REQUIRED TRAINING

Workplace Safety Training



Worldwide Travel Staffing, Limited

Who this training applies to

All employees

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.

Training varies by 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.

Not a replacement

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.

Your continuing duties

Continuing duty of all employees

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.

Additional duty of field staff

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.

What this training covers

1

Hazard recognition and reporting

Incident reporting, job hazard analysis, non-routine tasks, industrial hygiene

2

Preventing physical injury

Slips, trips and falls, housekeeping, back safety, ergonomics, safe patient handling

3

Infection control and bloodborne pathogens

Infection control, universal and standard precautions, hand hygiene, PPE, bloodborne pathogens

4

Chemical, waste and radiation safety

Hazard communication, hazardous waste, flammable liquids, compressed gases, radiation, confined spaces

5

Fire and electrical safety

Fire safety, electrical safety

6

Violence and harassment prevention

Workplace violence, aggressive or violent patients, sexual harassment prevention

7

Emergency care and records privacy

Basic first aid, employee access to medical records

SECTION 1 OF 7

Hazard recognition and reporting

1

IN THIS SECTION

Incident reporting and investigation
Job hazard safety analysis for healthcare workers
Non-routine work tasks
Industrial hygiene training

What an incident is and why reporting matters

What is an incident?

Any unplanned event that results in, or could result in, injury, illness, damage or loss.

Accidents Someone was hurt or property was damaged

Near misses No harm this time, but it could have happened

Hazards Unsafe conditions or behaviors you observe

Why reporting is important

Ensures timely medical care if needed

Lets hazards be corrected before they cause harm

Helps meet OSHA and legal requirements

Promotes a culture of safety and transparency

Prevents the same thing from happening again, because we learn from every event

What should be reported?

Injuries and illnesses, minor or severe

Near misses and close calls

Property or equipment damage

Spills and environmental releases

Hazards or unsafe conditions you observe

When in doubt, report it

When and how to report

1. Get first aid or medical care if you need it
2. Report immediately, or as soon as possible
3. Follow the procedures in Worldwide's Employee and Field Staff Handbooks
4. Use the official incident report form, paper or electronic

Include

Who was involved

What happened

Where and **when**

How it happened

Witnesses

Field staff: report to both

Your assigned facility

Tell your unit supervisor or charge nurse and follow the facility's own reporting procedure.

Worldwide

Also notify Worldwide right away at 716-821-9001, 24 hours a day. A facility report does not reach us on its own.

⚠ Worldwide is your employer. Workers' compensation runs through us.

Your right to report

You have the right to report a work-related injury or illness without retaliation.

No discipline, loss of assignment or other penalty for reporting

Concerns? Contact Leo Blatz at 716-821-9001

OSHA 29 CFR 1904.35 and Section 11(c) of the OSH Act

Potential incidents in healthcare settings

Needlesticks and blood exposures

Wash with soap and water or flush, then report at once. Treatment works best within hours.

Workplace violence

Report assaults, threats and verbal abuse by patients or visitors, even without injury.

Patient-handling injuries

Report strains from lifting, transfers and repositioning right away.

Patient-safety events are separate

A facility patient-safety report does not report your own injury to Worldwide.

How an investigation works

1

Secure

Care for the injured and make the scene safe

2

Gather facts

Photos, equipment, records and witness statements

3

Find root causes

Ask why until you reach the system cause, not blame

4

Act

Choose and assign corrective actions

5

Follow up

Confirm the fix worked and share lessons

Corrective actions: the hierarchy of controls

Elimination	Remove the hazard entirely
Substitution	Replace it with something safer, such as safety-engineered sharps
Engineering	Fix equipment, improve lighting, install lift equipment
Administrative	New procedures, training, staffing changes, policy changes, safety audits
PPE	Proper footwear, gloves, goggles. The last line of defense.

Most effective at the top, least effective at the bottom.

OSHA recording and reporting basics

8 hours

Employer reports a work-related death to OSHA

24 hours

Employer reports an in-patient hospitalization, amputation or loss of an eye

Temporary staff: the facility that supervises your work day-to-day records the injury on its OSHA 300 log.

29 CFR 1904.31 and 1904.39. These are supervisor and employer duties; your job is to report right away.

Your responsibilities

- Report all incidents
- Follow reporting policies and procedures
- Provide honest, accurate information
- Cooperate with investigations
- Follow up on corrective actions
- Participate in safety training

Knowledge check

QUESTION 1

A cart nearly hits you, but nobody is hurt. Should you report it?

Answer: Yes. It is a near miss, and near misses are reportable.

QUESTION 2

You reported an injury to the facility. Who else must you notify?

Answer: Worldwide: Leo Blatz, 716-821-9001. A facility report does not reach Worldwide on its own.

QUESTION 3

What five things should an incident report include?

Answer: Who, what, where, when and how, plus any witnesses.

QUESTION 4

You get a needlestick near the end of your shift. What do you do?

Answer: Wash the area with soap and water, report it immediately and get evaluated right away. Do not wait until after your shift, because treatment works best within hours.

QUESTION 5

Can you be disciplined for reporting a work injury?

Answer: No. OSHA prohibits retaliation for reporting a work-related injury or illness.

QUESTION 6

Which is the most effective type of control, and which is the least?

Answer: Elimination is the most effective; PPE is the least effective and the last line of defense.

Job Hazard Analysis

Who this applies to

All Worldwide employees.
Worldwide provides the JHA for your position for your acknowledgment: the Core Patient Contact JHA plus your discipline JHA, or the Non-Clinical and Support Positions JHA.

📖 Site orientation at each facility covers that facility's own hazards, codes and procedures and any applicable facility specific JHA.

How a job hazard analysis works

1

Break down the job

List the main tasks

2

Identify hazards

What could go wrong in each task

3

Assess the risk

How likely, and how serious

4

Choose controls

Starting at the top of the hierarchy

Know the controls in your Worldwide JHA. At facility orientation, ask about any site hazard your JHA does not cover.

Job and task breakdown

Patient handling and transfer

Direct patient care: bathing, feeding, dressing, medications

Using medical equipment and sharps

Cleaning and disinfecting surfaces and equipment

Handling and disposing of biological waste

Documentation and computer work

Potential hazards: patient care

Job task	Hazards identified	Possible consequences
Patient handling and transfer	Overexertion, awkward postures, slips and trips	Back strain, sprains, other musculoskeletal injuries
Working with patients and visitors	Assault, threats, verbal abuse	Bruises and other injuries, psychological stress
Direct patient care	Bloodborne pathogens, infectious diseases	Infections, illness
Using sharps	Needlestick and sharps injuries	HIV, hepatitis B or hepatitis C transmission

Potential hazards: support tasks

Job task	Hazards identified	Possible consequences
Cleaning and disinfecting	Chemical exposure, skin and eye irritation	Burns, rashes, respiratory irritation
Waste disposal	Biohazard exposure, punctures from sharps	Infection, injury
Documentation and computer work	Repetitive strain, poor ergonomics	Carpal tunnel, eye strain, neck and back pain

Controls: the most effective

Elimination	Remove the hazard. Example: needleless IV connectors remove the needle entirely.
Substitution	Use something safer: safety-engineered sharps, less hazardous disinfectants.
Engineering	Mechanical patient lifts, sharps containers, ventilation in isolation rooms, ergonomic chairs, keyboards and monitors, panic alarms.

Controls: Administrative and PPE

Administrative

Infection control and safe patient handling training
De-escalation training and violence reporting
Written procedures for hazardous materials
Rotating tasks to reduce repetitive strain
Proper staffing to reduce rushing and errors

PPE, the last line of defense

Gloves, gowns, masks and respirators, face shields
Safety goggles for chemicals
Non-slip footwear
Lead aprons and thyroid shields in imaging areas

Monitoring: wear a dosimeter badge in radiology areas when assigned. It measures your dose; it does not protect you.

Safe work practices

- Hand hygiene before and after patient contact
- Use the PPE the task requires, every time
- Never recap needles; drop sharps straight into containers
- Keep walkways free of clutter and spills
- Use lift equipment and get help to move patients
- Take breaks to prevent fatigue and strain
- Report and document all exposures, spills, injuries and violent incidents immediately

Emergency procedures and your responsibilities

Emergency procedures

Blood or body fluid exposure Wash or flush the area, report it, get a medical evaluation right away.

Needlestick injury Wash with soap and water, report it, follow the exposure protocol.

Chemical spill Use the spill kit only for a small, known spill you are trained to clean. Otherwise evacuate and report.

Fire or evacuation Follow the facility's evacuation routes and fire safety procedures.

Report to both: your facility supervisor and Worldwide.

Your responsibilities

Follow your training

Use PPE as required

Report hazards and incidents to the facility and Worldwide

Take part in safety drills and refresher training

Knowledge check

QUESTION 1

What are the four steps of a job hazard analysis?

Answer: Break the job into tasks, identify the hazards, assess the risk, and choose controls.

QUESTION 2

Where do you get the JHA for your position?

Answer: From Worldwide, before your assignment and at the facility during orientation when applicable. At each facility, ask during site orientation about any hazard your JHA does not cover.

QUESTION 3

Is a radiation dosimeter badge PPE?

Answer: No. It measures your radiation dose; lead aprons and thyroid shields are the protective equipment.

QUESTION 4

What is the safest way to move a heavy patient?

Answer: Use the facility's lift equipment and get help; body mechanics alone do not prevent injury.

QUESTION 5

A large chemical spill you don't recognize. What do you do?

Answer: Do not use the spill kit. Leave the area, keep others out and report it to the facility and to Worldwide.

QUESTION 6

A patient threatens you but doesn't touch you. Should you report it?

Answer: Yes. Threats and verbal abuse are workplace violence and should be reported to the facility and to Worldwide.

Objectives

1. Understand what non-routine work tasks are
2. Recognize the hazards that come with them
3. Follow the required safety planning steps before starting
4. Use controls and permits appropriately
5. Know when and how to stop work

Non-routine tasks: definition and examples

What is a non-routine task?

- Not performed regularly
- Outside your normal job duties
- Unusual conditions, equipment or locations
- May bring new or unfamiliar hazards

General examples

- Emergency or one-time projects
- Equipment repair or maintenance
- Confined space entry
- Working at heights

Repair, lockout/tagout, confined space and hot work are for trained, authorized staff only, not field clinicians.

Example non-routine tasks in healthcare

Unfamiliar Conditions

Working at a new facility or on a different unit, during system downtime, or during a utility failure.

New equipment

A pump, lift or device you haven't used before

Unusual transfers

Bariatric patients or unusual positioning

Spill cleanup

Hazardous drugs or chemicals

Emergencies

Helping with an evacuation or patient surge

Rare procedures

Tasks you are trained for but seldom do

Why non-routine tasks are higher risk

- ⚠ Less familiarity with the task
- ⚠ Standard procedures may not exist
- ⚠ Different tools or environments
- ⚠ More shortcuts and assumptions
- ⚠ Higher potential for serious injury or property damage

📖 OSHA's Hazard Communication standard requires employers to tell employees about the hazards of non-routine tasks (29 CFR 1910.1200(e)).

Before starting any non-routine task

1. Get approval from your supervisor
2. Define the task and scope of work
3. Identify who is involved
4. Review equipment, materials and environment
5. Decide whether specialists or contractors are needed
6. Identify hazards and controls, then get any permits

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?

See also: The hierarchy of controls (elimination, substitution, engineering, administrative, PPE) is covered in the Incident Reporting and Job Hazard Analysis modules earlier in this section.

Permits, communication and PPE

Permits and authorizations

- Confined space permits
- Hot work permits
- Lockout/tagout authorization
- Working at heights approval

Never begin work without the required permits.

Communication and coordination

- Hold a pre-task briefing
- Make sure everyone understands their role
- Confirm emergency procedures
- Keep communicating during the task
- Coordinate with other departments or contractors

Personal protective equipment

- PPE needs may differ from routine work
- Inspect PPE before use
- Use PPE as trained
- Report damaged or missing PPE immediately

Your authority to stop work

You have the authority to stop work, without retaliation, if:

- ⚠ Conditions change unexpectedly
- ⚠ Hazards are not adequately controlled
- ⚠ Permits or procedures are not followed
- ⚠ Someone could be injured

If an incident or near miss occurs

1

Stop work and make the area safe

2

Get medical attention if needed

3

Report immediately to your facility supervisor **and** to Worldwide

4

Take part in the investigation

Key takeaways

Non-routine tasks carry higher risk

Planning and hazard assessment are critical

Follow permits, procedures and controls

Use the proper PPE

Speak up and stop work when unsafe

Learning from incidents prevents future injuries

Knowledge check

QUESTION 1

You're floated to a unit you've never worked on. Is that non-routine?

Answer: Yes. Unfamiliar locations and patient populations are non-routine; ask for an orientation and plan before you start.

QUESTION 2

What must you get before starting any non-routine task?

Answer: Approval from your supervisor, and any required permits.

