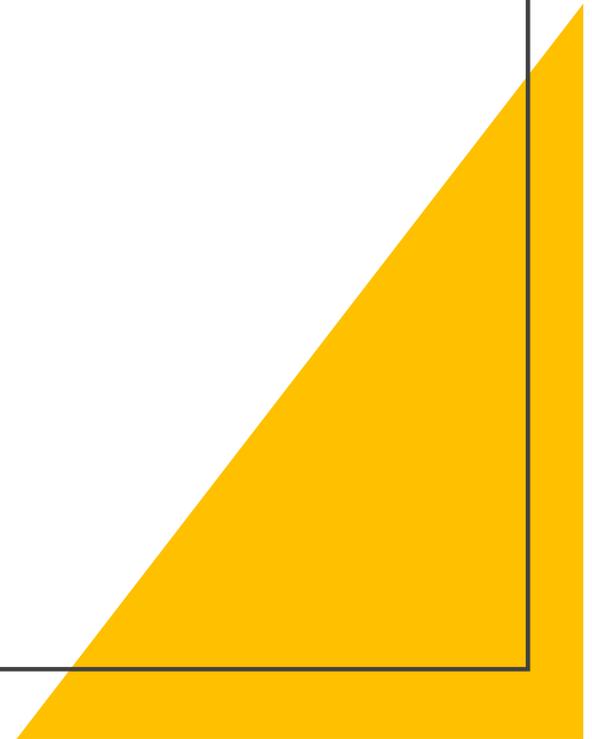




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Health and Safety Training Materials



Introduction

- Health and Safety is not just a priority—it's a fundamental part of how we work every day. Knowing and following safety protocols is essential to protecting yourself, your colleagues, and the success of our organization.
- In this training, we will cover key health and safety procedures, hazard identification, emergency response plans, and best practices to ensure a secure and healthy workplace. Our goal is to empower you with the knowledge and tools necessary to prevent accidents, mitigate risks, and foster a culture of safety.
- Workplace safety is everyone's responsibility. By staying alert, following guidelines, and looking out for each other, we can create a safer and more productive work environment.

Applicability

- This safety training applies to all Worldwide Travel Staffing employees, including managers, supervisors, and regular workers, as it is designed to educate everyone on potential hazards in their work environment and how to prevent injuries, regardless of their specific job role.
- Additional training content and/or training frequency may vary depending on your job function and its associated risks, with higher-risk positions, including field staff, often requiring more specialized training on-site.
- This training is not intended to replace or in any way supersede Worldwide's employee handbooks or the Health and Safety Policy and Procedure Manual.
 - **All employees** have a continuing duty to familiarize themselves with, and always abide by, Worldwide's employee handbooks and the Health and Safety Policy and Procedure Manual, as they are a critical tool for understanding rights, responsibilities, and expectations within the workplace, and serve as a reference point for proper conduct and decision-making.
 - **Field staff employees** have an additional continuing duty to familiarize themselves with, and always abide by, any applicable handbooks or health and safety policies and procedures in place at any facility to which they are assigned, including applicable Emergency Action Plans.

Agenda

- Back Safety
- Basic First Aid
- Bloodborne Pathogens (BBPs)
- Compressed Gases
- Confined Spaces
- Electrical Safety
- Employee Access to Medical Records
- Ergonomic Safety
- Fire Safety
- Flammable Liquids
- Hand Hygiene
- Hazard Communication
- Hazardous Waste
- Housekeeping
- Incident Reporting and Investigation
- Industrial Hygiene
- Infection Control
- Job Hazard Analysis for Healthcare Workers
- Managing Aggressive or Violent Patients
- Non-Routine Work Tasks
- Personal Protective Equipment (PPE) in Healthcare
- Radiation Safety
- Safe Patient Handling (SPH)
- Sexual Harassment
- Slips, Trips, and Falls
- Universal and Standard Precautions
- Workplace Violence Prevention



Back Safety in the Workplace

Worldwide Travel Staffing, Limited

Back Safety

- Why Back Safety Matters
 - Back injuries are one of the leading causes of workplace injuries
 - Injuries can occur suddenly or develop over time
 - Most back injuries are preventable with proper techniques
- Common consequences include:
 - Pain and discomfort; Lost work time; Reduced productivity; Long-term medical issues
- Basic Anatomy of the Back
 - Spine consists of vertebrae, discs, muscles, and ligaments
 - Discs act as shock absorbers
 - Improper movements can strain muscles or damage discs
- Common Causes of Back Injuries
 - Improper lifting or carrying
 - Twisting while lifting
 - Lifting objects that are too heavy
 - Repetitive motions
 - Poor posture
 - Slips, trips, and falls
 - Overreaching or awkward positions
- Keeping the spine in a neutral position helps prevent injury

Back Safety

- Risk Factors in the Workplace
 - Manual material handling
 - Non-routine or unfamiliar tasks
 - Fatigue
 - Poor housekeeping
 - Inadequate workstation setup
 - Time pressure or rushing
- Proper Lifting Techniques
 - Before You Lift
 - Size up the load (weight, shape, stability)
 - Clear your path
 - Get help or use equipment if needed
 - Safe Lifting Steps
 1. Feet shoulder-width apart
 2. Bend at the knees, not the waist
 3. Keep your back straight and chest up
 4. Grip the load firmly
 5. Lift with your legs
 6. Keep the load close to your body
 7. Avoid twisting — turn with your feet

Back Safety

- Carrying, Pushing, and Pulling Safely
 - Keep loads close to your body
 - Maintain good posture
 - Push rather than pull when possible
 - Use smooth, controlled movements
 - Watch for obstacles
- Ergonomics and Posture
 - Standing Tasks
 - Adjust work height to waist level
 - Shift positions regularly
 - Use anti-fatigue mats if available
 - Sitting Tasks
 - Sit with back supported
 - Feet flat on the floor
 - Screen at eye level
 - Take regular stretch breaks

Back Safety

- Use of Mechanical Aids
 - Dollies and carts
 - Forklifts and pallet jacks
 - Hoists and lift assists
 - Adjustable workstations
 - Always use equipment as designed and follow training requirements.
- Stretching and Conditioning
 - Warm up before physically demanding tasks
 - Stretch major muscle groups
 - Stay physically active
 - Report early signs of discomfort
- What Not to Do
 - Do not lift more than you can handle
 - Do not twist while lifting
 - Do not rush
 - Do not ignore pain or discomfort

Back Safety

- Employee Responsibilities
 - Follow safe lifting practices
 - Use mechanical aids when available
 - Report hazards or injuries promptly
- Review and Key Takeaways
 - Back injuries are preventable
 - Use proper body mechanics
 - Ask for help when needed
 - Report issues early

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Basic First Aid Training

Worldwide Travel Staffing, Limited

Basic First Aid

- General Principles of First Aid

1. Ensure Scene Safety: Protect yourself and others; use appropriate PPE.
2. Activate Help Early: Call emergency services/code team as indicated.
3. Primary Assessment (ABCs):
 - a) Airway: Is it open and clear?
 - b) Breathing: Is the person breathing normally?
 - c) Circulation: Check pulse and signs of bleeding.
4. Do No Harm: Stay within your scope and training.
5. Reassure and Monitor: Keep the person calm; reassess frequently.

- Infection Prevention

- Perform hand hygiene before and after care
- Use gloves and additional PPE as indicated
- Dispose of sharps and biohazard waste per policy

Basic First Aid

- Common First Aid Situations
 - Bleeding and Wounds
 - Apply direct pressure with a clean dressing
 - Elevate if appropriate and no fracture suspected
 - Use a tourniquet only if trained and bleeding is life-threatening
 - Do not remove embedded objects; stabilize instead
 - Burns (Thermal, Chemical, Electrical)
 - Stop the burning process; remove from source
 - Cool thermal burns with cool (not cold) running water for 10–20 minutes
 - Remove constrictive items unless stuck to skin
 - Cover with a clean, dry, non-adhesive dressing
 - For chemical burns: Brush off dry chemicals; irrigate copiously
 - Fractures, Sprains, and Strains
 - Immobilize the affected area in the position found
 - Apply ice (wrapped) for swelling if appropriate
 - Do not attempt to realign deformities
 - Refer for imaging/advanced care
 - Head and Spine Injuries
 - Assume spinal precautions if mechanism suggests risk
 - Do not move the person unless necessary for safety
 - Monitor mental status and vital signs

Basic First Aid

- Common First Aid Situations
 - Choking (Adult/Child)
 - Ask if the person can speak or cough
 - If unable to breathe: Perform abdominal thrusts per training
 - For unconscious patients: Activate emergency response and begin CPR if indicated
 - Medical Emergencies
 - Chest Pain / Suspected Cardiac Event - Activate emergency response immediately - Position for comfort; monitor ABCs - Administer oxygen/aspirin only if ordered and trained
 - Stroke (FAST) - Face droop, Arm weakness, Speech difficulty, Time to call emergency response
 - Seizure - Protect from injury; do not restrain - Do not place objects in mouth - Time the seizure; activate emergency response if prolonged
 - Diabetic Emergencies - Hypoglycemia: Provide fast-acting glucose if conscious and trained - Hyperglycemia: Monitor and escalate per protocol
 - Allergic Reactions / Anaphylaxis - Recognize signs: hives, swelling, wheezing, hypotension - Activate emergency response; administer epinephrine if trained and ordered
 - Heat- and Cold-Related Illness
 - Heat illness: Cool the person; hydrate if conscious
 - Hypothermia: Rewarm gradually; remove wet clothing

Basic First Aid

- When to Escalate Immediately
 - Unconsciousness or altered mental status
 - Difficulty breathing or cyanosis
 - Severe or uncontrolled bleeding
 - Suspected heart attack or stroke
 - Seizure lasting >5 minutes or repeated seizures
 - Any situation beyond your training or comfort level
- Documentation and Reporting
 - Document time, findings, interventions, and patient response
 - Report incidents per company and facility policy
 - Participate in debriefing if applicable
- References
 - American Heart Association (AHA)
 - Centers for Disease Control and Prevention (CDC)
 - Occupational Safety and Health Administration (OSHA)
- This document is for training purposes and does not replace facility-specific policies or provider orders.



Bloodborne Pathogens (BBPs) Safety Training

Worldwide Travel Staffing, Limited

Bloodborne Pathogens (BBPs)

- What are bloodborne pathogens?
 - Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The most common pathogens include but are not limited to:
 - Hepatitis B Virus (HBV)
 - Hepatitis C Virus (HCV)
 - Human Immunodeficiency Virus (HIV)
- Bloodborne pathogens are spread primarily through:
 - Percutaneous exposure (needlestick/sharps injuries):
 - Most common in healthcare settings.
 - Mucous membrane exposure:
 - Blood or OPIM splashes into the eyes, nose, or mouth.
 - Non-intact skin contact:
 - Infectious materials contact open cuts, abrasions, rashes, or dermatitis.
 - Sexual transmission:
 - Bloodborne pathogens like HIV and Hepatitis B can be spread through sexual contact involving blood or other infectious fluids.
 - Bloodborne pathogens are not spread through casual contact, coughing, sneezing, or sharing food/water.
 - Occurs when contaminated needles, scalpels, or other sharp objects puncture the skin.

Bloodborne Pathogens (BBPs)

- Exposure to BBPs
 - To be exposed to a bloodborne pathogen, infected blood or other body fluids must get into your bloodstream. Blood refers to human blood, its components, and products derived from human blood. Other body fluids are referred to as “Other Potentially Infectious Materials,” or OPIM for short.
 - Fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids are all examples of OPIM.
 - Other examples of OPIM include any unfixed human tissue or organ (other than intact skin) from a human (living or dead).
 - HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing cultures or solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV are also considered OPIM.
 - Feces, urine, saliva, vomitus, nasal secretions, sputum, sweat, and tears are not considered OPIM unless they are visibly contaminated with blood
 - You cannot become infected with bloodborne pathogens through casual contact such as coughing, sneezing, a kiss on the cheek, a hug, water fountains, or food.
 - In the workplace, you can be exposed to BBPs by coming in contact with contaminated blood. This can happen when you directly touch contaminated blood or when you touch an object or surface contaminated with blood and then transfer the virus to your mouth, eyes, nose, or non-intact skin.
 - Bloodborne pathogens can be spread through:
 - Needlesticks or sharps injuries
 - Contact with infected blood on broken skin (cuts, abrasions)
 - Mucous membrane exposure (eyes, nose, mouth)
 - Contaminated surfaces or improper disposal of materials.

Bloodborne Pathogens (BBPs)

- Exposure to BBPs (continued)
 - Who is at risk?
 - Any employee who may come into contact with blood or bodily fluids
 - Certain professions face higher risks of exposure, including:
 - Healthcare workers
 - First responders (paramedics, police, firefighters)
 - Janitorial and sanitation staff
 - Laboratory personnel
 - Tattoo artists and body piercers
 - Universal Precautions
 - To reduce the risk of exposure, always follow Universal Precautions:
 - Treat all blood and bodily fluids as potentially infectious
 - Wear appropriate Personal Protective Equipment (PPE)
 - Practice proper hand hygiene
 - Dispose of contaminated materials correctly
 - The three most common bloodborne pathogens of concern to OSHA are:
 - Hepatitis B (HBV)
 - Hepatitis C (HCV)
 - Human Immunodeficiency Virus (HIV).

Bloodborne Pathogens (BBPs)

- To prevent infection, follow these guidelines:
 - Avoid contact with blood and other body fluids.
 - Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
 - Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear, and a gown, if blood or other body fluids can splash.
 - Cover any cuts, scrapes, or sores and remove jewelry, including rings, before wearing disposable gloves.
 - Change gloves before providing care to a different patient.
 - Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
 - Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

Bloodborne Pathogens (BBPs)

- Hepatitis B (HBV)
 - Facts
 - Hepatitis is the medical term for inflammation of the liver. The liver is a vital organ.
 - Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV).
 - It affects the liver and can lead to both acute (short-term) and chronic (long-term) disease.
 - Acute Hepatitis B
 - A short-term infection that occurs within the first 6 months after exposure to HBV.
 - Most healthy adults are able to clear the virus on their own.
 - Some individuals may develop severe illness, but most recover completely and develop lifelong immunity.
 - Chronic Hepatitis B
 - Defined as an infection lasting longer than 6 months.
 - Occurs when the immune system cannot fully clear the virus.
 - More likely in infants and children:
 - ~90% of infected infants develop chronic infection.
 - ~5-10% of infected adults develop chronic infection
 - Chronic HBV can lead to:
 - Cirrhosis (liver scarring)
 - Liver failure
 - Hepatocellular carcinoma (liver cancer)

Bloodborne Pathogens (BBPs)

- Hepatitis B (HBV) – Continued

- Facts

- About 296 million people worldwide live with chronic HBV (WHO, 2019).
 - Each year, HBV causes ~ 820,000 deaths, mostly from cirrhosis and liver cancer.
 - HBV is most common in:
 - Western Pacific Region
 - African Region
 - In the United States:
 - About 880,000 people are living with chronic HBV.
 - The incidence is higher among people who inject drugs and those born in countries with high HBV prevalence.
 - The HBV vaccine, introduced in the 1980s, has dramatically reduced new infections in many regions.

Bloodborne Pathogens (BBPs)

- Hepatitis B (HBV) – Continued

- Symptoms

- Many people with HBV may not show symptoms. When present, they can include:
 - Acute infection symptoms (may appear 1-4 months after exposure):
 - Fatigue
 - Fever
 - Loss of appetite
 - Nausea, vomiting
 - Abdominal pain
 - Dark urine
 - Clay-colored stool
 - Jaundice (yellowing of skin/eyes)
 - Chronic infection is often asymptomatic until liver damage develops, at which point symptoms may include:
 - Persistent fatigue
 - Joint pain
 - Signs of advanced liver disease (ascites, bleeding, confusion)

Bloodborne Pathogens (BBPs)

- Hepatitis B (HBV) - Continued

- Transmission

- HBV is spread when blood or body fluids from an infected person enter the body of an uninfected person.
 - Percutaneous injury (e.g., needlestick or laceration)
 - Contact with a mucous membrane or non-intact skin
 - The estimated risk for occupational percutaneous (needlestick or sharps) exposure to Hepatitis B virus (HBV) depends primarily on the source patient's infection status and the exposed worker's vaccination/immune status:
 - If the source patient is HBsAg-positive and HBeAg-positive (indicating high infectivity):
 - Risk of transmission after a single percutaneous exposure is about 22-31%.
 - If the source patient is HBsAg-positive but HBeAg-negative (lower infectivity):
 - Risk is about 1-6%.
 - If the healthcare worker has completed the Hepatitis B vaccine series and developed protective antibody (anti-HBs > 10 mIU/mL):
 - Risk of infection is essentially negligible.
 - This high transmissibility is why HBV is the most infectious of the major bloodborne pathogens (much higher than HIV, which carries a ~0.3% risk per percutaneous exposure).