QUESTION 3

List the hierarchy of controls from most to least effective.

Answer: Elimination, substitution, engineering controls, administrative controls, and PPE.

QUESTION 4

You're asked to help repair a broken bed motor. What do you do?

Answer: Decline and refer it to facilities or biomedical engineering; equipment repair is for trained, authorized staff. Take the bed out of use and report it.

QUESTION 5

Name two situations where you should stop work.

Answer: Any two of: conditions change unexpectedly, hazards are not adequately controlled, permits or procedures are not followed, or someone could be injured.

QUESTION 6

After a near miss, who do you report it to?

Answer: Your facility supervisor and Worldwide.

What is industrial hygiene?

The science of protecting workers' health by controlling hazards in the work environment.

Identifies and reduces exposures that cause illness or injury

Goal: a safe, healthy workplace for everyone

Four key principles

1

Anticipate

Predict hazards before work begins

2

Recognize

Identify hazards that already exist

3

Evaluate

Measure how much exposure there is

4

Control

Reduce or remove the hazard

Four types of workplace health hazards

Chemical

Solids, liquids, gases, and airborne dusts, fumes, mists and vapors

Physical

Noise, heat and cold, radiation, vibration

Biological

Bacteria, viruses, fungi, mold, blood and body fluids

Ergonomic

Repetitive motion, awkward postures, heavy lifting

Airborne is a way hazards reach you, not a separate type: airborne chemicals are chemical hazards, and airborne germs are biological.

Chemical hazards

Where they are found

Cleaning agents and disinfectants, paints, fuels, solvents, adhesives, industrial chemicals

What they can cause

Burns, skin and eye irritation, respiratory illness, organ damage and cancer

Routes of entry

Inhalation: breathing dusts, fumes, mists, vapors

Skin or eye contact: absorption

Ingestion: swallowing

Injection: through a puncture

Physical hazards

Noise

Permanent hearing loss from prolonged exposure

Heat stress

Dehydration, heat cramps, heat exhaustion, heat stroke

Cold stress

Hypothermia and frostbite

Ionizing radiation

X-rays and radioactive materials

Non-ionizing radiation

UV light, lasers, microwaves

Vibration

Circulatory and nerve disorders

⚠ Heat stroke is a medical emergency. Call 911.

Biological and ergonomic hazards

Biological hazards

Sources Blood and body fluids, bacteria, viruses, mold and fungi, airborne germs

Risks Infections, allergic reactions, long-term illness

Prevention Hand hygiene, proper PPE, safe sharps handling, vaccinations

Ergonomic hazards

Causes Poor workstation setup, repetitive tasks, awkward postures, heavy lifting

Effects Musculoskeletal disorders (MSDs), back pain, carpal tunnel syndrome

Controls Adjustable furniture, lifting aids and patient lifts, job rotation

Industrial hygiene hazards in healthcare

Anesthetic gases

Waste gas in the OR and recovery areas

Hazardous drugs

Chemotherapy and other drugs on NIOSH's list

Disinfectants and sterilants

Glutaraldehyde, ethylene oxide, strong cleaners

Surgical smoke

From electrosurgery and lasers

Airborne pathogens

TB, measles, influenza; fit-tested N95 when required

Latex and imaging radiation

Latex allergy; X-ray and fluoroscopy

Follow each facility's procedures and ask about hazards before your first shift on a new unit.

Exposure monitoring

- **Air sampling** for dusts, vapors and gases
- **Noise dosimeters** worn during a shift
- **Biological monitoring**, such as blood or urine tests
- **Ergonomic assessments** of tasks and workstations

Exposure limits and your records



Permissible exposure limits

OSHA sets PELs for many chemicals and for noise. Most are averaged over an 8-hour shift; some also have short-term or ceiling limits.



Your right to see results

You can see your own exposure monitoring and medical records.

29 CFR 1910.1020

The hierarchy of controls

Elimination	Remove the hazard entirely
Substitution	Replace with a safer material or process
Engineering	Ventilation hoods, isolation, noise barriers, ergonomic tools
Administrative	Training, shift rotation, written procedures
PPE	Respirators, gloves, safety glasses, hearing protection. The last line of defense.

Most effective at the top, least effective at the bottom.

Your 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

1. Know your evacuation routes and alarms
2. Follow the facility's spill and exposure procedures
3. Report all incidents immediately

⚠ Chemical in your eyes or on your skin?

Use the eyewash or safety shower right away. Flush for at least 15 minutes, then get medical care.

Knowledge check

QUESTION 1

What are the four principles of industrial hygiene?

Answer: Anticipate, recognize, evaluate and control.

QUESTION 2

Name the four types of workplace health hazards.

Answer: Chemical, physical, biological and ergonomic. Airborne is a route of exposure, not a separate type.

QUESTION 3

What is the most common way chemicals enter the body?

Answer: Inhalation, breathing in dusts, fumes, mists or vapors.

QUESTION 4

Why is PPE called the last line of defense?

Answer: Because it only protects you if it is the right equipment, fits and is worn correctly every time; controls higher in the hierarchy remove or reduce the hazard itself.

QUESTION 5

Can you see your own exposure monitoring results?

Answer: Yes. OSHA's rule at 1910.1020 gives you the right to see your own exposure and medical records.

QUESTION 6

A disinfectant splashes in your eyes. What do you do?

Answer: Go to the eyewash right away and flush for at least 15 minutes, then get medical care and report it.

SECTION 2 OF 7

Preventing physical injury

2

IN THIS SECTION

Slips, trips and falls
Housekeeping training
Back safety in the workplace
Ergonomic safety training
Safe patient handling

Training objectives

1. Recognize the causes of slips, trips and falls
2. Learn prevention strategies
3. Understand safe workplace practices
4. Know what to do if an incident occurs

Why it matters, and definitions

Why it matters

Slips, trips and falls are among the leading causes of workplace injuries.

- Sprains, strains and broken bones
- Head injuries
- Lost workdays and medical costs
- Most are preventable with awareness and good habits.

Definitions

Slip Loss of traction between your shoe and the walking surface

Trip Your foot strikes an object and you lose your balance

Fall A sudden drop, on the same level or from a height

Common causes of slips, trips and falls

Slips

- Wet or oily floors
- Weather: snow, ice and rain
- Loose rugs or mats
- Spills that aren't cleaned up
- Improper footwear

Trips

- Clutter or obstacles in walkways
- Poor lighting
- Uneven flooring or loose tiles
- Cables, cords or hoses across paths
- Open drawers or misplaced objects

Falls from heights

- Using step stools or ladders incorrectly
- No guardrails or fall protection
- Climbing on chairs, desks or unstable surfaces
- Working on elevated platforms without training

Hazards in healthcare settings

Fluids on floors

Body fluids, IV fluid, hand gel, freshly mopped floors

Cords around beds

Pumps, monitors, beds and other equipment

Rushing

To call lights, alarms or codes

Dim rooms at night

Low lighting while patients sleep

Parking lots and entrances

Ice, snow and wet floors at shift change

Unfamiliar layouts

New facilities and units on each assignment

Preventing slips and trips

Preventing slips

- Clean up spills immediately
- Post wet-floor signs when needed
- Use slip-resistant mats at entrances
- Wear slip-resistant, closed-toe shoes
- Keep walkways dry and clear

Preventing trips

- Keep walkways free of clutter
- Close drawers and cabinets
- Route cords and cables away from paths
- Improve lighting; use night lights in patient rooms
- Report uneven or damaged flooring promptly

Preventing falls from heights, and housekeeping

Preventing falls from heights

- Use a ladder or step stool, never a chair
- Inspect ladders before use
- Face the ladder; keep three points of contact
- Never stand on the top step or top cap
- Don't carry loads that block your view

Housekeeping and maintenance

- Daily inspections of work areas
- Proper storage of tools and equipment
- Scheduled cleaning of floors and entryways
- Immediate reporting of unsafe conditions

OSHA requires fall protection at 4 feet or more in general industry (29 CFR 1910.28).

Your responsibilities and if an incident happens

Your responsibilities

- Stay alert and aware of your surroundings
- Follow posted safety procedures
- Wear required footwear and PPE
- Report spills, hazards and damaged flooring right away
- Use ladders and equipment correctly

If an incident happens

1. Don't move an injured person unless it's unsafe to stay
2. Get medical attention right away
3. Report to your facility supervisor and Worldwide
4. Complete the incident report and help with the investigation

Summary

Most slips, trips and falls are preventable

Good housekeeping and awareness are key

Safe practices protect you and your coworkers

When in doubt, report it

Knowledge check

QUESTION 1

What is the difference between a slip and a trip?

Answer: A slip is a loss of traction between your shoe and the floor; a trip is when your foot strikes an object.

QUESTION 2

You spill IV fluid and can't clean it right away. What do you do?

Answer: Put up a wet-floor sign or stay by it, and get it cleaned as soon as possible.

QUESTION 3

Can you stand on a chair to reach a high shelf?

Answer: No. Use a proper step stool or ladder.

QUESTION 4

What does “three points of contact” mean?

Answer: Two hands and one foot, or two feet and one hand, in contact with the ladder at all times.

QUESTION 5

A coworker falls and says their neck hurts. Should you help them up?

Answer: No. Keep them still unless it is unsafe to stay, and get medical help.

QUESTION 6

You slip but feel fine. Who do you report it to?

Answer: Your facility supervisor and Worldwide, even if you feel fine; some injuries show up later.

Why housekeeping matters

Prevents slips, trips and falls

Reduces fire hazards

Improves efficiency and productivity

Boosts morale and a positive work environment

Supports OSHA compliance

OSHA's walking-working surfaces standard (29 CFR 1910.22) requires work areas to be kept clean, orderly and sanitary, and floors kept free of hazards.

Common housekeeping hazards

- Cluttered walkways and exits
- Spills of liquids, oils or chemicals
- Improperly stored tools and equipment
- Overloaded shelves or storage areas
- Dust and debris buildup
- Blocked fire extinguishers or emergency exits

General good practices

1. Keep aisles, stairways and emergency exits clear
2. Clean up spills immediately, or mark them until they can be cleaned
3. Dispose of trash and waste in the proper containers
4. Keep workstations clean and orderly
5. Report hazards you cannot fix yourself to your supervisor

The 5S method

1	2	3	4	5
Sort	Set in order	Shine	Standardize	Sustain
Remove items you do not need	A place for everything, and everything in its place	Clean the work area regularly	Create consistent routines	Make it a habit

Tool and equipment storage

- Return tools to their proper place after use
- Store equipment in designated areas
- Coil and store cords and hoses
- Use proper shelving; heavy items on lower shelves

Damaged tools or cords: tag them out of service and report them. Do not use or store them with working equipment.

Waste management

1

Separate general, recyclable and hazardous waste

2

Empty bins regularly to prevent overflow

3

Label all waste containers clearly

⚠ Never mix hazardous waste with regular trash.

Floor safety

- Keep floors clean and dry
- Use mats in wet or slippery areas
- Report and repair damaged flooring
- Keep cords and cables out of walkways

Wet floor?

Put up a wet-floor sign right away. Leave it until the floor is completely dry.

Fire prevention through housekeeping

- Store flammables in approved cabinets
- Put combustible waste in closed metal containers
- Never block sprinklers, alarms or extinguishers
- Keep fire exits and exit routes clear
- Remove clutter that could fuel a fire
- **Keep at least 18 inches clear** below sprinkler heads

Housekeeping in healthcare settings

Keep corridors clear

Move equipment not in use to storage, per facility policy. Surveyors check for this.

Never block life-safety equipment

Fire doors, exits, pull stations, extinguishers, medical gas shut-off valves and electrical panels

Keep clean and dirty separate

Clean supplies in clean utility, soiled items in soiled utility. Nothing on the floor or under sinks.

Blood or body fluid spills

Keep people away. Follow the spill procedure with PPE, or call environmental services.

Soiled linen: bag it where it is used, do not overfill the bag, and never shake it.

Office housekeeping tips

- Organize cords under desks
- No boxes or files stacked near exits
- Clear paper and food waste daily
- Close drawers and cabinets after use
- Report damaged furniture or equipment

Your responsibilities

Keep your work area tidy

Report unsafe conditions immediately

Follow housekeeping rules and facility policies

Take ownership of workplace safety

Knowledge check

QUESTION 1

Name three benefits of good housekeeping.

Answer: Any three of: fewer slips, trips and falls; fewer fire hazards; better efficiency and productivity; better morale; OSHA compliance.

QUESTION 2

What do the five S's in 5S stand for?

Answer: Sort, Set in order, Shine, Standardize, Sustain.

QUESTION 3

How much clear space must you keep below sprinkler heads?

Answer: At least 18 inches, or more if facility policy requires it.

QUESTION 4

You find a damaged extension cord. What do you do?

Answer: Tag it out of service and report it; do not use it.

QUESTION 5

You spill water but cannot clean it up right away. What do you do?

Answer: Put up a wet-floor sign or otherwise mark it, then clean it or report it as soon as possible.

QUESTION 6

An unused equipment cart is parked in a hospital corridor. What should happen?

Answer: Move it to its designated storage area according to facility policy, or report it, so the corridor stays clear as an exit route.

Why back safety matters

Why it 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

Anatomy of the back

- The spine is made of vertebrae, discs, muscles and ligaments
- Discs act as shock absorbers
- Improper movements can strain muscles or damage discs

A neutral spine helps prevent injury.

Common causes

- 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

Common consequences: Pain and discomfort | Lost work time | Reduced productivity | Long-term medical issues

Risk factors and proper lifting

Risk factors at work

- Manual material handling
- Non-routine or unfamiliar tasks
- Fatigue
- Poor housekeeping
- Inadequate workstation setup
- Time pressure or rushing

Before you lift

- Size up the load: weight, shape and 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

Moving loads and working posture

MOVING LOADS

Carrying, pushing and pulling

- Keep loads close to your body
- Maintain good posture
- Push rather than pull when possible
- Use smooth, controlled movements
- Watch for obstacles

ERGONOMICS

Standing tasks

- Adjust work height to waist level
- Shift positions regularly
- Use anti-fatigue mats if available

ERGONOMICS

Sitting tasks

- Sit with your back supported
- Keep feet flat on the floor
- Place the screen at eye level
- Take regular stretch breaks

Equipment, conditioning and what to avoid

Use mechanical aids

- Dollies and carts
- 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

Your responsibilities and key takeaways

Employee responsibilities

- Follow safe lifting practices
- Use mechanical aids when available
- Report hazards or injuries promptly

Key takeaways

Back injuries are preventable

Use proper body mechanics

Ask for help when needed

Report issues early

Knowledge check

QUESTION 1

Where should you keep a load while lifting and carrying it?

Answer: Close to your body.

QUESTION 2

You need to change direction while holding a load. What should you do?

Answer: Turn with your feet; do not twist at the waist.

QUESTION 3

When moving a cart or heavy object, is it better to push or pull?

Answer: Push, when possible.

QUESTION 4

You notice mild back discomfort after a shift. What should you do?

Answer: Report it early, before it becomes an injury, and do not ignore pain or discomfort.

What is ergonomics?

Designing workspaces, tasks and tools to fit the worker, to reduce strain, injury and discomfort while improving productivity.

⚠ Why it matters: poor ergonomics can lead to musculoskeletal disorders (MSDs), such as strains, sprains and repetitive stress injuries. Good ergonomics prevents them and makes work more comfortable.

See also: Safe lifting steps are covered in the Back Safety module, and lifting and moving patients in the Safe Patient Handling module, both in this section.

Common ergonomic injuries

Musculoskeletal disorders (MSDs) affect the muscles, bones, tendons, nerves and other soft tissues.

Carpal tunnel syndrome

Compression of a nerve in the wrist, linked to repetitive hand and wrist motion

Tendinitis

Inflammation of tendons, often from repetitive or forceful motions

Back strains

Lower back injuries, often from improper lifting or poor sitting posture

Neck and shoulder pain

From poor posture or long periods at a desk

Repetitive stress injuries

Injuries that develop over time from repeated tasks or motions

⚠ These injuries often develop gradually and may not hurt much at first. Left untreated, they can lead to chronic pain, disability and lost work.

Risk factors for ergonomic injuries

Repetition

Doing the same task over and over without breaks

Awkward posture

Bending, twisting or reaching overhead

Force

Lifting heavy objects or using excessive force

Static posture

Holding one position for long periods, sitting or standing

Insufficient rest

Too little recovery between tasks or shifts

Principles of ergonomics

Workstation design

- Set up the workspace to support neutral body positions
- Keep tools, equipment and materials within easy reach

Body posture

- Keep neutral postures; avoid excessive bending, twisting or reaching
- Keep wrists, shoulders, back and knees aligned and relaxed

Movement and breaks

- Take regular breaks to rest and stretch
- Avoid holding one posture for long periods

Equipment and tools

- Use tools that are the right size and adjustable
- Use equipment designed to reduce force and awkward movements, such as adjustable chairs and desks

Sitting and standing posture

Sitting

- Sit back so the chair's lumbar support fits the curve of your lower back
- Keep feet flat on the floor or on a footrest
- Keep thighs roughly parallel to the floor, with hips level with or slightly above the knees
- Relax your shoulders and keep elbows close to your body, forearms roughly parallel to the floor

Standing

- Distribute your weight evenly between both feet
- Keep knees slightly bent; do not lock them
- Engage your core and avoid slouching
- Shift your weight or use a footrest to vary your position

Computer workstation setup

Monitor

- Top of the screen at or slightly below eye level
- About an arm's length away (20 to 40 inches)
- Directly in front of you

Chair

- Adjust height so feet rest flat and thighs are roughly parallel to the floor
- Use the lumbar support

Keyboard and mouse

- Within easy reach, at about elbow height
- Elbows close to your body, forearms roughly parallel to the floor
- Keep wrists straight, not bent up, down or sideways

Wrist and palm rests

- Use them to rest your palms during pauses
- Do not lean on them while typing; keep your wrists floating

Tools and equipment setup

Tools

- Choose tools that are lightweight and easy to grip
- Use tools with ergonomic handles that reduce grip force

Placement

- Keep frequently used items between waist and shoulder height to limit reaching and bending

Adjustability

- Use adjustable chairs, work surfaces and beds for tasks that involve long periods of sitting or standing
- Raise the bed to a working height before patient care

Stretching and movement breaks

Regular movement reduces muscle tension, improves circulation and prevents fatigue. Stretch gently, hold 10 to 20 seconds, and never stretch to the point of pain.

Neck

- Gently tilt your ear toward your shoulder, then switch sides
- Tuck your chin straight back
- Avoid full head rolls

Wrists

- Extend your arm, palm up, and gently pull your fingers back with the other hand

Lower back

- Stand, place your hands on your lower back, and gently lean back

Hamstrings

- Place one heel forward with the leg straight, bend the back knee slightly, and hinge forward at the hips with a straight back

⚠ Change positions or activities often to avoid static postures.

Identifying ergonomic hazards

Ask yourself

- Is my workstation causing discomfort or strain?
- Am I using poor posture while I work?
- Do I often feel fatigued or have muscle pain at the end of a shift?

Common hazards

- **Poorly designed workstations:** desks too high or low, chairs without support
- **Repetitive tasks:** the same motion over and over
- **Improper lifting:** heavy loads without technique or equipment
- **Static postures:** long periods of sitting or standing

Ergonomic solutions and adjustments

Workstation

- Adjust chair and desk height to promote good posture
- Use accessories such as lumbar cushions and adjustable footrests

Tools and equipment

- Use tools with ergonomic handles that reduce grip force
- Adjust work surface height to avoid awkward postures

Repetitive tasks

- Use job rotation or task variation to reduce repetition
- Redesign tasks to reduce strain, such as sharing heavy lifting among workers

Report symptoms early

Warning signs

- Tingling or numbness in the hands or fingers
- Aches or pain that persist or return
- Pain that wakes you at night
- Weakness, reduced grip or clumsiness
- Stiffness or swelling

What to do

- Tell your facility supervisor and Worldwide promptly
- Early evaluation leads to better recovery
- Work-related injuries may be covered by workers' compensation
- Ask for a workstation or task review if something is causing pain

Ergonomics at home and next steps

At home

- **Home office:** set up your chair, desk and monitor the same way as at work
- **Breaks:** stretch during long periods of sitting
- **Lifting:** use the same techniques at home
- **Activity:** stay physically active to build strength and posture

Next steps

- Review your workstation and adjust it for comfort and safety
- Practice good body mechanics and posture every day
- Use patient handling equipment every time
- Build regular breaks and movement into every shift

Summary and key takeaways

Ergonomics prevents injuries and improves comfort and productivity

Good posture, workstation setup and regular movement reduce risk

Use lift equipment and help for patient handling; body mechanics alone are not enough

Report early symptoms promptly, before they become serious injuries

Knowledge check

QUESTION 1

Name three risk factors for ergonomic injuries.

Answer: Any three of: repetition, awkward posture, force, static posture and insufficient rest.

QUESTION 2

Where should the top of your computer monitor be?

Answer: At or slightly below eye level, about an arm's length away.

QUESTION 3

Should you rest your wrists on a wrist rest while typing?

Answer: No. Keep your wrists straight and floating while typing; use a palm rest only during pauses.

QUESTION 4

You need to reposition a heavy patient. What should you do?

Answer: Use the facility's lift or transfer equipment, such as a lift or slide sheet, get help, and follow the safe patient handling policy. Do not rely on body mechanics alone.

QUESTION 5

Your fingers have been tingling for a week. What should you do?

Answer: Report it promptly to your facility supervisor and to Worldwide.

QUESTION 6

Which neck stretch should you avoid?

Answer: Full head rolls. Use gentle side tilts and chin tucks instead.

Training objectives

1. Understand why safe patient handling matters
2. Identify common risks to staff and patients during handling
3. Use assistive equipment first, supported by good body mechanics
4. Recognize facility policies and reporting procedures

Why it matters and common risk factors

Why safe patient handling matters

Healthcare workers are at high risk for musculoskeletal injuries

Manual patient handling is a leading cause of injury for nursing staff

Injuries mean lost work time, higher 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 help or equipment

Awkward postures, twisting or rushing

Bariatric, combative or unpredictable patients

The impact of injuries

Staff

Back strain, herniated discs, shoulder and knee injuries

Patients

Falls, skin tears, discomfort, loss of trust

Facilities

Workers' comp claims, turnover, patient complaints

Core principles of safe patient handling

1. **Avoid manual lifting** whenever possible
2. **Use assistive equipment**: lifts, slide sheets, sit-to-stand devices
3. **Plan before you move**: patient, environment, equipment, staff
4. **Work as a team** to operate equipment and guide the patient
5. **Use good body mechanics** as a supplement: bend knees, keep your back neutral, don't twist

Why equipment comes first

35 lb

NIOSH's recommended maximum for manually lifting a patient, under ideal conditions

Body mechanics and team lifting alone don't prevent injury. Above this limit, use equipment.

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 how many staff are needed?

Use the facility's mobility assessment tool, such as the Bedside Mobility Assessment Tool (BMAT).

Assistive devices

Total-body lifts

Floor-based or ceiling-mounted, for dependent patients

Sit-to-stand devices

For patients with some weight-bearing ability

Slide and transfer sheets

For repositioning and lateral transfers

Gait belts

To steady and guide, not to lift

Wheelchairs with removable arms and footrests

Make transfers easier and safer

⚠ Never use a gait belt to lift a patient who can't bear weight.

Patient falls, staff roles and facility policies

When a patient falls

1. Stay with the patient and call for help
2. Assess for injury before moving
3. Lift from the floor with a lift, never by hand
4. Document and report the fall

Staff roles in safe patient handling

Nursing staff Assess patients and start safe handling practices

Support staff Assist and keep the environment clear

Everyone Report hazards, broken equipment and unsafe practices

Facility policies

Policies differ between facilities. Always follow the ones at your assigned facility.

Avoid manual lifting except in an emergency

Always use available equipment for dependent patients

Document and report incidents and near misses

State safe patient handling laws

Required programs

Many states, including New York, require hospitals and nursing homes to run SPH programs.

Right to refuse

Some state laws let staff refuse an unsafe manual lift without retaliation.

Rules vary by state. Ask at orientation what applies where you work.

Reporting and communication

- Report injuries and near misses immediately, to the facility **and** Worldwide
- Document unsafe conditions: broken lifts, missing slings
- Share patient mobility status at every handoff
- Encourage a safety-first culture

Benefits and summary

Benefits of safe patient handling

Staff Fewer injuries, longer careers

Patients Better safety, comfort and dignity

Facilities Lower costs, better morale, better outcomes

Summary

Safe handling protects staff and patients

Always assess before moving

Equipment first; teamwork and body mechanics support it

Report unsafe conditions promptly

Knowledge check

QUESTION 1

What is NIOSH's recommended limit for manually lifting a patient?

Answer: 35 pounds, under ideal conditions.

QUESTION 2

Is good body mechanics enough to prevent injury?

Answer: No. Body mechanics and team lifting alone do not prevent injury; equipment comes first.

QUESTION 3

Can you use a gait belt to lift a patient who can't bear weight?

Answer: No. Gait belts are for steadying and guiding, not lifting; use a total-body lift.

QUESTION 4

A patient is found on the floor. How do you get them up?

Answer: Stay with them, call for help, have them assessed for injury, then use a floor-based lift, never a manual lift.

QUESTION 5

Name three questions to ask when assessing a patient.

Answer: Any three of: can they bear weight, can they sit up on their own, are they cooperative and able to follow instructions, and what equipment and how many staff are needed.

QUESTION 6

You strain your back during a transfer. Who do you tell?

Answer: Report it right away to the facility and to Worldwide, even if it seems minor.