Bloodborne Pathogens (BBPs)

- Hepatitis B (HBV) - Continued

- Vaccination

- Efficacy – Safe and effective to prevent infection
 - Safety – No known serious side effects
 - Most have no side effects, but mild side effects can occur (e.g., low fever or sore arm from the shot)
 - Method of administration – HBV vaccine given as a 3-shot series over 6 months
 - Entire series needed for long-term protection
 - Benefits – HBV vaccine is the best protection
 - HBV vaccine series is available at no cost after initial training and within 10 days of assignment to all employees with occupational exposure
 - Vaccination is encouraged unless:
 - There is documentation that the employee previously received the series
 - Antibody testing reveals immunity
 - Medical evaluation shows that it's contraindicated
 - If an employee declines vaccination, they must sign a declination form
 - Employees who decline may request to be vaccinated at a later date at no cost
 - Documentation must be kept of the refusal of vaccination

Bloodborne Pathogens (BBPs)

- Hepatitis C (HCV)

- Facts

- About 58 million people worldwide have chronic HCV infection (WHO).
 - Roughly 1.5 million new infections occur each year.
 - About 2.4 million people in the United States are living with HCV; rates have been rising, particularly among people who inject drugs.
 - High-risk populations include those who inject drugs, recipients of blood products before 1992 (before routine screening), people with HIV, and incarcerated populations.

- Symptoms

- Acute infection (within 2-12 weeks of exposure): Often asymptomatic; when present, may include fatigue, fever, nausea, abdominal pain, dark urine, jaundice.
 - Chronic infection (most cases): Often silent for years; may cause chronic fatigue, mild liver issues, and eventually cirrhosis, liver failure, or hepatocellular carcinoma.

- Transmission

- Bloodborne virus

- Primary routes:

- Sharing needles or syringes (most common today).
 - Blood transfusions or organ transplants before widespread screening (1992 in the U.S.).
 - Needle-stick injuries in healthcare settings.
 - Less common: sexual transmission, mother-to-child transmission.

Bloodborne Pathogens (BBPs)

- Human Immunodeficiency Virus (HIV)

- Facts

- Global burden: ~39 million people living with HIV worldwide (UNAIDS).
 - New infections: About 1.3 million new infections in 2024.
 - U.S. context: Roughly 1.2 million people living with HIV, with ~30,000 new infections annually.
 - High-risk populations: Men who have sex with men, people who inject drugs, sex workers, transgender individuals, and people in regions with high prevalence (e.g., sub-Saharan Africa).

- Symptoms

- Acute HIV infection (2-4 weeks after exposure): Flu-like illness – fever, sore throat, rash, swollen lymph nodes, fatigue.
 - Clinical latency (chronic HIV): Often asymptomatic for years while virus continues replicating.
 - Advanced disease (AIDS): Severe immune suppression with opportunistic infections (e.g., pneumonia, tuberculosis, candidiasis), certain cancers (e.g., Kaposi sarcoma, lymphoma), and wasting syndrome.

- Transmission

- Bloodborne and sexually transmitted virus.
 - Primary routes:
 - Unprotected sexual contact (anal, vaginal, oral is less common).
 - Sharing needles/syringes or other drug injection equipment.
 - From mother to child during pregnancy, birth, or breastfeeding
 - Blood transfusions or organ transplants in countries without routine screening.
 - Not spread by:
 - Casual contact, saliva, sweat, tears, hugging, or insect bites.

Bloodborne Pathogens (BBPs)

- Exposure Control Plan (ECP)
 - Occupational Health and Safety Administration (OSHA)
 - OSHA's Mission – save lives, prevent injuries, and protect the health of workers
 - Bloodborne Pathogens Standard – protects employees from exposure to blood or OPIM.
 - 29 CFR 1910.1030
 - Copy online at www.osha.gov
 - Important Definitions
 - Occupational Exposure: means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
 - Parenteral: means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
 - Exposure Control Plans (ECP) are provided to eliminate or minimize occupational exposure to bloodborne pathogens
 - A general ECP template is available on the www.OSHA.gov website.
 - ECPs are site-specific and tailored for your work area or department. A written (site-specific) plan is accessible to all employees. Please refer to the Health and Safety Policy and Procedures Manual in place at your specific job-site for information on the ECP applicable to your work area or department, as well as instructions on how to obtain a copy.

Bloodborne Pathogens (BBPs)

- Exposure Control Plan (ECP) - Continued
 - Contents of the ECP
 - Determination of employee exposure
 - Implementation of exposure control methods
 - Universal Precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Hepatitis B vaccination
 - Post-exposure evaluation and follow-up
 - Procedures for evaluating exposure incidents
 - Communication of hazards and training
 - Recordkeeping
 - Availability and Review
 - ECPs are site-specific and tailored for your work area or department. A written (site-specific) plan is accessible to all employees. Please refer to the Health and Safety Policy and Procedures Manual in place at your specific job-site for information on the ECP applicable to your work area or department, as well as instructions on how to obtain a copy.
 - Reviewed and updated annually, or more frequently, if necessary, to reflect new or modified tasks or positions that affect exposure

Bloodborne Pathogens (BBPs)

- Exposure Control Plan (ECP) - Continued
 - Exposure Determination
 - List of job classifications in which all or some employees at work-site have occupational exposure.
 - May include a list of tasks and procedures in which occupational exposure may occur
 - Part-time, temporary, contract, and per diem employees are covered by the BBP standard.
 - Program Administration
 - Site-specific ECP should document who is responsible for the following duties:
 - Implementation of the ECP
 - Providing and maintaining PPE, engineering controls, labels, and red bags
 - Ensuring all medical actions are performed, and employee health and OSHA records are maintained
 - Training, documentation of training, and making the ECP available to employees
 - Employees must comply with procedures and work practices outlined in the ECP

Bloodborne Pathogens (BBPs)

- Engineering and Work Practice Controls
 - Important Definitions
 - Engineering Controls means controls that isolate or remove the bloodborne pathogens hazard from the workplace.
 - Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
 - Used to prevent or minimize exposure to bloodborne pathogens
 - Specific controls described in site-specific ECP
 - Examine, maintain, or replace engineering controls regularly to ensure effectiveness
 - Identify the need for changes in controls
 - Evaluate new procedures/products
 - Involve front-line workers and management in the evaluation process

Bloodborne Pathogens (BBPs)

- Handwashing
 - Handwashing facilities should be readily accessible to employees
 - When not feasible, provide an antiseptic hand cleaner with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners are used, hands shall be washed with soap and running water as soon as feasible.
 - Wash hands and other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM
- Contaminated Sharps
 - Contaminated needles or other sharps shall not be bent, recapped, or removed, unless the user can demonstrate that no alternative is feasible or action is required by a procedure
 - Such activities must be approved by a safety professional and accomplished using a mechanical device or one-handed technique
 - Shearing or breaking needles is prohibited
 - Contaminated sharps shall immediately be placed in containers – containers shall be:
 - Puncture-resistant, labeled or color-coded, and leak-proof on sides and bottom

Bloodborne Pathogens (BBPs)

- Work Practices and Procedures

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where occupational exposure may occur
- Food and drink are not kept where blood or OPIM are present
- Procedures involving blood or OPIM are performed to minimize splashing, spraying, spattering, and droplets
- Mouth pipetting/suctioning of blood or OPIM is prohibited
- Always follow the specific Workplace Safety Policies and Procedures and the ECP applicable to your job site and specific job duties, as additional Work Practices and Procedures likely apply.

- Containers and Equipment

- Place specimens of blood or OPIM in a container that prevents leakage
- If outside contamination of the primary container, place it in a second container that prevents leakage
 - The second container should be red or have a biohazard label
- If the specimen could puncture the primary container, place it in a puncture-resistant secondary container
- Examine equipment that may be contaminated prior to servicing or shipping
 - Decontaminate equipment as necessary

Bloodborne Pathogens (BBPs)

- Personal Protective Equipment (PPE)
 - Personal Protective Equipment is specialized clothing or equipment worn by an employee to protect against a hazard. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment.
 - PPE provides a barrier against exposure. Essential PPE includes, but is not limited to:
 - Gloves
 - Gowns or aprons
 - Laboratory coats
 - Face shields or masks and eye protection
 - Mouthpieces, resuscitation bags, pocket masks, or other ventilation devices
 - PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the PPE will be used
 - Always inspect PPE for damage before use and dispose of it properly after use.

Bloodborne Pathogens (BBPs)

- Personal Protective Equipment (PPE)
 - Gloves:
 - Wear gloves when there may be hand contact with blood or OPIM, and when touching contaminated items or surfaces
 - Replace gloves if torn, punctured, or contaminated, or if compromised
 - Never wash or decontaminate disposable gloves for reuse
 - Utility Gloves
 - May be decontaminated for reuse if not compromised; discard if signs of cracking, peeling, tearing, puncturing, or deterioration
 - Face and eye protection
 - Wear when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth
 - Wash hands immediately after removing gloves or other PPE
 - If a garment is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible
 - Remove PPE when contaminated and before leaving the work area
 - Remove in such a way as to avoid contact with the outer surface
 - Site-specific ECP describes proper PPE disposal.
 - PPE should be provided at no cost to employees
 - Employers should have appropriate sizes readily accessible at the worksite or issued to the employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided
 - Training must take place regarding proper PPE for tasks
 - Site-specific ECP describes the PPE available, the location of the PPE, and who provides the PPE.

Bloodborne Pathogens (BBPs)

- Post-Exposure First Aid and Medical Evaluation
 - Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
 - If you are exposed, take the following steps IMMEDIATELY:
 - Wash needlestick injuries, cuts, and exposed skin thoroughly with soap and water.
 - If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water.
 - If splashed in or around the eyes, irrigate with clean water, saline, or sterile irrigant for 20 minutes.
 - Report the incident to the supervisor. Site-specific ECP describes who to contact in the event of an exposure.
 - Record the incident by writing down what happened. Include the date, time, and circumstances/routes of the exposure; any actions taken after the exposure; and any other information required by your supervisor. Identify and document the source individual. Obtain consent and make arrangements to have the source individual tested to determine HIV, HCV, and HBV infectivity. Convey the test results to the healthcare provider.
 - If the employee does not give consent for HIV testing during the initial blood collection, preserve the baseline sample for at least 90 days. Perform testing if the exposed employee elects to have the sample tested during the waiting period.
 - A confidential medical evaluation and follow-up will be conducted.
 - Assure that the exposed employee is provided with the source individual's test results
 - Early reporting and treatment can reduce the risk of infection.

Bloodborne Pathogens (BBPs)

- Post-Exposure Evaluation and Follow-up
 - Healthcare professionals responsible for the employee's HBV vaccination and post-exposure evaluation are given a copy of the BBP standard
 - Healthcare professional evaluating an exposure incident receives the following:
 - Description of the employee's relevant job duties
 - Route(s) of exposure
 - Circumstances of exposure
 - If possible, the results of the source blood test
 - Relevant employee medical records (e.g. vaccinations)
 - Employee is provided a copy of the health care professional's written opinion within 15 days
- Procedures for Evaluating Exposure Incidents
 - Circumstances of all exposure incidents will be reviewed to determine:
 - Engineering controls used at the time
 - Work practices followed
 - Description of device used (type & brand)
 - PPE or clothing used at the time of the exposure
 - Location of incident
 - Procedure performed when the incident occurred
 - Employee's training
 - Percutaneous injuries from contaminated sharps will be recorded in the Sharps Injury Log
 - If necessary, make revisions to the ECP

Bloodborne Pathogens (BBPs)

- Reduce the Risk of Exposure
 - Regulated Medical Waste means liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
 - To reduce the risk of exposure, follow these engineering and work practice controls:
 - Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
 - Use sharps disposal containers to place sharps items, such as needles.
 - Wear proper PPE to clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
 - Wipe up blood/body fluids with disposable absorbent material such as paper towels.
 - Dispose of materials immediately in a red biohazard bag.
 - Wash the area with soap/detergent and water to remove all visible soil before disinfecting.
 - Disinfect the area using an EPA-registered hospital-grade disinfectant effective against HBV, HCV, and HIV. If unavailable, use a fresh disinfectant solution of approximately 1½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution). Ensure the surface remains wet for the required contact time (usually 10 minutes for bleach; check product label for exact dwell time).
 - Clean and disinfect reusable equipment according to the manufacturer's instructions. If it is not disinfectable, dispose of it properly.
 - Dispose of all cleaning materials and PPE in appropriate biohazard containers.
 - Perform hand hygiene immediately after PPE removal.

Bloodborne Pathogens (BBPs)

- Housekeeping
 - Employers shall ensure that the worksite is maintained in a clean and sanitary condition.
 - All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - Regulated waste is placed in closable containers constructed to contain contents
 - Labeled or color coded & closed prior to removal
 - Contaminated sharps are discarded in closeable, puncture-resistant, leak-proof containers that are labeled or color-coded. The container must be easily accessible to personnel and as close as is feasible to the immediate area where sharps are used
 - Bins and pails are cleaned and decontaminated
 - Broken glassware is only picked up using a mechanical device
- Laundry
 - ECP describes who does laundering
 - Laundering requirements must be met:
 - Handle contaminated laundry as little as possible
 - Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport
 - ECP indicates appropriate PPE when handling/sorting contaminated laundry

Bloodborne Pathogens (BBPs)

- Signs and Labels

- Labels include biohazard symbol.
- Labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- Warning labels should be affixed to regulated waste containers, refrigerators, and freezers containing blood or OPIM; and other containers used to store or transport blood or OPIM
- Labels affixed close to the container to prevent loss or unintentional removal
- Red bags/containers may be substituted for labels
- Exemptions to labeling requirements may apply
 - Blood released for transfusion, individual containers placed in labeled containers, regulated waste after decontamination
- ECP includes the following:
 - Type of equipment to label & label type
 - Who is responsible for affixing labels or using red bags when appropriate
 - Who to notify if anything without proper labels is discovered.

Bloodborne Pathogens (BBPs)

- Training Records

- Each employee is provided training at the time of their initial assignment and at least annually thereafter. A record is kept at the completion of training
 - Keep training records for at least 3 years
 - Provide additional training when changes, such as modifying tasks or procedures or instituting new tasks or procedures, affect the employee's occupational exposure.
- Training records include:
 - Dates of training sessions
 - Contents or summary of training sessions
 - Names & qualifications of training provider
 - Names & job titles of persons attending training
- Records provided upon request to the employee or representative within 15 working days

- Medical Records

- Medical records are maintained for each employee with occupational exposure
- ECP indicates who maintains medical records and where records are kept for the duration of employment plus 30 years
- Employee medical records provided upon request within 15 working days
 - Written consent is required for records

Bloodborne Pathogens (BBPs)

- Sharps Injury Log
 - Percutaneous injuries from contaminated sharps are recorded in the Sharps Injury log
 - Incidences must include at least:
 - Date of injury
 - Type & brand of device involved
 - Work area where the incident occurred
 - Explanation of how the incident occurred
 - Log is reviewed during annual program evaluation and maintained for at least 5 years
 - Personal identifiers must be removed from the report before providing copies upon request

Compressed Gases Safety Training

Worldwide Travel Staffing, Limited

Compressed Gases

- What are Compressed Gases?
 - Gases stored at a pressure greater than atmospheric pressure (usually above 15 psi).
 - Common types: oxygen, nitrogen, carbon dioxide, acetylene, argon, etc.
- Why is Safety Important?
 - Compressed gases are highly pressurized and can be hazardous if not handled correctly.
 - Risks include explosions, fires, chemical reactions, and suffocation.
- Hazards of Compressed Gases
 - Physical Hazards:
 - Explosion or rupture of cylinders.
 - Propelled cylinders if valves are damaged or improperly handled.
 - High-pressure release causing injury.
 - Chemical Hazards:
 - Toxicity from certain gases (e.g., chlorine, ammonia).
 - Reactivity with other chemicals (e.g., acetylene and oxygen can cause explosive reactions).
 - Health Hazards:
 - Asphyxiation from gases displacing oxygen (e.g., nitrogen, argon).
 - Burns or frostbite from handling liquid or extremely cold gases (e.g., liquefied gases like CO₂).

Compressed Gases

- **General Safety Guidelines**
 - **Proper Storage:**
 - Store cylinders upright and secure them with chains or brackets.
 - Keep cylinders away from heat sources, open flames, and direct sunlight.
 - Store flammable gases separately from oxidizing gases.
 - **Inspection and Maintenance:**
 - Regularly inspect cylinders for damage (dents, leaks, rust).
 - Ensure valves and regulators are in good condition and tightly closed when not in use.
 - Only use approved regulators for specific gases.
 - **Labeling and Signage:**
 - Ensure cylinders are clearly labeled with the gas type.
 - Display proper signage indicating the presence of compressed gases in the area.

Compressed Gases

- Handling and Usage of Compressed Gases
 - Before Use:
 - Always check gas cylinder labels to verify gas type and quantity.
 - Ensure the correct regulator and fittings are used for the specific gas.
 - Never use a cylinder without proper training or knowledge.
 - During Use:
 - Open the cylinder valve slowly to prevent damage.
 - Never force a valve or regulator. Report damaged equipment.
 - Keep cylinders away from electrical equipment and sparks.
 - After Use:
 - Close the cylinder valve fully.
 - Release pressure from the regulator if necessary.
 - Store cylinders in designated, well-ventilated areas.