SECTION 3 OF 7

Infection prevention and bloodborne pathogens

3

IN THIS SECTION

Infection control training
Universal and standard precautions
Hand hygiene
Personal protective equipment in healthcare
Bloodborne pathogens safety training

Why infection control matters

- Protects patients from preventable infections
- Protects healthcare workers from exposure
- Reduces healthcare-associated infection rates
- Meets OSHA regulations, CMS and Joint Commission standards, and CDC guidelines

The chain of infection

1

Infectious agent

Bacteria, virus, fungus, parasite

2

Reservoir

People, equipment, environment

3

Portal of exit

Body fluids, coughs, wounds

4

Mode of transmission

Contact, droplet, airborne

5

Portal of entry

Mucous membranes, breaks in skin

6

Susceptible host

Especially people with weakened immune systems

Break any link in the chain to prevent infection.

Common healthcare-associated infections

Abbreviation	Infection
MRSA	Methicillin-resistant Staphylococcus aureus
C. diff	Clostridioides difficile
CAUTI	Catheter-associated urinary tract infection
CLABSI	Central line-associated bloodstream infection
SSI	Surgical site infection

What are standard precautions?

The minimum practices used for every patient, every time, whether or not infection is suspected.

- Hand hygiene
- Personal protective equipment
- Respiratory hygiene and cough etiquette
- Safe injection and sharps practices
- Safe handling of contaminated equipment
- Environmental cleaning

See also: Hand hygiene and PPE are covered in detail in the Hand Hygiene and Personal Protective Equipment modules later in this section, including when to clean your hands, how to choose PPE, and how to put it on and take it off.

Respiratory hygiene, sharps and cleaning

Respiratory hygiene and cough etiquette

- Cover coughs and sneezes with a tissue or your elbow
- Throw tissues away, then clean your hands
- Post signs and offer masks in waiting areas
- Separate coughing patients by at least 3 feet

Safe injection and sharps practices

- New sterile needle and syringe for every injection
- Single-dose vials are for one patient, one time
- Put sharps in an approved container immediately
- Never recap used needles

Cleaning and disinfection

- Follow the facility's cleaning protocols
- Clean and disinfect high-touch surfaces often
- Use EPA-registered disinfectants and follow the contact time on the label
- Handle linens and waste with minimal agitation

Transmission-based precautions

Used in addition to standard precautions when infection is known or suspected.

Precaution	Examples	Key protection
Contact	MRSA, C. diff	Gown and gloves. For C. diff: soap and water, and a sporicidal disinfectant such as bleach
Droplet	Influenza, pertussis	Facemask
Airborne	TB, measles, chickenpox	Fit-tested N95 or higher; airborne infection isolation room
COVID-19	SARS-CoV-2	N95 or higher, gown, gloves and eye protection

Field staff duties

Report exposures to both

Tell the facility and Worldwide right away.

Keep health records current

TB screening, vaccinations and N95 fit testing

Follow facility isolation signs

Check the door sign before entering every room.

Stay home when sick

Notify the facility and Worldwide before your shift.

Your responsibilities and additional resources

Your responsibilities

- Follow infection control policies
- Report exposures and incidents immediately
- Complete required training and health screenings
- Model safe practices for others

Additional resources

- CDC: Guidelines for Isolation Precautions and Infection Control in Healthcare Settings
- OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
- WHO: Guidelines on Hand Hygiene in Health Care

Knowledge check

QUESTION 1

Name the six links in the chain of infection.

Answer: Infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host.

QUESTION 2

When must you use soap and water instead of hand rub?

Answer: When hands are visibly soiled, and after caring for a patient with C. diff, because alcohol does not kill C. diff spores.

QUESTION 3

Is a surgical facemask enough for a patient with TB?

Answer: No. TB requires airborne precautions: a fit-tested N95 or higher respirator and an airborne infection isolation room.

QUESTION 4

Which PPE item do you take off first?

Answer: Gloves, because they are the most contaminated. Finish with hand hygiene.

QUESTION 5

Do standard precautions apply only to patients with known infections?

Answer: No. Standard precautions apply to every patient, every time.

QUESTION 6

You wake up with a fever before a shift. What do you do?

Answer: Stay home and notify both the facility and Worldwide before your shift.

Training objectives and Universal Precautions

Training objectives

- Define Universal and Standard Precautions
- Identify how infections spread
- Select and use PPE correctly
- Perform hand hygiene at the right moments
- Respond safely to an exposure
- Know your responsibilities for infection prevention

Universal Precautions

Treat all human blood and certain body fluids as potentially infectious, no matter how low the risk seems.

The focus is preventing exposure to bloodborne pathogens such as:

- **HBV** Hepatitis B virus
- **HCV** Hepatitis C virus
- **HIV** Human immunodeficiency virus

Standard Precautions

Standard Precautions build on Universal Precautions and apply to **every patient**, whether or not an infection is known.

They apply to:

- Blood
- All body fluids, secretions and excretions except sweat
- Non-intact skin
- Mucous membranes

How infections spread

Contact

Direct or indirect contact with body fluids or contaminated surfaces

Droplet

Coughing, sneezing or talking at close range

Airborne

Small particles that stay suspended in the air

Sharps

Needles or other sharp objects that break the skin

See also: Transmission-based precautions are covered in the Infection Control module. Hand hygiene (the 5 moments, soap and water, sanitizer), PPE (selection, putting on and taking off) and cleaning up blood and body fluids are covered in the Hand Hygiene, Personal Protective Equipment and Bloodborne Pathogens modules.

Safe handling of sharps

Never recap needles by hand

Do not bend or break sharps

Activate safety devices right after use

Dispose immediately in a sharps container at the point of use

Do not fill containers past the fill line

Report every sharps injury immediately

Hepatitis B vaccine

If your job exposes you to blood or body fluids, the vaccine must be offered to you **at no cost**.

- Offered within 10 working days of your initial assignment
- You may decline in writing and change your mind later
- Already vaccinated? Give Worldwide your records

OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

If you are exposed

An exposure is blood or body fluid contact through broken skin, the eyes, nose or mouth, or a needlestick or sharps injury.

1. Wash skin and wounds with soap and water
2. Flush eyes, nose or mouth with water
3. Report right away to your facility supervisor **and** Worldwide
4. Get medical evaluation right away
5. Complete the incident report

⚠ Do not use bleach or other harsh chemicals on your skin. Post-exposure evaluation should begin within two hours, because treatment works best when started early.

Your responsibilities and summary

Your responsibilities

- Follow Universal and Standard Precautions with every patient
- Use PPE correctly and consistently
- Follow each facility's isolation signs and policies
- Report exposures and unsafe conditions to the facility and Worldwide
- Complete required training and keep your N95 fit test current

Summary

- Treat all blood and body fluids as potentially infectious
- Clean your hands at the 5 moments
- Match your PPE to the exposure and the isolation sign
- After an exposure: wash, report to both, get evaluated fast

Knowledge check

QUESTION 1

Which patients do Standard Precautions apply to?

Answer: Every patient, whether or not an infection is known.

QUESTION 2

The door says Airborne Precautions. What do you wear?

Answer: A fit-tested N95 or higher respirator, on top of Standard Precautions; keep the door closed.

QUESTION 3

When should you use soap and water instead of sanitizer?

Answer: When hands are visibly soiled, after caring for a patient with C. diff or norovirus, after the restroom, and before eating.

QUESTION 4

Which piece of PPE comes off first?

Answer: Gloves.

QUESTION 5

You get a needlestick. What do you do?

Answer: Wash the site with soap and water, report right away to your facility supervisor and Worldwide, and get a medical evaluation right away; then complete the incident report.

QUESTION 6

What does the hepatitis B vaccine cost you?

Answer: Nothing. It must be offered at no cost if your job exposes you to blood or body fluids.

Key moments for hand hygiene

1

Immediately **before touching a patient**

2

Before an aseptic task, such as placing a line or handling an invasive device

3

Before moving from a contaminated body site to a clean site

4

After touching a patient or their immediate environment

5

After contact with blood, body fluids or contaminated surfaces

6

Immediately **after removing gloves**

Alcohol-based hand sanitizer is preferred

Unless hands are visibly soiled, sanitizer with at least 60% alcohol is preferred in most clinical situations. It kills germs on hands more effectively than soap.

- ✓ Before and after touching a patient
- ✓ Before aseptic tasks
- ✓ After contact with blood or body fluids, if hands are not visibly soiled
- ✓ After touching equipment or high-touch surfaces
- ✓ After handling linens, charts or shared equipment
- ✓ After coughing, sneezing or blowing your nose

When soap and water is required

Wash with soap and water, not sanitizer alone:

- When hands are visibly soiled with blood, body fluids, dirt or other contaminants
- With known or suspected C. diff or norovirus, including before and after caring for patients with diarrhea or vomiting
- After using the restroom
- Before eating or handling food
- After removing gloves, if hands may be soiled
- Any time hands feel sticky, dirty or contaminated

How to wash with soap and water

1. Wet hands with clean running water; avoid hot water, which dries the skin
2. Apply soap and lather thoroughly
3. Scrub all surfaces vigorously for at least 20 seconds
4. Rinse well under clean running water
5. Dry with a disposable paper towel
6. Use the towel to turn off the faucet

Don't miss

- Backs of hands
- Between fingers
- Under fingernails and fingertips
- Thumbs
- Wrists

How to use hand sanitizer

1. Apply the amount the manufacturer recommends to the palm of one hand
2. Rub hands together, covering all surfaces, especially thumbs, fingertips and between fingers
3. Keep rubbing until hands are completely dry, about 20 seconds, before touching anything

Fingernails and jewelry

Natural nails Keep them short: tips should not extend past the fingertip, and no longer than 1/4 inch.

Artificial nails Artificial nails, gel nails and extensions are not permitted for staff in direct patient care.

Rings Limit to a simple wedding band, or none.

CDC: natural nails should not extend past the fingertip; no artificial nails or extensions for direct contact with high-risk patients. Worldwide's policy applies the artificial nail rule to all direct patient care.

Protecting your skin; gloves, PPE and hand hygiene

Protecting your skin

Report cuts and dermatitis Report cuts, wounds or dermatitis on your hands. You may be restricted from some duties if a lesion poses an infection risk.

Moisturize regularly Use hand lotion or cream often to prevent skin breakdown. It must be compatible with the facility's hand hygiene products.

Gloves, PPE and hand hygiene

Gloves are not a substitute for hand hygiene.

Perform hand hygiene:

- Before putting on gloves and PPE
- Immediately after removing gloves
- After removing other PPE: gown, mask, face shield
- When gloves are damaged, soiled or possibly contaminated: remove them, clean hands, put on new gloves

Staff responsibilities and non-compliance

Staff responsibilities

Follow hand hygiene requirements without exception

Report low supplies of soap, towels or sanitizer to a supervisor right away

Encourage your team's compliance, using just culture principles

Non-compliance

Failure to follow hand hygiene standards may result in:

1. Verbal or written counseling
2. Retraining
3. Removal from assignment
4. Termination for repeated violations or willful non-compliance

Key takeaways

Sanitizer is preferred unless hands are visibly soiled

Wash with soap and water for soil, C. diff and norovirus

Clean hands before and after every patient, and after gloves

Short natural nails, no artificial nails, healthy skin

References: CDC, Hand Hygiene in Healthcare Settings; CDC, When and How to Wash Your Hands; CDC, Guidelines for Infection Control in Healthcare Personnel

Knowledge check

QUESTION 1

Your hands are not visibly soiled. Which method is preferred in patient care?

Answer: Alcohol-based hand sanitizer with at least 60 percent alcohol.

QUESTION 2

You are caring for a patient with C. diff. How do you clean your hands, and why?

Answer: Soap and water, because alcohol does not reliably kill C. diff spores; washing physically removes them.

QUESTION 3

How long should you scrub when washing with soap and water?

Answer: At least 20 seconds under our standard; CDC's healthcare minimum is 15 seconds.

QUESTION 4

If you wear gloves, do you still need hand hygiene?

Answer: Yes. Clean hands before putting gloves on and immediately after taking them off; gloves are not a substitute.

QUESTION 5

May staff in direct patient care wear gel nails?

Answer: No. Artificial nails, gel nails and extensions are not permitted in direct patient care.

QUESTION 6

The sanitizer dispenser outside a room is empty. What do you do?

Answer: Use another dispenser or wash with soap and water, and report the empty dispenser to a supervisor right away.

What is PPE?

Specialized clothing or equipment worn to protect you against a hazard.

- ✓ Gloves
- ✓ Gowns, aprons, lab coats
- ✓ Masks and respirators
- ✓ Face shields and eye protection
- ✓ Mouthpieces, resuscitation bags, pocket masks and other ventilation devices

Regular work clothes and scrubs not meant to protect against a hazard are **not** PPE.

When is PPE “appropriate”?

Only when it keeps blood and other infectious materials from reaching your clothes, skin, eyes, mouth or other mucous membranes…

…under normal conditions of use, for as long as you wear it.

OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030(d)(3)(i)

Why PPE matters

Protects you

From bloodborne pathogens, airborne diseases, and hazardous chemicals and drugs

Protects patients

From cross-contamination between patients

Required

By OSHA standards and infection control guidelines

Correct selection, use and disposal prevent infections.

Gloves

Types

Exam gloves

Sterile surgical gloves

Chemotherapy-tested gloves

Heavy-duty cleaning gloves

Protect hands from blood, body fluids and chemicals.

- ✓ Change between patients and between tasks
- ✓ Never reuse or wash disposable gloves
- ✓ Clean hands before and after use
- ✓ Gloves don't replace hand hygiene

Gowns and aprons

Disposable isolation gowns

Routine patient care and contact precautions

Fluid-resistant or impermeable gowns

High-risk procedures with heavy fluid exposure

⚠ The front and sleeves are contaminated. Remove carefully, rolling the outside inward.

Masks and respirators

Surgical facemask

Protects from splashes, sprays and droplets

Keeps your germs from reaching patients

Loose fit; **not** a respirator

N95 respirator

Filters airborne particles

For airborne pathogens such as TB, and COVID-19

Tight seal; fit testing required

⚠ Don't touch the front of a mask or respirator when you take it off. Handle only the ties or straps.

Respirator requirements

1

Medical evaluation

Before you are fit tested or use a respirator

2

Fit test

Before first use, every year after, and for each model and size

3

Seal check

Every time you put it on

OSHA Respiratory Protection Standard, 29 CFR 1910.134. Facial hair under the seal prevents a proper fit.

Eye and face protection, shoe and head covers

Eye and face protection

- Goggles or face shields protect against splashes, sprays and droplets
- Wear with a mask or respirator for full protection
- Clean and disinfect reusable equipment after each use
- Regular prescription glasses are not eye protection.

Shoe and head covers

- Prevent contamination in sterile environments like the OR
- Used where strict infection control is required
- Dispose of after each use

PPE for hazardous drugs

- Chemotherapy-tested gloves (ASTM D6978)
- Two pairs of chemotherapy-tested gloves when administering hazardous drugs
- Impermeable gowns tested for hazardous drugs
- Eye, face and respiratory protection for splashes and spills

NIOSH List of Hazardous Drugs; USP <800>. Follow the facility's hazardous drug procedures.

PPE by type of precaution

Precaution	Examples	PPE
Standard	Every patient	Based on expected exposure: gloves, gown, mask, eye protection
Contact	MRSA, C. diff	Gown and gloves
Droplet	Influenza, pertussis	Facemask
Airborne	TB, measles, chickenpox	Fit-tested N95 or higher

Always check the isolation sign on the door.

Putting PPE on and taking it off

Putting PPE on (donning)

1	Hand hygiene
2	Gown
3	Mask or respirator
4	Goggles or face shield
5	Gloves, over the gown cuffs

Put PPE on before patient contact, usually before entering the room. Seal-check a respirator.

Taking PPE off (doffing)

1	Gloves
2	Goggles or face shield
3	Gown
4	Mask or respirator
5	Hand hygiene

Remove the respirator after leaving the room and closing the door
Clean hands again any time they get contaminated

Proper use and disposal

- Use PPE only as intended
- Discard single-use PPE in the container the facility designates
- Never leave used PPE on surfaces or floors
- Follow facility infection control procedures

Responsibilities

Employer

Provide appropriate PPE at no cost

Keep PPE accessible in all care areas

Train on proper use and limitations

Replace damaged or defective PPE right away

You

Wear PPE when required

Follow donning and doffing procedures

Report missing or damaged PPE

Don't reuse disposable PPE unless permitted

Complete training and fit testing

For field staff: every facility is different

Learn their PPE

Where it is stored and which brands they stock

Confirm your fit test

For the N95 model they use, before you need it

Report shortages

To the facility and to Worldwide

Common PPE mistakes

- ⚠ Wearing gloves without hand hygiene
- ⚠ Reusing disposable PPE
- ⚠ Touching your face, phone or surfaces with contaminated gloves
- ⚠ Poor mask fit, with nose or mouth exposed
- ⚠ Wearing used PPE out of the room or into hallways

Knowledge check

QUESTION 1

What is the first step in putting on PPE?

Answer: Hand hygiene.

QUESTION 2

Which item comes off first, and why?

Answer: Gloves, because they are the most contaminated.

QUESTION 3

Is a surgical mask enough for a patient with TB?

Answer: No. TB requires airborne precautions and a fit-tested N95 or higher respirator.

QUESTION 4

How often must you be fit tested for an N95?

Answer: Before first use, at least every year after, and whenever you change to a different make, model or size. Also after a medical evaluation, and do a seal check every time you put it on.

QUESTION 5

What gloves do you need to give a chemotherapy drug?

Answer: Two pairs of chemotherapy-tested gloves meeting ASTM D6978, plus any additional PPE the facility’s hazardous drug procedure requires.

QUESTION 6

Where do you take off your gown and gloves?

Answer: At the doorway or in the anteroom, before you leave the patient's room, and never in the hallway. A respirator comes off after you leave and close the door.

What are bloodborne pathogens?

Bloodborne pathogens are bacteria and viruses present in blood and body fluids that can cause disease in humans.

The most common include, but are not limited to:

HBV

Hepatitis B virus

HCV

Hepatitis C virus

HIV

Human immunodeficiency virus

How bloodborne pathogens are spread

Needlesticks and sharps

- Most common route in healthcare settings
- Contaminated needles, scalpels or other sharps puncture the skin

Mucous membranes

- Blood or OPIM splashes into the eyes, nose or mouth

Non-intact skin

- Infectious material contacts open cuts, abrasions, rashes or dermatitis

Sexual contact

- HIV and hepatitis B can spread through sexual contact involving blood or other infectious fluids

⚠ Bloodborne pathogens are **not** spread through casual contact, coughing, sneezing, or sharing food or water.

Blood and other potentially infectious materials (OPIM)

To be exposed, infected blood or other body fluids must get into your bloodstream. **Blood** means human blood, its components, and products made from human blood. Other body fluids are called **other potentially infectious materials**, or OPIM.

OPIM includes

- Semen and vaginal secretions
- Cerebrospinal, synovial, pleural, pericardial, peritoneal and amniotic fluid
- Saliva in dental procedures
- Any body fluid visibly contaminated with blood
- All body fluids when it is hard or impossible to tell them apart
- Unfixed human tissue or organs (other than intact skin), living or dead
- HIV- or HBV-containing cultures or solutions, and tissue from infected experimental animals

Not OPIM unless visibly bloody

- Feces and urine
- Saliva
- Vomit
- Nasal secretions and sputum
- Sweat and tears

You cannot be infected through casual contact such as a cough, sneeze, a kiss on the cheek, a hug, water fountains or food.

Exposure at work and who is at risk

How workplace exposure happens

You can be exposed by directly touching contaminated blood, or by touching a contaminated object or surface and then transferring the virus to your mouth, eyes, nose or non-intact skin.

COMMON ROUTES

- Needlesticks or sharps injuries
- Infected blood on broken skin (cuts, abrasions)
- Mucous membrane exposure (eyes, nose, mouth)
- Contaminated surfaces or improper disposal of materials

Who is at risk?

- Any employee who may contact blood or body fluids

HIGHER-RISK PROFESSIONS

- 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 body fluids as potentially infectious

Wear appropriate personal protective equipment (PPE)

Practice proper hand hygiene

Dispose of contaminated materials correctly

⚠ The three bloodborne pathogens of greatest concern to OSHA are hepatitis B (HBV), hepatitis C (HCV) and HIV.

Preventing infection when giving care

1. Avoid contact with blood and other body fluids.
2. Use CPR breathing barriers, such as resuscitation masks, when giving rescue breaths.
3. Wear disposable gloves whenever giving care. Add a mask, eyewear and gown if blood or body fluids can splash.
4. Cover any cuts, scrapes or sores, and remove jewelry, including rings, before putting on gloves.

Preventing infection when giving care (continued)

5. Change gloves before caring for a different patient.

6. Remove gloves without touching the soiled part, and dispose of them in a proper container.

7. Wash your hands and other areas right after giving care. If hands are not visibly soiled and no sink is available, use alcohol-based hand sanitizer. When practical, wash before giving care too.

Hepatitis B (HBV): the basics

Hepatitis means inflammation of the liver, a vital organ. Hepatitis B is a viral infection caused by the hepatitis B virus. It can cause both acute (short-term) and chronic (long-term) disease.

Acute hepatitis B

- A short-term infection within the first 6 months after exposure
- Most healthy adults clear the virus on their own
- Some develop severe illness, but most recover completely and develop lifelong immunity

Chronic hepatitis B

- An infection lasting longer than 6 months, when the immune system cannot clear the virus
- More likely in infants and children: about 90% of infected infants develop chronic infection, compared with about 5 to 10% of infected adults

Chronic HBV can lead to

- Cirrhosis (liver scarring)
- Liver failure
- Liver cancer (hepatocellular carcinoma)

Hepatitis B by the numbers

240M

People worldwide living with chronic hepatitis B (2024)

1.1M

Deaths each year, mostly from cirrhosis and liver cancer

0.9M

New infections worldwide each year

640,000

Adults in the US estimated to have chronic hepatitis B

- HBV is most common in the Western Pacific and African regions
- In the US, rates are higher among people who inject drugs and people born in countries where HBV is common
- The hepatitis B vaccine, introduced in the 1980s, has dramatically reduced new infections in many regions

Sources: WHO hepatitis B fact sheet (July 2026); CDC, Hepatitis B Basics.

Hepatitis B: symptoms

Many people with HBV have no symptoms. When symptoms appear, they can include:

Acute infection

Often begins about 90 days after exposure (range about 1 to 4 months).

- Fatigue
- Fever
- Loss of appetite
- Nausea and vomiting
- Abdominal pain
- Dark urine
- Clay-colored stool
- Jaundice (yellow skin or eyes)

Chronic infection

Often has no symptoms until liver damage develops. Symptoms may then include:

- Persistent fatigue
- Joint pain
- Signs of advanced liver disease: fluid in the abdomen (ascites), bleeding, confusion

Hepatitis B: transmission and needlestick risk

HBV spreads when blood or body fluids from an infected person enter the body of an uninfected person: through a needlestick or cut, or contact with a mucous membrane or non-intact skin. Risk after a single needlestick depends on the source patient and on your vaccination status:

Source patient	Clinical hepatitis	Evidence of infection on blood test
HBsAg-positive and HBeAg-positive (high infectivity)	22 to 31%	37 to 62%
HBsAg-positive and HBeAg-negative (lower infectivity)	1 to 6%	23 to 37%
Any source, when the worker is vaccinated and has protective antibody (anti-HBs 10 mIU/mL or higher)	Essentially none	Essentially none

⚠ HBV is the most infectious of the major bloodborne pathogens: far more than HIV, which carries about a 0.3% risk per needlestick.

Risk estimates for unvaccinated workers: CDC, via Hepatitis B Online (University of Washington).

Hepatitis B vaccination

Effective

- Safe and effective at preventing infection
- The best protection against HBV

Safe

- Most people have no side effects
- Mild side effects can occur, such as a low fever or a sore arm
- No known serious side effects

How it is given

- A 2- or 3-dose series, depending on the vaccine
- Heplisav-B: 2 doses, 1 month apart
- Engerix-B or Recombivax HB: 3 doses over 6 months
- The entire series is needed for long-term protection

Your hepatitis B vaccine rights

Offered at no cost

- Available to all employees with occupational exposure
- Offered after initial training and within 10 working days of initial assignment
- Vaccination is encouraged unless:
    - There is documentation you already received the series
    - Antibody testing shows you are immune
    - A medical evaluation shows the vaccine is not advised for you

If you decline

- You must sign a declination form
- You may request the vaccine later, still at no cost
- Documentation of the declination must be kept

Hepatitis C (HCV): the facts

47M

People worldwide with chronic hepatitis C

0.9M

New infections worldwide each year

2.4M+

People in the US with hepatitis C (2017 to 2020), possibly as many as 4 million

Higher-risk populations

- People who inject drugs
- People who received blood products before 1992, when routine screening began
- People with HIV
- Incarcerated populations

Sources: WHO hepatitis C fact sheet (July 2026); CDC, Hepatitis C Basics.

Hepatitis C: symptoms and transmission

Symptoms

ACUTE INFECTION: 2 TO 12 WEEKS AFTER EXPOSURE

Often no symptoms. When present: fatigue, fever, nausea, abdominal pain, dark urine, jaundice.

CHRONIC INFECTION: MOST CASES

Often silent for years. May cause chronic fatigue and mild liver problems, and eventually cirrhosis, liver failure or liver cancer.