Compressed Gases

- Emergency Response Procedures
 - Leaks or Spills:
 - Evacuate the area immediately and call for emergency response.
 - If safe, turn off gas flow and secure the cylinder to prevent further leaks.
 - Fires or Explosions:
 - Use appropriate fire extinguishers (Class B or C) for gas fires.
 - Evacuate the area and follow emergency evacuation protocols.
 - Never use water on a gas fire.
 - Asphyxiation or Toxic Exposure:
 - Remove the affected individual from the hazardous atmosphere immediately.
 - Administer CPR if trained and needed.
 - Call emergency services for professional medical help.
- Types of PPE to Wear:
 - Safety goggles or face shields to protect eyes from flying debris or gas exposure.
 - Protective gloves to prevent frostbite or injury from sharp valve edges.
 - Flame-retardant clothing when handling flammable gases.
 - Respirators for exposure to toxic or oxygen-deficient environments.

Compressed Gases

- Maintenance and Disposal
 - Cylinder Maintenance:
 - Periodic inspections should be conducted by a qualified professional.
 - Valves and regulators should be cleaned and checked regularly.
 - Ensure all equipment is properly labeled and tagged for inspection dates.
 - Cylinder Disposal:
 - Follow local regulations for the disposal of empty or expired gas cylinders.
 - Never dispose of cylinders by throwing them away or leaving them in unsafe locations.
- Safe Work Practices
 - Do:
 - Always use the appropriate gas for the task.
 - Ensure ventilation when working with gases that can displace oxygen.
 - Use gas detectors in enclosed spaces where asphyxiation risk exists.
 - Don't:
 - Never roll or drag cylinders.
 - Don't attempt to repair or modify gas cylinders yourself.
 - Never store cylinders near heat or ignition sources.

Confined Spaces Safety Training

Worldwide Travel Staffing, Limited

Confined Spaces

- A confined space is an area that:
 - Is large enough for a person to enter and perform work.
 - Has limited or restricted means of entry or exit.
 - Is not designed for continuous occupancy.
- Examples of Confined Spaces:
 - Tanks, silos, vaults, sewers, pipelines, tunnels, and storage bins.
- Why is Confined Space Safety Important?
 - Confined spaces often present unique hazards, including limited airflow, toxic atmospheres, and physical hazards.
- Regulatory Requirements
 - OSHA Confined Space Standard (29 CFR 1910.146):
 - Employers must follow OSHA regulations regarding confined space entry to ensure the health and safety of workers.
 - Requires written programs, training, air monitoring, and rescue plans.
 - Other Regulatory Bodies:
 - Refer to your local or industry-specific regulations to ensure full compliance.

Confined Spaces

- Confined Space Hazards
 - Atmospheric Hazards:
 - Oxygen deficiency or excess (below 19.5% or above 23.5%).
 - Toxic gases such as hydrogen sulfide (H₂S), carbon monoxide (CO), and ammonia.
 - Flammable gases or vapors that can lead to explosions.
 - Physical Hazards:
 - Engulfment from loose materials (e.g., grain or sand).
 - Mechanical hazards from equipment in confined spaces.
 - Slips, trips, and falls due to poor visibility or limited movement.
 - Other Hazards:
 - Temperature extremes (heat or cold).
 - Noise levels that may impede communication.
 - Limited exit or escape routes in an emergency.

Confined Spaces

- Confined Space Classification
 - Permit-Required Confined Spaces (PRCS):
 - Any confined space that has one or more of the following:
 - Hazardous atmosphere.
 - Potential for engulfment or entrapment.
 - Inwardly converging walls or a floor that slopes downward and could trap a person.
 - Any other serious safety or health risk.
 - Non-Permit Confined Spaces:
 - Confined spaces that do not present significant hazards but still require monitoring and precautionary measures.

Confined Spaces

- Entry and Exit Protocols
 - Before Entry:
 - Assessment and Authorization:
 - Conduct a hazard assessment of the confined space.
 - Obtain a written permit for entry, if required.
 - Ensure all entry requirements are met (ventilation, personal protective equipment, etc.).
 - During Entry:
 - Continuous Monitoring:
 - Monitor air quality for oxygen levels, toxic gases, and flammable substances.
 - Ensure the confined space is ventilated as necessary.
 - After Entry:
 - Exit Procedures:
 - Always have a safe exit plan in case of emergency.
 - Ensure the area is evacuated immediately if conditions change or an emergency arises.

Confined Spaces

- Safety Equipment and Personal Protective Equipment (PPE)
 - Required PPE:
 - Respiratory Protection: For workers entering spaces with hazardous atmospheres.
 - Harnesses and Lifelines: For workers at risk of engulfment or falling.
 - Protective Clothing and Gloves: To protect against chemicals, sharp objects, and other physical hazards.
 - Head Protection: To protect against falling debris.
 - Rescue Equipment:
 - Rescue Harnesses & Ropes: Ensure trained personnel have the tools to retrieve someone in an emergency.
 - Air Monitoring Equipment: To measure oxygen levels, toxic gases, and flammability.
 - Ventilation Equipment: To provide fresh air to the confined space.

Confined Spaces

- Emergency Rescue Procedure
 - Rescue Plans:
 - Only authorized trained personnel should perform rescues in confined spaces and in accordance with the approved rescue plan for each confined space.
 - Rescue Equipment:
 - Ensure quick access to rescue equipment, including ropes, harnesses, and air supply.
 - Steps to Follow in Case of an Emergency:
 - Call for help immediately and do not enter the confined space unless authorized, properly trained, and appropriately equipped.
 - If trained and able, attempt to rescue the worker while maintaining safety.
 - Evacuate the area if conditions worsen, and allow professional rescuers to handle the situation.

Confined Spaces

- Confined Space Entry Procedures
 - Step 1: Pre-Entry Preparation
 - Verify all permits, authorizations, and safety checks.
 - Ensure all required safety equipment is in place and functioning.
 - Step 2: Air Monitoring
 - Test the air for oxygen levels, toxic gases, and flammability.
 - Record air quality readings and monitor throughout the entry.
 - Step 3: Continuous Supervision
 - Assign an attendant to stay outside the confined space to monitor conditions and assist if needed.
 - Step 4: Communication and Monitoring
 - Establish a communication system between the confined space workers and the attendant.
 - Continuously monitor air quality and entry conditions.

Confined Spaces

- Key Confined Space Safety Tips
 - Always Conduct a Hazard Assessment:
 - Identify any potential risks, such as toxic gases, fire, or physical hazards before entry.
 - Never Enter Alone:
 - Always have a second person who is trained to act as an attendant and to initiate a rescue if needed.
 - Keep Communication Open:
 - Maintain constant communication with the confined space worker(s) and the attendant.
 - Know the Equipment:
 - Ensure familiarity with the tools and equipment required for the task and the rescue plan.
 - Follow All Protocols:
 - Stick to the procedures outlined in the confined space entry permit, and never bypass safety protocols.

Confined Spaces

- Summary and Key Takeaways
 - Confined spaces present unique and serious hazards.
 - Proper training, preparation, and safety protocols are essential to prevent accidents.
 - Emergency response and rescue procedures must be in place and understood by all personnel.
 - Stay alert, follow safety protocols, and always work with a team.

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Electrical Safety Training

Worldwide Travel Staffing, Limited

Electrical Safety

- Why is Electrical Safety Important?
 - Electrical hazards are among the leading causes of workplace injuries and fatalities.
 - Proper electrical safety can prevent accidents, injuries, and damage to equipment.
- Understanding Electrical Hazards
 - Electric Shock:
 - Occurs when a person comes into contact with an energized electrical source.
 - Can cause burns, organ damage, and even death depending on the severity.
 - Arc Flash:
 - A flash of light and heat caused by a fault in electrical equipment.
 - Can cause severe burns, fires, and injuries due to the release of intense heat and pressure.
 - Electrical Fires:
 - Caused by faulty wiring, overloaded circuits, or malfunctioning equipment.
 - Can result in significant property damage and injury.
 - Electrocution:
 - Death due to electric shock, especially in high-voltage situations.

Electrical Safety

- **Electrical Safety Standards & Regulations**
 - **OSHA Standards for Electrical Safety:**
 - OSHA 1910.333 – Electrical safety-related work practices
 - OSHA 1910.303 – General electrical requirements
 - Requires employers to implement safe practices for working with or near electrical systems.
 - **NFPA 70E (National Fire Protection Association):**
 - Standard for Electrical Safety in the Workplace.
 - Focuses on safe practices, personal protective equipment (PPE), and risk assessments for electrical work.
- **Personal Protective Equipment (PPE)**
 - **Types of PPE for Electrical Work:**
 - Insulated Gloves: Prevent electrical shock and burns.
 - Rubber Boots: Provide insulation from electrical hazards.
 - Flame-Resistant Clothing (FRC): Protect against burns from arc flash.
 - Face Shields & Arc Flash Hoods: Provide protection from arc flash and debris.
 - Hearing Protection: Protect ears from the loud noise caused by arc blasts.
 - **When to Use PPE:**
 - When working on or near live electrical equipment.
 - When conducting tasks like circuit maintenance, troubleshooting, or testing.
 - Always when there is a risk of an arc flash or shock.

Electrical Safety

- General Electrical Safety Guidelines
 - Proper Training:
 - Only qualified workers should perform electrical work.
 - Employees should be trained on electrical hazards and safe work practices.
 - Lockout/Tagout (LOTO):
 - Always follow Lockout/Tagout procedures to de-energize electrical equipment before working on it.
 - Ensure that the energy sources are fully isolated, and the equipment is de-energized.
 - Avoid Wet Conditions:
 - Never work with electrical equipment in wet or damp conditions.
 - Water increases the risk of electrical shock.
 - Inspect Tools and Equipment:
 - Regularly check electrical tools for damage, frayed wires, and defects.
 - Always use insulated tools when working on live electrical equipment.

Electrical Safety

- Safe Work Practices
 - De-energize Equipment:
 - Always turn off electrical power before performing maintenance or repairs on electrical equipment.
 - Use voltage testers to ensure that equipment is completely de-energized.
 - Working with Live Circuits:
 - Only trained and qualified personnel should work on live circuits.
 - Wear appropriate PPE when working on energized equipment.
 - Minimize exposure to live parts and keep a safe distance.
 - Use Proper Warning Signs:
 - Display warning signs and labels on electrical panels to alert workers of potential hazards.
 - Clearly mark areas where electrical work is being performed.
- Preventing Electrical Fires
 - Regular Inspections:
 - Inspect wiring, connections, and electrical panels for wear and tear, overheating, or signs of arcing.
 - Proper Circuit Load:
 - Avoid overloading circuits with too many devices or equipment.
 - Use fuses or circuit breakers that are appropriately rated for the electrical load.
 - Keep Combustibles Away from Electrical Equipment:
 - Maintain a clean workspace around electrical panels and equipment to reduce the risk of fire.
 - Ensure that equipment is free from dust, dirt, and debris.

Electrical Safety

- Electrical Emergency Response Procedures
 - What to Do in Case of Electric Shock:
 - DO NOT touch the person if they are in contact with the electrical source.
 - Use a non-conductive object (like a wooden stick or rubber hose) to move them away from the electrical source.
 - Call for emergency medical help immediately.
 - Administer CPR if trained, and the person is unresponsive.
 - What to Do in Case of an Arc Flash or Fire:
 - If safe, try to de-energize the source of the fire.
 - Use a fire extinguisher rated for electrical fires (Class C).
 - Evacuate the area and call the fire department if the fire cannot be contained.
 - Report Incidents:
 - All electrical accidents, near misses, and injuries must be reported immediately.
 - Follow company procedures for documenting incidents and investigating root causes.

Electrical Safety

- Lockout/Tagout (LOTO) Procedures

- Steps for Lockout/Tagout:

1. Notify: Inform all affected employees that maintenance or servicing will take place.
2. Shut off: Turn off all energy sources to the equipment.
3. Lockout/Tagout: Apply locks and tags to energy-isolating devices.
4. Test: Verify that all equipment is de-energized before starting work.
5. Perform Work: Complete the task while ensuring the equipment remains de-energized.
6. Remove LOTO Devices: After completing the work, remove all locks and tags and restore the equipment to normal operation.

Electrical Safety

- Electrical Safety Checklist

- Before Work:

- Have you received proper training for electrical work?
 - Are all tools and equipment inspected for defects?
 - Are you using the correct PPE for the task?
 - Has a lockout/tagout procedure been completed?

- During Work:

- Are you following safe work practices (i.e., de-energizing circuits, maintaining safe distance from live parts)?
 - Are you communicating with others in the area about the work being done?

- After Work:

- Have you properly restored equipment to operational condition?
 - Have you removed lockout/tagout devices and documented the work done?

- Summary and Key Takeaways

- Electrical hazards can result in serious injuries or fatalities.
 - Following safety protocols and wearing proper PPE is essential.
 - Lockout/Tagout, safe work practices, and emergency response procedures are critical to preventing electrical accidents

Employee Access to Medical Records

Worldwide Travel Staffing , Limited

Employee Access to Medical Records

- Ensuring Privacy, Compliance, and Ethical Access
 - Welcome to the training session on employee access to medical records.
 - This session covers the guidelines, policies, and best practices for handling medical records responsibly.
 - Our goal is to ensure privacy, protect sensitive information, and stay compliant with regulations like HIPAA (Health Insurance Portability and Accountability Act).
- Why Medical Records are Sensitive Information
 - Medical records contain highly personal information related to health, treatment, diagnoses, and medical history.
 - Unauthorized access or misuse can result in privacy violations, legal consequences, and loss of trust in the organization.
 - Medical records are protected by laws such as HIPAA, which enforce strict guidelines for who can access and share this information.

Employee Access to Medical Records

- Legal and Regulatory Requirements for Access
 - **HIPAA Compliance:** Employees with access to medical records must follow HIPAA guidelines, which set standards for the privacy and security of health information.
 - **Confidentiality:** Employees must maintain the confidentiality of medical records and refrain from discussing or sharing information unless required by their job.
 - **Penalties for Non-Compliance:** Violating HIPAA regulations can lead to severe penalties, including fines, job termination, or even legal action.
- Who is Authorized to Access Medical Records?
 - **Healthcare Providers:** Doctors, nurses, and medical staff who need access for treatment or diagnosis purposes.
 - **HR Personnel (in some cases):** HR may access medical records in specific situations, such as when an employee requests accommodations or leaves due to health conditions.
 - **Administrators/Managers:** Access is limited to situations where it's necessary to perform their duties (e.g., billing, reporting).
 - **You (Employees):** Only authorized individuals may access medical records. Unauthorized access or curiosity-based inquiries are strictly prohibited.

Employee Access to Medical Records

- Guidelines for Accessing Medical Records
 - **Need-to-Know Basis:** Access only when necessary for your job duties. Don't seek out information out of curiosity.
 - **Restricted Systems:** Use secure systems and databases to access records. Ensure you are logged into the correct platform with appropriate permissions.
 - **Documentation:** Always document your access, including why and when you accessed the records, and for what purpose.
 - **Confidentiality:** Never share, copy, or transmit medical records unless you have explicit authorization or it's required by law.
- Security Measures for Medical Records
 - **Password Protection:** Always use strong passwords and change them regularly.
 - **Two-Factor Authentication:** Enable two-factor authentication (2FA) where possible for added security.
 - **Data Encryption:** Ensure that data is encrypted when transmitted or stored.
 - **Secure Workstations:** Lock your computer screen when not in use and ensure that medical records are not left unattended or visible.

Employee Access to Medical Records

- Situations Requiring Access to Medical Records
 - **Employee Health Records:** HR may need access when processing leave or requests for accommodations (e.g., ADA accommodations).
 - **Emergency Situations:** Healthcare professionals may need access to medical records for immediate care.
 - **Legal or Regulatory Requirements:** Records may be accessed for audits, investigations, or litigation purposes.
- Ethical Considerations in Accessing Medical Records
 - **Respect for Privacy:** Employees must respect the privacy of individuals and avoid accessing records unless absolutely necessary for their job.
 - **Minimize Disclosure:** Share information only on a need-to-know basis and with authorized individuals.
 - **Transparency:** If questioned, be transparent about the reason for accessing medical records.
 - **Reporting Violations:** If you notice any suspicious activity or unauthorized access, report it immediately to the compliance officer or management.