Transmission

- Bloodborne virus
- Sharing needles or syringes (most common today)
- Blood transfusions or organ transplants before widespread screening (1992 in the US)
- Needlestick injuries in healthcare settings
- Less common: sexual transmission and mother-to-child transmission

HIV: the facts

41.0M
People worldwide living with HIV (2025)

1.2M
New HIV infections worldwide (2025)

1.2M
People in the US with HIV (2022)

31,800
New HIV infections in the US (2022)

Higher-risk populations

- Men who have sex with men
- People who inject drugs
- Sex workers
- Transgender individuals
- People in regions with high prevalence, such as sub-Saharan Africa

Sources: UNAIDS Global HIV statistics fact sheet (2025 data); CDC, Fast Facts: HIV in the United States.

HIV: symptoms and transmission

Symptoms by stage

ACUTE HIV: 2 TO 4 WEEKS AFTER EXPOSURE

Flu-like illness: fever, sore throat, rash, swollen lymph nodes, fatigue.

CLINICAL LATENCY (CHRONIC HIV)

Often no symptoms for years while the virus keeps replicating.

ADVANCED DISEASE (AIDS)

Severe immune suppression with opportunistic infections (such as pneumonia, tuberculosis, candidiasis), certain cancers (such as Kaposi sarcoma, lymphoma) and wasting syndrome.

HIV: symptoms and transmission (continued)

Transmission

A bloodborne and sexually transmitted virus. Primary routes:

- Unprotected sexual contact (anal or vaginal; oral is less common)
- Sharing needles, syringes or other drug injection equipment
- Mother to child during pregnancy, birth or breastfeeding
- Blood transfusions or organ transplants where there is no routine screening

NOT SPREAD BY

Casual contact, saliva, sweat, tears, hugging or insect bites.

OSHA and the Bloodborne Pathogens Standard

Occupational Safety and Health Administration (OSHA)

OSHA's mission: save lives, prevent injuries, and protect the health of workers.

Bloodborne Pathogens Standard, 29 CFR 1910.1030: protects employees from exposure to blood or OPIM. A copy is available at osha.gov.

Important definitions

Occupational exposure: reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or OPIM that may result from performing your job duties.

Parenteral: piercing mucous membranes or the skin barrier through events such as needlesticks, human bites, cuts and abrasions.

Exposure control plans (ECP)

Exposure control plans exist to eliminate or minimize occupational exposure to bloodborne pathogens. A general template is available at osha.gov.

Contents of an ECP

- Determination of employee exposure
- Exposure control methods: Universal Precautions, engineering and work practice controls, PPE, housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Procedures for evaluating exposure incidents
- Communication of hazards and training
- Recordkeeping

Exposure control plans (ECP) (continued)

Availability and review

- ECPs are site-specific, tailored to your work area or department
- A written plan is accessible to all employees
- Each facility has its own ECP, covered at site orientation. Ask your facility supervisor on your first shift where it is kept and how to get a copy
- Reviewed and updated at least annually, and whenever new or changed tasks or positions affect exposure

Exposure determination and program administration

Exposure determination

- Lists job classifications in which all or some employees at the site have occupational exposure
- May list the tasks and procedures in which exposure may occur
- Part-time, temporary, contract and per diem employees are covered by the standard

Program administration

The site-specific ECP documents who is responsible for:

- Implementing the ECP
- Providing and maintaining PPE, engineering controls, labels and red bags
- Ensuring medical actions are performed and employee health and OSHA records are maintained
- Training, training records, and making the ECP available

⚠ Employees must comply with the procedures and work practices in the ECP.

Engineering and work practice controls

Engineering controls

Controls that **isolate or remove** the bloodborne pathogen hazard from the workplace.

Work practice controls

Controls that **reduce the likelihood of exposure** by changing the way a task is performed.

- Used to prevent or minimize exposure to bloodborne pathogens
- Specific controls are described in the site-specific ECP
- Examine, maintain or replace engineering controls regularly to keep them effective: identify needed changes, evaluate new procedures and products, and involve front-line workers and management in the evaluation

Handwashing and contaminated sharps

Handwashing

- Handwashing facilities should be readily accessible
- When a sink is not feasible, an antiseptic hand cleaner with clean towels or antiseptic towelettes is provided. Wash with soap and running water as soon as feasible afterward
- After contact with blood or OPIM, wash hands and skin with soap and water, or flush mucous membranes with water, immediately or as soon as feasible

Handwashing and contaminated sharps (continued)

Contaminated sharps

- Do not bend, recap or remove contaminated needles or sharps unless no alternative is feasible or a procedure requires it
- Any such action must be approved by a safety professional and done with a mechanical device or one-handed technique
- Shearing or breaking needles is prohibited
- Place contaminated sharps in containers immediately. Containers must be puncture-resistant, labeled or color-coded, and leak-proof on the sides and bottom

Work practices, specimens and equipment

Work practices and procedures

- No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where exposure may occur
- Do not keep food or drink where blood or OPIM are present
- Perform procedures to minimize splashing, spraying, spattering and droplets
- Mouth pipetting or suctioning of blood or OPIM is prohibited
- Always follow the safety policies and ECP for your job site and duties

Work practices, specimens and equipment (continued)

Specimens and equipment

- Place blood or OPIM specimens in a container that prevents leakage
- If the outside of the container is contaminated, place it in a second leak-proof container that is red or has a biohazard label
- If the specimen could puncture the container, use a puncture-resistant secondary container
- Examine equipment for contamination before servicing or shipping, and decontaminate as needed

Personal protective equipment (PPE)

PPE is specialized clothing or equipment worn to protect against a hazard. General work clothes not intended to protect against a hazard are **not** PPE.

Essential PPE includes

- Gloves
- Gowns or aprons
- Laboratory coats
- Face shields or masks, and eye protection
- Mouthpieces, resuscitation bags, pocket masks or other ventilation devices

Personal protective equipment (PPE) (continued)

When PPE is appropriate

PPE is appropriate only if it keeps blood or OPIM from passing through to or reaching your work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes, under normal use and for as long as it is used.

Always inspect PPE for damage before use, and dispose of it properly after use.

Using gloves and face protection

Disposable gloves

- Wear when hands may contact blood or OPIM, and when touching contaminated items or surfaces
- Replace if torn, punctured, contaminated or otherwise compromised
- Never wash or decontaminate disposable gloves for reuse

Utility gloves

- May be decontaminated for reuse if not compromised
- Discard if cracking, peeling, tearing, puncturing or deterioration appears

Face and eye protection

- Wear when splashes, sprays, spatters or droplets of blood or OPIM could reach the eyes, nose or mouth

Removing PPE and employer responsibilities

Removing PPE

- Wash hands immediately after removing gloves or other PPE
- If blood or OPIM soaks through a garment, remove it immediately or as soon as feasible
- Remove PPE when contaminated and before leaving the work area
- Remove it so you avoid touching the outer surface
- The site-specific ECP describes proper PPE disposal

Removing PPE and employer responsibilities (continued)

Employer responsibilities

- PPE is provided at no cost to employees
- Appropriate sizes are readily accessible at the worksite or issued to employees
- Hypoallergenic gloves, glove liners, powderless gloves or similar alternatives are available for employees allergic to standard gloves
- Training is provided on the proper PPE for each task
- The ECP describes what PPE is available, where it is, and who provides it

After an exposure: act immediately

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from performing your job duties.

1. Wash needlestick injuries, cuts and exposed skin thoroughly with soap and water.
2. If blood or OPIM splashes around the mouth or nose, flush the area with water.
3. If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigant for 20 minutes.
4. Report the incident to your supervisor. The site-specific ECP says who to contact after an exposure.

⚠ Early reporting and treatment can reduce the risk of infection.

After an exposure: documentation and testing

Record the incident

- Write down what happened: the date, time, circumstances and routes of exposure
- Include any actions taken after the exposure and any other information your supervisor requires

Source individual testing

- The source individual is identified and documented
- With consent, the source is tested for HIV, HCV and HBV infectivity, and the results go to the healthcare provider
- You are provided with the source individual's test results

Your medical evaluation

- A confidential medical evaluation and follow-up is provided
- If you do not consent to HIV testing at the first blood draw, your baseline sample is kept for at least 90 days, and tested if you choose during that time

Post-exposure follow-up and incident review

Post-exposure evaluation and follow-up

Healthcare professionals responsible for HBV vaccination and post-exposure evaluation receive a copy of the BBP standard. The professional evaluating an exposure receives:

- A description of your relevant job duties
- The route(s) and circumstances of exposure
- If possible, the source blood test results
- Relevant medical records, such as vaccinations

You receive a copy of the healthcare professional's written opinion within 15 days.

Post-exposure follow-up and incident review (continued)

Evaluating exposure incidents

Every exposure incident is reviewed to determine:

- Engineering controls and work practices in use
- The device used (type and brand)
- PPE or clothing worn
- Location, procedure being performed, and your training

Sharps injuries are recorded in the Sharps Injury Log, and the ECP is revised if needed.

Cleaning up blood and body fluids

Regulated medical waste: liquid or semi-liquid blood or OPIM; contaminated items that could release blood or OPIM when handled; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. Use biohazard bags and labels for contaminated materials, and sharps containers for needles.

1. Wear proper PPE.
2. Wipe up blood or body fluids with disposable absorbent material such as paper towels.
3. Dispose of materials immediately in a red biohazard bag.
4. Wash the area with soap or detergent and water to remove all visible soil.
5. Disinfect with an EPA-registered hospital-grade disinfectant effective against HBV, HCV and HIV. If unavailable, use fresh bleach solution: about 1½ cups of bleach per gallon of water (1 part bleach to 9 parts water). Keep the surface wet for the required contact time (usually 10 minutes for bleach; check the label).
6. Clean reusable equipment per the manufacturer; dispose of it if it cannot be disinfected. Dispose of cleaning materials and PPE in biohazard containers, then clean your hands.

Housekeeping and laundry

Housekeeping

- The worksite is kept clean and sanitary
- Equipment and surfaces are cleaned and decontaminated after contact with blood or OPIM
- Regulated waste goes in closable containers that hold their contents, labeled or color-coded and closed before removal
- Sharps containers are closable, puncture-resistant, leak-proof, labeled or color-coded, easy to reach, and as close as feasible to where sharps are used
- Bins and pails are cleaned and decontaminated
- Broken glassware is picked up only with a mechanical device

Laundry

- The ECP describes who does laundering
- Handle contaminated laundry as little as possible
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport
- The ECP lists the PPE required when handling or sorting contaminated laundry

Signs and labels

Label requirements

- Labels include the biohazard symbol
- Fluorescent orange or orange-red, or predominantly so, with lettering and symbols in a contrasting color
- Required on regulated waste containers, refrigerators and freezers holding blood or OPIM, and other containers used to store or transport blood or OPIM
- Affixed close to the container to prevent loss or unintentional removal
- Red bags or containers may substitute for labels

Signs and labels (continued)

Exemptions and the ECP

Exemptions may apply to blood released for transfusion, individual containers placed inside labeled containers, and regulated waste after decontamination.

THE ECP SPECIFIES

- The type of equipment to label, and the label type
- Who is responsible for labels or red bags
- Who to notify if something is found without a proper label

Training and medical records

Training records

- Training is provided at initial assignment and at least annually
- Additional training when changed or new tasks or procedures affect exposure
- Records include: session dates, contents or summary, trainer names and qualifications, and attendee names and job titles
- Kept for at least 3 years
- Provided to the employee or representative on request within 15 working days

Medical records

- Maintained for each employee with occupational exposure
- The ECP identifies who keeps them and where
- Kept for the duration of employment plus 30 years
- Provided to the employee on request within 15 working days
- Written consent is required to release them to others

Sharps Injury Log

What is recorded

Every percutaneous injury from a contaminated sharp is recorded. Each entry includes at least:

- Date of the injury
- Type and brand of device involved
- Work area where the incident occurred
- How the incident occurred

Review and retention

- Reviewed during the annual program evaluation
- Maintained for at least 5 years
- Personal identifiers are removed before copies are provided on request

Knowledge check

QUESTION 1

Name the three bloodborne pathogens of greatest concern to OSHA.

Answer: Hepatitis B (HBV), hepatitis C (HCV) and HIV.

QUESTION 2

What does it mean to follow Universal Precautions?

Answer: Treat all blood and body fluids as potentially infectious, and use PPE, hand hygiene and proper disposal every time.

QUESTION 3

May you recap a used needle?

Answer: No. Needles are not bent, recapped or removed unless no alternative is feasible or a procedure requires it, and then only with approval using a mechanical device or one-handed technique.

QUESTION 4

Blood splashes into your eyes. What do you do?

Answer: Irrigate the eyes with clean water, saline or sterile irrigant for 20 minutes, then report the exposure to your supervisor immediately and follow the site's ECP.

QUESTION 5

When must the hepatitis B vaccine be offered, and what does it cost you?

Answer: At no cost, after initial training and within 10 working days of initial assignment, to every employee with occupational exposure.

QUESTION 6

You declined the hepatitis B vaccine. Can you change your mind?

Answer: Yes. You must sign a declination form, but you can request the vaccine later at no cost.

QUESTION 7

Where do you find the exposure control plan at your job site?