Employee Access to Medical Records

- What Happens in Case of a Breach?
 - **Investigation:** Any breach of medical record access will be thoroughly investigated.
 - **Consequences:** Depending on the severity of the violation, consequences may range from disciplinary action to termination and legal repercussions.
 - **Impact on the Organization:** Breaches can result in loss of trust, legal fines, and damage to the organization's reputation.
- Best Practices for Managing Medical Records
 - **Be Informed:** Understand your organization's specific policies and guidelines for accessing and managing medical records.
 - **Training:** Participate in compliance training sessions to stay updated on privacy laws and security protocols.
 - **Reporting Issues:** If you notice any irregularities or violations, report them to your supervisor, compliance officer, or HR.
 - **Professionalism:** Always handle medical records with professionalism and respect, keeping the privacy of individuals in mind.
- Conclusion
 - Maintaining the privacy and security of medical records is critical for both ethical and legal reasons.
 - Accessing medical records is a responsibility that requires care, attention, and adherence to policies and regulations.

Ergonomic Safety Training

Worldwide Travel Staffing, Limited

Ergonomic Safety

- What is Ergonomics?
 - The study of designing workspaces, tasks, and tools to fit the needs of the worker.
 - The goal is to reduce strain, injury, and discomfort while improving productivity.
- Why is Ergonomics Important?
 - Poor ergonomic practices can lead to musculoskeletal disorders (MSDs), including strains, sprains, and repetitive stress injuries.
 - Ergonomics aims to prevent these injuries and promote a healthier, more comfortable workplace.
- Common Ergonomic Injuries
 - **Musculoskeletal Disorders (MSDs):** Ergonomic injuries that affect the muscles, bones, tendons, nerves, and tissues.
 - **Carpal Tunnel Syndrome:** Nerve compression in the wrist due to repetitive motion.
 - **Tendinitis:** Inflammation of tendons, often from repetitive or forceful motions.
 - **Back Strains:** Injuries to the lower back, often caused by improper lifting or sitting posture.
 - **Neck and Shoulder Pain:** Caused by poor posture or prolonged sitting at a desk.
 - **Repetitive Stress Injuries (RSIs):** Injuries that develop over time due to repetitive tasks or motions.
 - Ergonomic injuries can develop gradually over time and may not initially cause significant pain. However, if left untreated, they can lead to chronic pain, disability, and reduced productivity.

Ergonomic Safety

- Risk Factors for Ergonomic Injuries
 - **Repetition:** Performing the same task repeatedly without breaks.
 - **Awkward Posture:** Working in positions that strain the body (e.g., bending, twisting, or reaching overhead).
 - **Force:** Lifting heavy objects or using excessive force during tasks.
 - **Static Postures:** Holding a position for extended periods, such as sitting at a desk or standing for long periods.
 - **Insufficient Rest:** Lack of rest or recovery between tasks or shifts.
- Principles of Ergonomics
 - Workstation Design:
 - Create a workspace that supports neutral body positions.
 - Ensure that tools, equipment, and materials are within easy reach.
 - Body Posture:
 - Maintain neutral postures: avoid excessive bending, twisting, or reaching.
 - Align body parts (e.g., wrists, shoulders, back, knees) in a comfortable and relaxed position.
 - Movement and Breaks:
 - Take regular breaks to rest and stretch muscles.
 - Avoid holding the same posture for long periods.
 - Equipment and Tools:
 - Ensure that tools are appropriately sized and adjustable to reduce strain.
 - Use equipment designed to minimize force or awkward movements (e.g., ergonomic chairs, adjustable desks).

Ergonomic Safety

- Proper Posture and Body Mechanics
 - Sitting Posture:
 - Sit with your back supported by the chair's lumbar support.
 - Keep feet flat on the floor or on a footrest.
 - Maintain a 90-degree angle at the hips, knees, and elbows.
 - Shoulders relaxed and elbows close to the body.
 - Standing Posture:
 - Stand with weight evenly distributed between both feet.
 - Keep your knees slightly bent and avoid locking them.
 - Engage your core muscles and avoid slouching.
 - Lifting Techniques:
 - Bend at the knees, not at the waist.
 - Keep the object close to your body while lifting.
 - Use your legs to lift, not your back.
 - Avoid twisting your body while lifting or carrying.

Ergonomic Safety

- Ergonomic Workstation Setup
 - Desk Setup for Computer Work:
 - Monitor at eye level to avoid neck strain.
 - Chair height should allow your feet to rest flat on the floor with thighs parallel to the ground.
 - Keep keyboard and mouse within easy reach, at a height that allows arms to be at a 90-degree angle.
 - Use a wrist rest for typing to reduce strain on the wrists.
 - Tool and Equipment Setup:
 - Tools should be lightweight and easy to grip.
 - Keep frequently used tools at waist height to minimize awkward reaching or bending.
 - Use adjustable chairs and work surfaces for tasks that require prolonged sitting or standing.

Ergonomic Safety

- **Stretching and Movement Breaks**
 - **Importance of Movement Breaks:**
 - Regular movement helps reduce muscle tension, improves circulation, and prevents fatigue.
 - Incorporate stretching and walking breaks into your daily routine.
 - **Examples of Stretching:**
 - **Neck Rolls:** Gently roll your head in a circle to relieve neck tension.
 - **Wrist Stretches:** Extend your arm, palm up, and gently pull your fingers back with the other hand to stretch your wrists.
 - **Lower Back Stretches:** Stand up, place hands on your lower back, and gently lean back to stretch the spine.
 - **Leg Stretches:** Stand up, stretch one leg forward, and bend the knee to stretch the hamstrings.
 - Change positions or activities to avoid static postures.

Ergonomic Safety

- Identifying Ergonomic Hazards in the Workplace
 - Self-Assessment:
 - Is your workstation setup causing discomfort or strain?
 - Are you maintaining poor posture while performing tasks?
 - Do you often feel fatigued or have muscle pain at the end of the day?
 - Common Workplace Hazards:
 - Poorly Designed Workstations: Desks that are too high/low or chairs that lack support.
 - Repetitive Tasks: Activities that require the same motion over and over.
 - Improper Lifting: Lifting heavy objects without proper technique or support.
 - Static Postures: Prolonged sitting or standing without movement.
- Ergonomic Solutions and Adjustments
 - Workstation Adjustments:
 - Adjust your chair and desk height to promote good posture
 - Use ergonomic accessories, such as lumbar support cushions and adjustable footrests.
 - Tool and Equipment Adjustments:
 - Use tools with ergonomic handles that reduce grip force.
 - Adjust the height of work surfaces to avoid awkward postures.
 - Repetitive Task Modification:
 - Use job rotation or task variation to reduce repetition.
 - Implement job redesign to reduce strain (e.g., divide heavy lifting tasks among workers).

Ergonomic Safety

- Preventive Ergonomics at Home
 - Home Office Ergonomics:
 - Ensure that your home office setup is similar to what you would have in the workplace (ergonomic chair, desk, monitor at eye level).
 - Take regular breaks and stretch during long periods of sitting at home.
 - Lifting and Carrying:
 - Apply the same lifting techniques at home as you would in the workplace to avoid injuries.
 - Physical Activity:
 - Engage in regular physical activity to strengthen muscles and improve overall posture.
- Next Steps:
 - Review your own workstation setup and make adjustments for comfort and safety.
 - Practice good body mechanics and posture every day.
 - Commit to regular breaks and movement throughout the workday.
- Summary and Key Takeaways
 - Ergonomics is essential for preventing injuries and promoting comfort and productivity.
 - Proper posture, workstation setup, and regular movement are critical to reducing ergonomic risks.
 - Stretching and taking breaks help prevent muscle strain and fatigue.

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Fire Safety in the Workplace

Worldwide Travel Staffing, Limited

Fire Safety in the Workplace

- Understanding Fire Basics
 - The Fire Triangle
 - A fire requires three elements:
 - Heat – ignition source (sparks, hot surfaces)
 - Fuel – combustible material (paper, chemicals, wood)
 - Oxygen – present in air
 - Removing any one of these elements can prevent or extinguish a fire.
 - How Fires Spread
 - Conduction (through materials)
 - Convection (hot air and gases rising)
 - Radiation (heat transfer through space)
- Common Workplace Fire Hazards
 - Electrical equipment and overloaded outlets
 - Improper storage of flammable liquids
 - Hot work (welding, cutting, grinding)
 - Smoking materials
 - Cooking appliances and breakroom equipment
 - Poor housekeeping (clutter, waste buildup)

Fire Safety in the Workplace

- Fire Prevention Best Practices
 - Keep exits, stairways, and fire doors clear
 - Store flammable materials in approved containers
 - Do not overload electrical outlets or extension cords
 - Turn off equipment when not in use
 - Maintain good housekeeping
 - Follow hot work permit procedures
 - Report damaged cords or unsafe conditions immediately
- Fire Detection and Alarm Systems
 - Smoke detectors
 - Heat detectors
 - Manual pull stations
 - Audible and visual alarms
- What To Do If You Discover a Fire
 - Follow RACE:
 - R – Rescue anyone in immediate danger (only if trained and safe)
 - A – Alarm activate the fire alarm
 - C – Contain close doors to slow spread
 - E – Evacuate or Extinguish (only if trained and safe)

Fire Safety in the Workplace

- Fire Extinguisher Safety
 - Types of Fire Extinguishers
 - Class A: Ordinary combustibles (paper, wood)
 - Class B: Flammable liquids
 - Class C: Electrical equipment
 - Class D: Combustible metals
 - Class K: Cooking oils and fats
 - PASS Method
 - P – Pull the pin
 - A – Aim at the base of the fire
 - S – Squeeze the handle
 - S – Sweep side to side
 - Only attempt to extinguish a fire if:
 - The fire is small and contained
 - You are trained –
 - You have a clear exit behind you

Fire Safety in the Workplace

- Evacuation Procedures
 - Know your primary and secondary exit routes
 - Evacuate immediately when the alarm sounds
 - Do not use elevators
 - Stay low if smoke is present
 - Assist visitors or those needing help
 - Proceed to designated assembly areas
- Accountability and Assembly Areas
 - Report to your assigned assembly area
 - Supervisors conduct headcounts
 - Report missing or injured persons immediately
 - Do not re-enter the building until authorized
- Special Considerations
 - Employees with disabilities or medical needs
 - Contractors and visitors
 - Remote or isolated work areas
 - Non-routine tasks (maintenance, hot work)

Fire Safety in the Workplace

- Training, Drills, and Responsibilities
 - Employee Responsibilities
 - Participate in fire safety training and drills
 - Follow all fire prevention rules
 - Report hazards and unsafe conditions
 - Employer Responsibilities
 - Maintain fire protection systems
 - Provide training and drills
 - Develop and communicate emergency action plans
- Review and Key Takeaways
 - Fires are preventable
 - Know your hazards and exits
 - Act quickly and safely during emergencies
 - Never put yourself at unnecessary risk

Flammable Liquids Safety Training

Worldwide Travel Staffing, Limited

Flammable Liquids

- What Are Flammable Liquids?
 - Defined by OSHA: liquids with flash point below 100°F (37.8°C)
 - Examples: gasoline, acetone, alcohols, solvents, paints, cleaning agents
 - Vapors, not the liquid itself, ignite and burn
- Why is training important?
 - Flammable liquids are common in many workplaces
 - Mishandling can cause fires, explosions, or toxic exposures
 - Goal: Learn safe storage, handling, and emergency response
- Hazard Recognition
 - Vapors spread quickly and can travel to ignition sources
 - Can ignite from sparks, static electricity, or hot surfaces
 - Can displace oxygen in enclosed spaces
 - Toxic effects from inhalation or skin contact

Flammable Liquids

- Fire Triangle
 - Three elements required for fire:
 1. Fuel (flammable liquid)
 2. Ignition source (spark, flame, heat)
 3. Oxygen (air)
 - Remove one element to prevent fire
- Common Workplace Hazards
 - Improperly sealed containers
 - Poor ventilation in storage/handling areas
 - Static discharge during transfer
 - Leaks and spills not cleaned up
 - Open flames, smoking, or sparks nearby
- Safe Handling Practices
 - Keep containers closed when not in use
 - Use approved safety cans or containers
 - Ground and bond containers during liquid transfer
 - Avoid ignition sources (sparks, flames, hot work)
 - Work in well-ventilated areas

Flammable Liquids

- Storage Requirements
 - Store in flammable liquid cabinets
 - Limit amounts stored outside cabinets (OSHA limits apply)
 - Separate from incompatible materials (oxidizers, acids)
 - Keep away from exits, stairways, or high-traffic areas
 - Post proper hazard signage
- Personal Protective Equipment (PPE)
 - Safety goggles or face shield
 - Flame-resistant clothing where required
 - Nitrile or chemical-resistant gloves
 - Proper footwear (non-sparking soles)
 - Respiratory protection if ventilation is inadequate
- Spill Response
 - Evacuate the area if a large spill occurs
 - Eliminate ignition sources
 - Contain spill using absorbent materials
 - Use spill kits designed for flammable liquids
 - Dispose of cleanup materials properly

Flammable Liquids

- Fire Response
 - Sound the alarm and notify emergency services
 - Use correct extinguisher: Class B (for flammable liquids)
 - Only trained staff should attempt to extinguish small fires
 - Never use water on flammable liquid fires—it can spread the liquid
- Quick Safety Tips
 - Treat all flammable liquids with caution
 - Never smoke or use open flames near them
 - Label containers clearly and accurately
 - Keep only the minimum needed at the workstation
 - Know your emergency exits
- Key Takeaways
 - Vapors, not the liquid itself, pose the greatest fire risk
 - Store and handle liquids properly
 - Always use PPE and follow procedures
 - Report hazards immediately
 - Safety is everyone's responsibility

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Hand Hygiene

Worldwide Travel Staffing, Limited

Hand Hygiene

- When Handwashing With Soap and Water Is Required
 - Staff must wash hands with soap and water (NOT just sanitizer) in the following situations:
 - When hands are visibly soiled with blood, body fluids, dirt, or other contaminants
 - After using the restroom
 - After known or suspected exposure to *Clostridioides difficile* (C. diff) or Norovirus
 - Before eating or handling food
 - Before and after caring for a patient with diarrhea or vomiting
 - After removing gloves if contamination is suspected
 - After coughing, sneezing, or blowing your nose
 - Any time hands feel sticky, dirty, or contaminated
- When Alcohol-Based Hand Sanitizer (ABHS) May Be Used
 - Use ABHS containing at least 60% alcohol when soap and water are not immediately available, and hands are not visibly soiled.
 - Use sanitizer:
 - Before and after touching a patient
 - Before performing aseptic tasks
 - After contact with blood or body fluids (if hands are not visibly soiled)
 - After contact with medical equipment or high-touch surfaces in the patient environment
 - After removing gloves
 - Before donning gloves and PPE
 - After handling linens, charts, or shared equipment

Hand Hygiene

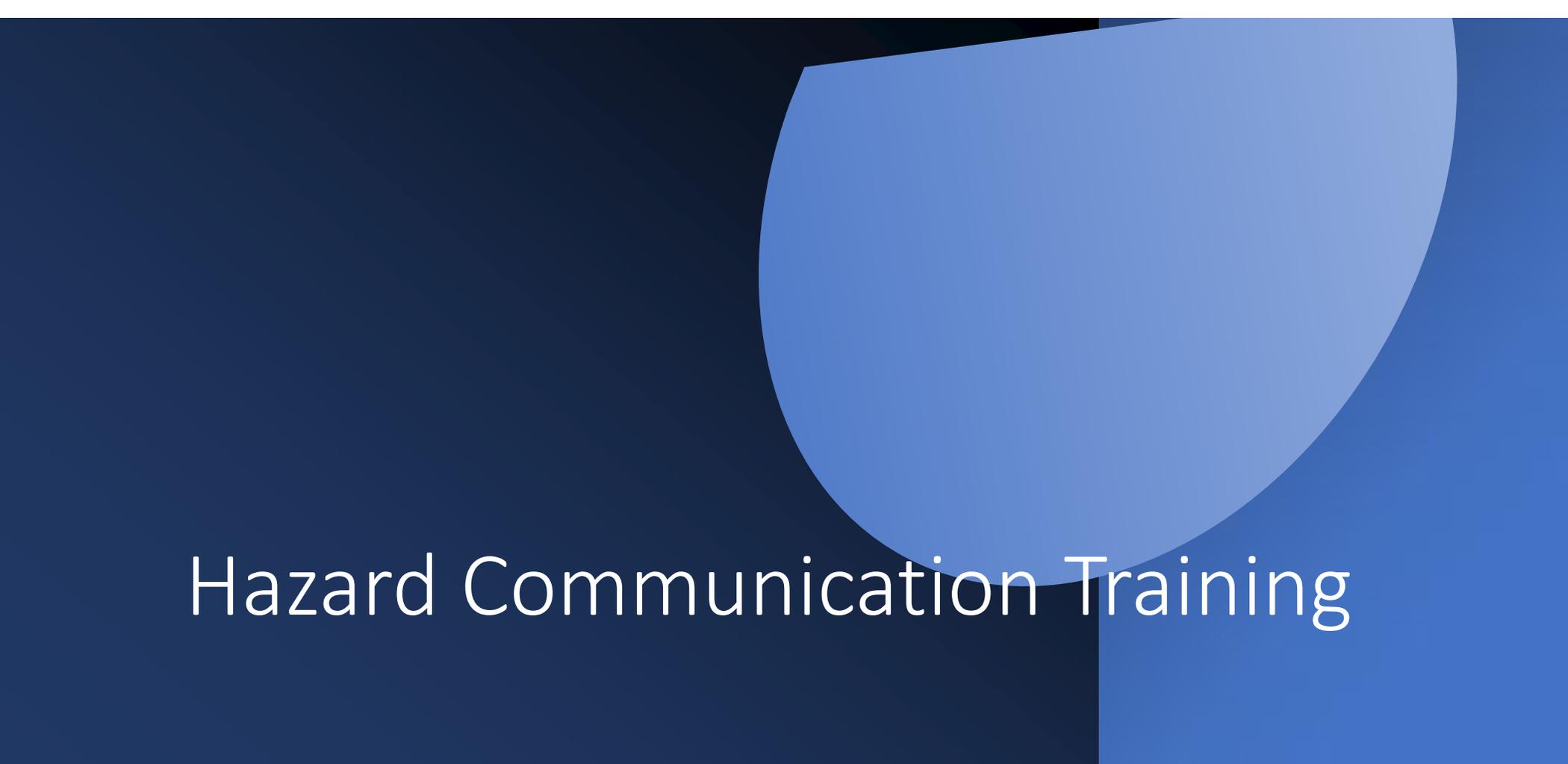
- CDC-Recommended Handwashing Technique
 - When washing hands with soap and water:
 1. Wet hands with clean, running water (warm or cold).
 2. Apply soap and lather thoroughly.
 3. Scrub all surfaces for at least 20 seconds, including:
 - Backs of hands
 - Between fingers
 - Under fingernails
 - Thumbs
 - Wrists
 4. Rinse hands well under clean, running water.
 5. Dry with a clean paper towel or air dryer.
 6. Use a paper towel to turn off the faucet when available.
- CDC-Recommended ABHS Hand Hygiene Technique
 - When using alcohol-based sanitizer:
 1. Apply the recommended amount (per manufacturer) to the palm of one hand.
 2. Rub hands together, covering all surfaces until hands are dry.
 3. Allow hands to air-dry completely before touching anything.