Answer: It is the facility's own plan, covered at site orientation. Ask your facility supervisor on your first day where it is kept.

QUESTION 8

Name three body fluids that are not OPIM unless visibly bloody.

Answer: Any three of: feces, urine, saliva (outside dental procedures), vomit, nasal secretions, sputum, sweat and tears.

SECTION 4 OF 7

Chemical, waste and radiation safety

4

IN THIS SECTION

Hazard communication training
Hazardous waste safety training
Flammable liquids safety training
Compressed gases safety training
Radiation safety training
Confined spaces safety training

Hazard communication and why it matters

What is hazard communication?

OSHA's Hazard Communication Standard (29 CFR 1910.1200) makes sure employees are told about the chemical hazards they work with, and how to protect themselves.

Right to know and right to understand You have the right to know what chemicals you work with and to understand their hazards.

Where it applies Every workplace where employees may be exposed to hazardous chemicals, including hospitals and other healthcare facilities.

Why hazard communication matters

- Protects employee health and safety
- Prevents accidents, injuries and chemical exposures
- Makes sure people respond correctly in an emergency
- Reduces environmental and financial risks

Key elements and chemical hazard classes

Key elements of the standard

Written program How the workplace meets the standard

Chemical inventory A list of hazardous chemicals present

Labels and warnings On every container

Safety Data Sheets Detailed information on each chemical

Training Employee information and training, like this session

Chemical hazard classes

Physical hazards Flammable, explosive, oxidizing, reactive, or gases under pressure

Health hazards Acutely toxic, corrosive or irritating, sensitizing, or causing cancer, reproductive or organ damage

You may also see environmental hazard information, such as “harmful to aquatic life.” OSHA does not require it, because the standard covers worker safety.

What a shipped container label must include

1

Product identifier

Name or number matching the SDS

2

Signal word

Danger for more severe hazards, **Warning** for less severe

3

Pictograms

Red-bordered diamonds showing the type of hazard

4

Hazard statements

What the hazard is, such as “Causes severe skin burns”

5

Precautionary statements

How to prevent harm and what to do if exposed

6

Supplier information

Manufacturer, importer or distributor name, address and phone

The eight OSHA pictograms

Health hazard

Cancer, reproductive or organ damage, respiratory sensitizer

Flame

Flammables, self-heating, emits flammable gas

Exclamation mark

Irritant, skin sensitizer, harmful, drowsiness

Gas cylinder

Gases under pressure

Corrosion

Skin burns, eye damage, corrosive to metals

Exploding bomb

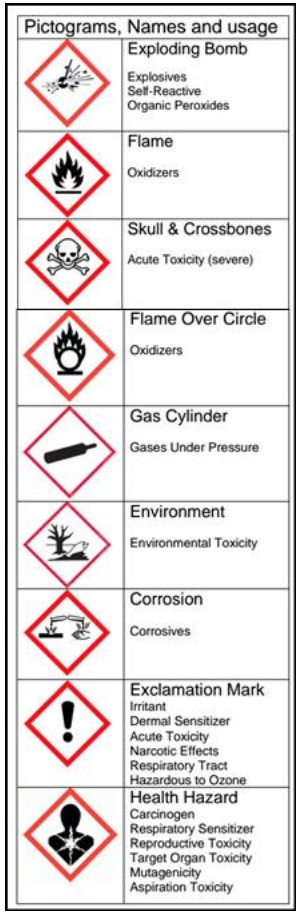
Explosives, self-reactives, organic peroxides

Flame over circle

Oxidizers, which feed a fire

Skull and crossbones

Acute toxicity: fatal or toxic



The GHS also has an environment pictogram (dead tree and fish). OSHA does not require it.

Workplace and secondary container labels

Secondary containers

- Any bottle, spray bottle or basin you transfer a chemical into must be labeled
- At minimum: the product identifier and its hazards
- Use the facility's workplace labels

The one exception

A portable container does not need a label only if it is for immediate use by the person who filled it, during that shift.

⚠ Never use a chemical from an unlabeled container, and never remove or cover a label.

Safety Data Sheets (SDS)

- Replaced the old Material Safety Data Sheets (MSDS)
- 16 standardized sections, in the same order for every product
- Must be readily accessible to all employees on every shift

Section	Most used for
1	Identification and emergency phone
2	Hazards, pictograms and signal word
4	First-aid measures
5	Firefighting measures
6	Accidental release (spills)
7	Handling and storage
8	Exposure controls and PPE

Chemicals in healthcare settings

Chemicals you may handle

- Disinfectants and cleaners, such as bleach, quaternary ammonium, hydrogen peroxide and peracetic acid
- High-level disinfectants, such as glutaraldehyde and ortho-phthalaldehyde
- Formaldehyde and formalin in specimen handling
- Ethylene oxide in sterilization
- Hazardous drugs, such as some chemotherapy, handled under the facility's hazardous drug program

On every assignment

- The facility's written HazCom program and chemical list apply to you
- Find out on day one where the SDSs are kept
- The facility must train you on the specific chemicals in your work area

Safe work practices

1. Read the label and SDS before using a chemical
2. Wear the PPE the SDS and facility require, such as gloves, goggles or a respirator
3. Store chemicals properly and keep incompatible chemicals apart
4. Never use unlabeled containers, and never mix chemicals unless the instructions call for it
5. Report leaks, spills and missing labels immediately

Emergency response

- Know the facility's spill response procedures
- Evacuate the area if necessary
- Notify your supervisor immediately
- Report every incident, no matter how small
- Check SDS sections 4 and 6 for first aid and spill steps



Eye or skin exposure

Go to the nearest eyewash or safety shower and flush for at least 15 minutes, then report it and get medical evaluation.

OSHA's 2024 update to the standard

OSHA updated the standard in 2024 to align with a newer version of the GHS. Changes include revised rules for labels on small containers and on chemicals released for shipment, updated SDS content, and new hazard categories.

Who must comply	Substances	Mixtures
Chemical manufacturers, importers and distributors	May 19, 2026	November 19, 2027
Employers: workplace labels, written program and training	November 20, 2026	May 19, 2028

During the transition you may see both old- and new-format labels and SDSs. Both are valid.

Your responsibilities

- Follow HazCom policies and procedures
- Read and understand labels and SDSs
- Use the required PPE
- Report hazards, spills and missing labels
- Ask questions when you are unsure
- Learn each facility's program, SDS location and eyewash stations

Knowledge check

QUESTION 1

Which signal word means the more severe hazard: Danger or Warning?

Answer: Danger.

QUESTION 2

Which SDS section tells you what PPE to wear?

Answer: Section 8, exposure controls and personal protection.

QUESTION 3

You pour a disinfectant into a spray bottle for the unit. What must you do?

Answer: Label the spray bottle with the product identifier and its hazards, using the facility's workplace label, because it is not for your own immediate use.

QUESTION 4

A chemical splashes in your eyes. What do you do?

Answer: Go to the nearest eyewash and flush for at least 15 minutes, then report it and get medical evaluation.

QUESTION 5

What does the flame over a circle pictogram mean?

Answer: An oxidizer, which can cause or intensify a fire.

QUESTION 6

On a new assignment, how do you find a chemical's SDS?

Answer: Use the facility's SDS binder or electronic SDS system; ask your supervisor on day one where it is.

What is hazardous waste?

Waste that can harm people or the environment. Under EPA rules, a waste is hazardous if it has one of four characteristics, or appears on one of EPA's lists.

Ignitable

Catches fire easily, such as solvents and alcohols

Corrosive

Strong acids or bases that eat through materials

Reactive

Unstable; can explode or release toxic gases

Toxic

Harmful if it leaches out, such as mercury or certain drugs

Listed wastes: EPA also lists specific wastes as hazardous, including certain discarded chemicals and pharmaceuticals.

Common workplace hazardous waste

- Used oils, fuels and solvents
- Cleaning chemicals and disinfectants
- Paints, adhesives and resins
- Aerosol cans
- Batteries, lamps and electronic waste
- Certain pharmaceuticals and chemotherapy waste

Regulated medical waste, such as blood-soaked items and sharps, is a separate stream, generally governed by state rules and OSHA rather than EPA's hazardous waste rules.

Who regulates hazardous waste

OSHA

Worker safety, including hazard communication and emergency response

EPA

Identifying, storing and disposing of hazardous waste

DOT

Packaging and transporting waste off site

State and facility

State rules, including for medical waste, and each facility's own policies

Healthcare waste streams: which container?

Waste stream	Examples	Typical container
Regulated medical waste	Items saturated with blood or body fluids	Red biohazard bag or bin
Sharps	Needles, scalpels, broken glass	Puncture-resistant sharps container
Hazardous pharmaceutical waste	Unused or partial doses of certain drugs	Designated pharmaceutical container, often black
Chemotherapy waste	Trace-contaminated items; bulk or unused drugs	Trace: often yellow. Bulk: hazardous waste container
Universal waste	Batteries, fluorescent lamps, mercury devices	Facility collection point

⚠ Never flush hazardous waste pharmaceuticals or pour them down a drain; EPA bans it. Colors vary by facility and state: follow the labels on each facility's containers.

Labels and hazard communication

Hazardous waste containers

- Must be marked with the words “Hazardous Waste”
- Must identify the hazard, such as ignitable, corrosive or toxic
- Follow the facility's labeling and dating rules

Hazard communication

- Safety Data Sheets give detailed information on the original chemical
- Pictograms help you recognize hazards quickly
- Never use unmarked containers

Safe handling

1. Wear the required PPE, such as gloves, goggles, aprons or respirators
2. Avoid direct contact with skin and eyes
3. Never eat, drink or smoke near hazardous waste areas
4. Use proper tools to transfer waste; never pour or mix by hand
5. Keep incompatible wastes apart, and never mix different wastes

Storage and disposal of hazardous waste

Storage guidelines

- Use approved, labeled containers
- Keep lids closed except when adding waste
- Store only in designated hazardous waste areas
- Use secondary containment, such as spill trays
- Separate flammables, corrosives and toxics
- Report leaking, damaged or overfilled containers

Disposal procedures

Never put hazardous waste in the regular trash, a sink or a drain.

1. Follow the facility's disposal system: pickup, drop-off or contractor
2. All disposal is documented through waste manifests and logs
3. Only trained personnel may arrange off-site disposal

Spills and emergencies

1. Alert others and evacuate if necessary
2. Notify your supervisor immediately
3. Follow the facility's spill response plan
4. For small spills you are trained for, use the spill kit and PPE
5. Report all incidents, even minor ones



Large or unknown releases

Leave the area. Only responders trained under OSHA's HAZWOPER standard (29 CFR 1910.120) may respond.

Your responsibilities

Follow all hazardous waste policies and procedures

Put waste in the right container every time; ask if unsure

Report unsafe conditions and improper labeling

Protect yourself, your coworkers and the environment

Knowledge check

QUESTION 1

What are EPA's four characteristics of hazardous waste?

Answer: Ignitable, corrosive, reactive and toxic.

QUESTION 2

Can you flush a leftover dose of a hazardous drug down the sink?

Answer: No. EPA bans flushing or draining hazardous waste pharmaceuticals; use the facility's designated pharmaceutical waste container.

QUESTION 3

What must a hazardous waste container label say?

Answer: The words Hazardous Waste and the type of hazard, plus any dating the facility requires.

QUESTION 4

You find a large spill of an unknown chemical. What do you do?

Answer: Alert others, leave the area and notify your supervisor; only HAZWOPER-trained responders handle large or unknown releases.

QUESTION 5

Where does a gauze pad saturated with blood go?

Answer: In the red biohazard bag or bin for regulated medical waste.

QUESTION 6

When may a hazardous waste container be left open?

Answer: Only while you are adding waste; otherwise keep it closed.

What are flammable liquids?

OSHA defines a flammable liquid as any liquid with a flash point at or below 199.4°F (93°C). The flash point is the lowest temperature at which it gives off enough vapor to ignite.

Category	Flash point	Hazard
1	Below 73.4°F, boiling point at or below 95°F	Most hazardous
2	Below 73.4°F, boiling point above 95°F	Very high
3	73.4°F to 140°F	High
4	Above 140°F to 199.4°F	Lower, but still flammable

Examples: gasoline, acetone, alcohols, solvents, some paints and cleaning agents, alcohol-based hand rubs and skin preps

Recognizing the hazards

⚠ The vapors, not the liquid itself, ignite and burn.

Vapors travel

They spread quickly, often along the floor, and can reach distant ignition sources

Easy ignition

Sparks, static electricity or hot surfaces can ignite them

Oxygen displacement

In enclosed spaces, vapors can push out breathable air

Toxic effects

Harmful if inhaled or absorbed through the skin

See also: The fire tetrahedron (heat, fuel, oxygen and chain reaction) is covered in the Fire Safety module in the next section.