Hand Hygiene

- **Fingernail, Jewelry, and Skin Integrity Requirements**
 - To comply with CDC best practices:
 - Keep natural nails short ($\frac{1}{4}$ inch or shorter).
 - Artificial nails, gel nails, and nail extensions are not permitted for staff performing direct patient care.
 - Rings should be limited to a simple wedding band or none.
 - Cuts, wounds, or dermatitis on hands should be reported; staff may be restricted if lesions pose an infection risk.
 - Apply hand lotion/cream regularly to prevent skin breakdown (must be compatible with facility hand hygiene products).
- **PPE and Hand Hygiene**
 - Hand hygiene must be performed:
 - Before donning gloves
 - After removing gloves
 - After removing PPE (gown, mask, face shield)
 - If gloves are damaged, visibly soiled, or suspected to be contaminated

Hand Hygiene

- Staff Responsibilities
 - Follow hand hygiene requirements without exception.
 - Report inadequate supplies (soap, paper towels, sanitizer) to supervisors immediately.
 - Encourage team compliance using “just culture” principles.
- Non-Compliance
 - Failure to comply with hand hygiene standards may result in:
 - Verbal or written counseling
 - Retraining
 - Removal from assignment
 - Termination for repeated violations or willful non-compliance
- References
 - CDC: Hand Hygiene in Healthcare Settings
 - CDC: When and How to Wash Your Hands
 - CDC: Guidelines for Infection Control in Healthcare Personnel

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Hazard Communication Training

Worldwide Travel Staffing, Limited

Hazard Communication

- What is Hazard Communication?
 - OSHA's Hazard Communication Standard (29 CFR 1910.1200)
 - Ensures employees are informed about chemical hazards
 - Key principle: Right-to-Know and Right-to-Understand
 - Applies to all workplaces where hazardous chemicals are used
- Why is it important?
 - Protects employee health and safety
 - Prevents accidents, injuries, and chemical exposures
 - Ensures proper emergency response
 - Reduces environmental and financial risks
- Key Elements of Hazard Communication Standard:
 1. Chemical inventory
 2. Safety Data Sheets (SDS)
 3. Labels and warnings
 4. Employee training and information
 5. Written hazard communication program

Hazard Communication

- Chemical Hazard Classes
 - Physical Hazards (flammable, explosive, reactive)
 - Health Hazards (toxic, carcinogenic, corrosive)
 - Environmental Hazards (harmful to aquatic life)
- Labels and Pictograms
 - Each label must include:
 - Product identifier
 - Signal word (Danger / Warning)
 - Hazard statements
 - Precautionary statements
 - Supplier information
 - GHS pictograms (examples: flame, skull & crossbones, exclamation mark, corrosion, environment, etc.)

Hazard Communication

- Safety Data Sheets (SDS)
 - Replaces old “Material Safety Data Sheets (MSDS)”
 - 16 standardized sections, including:
 - Identification
 - Hazard(s)
 - First-aid measures
 - Fire-fighting measures
 - Handling & storage
 - Exposure controls / PPE
 - Must be readily accessible to all employees
 - Frequently used SDS information:
 - Sections 1, 2, 4, 8, 16
- Safe Work Practices
 - Read labels & SDS before use
 - Wear proper PPE (gloves, goggles, respirators)
 - Store chemicals properly (segregate incompatibles)
 - Never use unmarked containers
 - Report leaks, spills, or missing labels immediately

Hazard Communication

- Emergency Response
 - Know spill response procedures
 - Use eyewash stations and showers if exposed
 - Evacuate if necessary
 - Notify supervisor immediately
 - Report all incidents, no matter how small
- Employee Responsibilities
 - Follow Hazard Communication policies and procedures
 - Read and understand SDS and labels
 - Use required PPE
 - Report hazards, spills, or missing labels
 - Ask questions when uncertain



Hazardous Waste Safety Training

Worldwide Travel Staffing, Limited

Hazardous Waste

- Hazardous waste is any waste material that can pose a risk to human health or the environment due to being:
 - Flammable
 - Corrosive
 - Reactive
 - Toxic
- Common Workplace Hazardous Waste
 - Used oils, fuels, solvents
 - Cleaning chemicals & disinfectants
 - Paints, adhesives, resins
 - Aerosol cans
 - Batteries & electronic waste
 - Medical or biohazardous materials
- Employee Responsibilities
 - Follow all hazardous waste policies and procedures
 - Report unsafe conditions or improper labeling
 - Protect yourself, coworkers, and the environment

Hazardous Waste

- Regulatory Framework
 - OSHA (Occupational Safety & Health Administration) – worker safety standards
 - EPA (Environmental Protection Agency) – hazardous waste management
 - DOT (Department of Transportation) – waste transportation rules
 - Company's own health & safety policies
- Hazard Communication
 - Labels and Signs must identify hazardous waste
 - Safety Data Sheets (SDS) provide detailed information
 - Hazard symbols (pictograms) for quick recognition
 - Never use unmarked containers
- Safe Handling Procedures
 - Always wear required PPE (gloves, goggles, respirators, aprons)
 - Avoid direct skin/eye contact
 - Never eat, drink, or smoke near hazardous waste areas
 - Use proper tools to transfer waste—don't pour or mix by hand
 - Keep incompatible wastes separated

Hazardous Waste

- Storage Guidelines
 - Use approved, labeled containers
 - Keep lids closed when not in use
 - Store in designated hazardous waste areas
 - Maintain secondary containment (spill trays)
 - Follow segregation rules (flammables, corrosives, toxics)
- Disposal Procedures
 - Never dispose of in regular trash, sinks, or drains
 - Follow the company's disposal system (pickup, drop-off, or contractor)
 - Document all disposal (waste manifests, logs)
 - Only trained personnel may arrange disposal
- Spill & Emergency Response
 - Alert others and evacuate if necessary
 - Notify supervisor immediately
 - Follow the spill response plan
 - Use spill kits and PPE when safe to do so
 - Report all incidents, even minor ones

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Housekeeping Training

Worldwide Travel Staffing, Limited

Housekeeping

- Why does workplace housekeeping matter?
 - General housekeeping is the first step to overall safety.
 - Prevents slips, trips, and falls
 - Reduces fire hazards
 - Improves productivity and efficiency
 - Promotes employee morale and professionalism
 - Ensures compliance with OSHA safety standards
- Common housekeeping hazards:
 - Cluttered walkways and exits
 - Spilled liquids or oils
 - Improperly stored tools and equipment
 - Overloaded shelves or storage areas
 - Dust accumulation (fire/respiratory hazard)
 - Blocked fire extinguishers or emergency exits

Housekeeping

- General housekeeping practices
 - Keep aisles and exits clear at all times
 - Clean spills immediately or mark them with signage
 - Dispose of trash and debris properly
 - Maintain orderly workstations
 - Report hazards to a supervisor
- The 5S methodology is a workplace organization method aimed at eliminating waste, improving safety, and fostering a culture of continuous improvement.
 - Sort - This step involves identifying and removing unnecessary items from the workplace. It's about distinguishing between what's needed and what's not, eliminating clutter and waste.
 - Set in Order - Once the clutter is removed, the next step is to organize the remaining items. This involves finding a designated place for everything, making it easy to find and return items, and improving accessibility.
 - Shine - This step focuses on cleaning and inspecting the workspace. It's not just about aesthetics; it's about identifying potential problems, improving safety, and maintaining a clean and organized environment.
 - Standardize - This step involves establishing standard procedures and practices to maintain the cleanliness and organization achieved in the previous steps. It ensures consistency and helps prevent the workplace from reverting to its previous state.
 - Sustain - The final step is about maintaining the improvements and creating a culture of continuous improvement. This involves ongoing training, audits, and feedback to ensure the 5S system is followed consistently and effectively.

Housekeeping

- Tool & Equipment Storage
 - Return tools and supplies after use
 - Store equipment in designated areas
 - Keep electrical cords coiled and off walkways
 - Use proper shelving/storage methods
 - Lock out/tag out damaged tools until repaired
- Waste Management
 - Separate regular waste, recyclables, and hazardous waste
 - Empty bins regularly to prevent overflow
 - Label containers clearly
 - Never mix incompatible waste materials

Housekeeping

- Floor and Walkway Safety
 - Keep floors dry and free of debris
 - Use mats in wet or slippery areas
 - Repair damaged flooring immediately
 - Keep extension cords out of walkways
 - Use signs or cones for wet floors
- Fire Prevention and Storage
 - Store flammable materials in approved cabinets
 - Keep combustible waste in closed containers
 - Do not block sprinklers, alarms, or extinguishers
 - Maintain clear access to fire exits
 - Remove unnecessary clutter regularly

Housekeeping

- Office Housekeeping Tips
 - Keep cords and cables organized
 - Avoid stacking boxes near exits
 - Clean up paper and food waste daily
 - Ensure filing cabinets and drawers are closed
 - Report damaged furniture or equipment
- Employee Responsibilities
 - Keep personal work areas neat and hazard-free
 - Report unsafe conditions immediately
 - Follow company housekeeping rules
 - Take ownership—safety is everyone's responsibility

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Incident Reporting and Investigation Training

Worldwide Travel Staffing, Limited

Incident Reporting and Investigation

- What is an Incident?
 - An Incident is any unplanned event that results in or could result in injury, illness, damage, or loss. Incidents include:
 - Accidents (injury or property damage occurred)
 - Near misses (no harm this time, but potential existed)
 - Hazards / unsafe conditions or behaviors
- Employees must report all incidents in accordance with the policies and procedures set forth in Worldwide's Employee and Field Staff Handbooks.
 - Field Staff have an additional duty to follow the incident reporting policies and procedures in place at their assigned worksite.
- Upon report, supervisors will investigate and remediate all events.
 - Engineering controls (e.g., fix equipment, improve lighting)
 - Administrative controls (e.g., new procedures, training, staffing changes)
 - PPE improvements (e.g., proper footwear, gloves, goggles)
 - Policy changes and safety audits
- Injuries will be recorded and reported in accordance with OSHA requirements and/or any applicable federal, state, or local laws.

Incident Reporting and Investigation

- Why is reporting important?
 - Ensures timely medical care if needed
 - Allows hazards to be corrected before they cause harm
 - Helps meet OSHA/legal requirements
 - Promotes a culture of safety and transparency
 - Prevents recurrence by learning from events
- What should be reported?
 - Injuries and illnesses (minor or severe)
 - Near misses and close calls
 - Property or equipment damage
 - Environmental releases or spills
 - Hazards or unsafe conditions observed

Incident Reporting and Investigation

- When and how to report?
 - Report incidents immediately or as soon as possible
 - Following reporting policies and procedures outlined in Worldwide's Employee and Field Staff Handbooks. Field Staff must additionally follow the incident reporting policies and procedures in place at their assigned worksite.
 - Use official incident report form (paper or electronic)
 - Provide: who, what, where, when, how, and witnesses
- Employee Responsibilities
 - Report all incidents
 - Following reporting policies and procedures
 - Provide honest and accurate information
 - Cooperate with investigations
 - Follow up on corrective actions
 - Participate in safety training

Industrial Hygiene Training

Worldwide Travel Staffing, Limited

Industrial Hygiene

- What is Industrial Hygiene?
 - The science of protecting workers' health by controlling environmental hazards
 - Focuses on identifying and reducing exposures that cause illness or injury
 - Goal: Create a safe, healthy workplace environment
- Four Key Principles
 1. Anticipating potential hazards
 2. Recognizing existing hazards
 3. Evaluating the level of exposure risk
 4. Controlling hazards through safe practices

Industrial Hygiene

- Industrial hygiene identifies five main types of workplace hazards. These hazards can cause illnesses or injuries, making it crucial to understand and manage them effectively.
 1. Chemical Hazards
 - These include exposure to various chemicals in solid, liquid, or gaseous forms, such as solvents, adhesives, and toxic dusts.
 2. Biological Hazards
 - These hazards involve exposure to living organisms like bacteria, viruses, fungi, and mold, which can cause infections or diseases.
 3. Physical Hazards
 - These hazards encompass factors like excessive noise, extreme temperatures, radiation, and vibration, which can lead to various injuries and health problems.
 4. Ergonomic Hazards
 - These hazards relate to the design of the workplace and tasks, including repetitive motions, awkward postures, and heavy lifting, which can cause musculoskeletal disorders.
 5. Airborne Hazards
 - These are hazards related to particles or gases in the air, such as dust, fumes, mists, and aerosols, that can be inhaled and cause respiratory issues.

Industrial Hygiene

- Chemical Hazards
 - Found in cleaning agents, paints, fuels, and industrial chemicals
 - Routes of entry: inhalation, skin absorption, ingestion, injection
 - Can cause burns, organ damage, respiratory illness, and cancer
- Physical Hazards
 - Noise: Hearing loss from prolonged exposure
 - Heat/Cold Stress: Dehydration, hypothermia, heat stroke
 - Radiation: Ionizing and non-ionizing risks
 - Vibration: Circulatory and nerve disorders
- Biological Hazards
 - Sources: blood, bodily fluids, mold, bacteria, viruses
 - Risks: infections, allergic reactions, long-term illnesses
 - Prevention: proper PPE, hygiene practices, vaccinations
- Ergonomic Hazards
 - Poor workstation setup, repetitive tasks, heavy lifting
 - Effects: musculoskeletal disorders (MSDs), back pain, carpal tunnel
 - Controls: adjustable furniture, lifting aids, job rotation

Industrial Hygiene

- Exposure Monitoring
 - Air sampling for dusts, vapors, and gases
 - Noise monitoring with dosimeters
 - Biological monitoring (blood/urine tests)
 - Ergonomic assessments of tasks/workstations
- Control Methods (Hierarchy of Controls)
 1. Elimination – Remove the hazard entirely
 2. Substitution – Replace with safer material/process
 3. Engineering Controls – Ventilation, isolation, noise dampening
 4. Administrative Controls – Training, shift rotation, SOPs
 5. Personal Protective Equipment (PPE) – Last line of defense
- Examples of Controls
 - Ventilation hoods for chemical fumes
 - Noise barriers or hearing protection
 - Ergonomic tools and adjustable chairs
 - PPE: respirators, gloves, safety glasses, hearing protection

Industrial Hygiene

- Employee Responsibilities
 - Follow safety procedures and training
 - Wear PPE properly and consistently
 - Report unsafe conditions and symptoms of overexposure
 - Cooperate with monitoring and medical evaluations
- Emergency Response
 - Know evacuation routes and alarms
 - Follow spill or exposure protocols
 - Use eyewash stations and showers if exposed
 - Report all incidents immediately
- Summary
 - Industrial hygiene protects worker health and safety
 - Hazards can be chemical, physical, biological, ergonomic, and airborne
 - Use the anticipate, recognize, evaluate, and control principles
 - Everyone shares responsibility for reducing risks

Infection Control Training

Worldwide Travel Staffing, Limited

Infection Control

- Why Infection Control Matters
 - Protects patients from preventable infections
 - Protects healthcare workers from exposure
 - Reduces healthcare-associated infection rates
 - Meets OSHA and CDC regulatory requirements
- Understanding the Chain of Infection
 1. Infectious Agent – bacteria, virus, fungus, parasite
 2. Reservoir – people, equipment, environment
 3. Portal of Exit – body fluids, cough, wounds
 4. Mode of Transmission – contact, droplet, airborne
 5. Portal of Entry – mucous membranes, breaks in skin
 6. Susceptible Host – compromised immune system
- Goal: Break any link in the chain to prevent infection.

Infection Control

- Common Healthcare-Associated Infections (HAIs)
 - MRSA (Methicillin-Resistant Staphylococcus aureus)
 - C. difficile
 - Catheter-associated urinary tract infections (CAUTIs)
 - Central line-associated bloodstream infections (CLABSIs)
 - Surgical site infections (SSIs)
- What Are Standard Precautions?
 - Standard Precautions are the minimum infection prevention practices applied to all patient care, regardless of suspected or confirmed infection.
 - Includes:
 - Hand hygiene
 - Use of PPE (gloves, gowns, masks, eye protection)
 - Respiratory hygiene/cough etiquette
 - Safe injection practices
 - Safe handling of contaminated equipment
 - Environmental cleaning

Infection Control

- Standard Precautions
 - Hand Hygiene
 - The single most effective method of infection prevention.
 - Perform:
 - Before and after patient contact
 - After contact with blood or body fluids
 - After removing gloves
 - Before aseptic tasks
 - Use:
 - Soap and water when visibly soiled or after C. difficile exposure
 - Alcohol-based hand rub in all other routine situations
 - Personal Protective Equipment (PPE)
 - Gloves: When touching blood, body fluids, or contaminated items
 - Gowns: When clothing may be exposed
 - Masks/Respirators: During procedures with splash or spray risk
 - Eye Protection/Face Shield: When splashes or sprays are anticipated
 - Don before contact, remove before leaving patient area

Infection Control

- Standard Precautions (Continued)
 - Respiratory Hygiene / Cough Etiquette
 - Cover coughs and sneezes with tissue or elbow
 - Dispose of tissues and perform hand hygiene
 - Post signs and provide masks in waiting areas
 - Encourage spatial separation (≥ 3 feet)
 - Safe Injection and Sharps Practices
 - Use a new sterile syringe and needle for every injection
 - Do not reuse single-dose vials
 - Dispose of sharps immediately in approved containers
 - Never recap used needles
 - Cleaning and Disinfection
 - Follow facility cleaning protocols
 - Clean and disinfect frequently touched surfaces
 - Use EPA-approved disinfectants
 - Handle linens and waste with minimal agitation

Infection Control

- **Transmission-Based Precautions**
 - Used in addition to Standard Precautions when infection is known or suspected.
 - Contact Precautions – MRSA, C. difficile
 - Droplet Precautions – Influenza, pertussis
 - Airborne Precautions – TB, measles, COVID-19
- **Employee Responsibilities**
 - Follow infection control policies
 - Report exposures and incidents immediately
 - Participate in required training and health screenings
 - Model safe practices
- **Additional Resources**
 - CDC: Guidelines for Infection Control in Healthcare Settings
 - OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
 - WHO: Hand Hygiene in Healthcare

Job Hazard Safety Analysis (JHA) for Healthcare Workers

Worldwide Travel Staffing, Limited

Job Hazard Safety Analysis (JHA) for Healthcare Workers

- Applies to all field staff who are providing general patient care in a healthcare setting.
 - An assignment-specific Job Hazard Analysis will be provided during facility orientation.
- Job/Task Breakdown
 - The main job duties for healthcare workers include:
 - Patient handling and transfer
 - Providing direct patient care (bathing, feeding, dressing, administering medications)
 - Using medical equipment and sharps
 - Cleaning and disinfecting surfaces/equipment
 - Handling and disposing of biological waste
 - Documentation and computer work

Job Hazard Safety Analysis (JHA) for Healthcare Workers

- Potential Hazards

Job Task	Hazards Identified	Possible Consequences
Patient handling & transfer	Overexertion, awkward postures, slips/trips, patient to staff assault	Musculoskeletal injuries (back strain, sprains, bruises)
Direct patient care	Exposure to bloodborne pathogens, infectious diseases	Infections, illness
Using sharps	Needlestick injuries	Bloodborne pathogen transmission (HIV, Hep B, Hep C)
Cleaning/disinfecting	Chemical exposure, skin/eye irritation	Burns, rashes, respiratory irritation
Waste disposal	Biohazard exposure, puncture from sharps	Infection, injury
Documentation/computer work	Repetitive strain, poor ergonomics	Carpal tunnel, eye strain, neck/back pain

Job Hazard Safety Analysis (JHA) for Healthcare Workers

- Recommended Controls (Hierarchy of Controls)
 - Engineering Controls (remove hazard physically):
 - Mechanical lifting devices for patient transfer
 - Sharps disposal containers
 - Ventilation systems in isolation rooms
 - Ergonomic chairs, keyboards, and monitors
 - Administrative Controls (change how work is done):
 - Training in infection control and safe lifting techniques
 - Standard operating procedures (SOPs) for handling hazardous materials
 - Rotating job tasks to reduce repetitive strain
 - Proper staffing levels to reduce rushing and errors
 - Personal Protective Equipment (PPE):
 - Gloves, gowns, masks/respirators, face shields
 - Non-slip footwear
 - Safety goggles when handling chemicals
 - Dosimeters in radiology areas

Job Hazard Safety Analysis (JHA) for Healthcare Workers

- Safe Work Practices
 - Follow hand hygiene protocols before and after patient contact
 - Always use PPE as required for the task
 - Report and document all exposures, spills, or injuries immediately
 - Do not recap needles; dispose of sharps directly in containers
 - Keep walkways free of clutter and spills
 - Use body mechanics and lifting aids when moving patients
 - Take breaks to prevent fatigue and ergonomic strain
- Emergency Procedures
 - Blood/Body Fluid Exposure: Wash area, report to supervisor, seek medical evaluation
 - Needlestick Injury: Wash with soap and water, notify supervisor, follow exposure protocol
 - Chemical Spill: Use spill kit, evacuate area if necessary, report immediately
 - Fire/Evacuation: Follow facility evacuation routes and fire safety protocols
- Employee Responsibilities
 - Employees:
 - Follow training, use PPE, and report hazards/incidents
 - Participate in safety drills and refresher training

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Managing Aggressive or Violent Patients

Worldwide Travel Staffing, Limited

Managing Aggressive or Violent Patients

- Training Objectives
 - Recognize signs of escalating aggression and violence
 - Learn de-escalation techniques and communication strategies
 - Understand safety protocols and emergency response procedures
 - Review use of restraints and seclusion (when applicable)
 - Promote a culture of safety and self-awareness
- Understanding the Environment
 - High-risk settings include psychiatric units, forensic hospitals, and correctional healthcare areas
 - Patients may experience:
 - Acute mental illness
 - Substance intoxication or withdrawal
 - Past trauma or incarceration stress
 - Staff safety is as vital as patient care

Managing Aggressive or Violent Patients

- Common Triggers for Aggression
 - Feeling threatened or disrespected
 - Fear, confusion, or paranoia
 - Denial of requests or privileges
 - Overcrowded or noisy environments
 - Physical discomfort, pain, or withdrawal symptoms
- The Assault Cycle
 1. Trigger Phase – Early signs of agitation
 2. Escalation Phase – Increased pacing, clenched fists, loud voice
 3. Crisis Phase – Physical aggression or violence
 4. Recovery Phase – Gradual calm, exhaustion
 5. Post-Crisis Depression – Quietness, remorse, or confusion

Managing Aggressive or Violent Patients

- Recognize Early Warning Signs
 - Raised voice or profanity
 - Threatening posture or eye contact
 - Restlessness or pacing
 - Sudden change in behavior or tone
 - Verbal threats or clenched fists
- De-Escalation Techniques
 - Remain calm and speak softly
 - Maintain non-threatening body language
 - Allow personal space (at least 2 arm's lengths)
 - Listen actively and acknowledge feelings
 - Avoid arguing or giving ultimatums
 - Offer choices when possible

Managing Aggressive or Violent Patients

- Communication Best Practices
 - Use clear, simple language
 - Avoid sarcasm or humor that may be misunderstood
 - Validate the person's feelings ("I can see you're upset")
 - Maintain steady eye contact (but don't stare)
 - Keep your tone low, slow, and respectful
- Personal Safety Techniques
 - Know your escape routes and keep clear access
 - Never turn your back on an aggressive patient
 - Don't wear dangling jewelry or lanyards
 - Position yourself between the patient and the exit
 - Use the buddy system in high-risk encounters

Managing Aggressive or Violent Patients

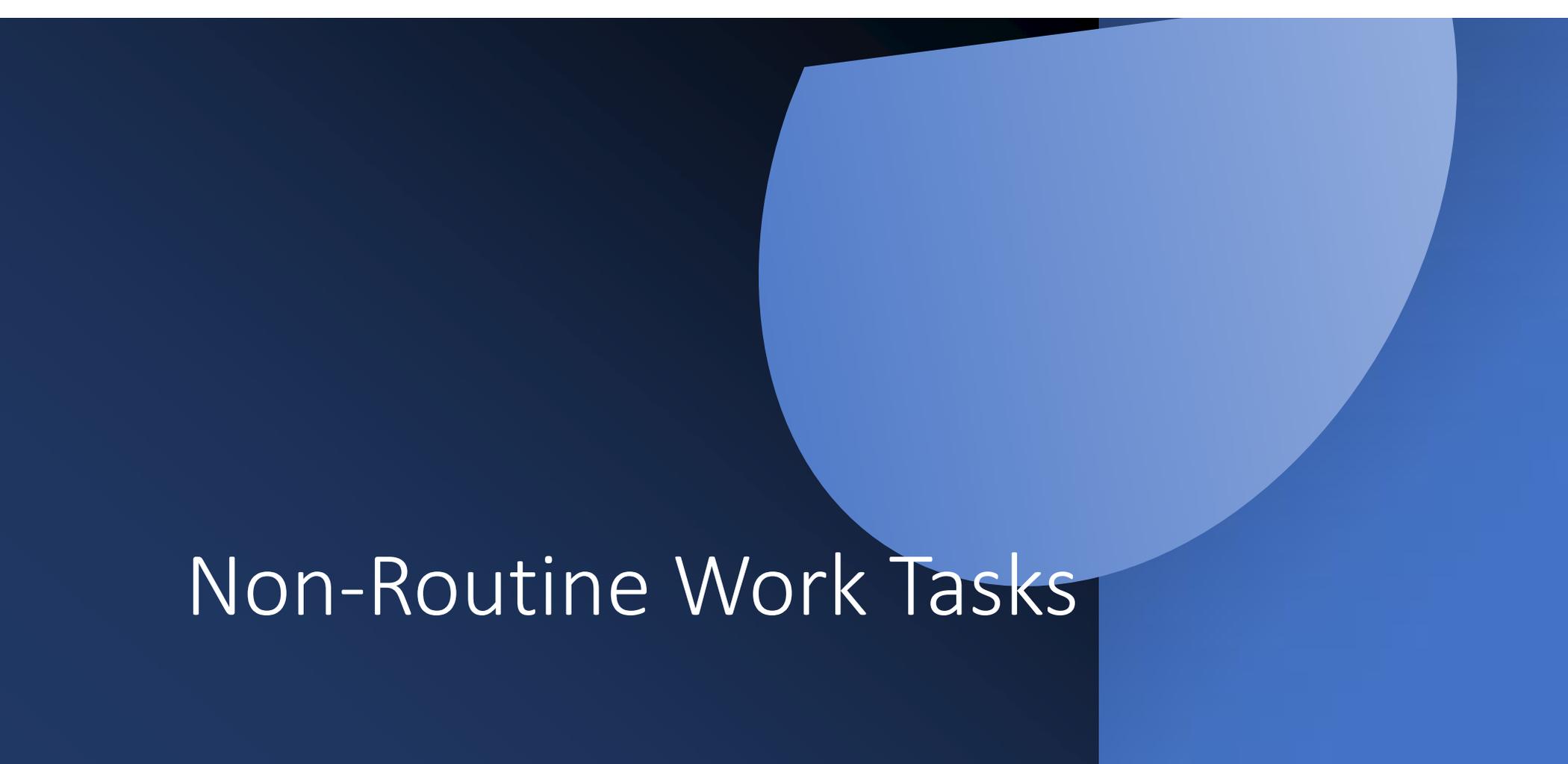
- Team-Based Response
 - Always follow facility policy and training
 - Notify security or other staff immediately
 - Use code words or alarm systems (e.g., “Code Gray”)
- Use of Restraints and Seclusion
 - Policies vary by facility.
 - Last resort only – used when the patient poses an immediate danger
 - Respect patient dignity and legal rights

Managing Aggressive or Violent Patients

- Post-Incident Procedures
 - Ensure everyone's safety first
 - Report incidents promptly and in accordance with applicable policies and procedures
 - Participate in debriefing sessions
 - Review what worked and what didn't
 - Seek support or counseling if needed
- Legal and Ethical Considerations
 - Duty to protect self and others
 - Patients retain rights even when violent
 - Documentation must be objective and factual
 - Follow facility, state, and federal regulations (e.g., OSHA, CMS, HIPAA)

Managing Aggressive or Violent Patients

- Promoting a Culture of Safety
 - Encourage open reporting of threats and incidents
 - Provide regular refresher training
 - Foster teamwork and trust
 - Support mental wellness for staff
 - Learn from each event to improve practices
- Resources and Support
 - Worldwide's Clinical Director
 - OSHA Workplace Violence Prevention Guidelines
 - National Institute for Occupational Safety and Health (NIOSH)
- Key Takeaways
 - Prevention starts with awareness and preparation
 - De-escalation is the preferred first response
 - Teamwork ensures safety for all
 - Every incident is an opportunity to learn and improve

The top half of the slide features a dark blue background with a large, light blue, rounded rectangular shape on the right side. The text 'Non-Routine Work Tasks' is centered in white.

Non-Routine Work Tasks

Worldwide Travel Staffing, Limited

Non-Routine Work Tasks

- Objectives
 - Understand what non-routine work tasks are
 - Recognize hazards associated with non-routine tasks
 - Follow required safety planning steps before starting work
 - Use controls and permits appropriately
 - Know when and how to stop work
- Non-routine tasks are activities that:
 - Are not performed regularly
 - Are outside normal job duties
 - Involve unusual conditions, equipment, or locations
 - May introduce new or unfamiliar hazards
- Examples of non-routine work tasks:
 - Emergency or one-time projects
 - Equipment repair or maintenance
 - Confined space entry
 - Working at heights

Non-Routine Work Tasks

- Why Non-Routine Tasks Are Higher Risk
 - Less familiarity with the task
 - Standard procedures may not exist
 - Different tools or environments
 - Increased chance of shortcuts or assumptions
 - Higher potential for serious injury or property damage
- Employee Responsibilities:
 - Never start a non-routine task without approval
 - Follow all permits and procedures
 - Use required personal protective equipment (PPE)
 - Stop work if conditions become unsafe
- Before starting any non-routine task:
 - Clearly define the task and scope of work
 - Identify who is involved
 - Review equipment, materials, and environment
 - Determine if outside contractors are required

Non-Routine Work Tasks

- Hazard Identification - Ask these questions:
 - What could go wrong?
 - What energy sources are involved?
 - Are there fall, electrical, chemical, or confined space hazards?
 - Could weather, lighting, or noise affect safety?
- Risk Control Measures - Apply controls in this order:
 - Elimination – Remove the hazard
 - Substitution – Use safer methods or materials
 - Engineering Controls – Guards, ventilation, barriers
 - Administrative Controls – Procedures, permits, training
 - PPE – Last line of defense
- Permits and Authorizations
 - Some non-routine tasks require permits, such as:
 - Confined space permits
 - Hot work permits
 - Lockout/Tagout authorization
 - Working at heights approval
 - Never begin work without required permits.

Non-Routine Work Tasks

- Communication and Coordination
 - Conduct a pre-task briefing
 - Ensure everyone understands their role
 - Confirm emergency procedures
 - Maintain communication during the task
 - Coordinate with other departments or contractors
- Personal Protective Equipment (PPE)
 - PPE requirements may differ from routine work
 - Inspect PPE before use
 - Use PPE as trained
 - Report damaged or missing PPE immediately
- Have the authority to stop work if:
 - Conditions change unexpectedly
 - Hazards are not adequately controlled
 - Permits or procedures are not followed
 - Someone could be injured

Non-Routine Work Tasks

- Incident Reporting - If an incident or near miss occurs:
 - Stop work and make the area safe
 - Report immediately to a supervisor
 - Seek medical attention if needed
 - Participate in the investigation
- Key Takeaways
 - Non-routine tasks carry a higher risk
 - Planning and hazard assessment are critical
 - Follow permits, procedures, and controls
 - Use proper PPE
 - Speak up and stop work when unsafe
 - Learning from incidents prevents future injuries.

Personal Protective Equipment (PPE) in Healthcare

Worldwide Travel Staffing, Limited

Personal Protective Equipment (PPE)

- Personal Protective Equipment is specialized clothing or equipment worn by an employee to protect against a hazard. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment.
- PPE provides a barrier against exposure. Essential PPE includes, but is not limited to:
 - Gloves
 - Gowns or aprons
 - Laboratory coats
 - Face shields or masks and eye protection
 - Mouthpieces, resuscitation bags, pocket masks, or other ventilation devices
- PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the PPE will be used
- Using Personal Protective Equipment (PPE) correctly protects you, your patients, and your community.
 - PPE is critical to healthcare safety
 - Correct selection, use, and disposal prevent infections
 - Protects healthcare workers from exposure to:
 - Bloodborne pathogens
 - Airborne diseases
 - Hazardous chemicals/medications
 - Protects patients from cross-contamination
 - Required by OSHA Bloodborne Pathogens Standard and infection control guidelines

Personal Protective Equipment (PPE)

- Types of PPE in Healthcare
 - Gloves
 - Protect hands from blood, body fluids, chemicals
 - Types: exam gloves, sterile surgical gloves, heavy-duty cleaning gloves
 - Key points:
 - Change between patients and tasks
 - Never reuse disposable gloves
 - Perform hand hygiene before and after use
 - Gowns & Aprons
 - Protect skin and clothing from contamination
 - Disposable isolation gowns for routine patient care
 - Fluid-resistant or impermeable gowns for high-risk procedures
 - Remove carefully to avoid self-contamination

Personal Protective Equipment (PPE)

- Types of PPE in Healthcare (Continued)
 - Masks & Respirators
 - Surgical Masks: Protect from droplets, prevent spread to patients
 - N95 Respirators: Protect against airborne pathogens (TB, COVID-19)
 - Fit testing required for respirators
 - Do not touch front of mask during removal
 - Eye & Face Protection
 - Goggles or face shields protect against splashes, sprays, or infectious droplets
 - Worn with masks for full protection
 - Clean reusable equipment after each use
 - Shoe & Head Covers
 - Prevent contamination in sterile environments (OR, clean rooms)
 - Used in areas requiring strict infection control
 - Must be disposed of after use

Personal Protective Equipment (PPE)

- Donning & Doffing PPE
 - Donning Order (putting on):
 - Gown
 - Mask/respirator
 - Goggles/face shield
 - Gloves
 - Doffing Order (removing):
 - Gloves
 - Goggles/face shield
 - Gown
 - Mask/respirator
 - Perform hand hygiene after removal
- Proper Use & Disposal
 - Use PPE only as intended
 - Dispose of single-use PPE in biohazard containers
 - Do not leave used PPE on surfaces or floors
 - Follow facility infection control procedures

Personal Protective Equipment (PPE)

- Employer Responsibilities
 - Provide appropriate PPE at no cost
 - Ensure PPE is accessible in all care areas
 - Train employees on proper use and limitations
 - Replace damaged or defective PPE immediately
- Employee Responsibilities
 - Wear PPE when required
 - Follow proper donning/doffing procedures
 - Report missing or damaged PPE
 - Do not reuse disposable PPE unless specifically permitted
 - Participate in PPE training and fit testing
- Common PPE Mistakes
 - Wearing gloves without hand hygiene
 - Reusing disposable PPE
 - Touching face, phone, or surfaces with contaminated gloves
 - Improper mask fit (nose/mouth exposed)
 - Removing PPE in patient care areas

Radiation Safety Training

Worldwide Travel Staffing, Limited

Radiation Safety Training

- Objectives
 - Understand types of radiation and their sources
 - Recognize health risks from radiation exposure
 - Learn ALARA principles (As Low As Reasonably Achievable)
 - Follow safe work practices for radiation protection
 - Know emergency procedures and reporting requirements
- What is Radiation?
 - Ionizing Radiation – X-rays, gamma rays, alpha, beta, neutron radiation
 - Non-Ionizing Radiation – UV light, microwaves, radiofrequency, lasers
 - Found in medical, research, industrial, and energy settings
- Health Risks of Radiation
 - Short-term exposure: skin burns, radiation sickness
 - Long-term exposure: cancer, genetic damage, cataracts
 - Risk depends on:
 - Dose
 - Duration of exposure
 - Type of radiation
 - Distance from source

Radiation Safety Training

- Regulatory Oversight
 - OSHA – workplace safety standards
 - NRC (Nuclear Regulatory Commission) – licensing and use of radioactive materials
 - EPA – environmental radiation protection
 - Company's Radiation Safety Program
- ALARA Principle
 - As Low As Reasonably Achievable
 - Time – minimize time near sources
 - Distance – maximize distance from sources
 - Shielding – use barriers (lead, concrete, protective clothing)
- Warning Signs & Labels
 - Radiation symbol (trefoil) = presence of ionizing radiation
 - Posted at entrances to restricted areas
 - Labels on containers, equipment, and rooms
 - Never enter marked areas without authorization

Radiation Safety Training

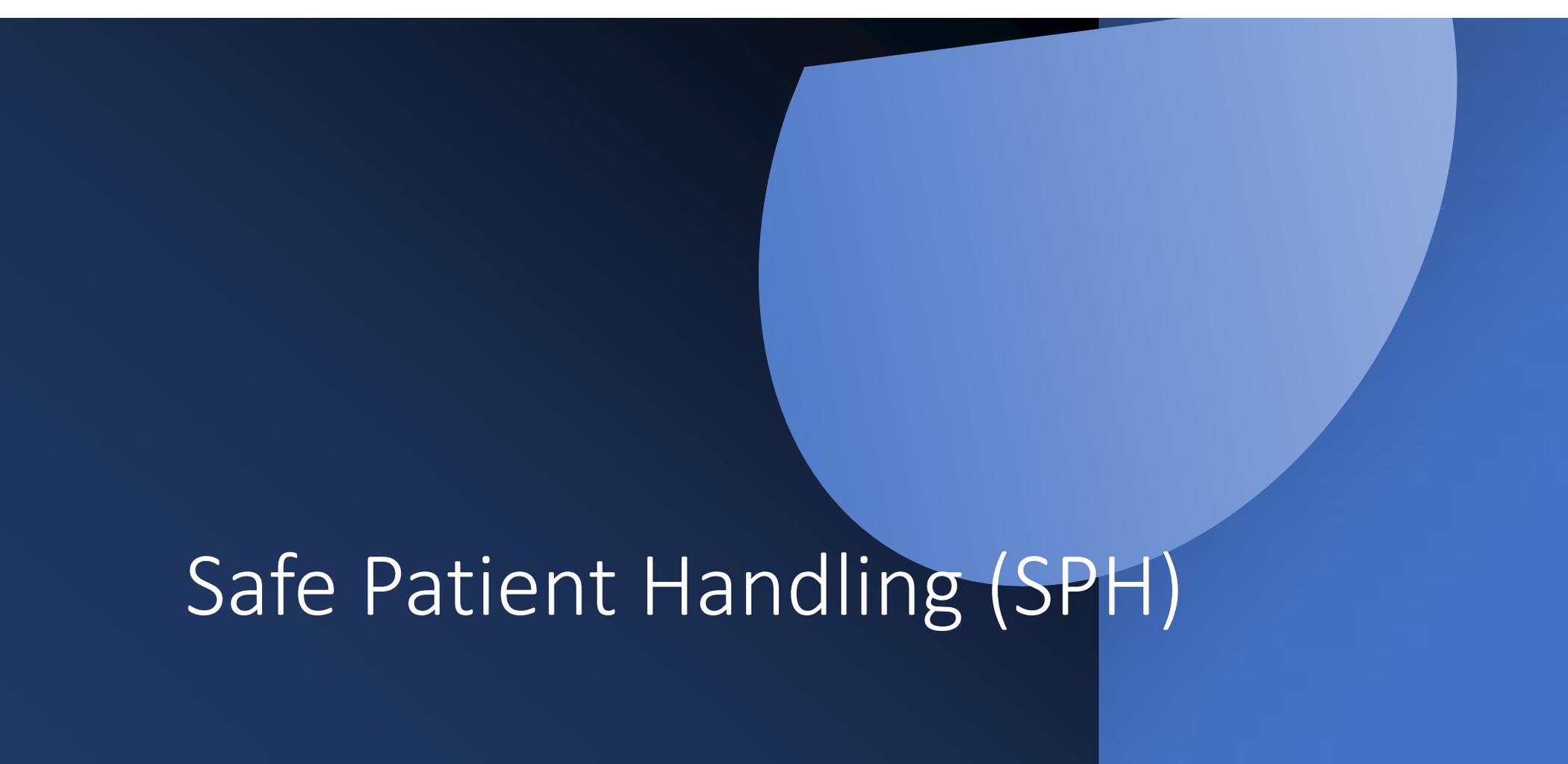
- Personal Protective Equipment (PPE)
 - Lead aprons, vests, or shields
 - Dosimeters (radiation badges) to track exposure
 - Safety goggles and gloves when appropriate
 - Respiratory protection (for airborne radioactive material)
- Safe Work Practices
 - Follow standard operating procedures (SOPs)
 - Never eat, drink, or smoke in radiation areas
 - Store radioactive materials securely
 - Use proper handling tools (tongs, shields)
 - Report damaged shielding or leaks immediately
- Radiation Monitoring
 - Personal dosimeters must be worn in designated areas
 - Area radiation surveys conducted regularly
 - Records kept of employee exposures
 - Immediate reporting of abnormal readings

Radiation Safety Training

- Emergency Procedures
 1. Stop work immediately
 2. Evacuate the area if unsafe
 3. Notify supervisor and Radiation Safety Officer (RSO)
 4. Follow decontamination procedures if necessary
 5. Seek medical evaluation if exposed
- Employee Responsibilities
 - Follow radiation safety policies and training
 - Wear PPE and monitoring devices properly
 - Report unsafe conditions or exposures
 - Never bypass safety controls or shielding
- Radiation Monitoring
 - Radiation can be dangerous if mishandled
 - Minimize exposure through time, distance, shielding
 - Always follow company policies and regulatory guidelines
 - Safety is a shared responsibility

Radiation Safety Training

- If a radiation incident occurs:
 1. Stop work immediately
 2. Evacuate the area if unsafe
 3. Notify supervisor and Radiation Safety Officer (RSO)
 4. Follow decontamination procedures if necessary
 5. Seek medical evaluation if exposed
- Employee Responsibilities
 - Follow radiation safety policies and training
 - Wear PPE and monitoring devices properly
 - Report unsafe conditions or exposures
 - Never bypass safety controls or shielding
- Summary
 - Radiation can be dangerous if mishandled
 - Minimize exposure through time, distance, shielding
 - Always follow company policies and regulatory guidelines
 - Safety is a shared responsibility

The top half of the slide features a dark blue background with a large, light blue, rounded rectangular shape on the right side. The text 'Safe Patient Handling (SPH)' is centered in white.

Safe Patient Handling (SPH)

Worldwide Travel Staffing, Limited

Safe Patient Handling (SPH)

- Training Objectives
 - Understand the importance of SPH in healthcare
 - Identify common risks to staff and patients during handling
 - Apply safe body mechanics and equipment use
 - Recognize facility policies and reporting procedures
- Why Safe Patient Handling Matters
 - Healthcare workers are at high risk for musculoskeletal injuries
 - Manual lifting is the leading cause of staff injuries
 - Injuries lead to lost work time, increased costs, and staff shortages
 - Safe handling preserves patient dignity and safety
- Common Risk Factors
 - Repositioning or transferring dependent patients
 - Lifting patients from the floor
 - Moving patients without assistance or equipment
 - Awkward postures, twisting, or rushing
 - Bariatric or uncooperative patients

Safe Patient Handling (SPH)

- Impact of Injuries
 - For staff: Back strain, herniated discs, shoulder/knee injuries
 - For patients: Falls, skin tears, discomfort, loss of trust
 - For facilities: Increased workers' comp claims, turnover, patient complaints
- Core Principles of SPH
 - Avoid manual lifting whenever possible
 - Use assistive equipment (lifts, transfer boards, gait belts)
 - Work in teams—never handle heavy patients alone
 - Plan before you move (assess patient mobility, environment, and resources)
 - Maintain neutral posture (bend knees, keep back straight, avoid twisting)
- Assessing the patient:
 - Can the patient bear weight?
 - Can the patient sit up independently?
 - Is the patient cooperative and able to follow instructions?
 - What equipment and number of staff are needed?

Safe Patient Handling (SPH)

- Assistive Devices
 - Mechanical lifts (Hoyer, ceiling lifts)
 - Slide sheets/transfer sheets
 - Gait belts
 - Sit-to-stand devices
 - Wheelchairs with removable arms/footrests
- Staff Roles in SPH
 - Nursing staff: Initiate safe handling practices
 - Support staff: Assist and ensure the environment is clear
 - All staff: Report hazards, broken equipment, or unsafe practices
- Facility Policies
 - Policies and procedures may differ from facility to facility.
 - Always follow the policies and procedures in place at your assigned facility
 - Manual lifting should be avoided unless necessitated by emergency
 - Always use available equipment for dependent patients
 - Document and report incidents and near misses

Safe Patient Handling (SPH)

- Reporting & Communication
 - Report injuries immediately
 - Document unsafe conditions (broken lifts, missing slings)
 - Communicate patient mobility status in handoffs
 - Encourage a “safety-first” culture
- Benefits of SPH
 - For staff: Reduced injuries, longer careers
 - For patients: Improved safety, comfort, dignity
 - For facilities: Lower costs, improved morale, better care outcomes
- Summary
 - SPH protects both staff and patients
 - Always assess before moving
 - Use the right equipment and teamwork
 - Report unsafe conditions promptly

The top half of the slide features a dark blue background. On the right side, there are two overlapping light blue shapes: a large, rounded, teardrop-like shape and a smaller, more rectangular shape below it. The text 'Sexual Harassment' is centered on the left side of this dark blue area.

Sexual Harassment

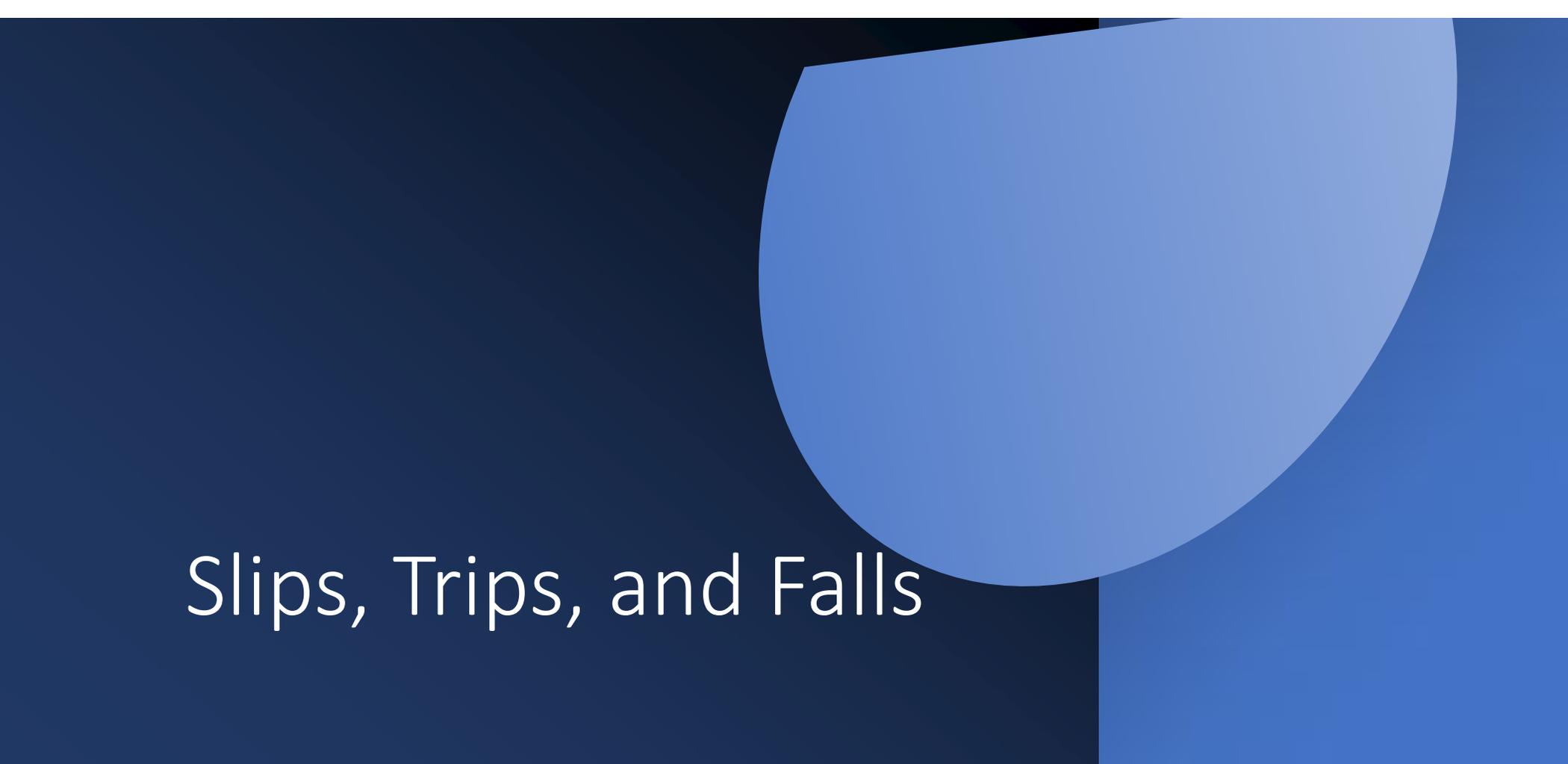
Worldwide Travel Staffing, Limited

Sexual Harassment

- What Is “Sexual Harassment”?
 - Sexual harassment is a form of sex discrimination and is unlawful under federal, state, and (where applicable) local law. Sexual harassment includes harassment on the basis of sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity and the status of being transgender.
 - Sexual harassment includes unwelcome conduct which is either of a sexual nature, or which is directed at an individual because of that individual’s sex, when:
 - Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment, even if the reporting individual is not the intended target of the sexual harassment;
 - Such conduct is made either explicitly or implicitly a term or condition of employment; or
 - Submission to or rejection of such conduct is used as the basis for employment decisions affecting an individual’s employment.
 - A sexually harassing hostile work environment includes, but is not limited to, words, signs, jokes, pranks, intimidation, or physical violence which are of a sexual nature, or which are directed at an individual because of that individual’s sex. Sexual harassment also consists of any unwanted verbal or physical advances, sexually explicit derogatory statements or sexually discriminatory remarks made by someone that are offensive or objectionable to the recipient, which cause the recipient discomfort or humiliation, or which interfere with the recipient’s job performance.
 - Sexual harassment also occurs when a person in authority tries to trade job benefits for sexual favors. This can include hiring, promotion, continued employment, or any other terms, conditions, or privileges of employment. This is also called “quid pro quo” harassment.
- Sexual harassment is a form of workplace discrimination. All employees are required to work in a manner that prevents sexual harassment in the workplace. Sexual harassment is against the law, and all employees have a legal right to a workplace free from sexual harassment.

Sexual Harassment

- Sexual Harassment Policy
 - Worldwide's Sexual Harassment Policy fosters a respectful environment with guidelines and procedures to prioritize well-being within the workplace. All employees must review the Sexual Harassment Policy and follow the policies and procedures set forth therein.
 - Worldwide's **Sexual Harassment Policy** is contained in the employee and field staff handbooks. A copy is also available online at www.worldwidetravelstaffing.com/resources/forms.
- Sexual Harassment Complaint Form
 - Employees are urged to report sexual harassment by filing a complaint internally with Worldwide. Employees can also file a complaint with a government agency or in court under federal, state, or local antidiscrimination laws.
 - Worldwide's **Sexual Harassment Complaint Form** is contained in the employee and field staff handbooks. A copy is also available online at www.worldwidetravelstaffing.com/resources/forms.
- Sexual Harassment Training
 - All employees must complete sexual harassment training upon hire and on an annual basis thereafter.
 - Worldwide's **Sexual Harassment Training** and the corresponding training acknowledgment form can be completed online at www.worldwidetravelstaffing.com/resources/training/.

The top half of the slide features a dark blue background. On the right side, there are two overlapping light blue shapes: a large, rounded, teardrop-like shape and a smaller, more rectangular shape below it. The text 'Slips, Trips, and Falls' is centered in the lower-left area of this dark blue section.

Slips, Trips, and Falls

Worldwide Travel Staffing, Limited

Slips, Trips & Falls

- Training Objectives
 - Recognize causes of slips, trips, and falls
 - Learn prevention strategies
 - Understand safe workplace practices
 - Know what to do if an incident occurs
- Why It Matters
 - Slips, trips, and falls are among the leading causes of workplace injuries
 - Can result in:
 - Sprains, strains, broken bones
 - Head injuries
 - Lost workdays and medical costs
 - 100% preventable with proper awareness
- Definitions
 - Slip – Loss of traction between the shoe and the walking surface
 - Trip – Foot strikes an object, causing loss of balance
 - Fall – Sudden drop from the same level or height

Slips, Trips & Falls

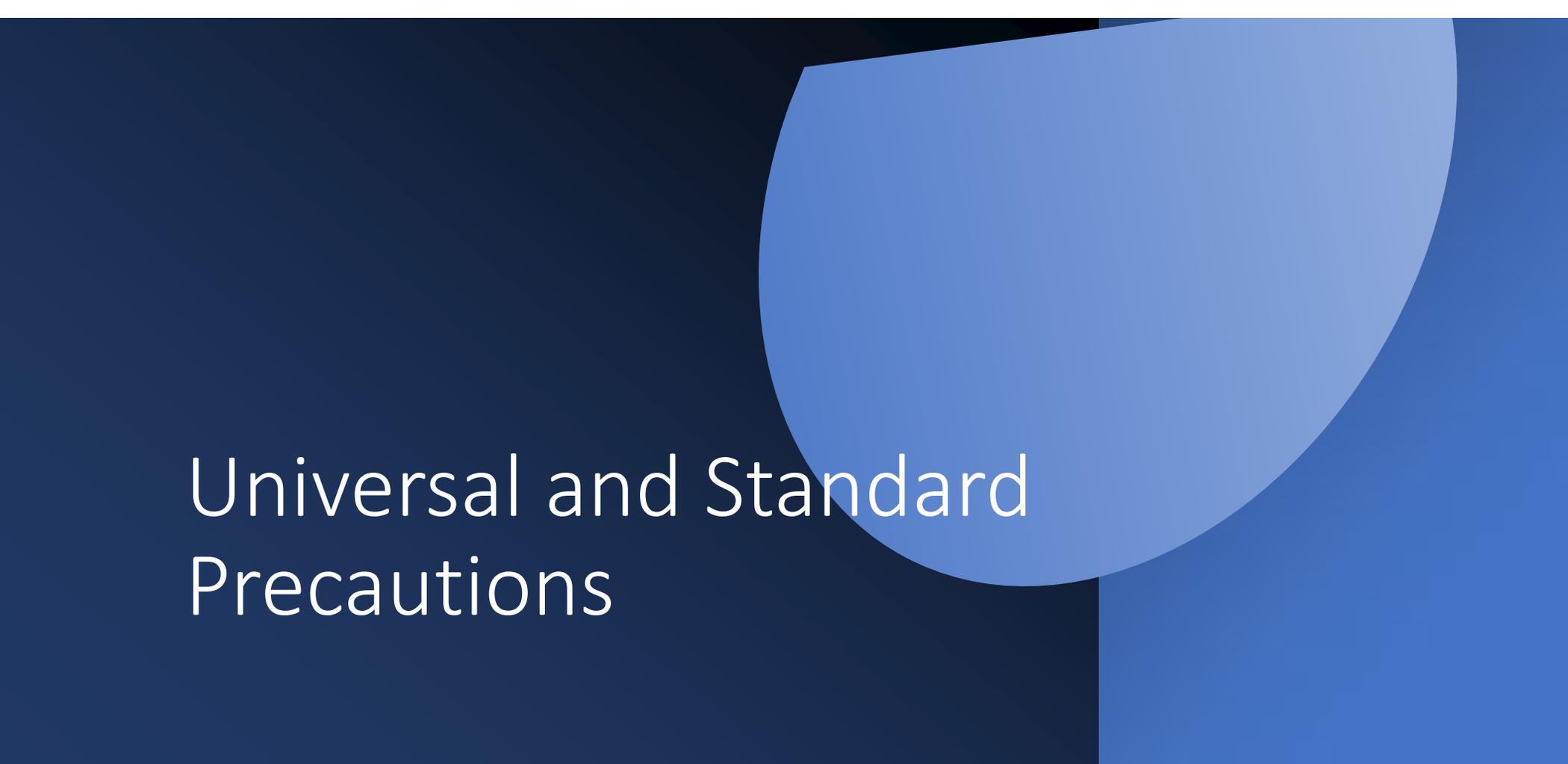
- Common Causes of Slips
 - Wet or oily floors
 - Weather hazards (snow, ice, rain)
 - Loose rugs or mats
 - Spills not cleaned up
 - Improper footwear
- Common Causes of Trips
 - Clutter or obstacles in walkways
 - Poor lighting
 - Uneven flooring or loose tiles
 - Cables, cords, or hoses across paths
 - Open drawers or misplaced objects
- Common Causes of Falls from Heights
 - Using stools or ladders incorrectly
 - Lack of guardrails or fall protection
 - Climbing on chairs, desks, or unstable surfaces
 - Working on elevated platforms without training

Slips, Trips & Falls

- Prevention: Slips
 - Clean spills immediately
 - Post “Wet Floor” signs when needed
 - Use slip-resistant mats in entryways
 - Wear proper non-slip footwear
 - Keep walkways dry and clear
- Prevention: Trips
 - Keep walkways free of clutter
 - Close drawers and cabinets
 - Route cords and cables safely
 - Improve lighting in dim areas
 - Repair uneven flooring promptly
- Prevention: Falls
 - Always use ladders safely—no standing on chairs
 - Inspect ladders before use
 - Maintain three points of contact when climbing
 - Use guardrails or fall protection in elevated areas
 - Do not carry loads that block your view

Slips, Trips & Falls

- Housekeeping & Maintenance
 - Daily inspections of work areas
 - Proper storage of tools and equipment
 - Scheduled cleaning of floors and entryways
 - Immediate reporting of unsafe conditions
- Employee Responsibilities
 - Stay alert and aware of surroundings
 - Follow posted safety procedures
 - Wear required footwear and PPE
 - Report spills, hazards, and damaged flooring immediately
 - Use ladders and equipment correctly
- If an Incident Happens
 - Seek medical attention immediately and in accordance with applicable Workplace Safety Policy
 - Notify supervisor and complete an incident report
 - Do not move the injured person unless safe to do so
 - Cooperate with the investigation to prevent recurrence
- Summary
 - Slips, trips, and falls are preventable
 - Good housekeeping and awareness are key
 - Safe practices protect you and your coworkers
 - When in doubt—report it, don't ignore it

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Universal and Standard Precautions

Worldwide Travel Staffing, Limited

Universal and Standard Precautions

- Training Objectives
 - Define Universal and Standard Precautions
 - Identify routes of disease transmission
 - Properly use personal protective equipment (PPE)
 - Demonstrate correct hand hygiene practices
 - Respond safely to exposure incidents
 - Understand employee responsibilities for infection prevention
- Universal Precautions
 - Universal Precautions are infection control practices that assume all human blood and certain body fluids are potentially infectious, regardless of perceived risk.
 - These precautions focus primarily on preventing exposure to bloodborne pathogens such as:
 - Hepatitis B (HBV)
 - Hepatitis C (HCV)
 - Human Immunodeficiency Virus (HIV)
- Standard Precautions
 - Standard Precautions expand upon Universal Precautions and apply to all patients, individuals, or situations, regardless of known infection status. Standard Precautions apply to:
 - Blood
 - All body fluids (except sweat)
 - Non-intact skin
 - Mucous membranes

Universal and Standard Precautions

- Routes of Transmission
 - Understanding how infections spread helps prevent exposure. Common routes include:
 - Contact transmission: Direct or indirect contact with contaminated surfaces or body fluids
 - Droplet transmission: Coughing, sneezing, talking
 - Airborne transmission: Small particles suspended in the air
 - Sharps injuries: Needles or other sharp objects penetrating the skin
- Hand Hygiene
 - Hand hygiene is the ****single most effective method**** to prevent infection.
 - When to Perform Hand Hygiene
 - Before and after contact with another person
 - After contact with blood or body fluids
 - After removing gloves or PPE
 - After using the restroom
 - Before eating or drinking
 - Proper Handwashing Steps
 1. Wet hands with clean water
 2. Apply soap
 3. Scrub for at least 20 seconds (including backs of hands and under nails)
 4. Rinse thoroughly
 5. Dry with a clean towel or air dryer

Universal and Standard Precautions

- Hand Hygiene (continued)
 - Alcohol-Based Hand Sanitizers
 - Use when hands are not visibly soiled
 - Must contain at least 60% alcohol
- Personal Protective Equipment (PPE)
 - Types of PPE
 - Gloves
 - Gowns or aprons
 - Face masks
 - Eye protection (goggles or face shields)
 - PPE Guidelines
 - Select PPE based on anticipated exposure
 - Put on PPE before contact
 - Remove PPE carefully to avoid contamination
 - Dispose of PPE in designated containers
 - Perform hand hygiene after removing PPE
- Safe Handling of Sharps
 - Never recap needles
 - Do not bend or break sharps
 - Dispose of sharps immediately in approved containers
 - Do not overfill sharps containers
 - Report sharps injuries immediately

Universal and Standard Precautions

- Environmental Cleaning and Disinfection
 - Clean and disinfect work surfaces regularly
 - Use approved disinfectants
 - Clean spills of blood or body fluids promptly
 - Wear appropriate PPE during cleanup
- Exposure Incident Response
 - An exposure incident includes contact with blood or body fluids through:
 - Broken skin
 - Eyes, nose, or mouth
 - Needlestick or sharps injury
 - Immediate Actions
 1. Wash affected area with soap and water
 2. Flush eyes or mucous membranes with clean water
 3. Report the incident to a supervisor immediately
 4. Seek medical evaluation as directed
 5. Complete required incident documentation
- Employee Responsibilities
 - Employees must:
 - Follow all Universal and Standard Precautions
 - Use PPE correctly and consistently
 - Report unsafe conditions or exposures
 - Participate in required training
 - Maintain awareness of infection control practices



Workplace Violence Prevention

Worldwide Travel Staffing, Limited

Workplace Violence Prevention

- Training Objectives
 - Define workplace violence and its different types
 - Recognize warning signs and risk factors
 - Apply prevention strategies and de-escalation techniques
 - Respond appropriately during and after violent incidents
 - Understand reporting procedures and available resources
- What Is Workplace Violence?
 - Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.
- Types of Workplace Violence
 - Criminal Intent – Violence by someone with no legitimate relationship to the business (e.g., robbery)
 - Customer/Client – Violence by customers, clients, patients, or students
 - Worker-on-Worker – Violence between employees, supervisors, or managers
 - Personal Relationship – Domestic violence situations that spill into the workplace

Workplace Violence Prevention

- Warning Signs and Risk Factors
 - Behavioral Warning Signs
 - Verbal threats or aggressive language
 - Extreme mood swings or hostility
 - Paranoia or fixation on grievances
 - Substance abuse
 - Social withdrawal or sudden behavior changes
 - Workplace Risk Factors
 - High-stress environments
 - Working alone or late hours
 - Handling money or valuables
 - Poor lighting or unsecured areas
 - Lack of clear policies or reporting procedures

Workplace Violence Prevention

- Prevention Strategies
 - Employer Responsibilities
 - Establish a zero-tolerance workplace violence policy
 - Offer training and awareness programs
 - Ensure secure access controls and lighting
 - Encourage reporting without fear of retaliation
 - Employee Responsibilities
 - Treat others with respect
 - Report concerning behaviors or threats
 - Follow safety procedures
 - Participate in training
 - Use conflict resolution techniques
- De-escalation Techniques- If you encounter an aggressive or hostile person:
 - Stay calm and speak slowly
 - Maintain a safe distance
 - Listen actively and acknowledge feelings
 - Avoid arguing, blaming, or threatening
 - Set clear boundaries
 - Exit the situation when safe to do so

Workplace Violence Prevention

- What To Do During a Violent Incident
 - General Guidance
 - Prioritize personal safety
 - Follow the Run, Hide, Fight principles if applicable
 - Run: Escape if a safe path is available
 - Hide: Find a secure place and remain quiet
 - Fight: As a last resort, defend yourself
 - Emergency Actions
 - Call 911 when safe
 - Activate alarms if available
 - Follow instructions from emergency responders
- Reporting Workplace Violence
 - Employees should immediately report:
 - Threats or acts of violence
 - Harassment or intimidation
 - Suspicious behavior
 - All reports will be taken seriously and investigated promptly.

Workplace Violence Prevention

- Post-Incident Response - After an incident:
 - Seek medical attention if needed
 - Report the incident as soon as possible
 - Participate in incident investigations
 - Use available employee assistance programs (EAPs)
 - Cooperate with corrective and preventive actions
- Legal and Policy Considerations
 - Zero tolerance for workplace violence
 - Disciplinary action up to and including termination
 - Compliance with applicable federal and state regulations
 - Protection against retaliation for reporting concerns
- Key Takeaways
 - Workplace violence can occur in any industry
 - Early reporting helps prevent escalation
 - Everyone plays a role in maintaining a safe workplace
 - Know the procedures and trust the process