Common workplace hazards

- Improperly sealed containers
- Poor ventilation in storage or work areas
- Static discharge during transfer
- Leaks and spills not cleaned up
- Open flames, smoking or sparks nearby
- Unlabeled or mislabeled containers

Reading labels and Safety Data Sheets

Flame pictogram A flame inside a red-bordered diamond on the label means the product is flammable.

Signal word Danger marks the more severe hazards; Warning the less severe. Hazard statements explain the risk, such as “Highly flammable liquid and vapor.”

Safety Data Sheet The SDS gives flash point, handling, storage, PPE, spill and firefighting information. Know where your facility keeps them.

Label every container, including ones you transfer liquid into. Never use a product from an unlabeled container.

Safe handling practices

1. Keep containers closed when not in use
2. Use approved safety cans or containers
3. Ground and bond metal containers when transferring liquid, to prevent static sparks
4. Keep away from ignition sources: sparks, flames and hot work
5. Work in well-ventilated areas

Storage requirements

- Store in approved flammable liquid storage cabinets
- Limit the amount stored outside cabinets; OSHA limits apply
- Separate from incompatible materials such as oxidizers and acids
- Keep away from exits, stairways and high-traffic areas
- Post proper hazard signs

60 gal

Maximum Category 1, 2 or 3 liquids in one storage cabinet

120 gal

Maximum Category 4 liquids in one storage cabinet

Source: OSHA 29 CFR 1910.106(d)(3). Local fire codes may set stricter limits.

Flammable liquids in healthcare

Alcohol hand rubs

- Rub until your hands are completely dry before touching anything
- Keep dispensers and refills away from ignition sources
- Store bulk supplies according to facility policy

Alcohol skin preps

- Let the prep dry completely, for the full time on the product label, before draping or using cautery or lasers
- Do not let it pool under the patient or drapes
- Wet preps are a known cause of surgical fires

Labs and other areas

- Solvents such as xylene, acetone and alcohols are common in labs
- Follow the lab's chemical hygiene plan and use fume hoods as directed
- Be extra careful where supplemental oxygen is in use

Personal protective equipment (PPE)



Eye and face

Safety goggles or a face shield



Gloves

Nitrile or other chemical-resistant gloves suited to the product, per the SDS



Clothing

Flame-resistant clothing where required



Footwear

Proper footwear, with non-sparking soles where required



Respirators

If ventilation is not enough, as selected under a respiratory protection program

Spill response

1. For a large spill, evacuate the area and call for emergency response
2. Eliminate ignition sources, if safe to do so
3. Contain the spill with absorbent materials
4. Use a spill kit designed for flammable liquids
5. Dispose of cleanup materials as hazardous waste, per policy
6. Report the spill to your supervisor

⚠ Clean up only small spills you are trained for. Otherwise, leave and let the facility's spill team respond.

Fire response

What to do

- Sound the alarm and notify emergency services
- Follow RACE and the facility's fire plan
- Only trained staff should attempt to put out a small fire
- Use an extinguisher rated for Class B fires; multipurpose ABC extinguishers qualify

Never use water

Water can spread a burning flammable liquid and make the fire larger.

Quick safety tips and key takeaways

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 your workstation
- Know your emergency exits
- Know where the Safety Data Sheets are kept

Key takeaways

- Vapors, not the liquid, pose the greatest fire risk
- Store and handle flammable liquids properly, and read the label and SDS
- Let hand rubs and skin preps dry completely
- Use PPE, follow procedures and report hazards; safety is everyone's responsibility

Knowledge check

QUESTION 1

Under OSHA's current definition, what makes a liquid flammable?

Answer: A flash point at or below 199.4 degrees Fahrenheit (93 degrees Celsius).

QUESTION 2

What part of a flammable liquid actually burns?

Answer: The vapor.

QUESTION 3

Why ground and bond containers when transferring liquid?

Answer: To prevent static electricity from building up and sparking.

QUESTION 4

Why must an alcohol skin prep dry before cautery is used?

Answer: Its vapors can ignite and cause a surgical fire; let it dry for the full time on the label and do not let it pool.

QUESTION 5

What extinguisher is used on a flammable liquid fire, and what should you never use?

Answer: A Class B or multipurpose ABC extinguisher, used only by trained staff on a small fire. Never use water.

QUESTION 6

Where do you find a chemical's flash point, PPE and spill instructions?

Answer: On the Safety Data Sheet, and the product label.

What are compressed gases?

Gases stored in a container at a pressure well above normal atmospheric pressure.

OSHA defines a compressed gas as one with an absolute pressure in its container of more than 40 psi at 70°F, or that meets higher-temperature pressure limits.

COMMON TYPES

- Oxygen
- Nitrogen
- Carbon dioxide
- Nitrous oxide
- Medical air
- Acetylene
- Argon

⚠ **Why safety matters: compressed gases are highly pressurized. Handled incorrectly, they can cause explosions, fires, chemical reactions and suffocation.**

Hazards of compressed gases

Physical hazards

- Explosion or rupture of cylinders
- Cylinders propelled like rockets if a valve is damaged or mishandled
- High-pressure release causing injury

Chemical hazards

- Toxicity from certain gases, such as chlorine or ammonia
- Reactivity with other chemicals: for example, acetylene and oxygen can react explosively

Health hazards

- Asphyxiation when gases such as nitrogen or argon displace oxygen
- Burns or frostbite from liquefied or extremely cold gases, such as liquid carbon dioxide

Proper storage

Store cylinders upright and secure them with chains, straps or brackets

Keep cylinders away from heat sources, open flames and direct sunlight

Store flammable gases separately from oxidizing gases such as oxygen

- Store cylinders only in designated, well-ventilated areas
- Display signs showing that compressed gases are present in the area
- Follow the facility's storage policy, including where full and empty cylinders are kept

Inspection and labeling

Inspect before use

- Check cylinders for damage: dents, leaks, bulges, rust or burn marks
- Make sure valves and regulators are in good condition and tightly closed when not in use
- Use only regulators approved for the specific gas
- Report damaged equipment and take it out of service

Labeling and signage

- Every cylinder must be clearly labeled with the gas it contains
- Read the label every time; never rely on cylinder color alone
- If a label is missing or unreadable, do not use the cylinder
- Post signs where compressed gases are stored or used

Handling and using cylinders

STEP 1

Before use

- Check the label to verify the gas type and quantity
- Use the correct regulator and fittings for that gas
- Never use a cylinder without proper training

STEP 2

During use

- Open the cylinder valve slowly
- Never force a valve or regulator; report damaged equipment
- Keep cylinders away from electrical equipment and sparks

STEP 3

After use

- Close the cylinder valve fully
- Release pressure from the regulator if necessary
- Return cylinders to a designated, well-ventilated storage area

Safe work practices

Do

- Use the appropriate gas for the task
- Ensure ventilation when working with gases that can displace oxygen
- Use gas detectors in enclosed spaces where there is a risk of asphyxiation
- Move cylinders with a cart or hand truck designed for them, with the cylinder secured

Don't

- Never roll or drag cylinders
- Never repair or modify gas cylinders yourself
- Never store cylinders near heat or ignition sources

Medical gases in healthcare settings

Oxygen feeds fire

- Oxygen-enriched air makes materials ignite more easily and burn hotter and faster
- No smoking, open flames or sparks near oxygen
- Keep oil, grease and petroleum-based products off valves, regulators and fittings

Secure at the bedside and in transport

- Keep cylinders in a stand, cart or approved holder
- Never leave a cylinder free-standing or lying loose on a bed or stretcher
- Keep full and empty cylinders separated and clearly marked

MRI areas

- Never bring a cylinder into the MRI area unless it is labeled MR Safe or MR Conditional and cleared by MRI staff
- The magnet can pull a standard cylinder into the scanner with deadly force

Follow each facility's medical gas policy, including limits on how many cylinders may be kept in patient care areas.

Emergencies: leaks and fires

Leaks or spills

- Evacuate the area immediately and call for emergency response
- If it is safe to do so, shut off the gas flow and secure the cylinder to prevent further leaks

Fires or explosions

- Evacuate and follow emergency evacuation procedures; activate the fire alarm
- If it is safe, shut off the gas supply
- Do not put out a gas fire unless the gas can be shut off: escaping gas can build up, re-ignite or explode
- Small fire, gas shut off, and you are trained: use a Class B or multipurpose (ABC) extinguisher
- Leave cylinders exposed to fire to the fire department

Emergencies: low oxygen or toxic exposure

⚠ Do not enter an area that may be low in oxygen or contain toxic gas to rescue someone unless you are trained and equipped with a self-contained breathing apparatus (SCBA) or supplied-air respirator. Rescuers often become the second victim.

What to do

- Call emergency services and your facility's emergency response immediately
- Keep others out of the area
- If you can reach the person without entering the hazard, move them to fresh air
- Give CPR if needed and you are trained

Why it matters

- Gases like nitrogen and argon have no color or odor
- Low oxygen can cause collapse within seconds, with little or no warning
- Filter-type respirators do not supply oxygen

Personal protective equipment (PPE)

Eye and face

Safety goggles or face shields protect against flying debris and gas exposure.

Gloves

Protective gloves prevent frostbite from cold gases and injury from sharp valve edges.

Clothing

Flame-retardant clothing when handling flammable gases.

Respirators

For toxic gases, as selected under your respiratory protection program.

In low-oxygen air, only an SCBA or supplied-air respirator protects you. Filter (air-purifying) respirators do not supply oxygen.

Cylinder maintenance and disposal

Maintenance

- Periodic inspections should be done by a qualified professional
- Valves and regulators should be cleaned and checked regularly
- Make sure all equipment is labeled and tagged with inspection dates

Disposal

- Follow local regulations and facility procedures for empty or expired cylinders
- Never throw cylinders away or leave them in unsafe locations
- Mark empty cylinders and return them to the designated area

Knowledge check

QUESTION 1

How must compressed gas cylinders be stored?

Answer: Upright, secured with chains, straps or brackets, away from heat, flames and sun, in a ventilated designated area, with flammables separated from oxygen and other oxidizers.

QUESTION 2

How do you identify the gas in a cylinder?

Answer: Read the label. Never rely on color alone, and do not use a cylinder with a missing or unreadable label.

QUESTION 3

A gas leak is burning and you cannot shut off the gas. Should you put out the flame?

Answer: No. Evacuate, pull the alarm and call for help. Putting out the flame while gas keeps flowing can lead to re-ignition or an explosion.

QUESTION 4

A coworker collapses in a room where nitrogen may be leaking. What do you do?

Answer: Do not go in. Call for emergency response, keep others out, and only move the person if you can reach them without entering the area. Rescue inside is for trained responders with SCBA or supplied air.

QUESTION 5

Why keep oil and grease away from oxygen valves and fittings?

Answer: In the presence of high-pressure oxygen, oil and grease can ignite.

QUESTION 6

Can you take an oxygen cylinder into the MRI room?

Answer: Only if it is labeled MR Safe or MR Conditional and cleared by MRI staff. A standard cylinder can be pulled into the magnet with deadly force.

Objectives

1. Understand the types of radiation and their sources
2. Recognize the health risks of radiation exposure
3. Learn the ALARA principle: As Low As Reasonably Achievable
4. Follow safe work practices for radiation protection
5. Know emergency procedures and reporting requirements

What is radiation?

Ionizing

X-rays, gamma rays, alpha, beta and neutron radiation. Enough energy to damage cells and DNA.

Non-ionizing

UV light, microwaves, radiofrequency, lasers. Can still burn skin or damage eyes.

Found in medical, research, industrial and energy settings.

Health risks of radiation

Short-term, high dose

Skin burns

Radiation sickness

Long-term

Cancer

Genetic damage

Cataracts

Risk depends on

Dose

Duration of exposure

Type of radiation

Distance from the source

Who regulates radiation

Agency	Role
OSHA	Workplace safety, including ionizing radiation (29 CFR 1910.1096)
NRC and Agreement States	Licensing and use of radioactive materials; most states regulate this themselves under agreements with the NRC
State programs and FDA	X-ray machines and other radiation-producing equipment
EPA	Environmental radiation protection
Facility program	Radiation Safety Officer (RSO) and local policies

Dose limits and pregnancy

5 rem

(50 mSv) per year: the occupational whole-body limit for adults

0.5 rem

(5 mSv) for the entire pregnancy, once a worker declares it

Declaring a pregnancy is **voluntary** and made in writing to the facility's RSO. You can withdraw it at any time.

NRC 10 CFR 20.1201 and 20.1208; Agreement State rules are equivalent.

ALARA: As Low As Reasonably Achievable

Time

Minimize time near the source

Distance

Maximize distance. Doubling it cuts exposure to about a quarter.

Shielding

Use barriers: lead, concrete, protective aprons

Radiation in healthcare settings

Portable X-rays

Step back at least 6 feet or behind a shield

Fluoroscopy and the OR

Lead apron and thyroid shield; badge on

CT

Stay out of the room during scans

Nuclear medicine patients

Body fluids may be radioactive for a time

Brachytherapy and radiation oncology

Follow posted time and distance limits

Lasers

Wear wavelength-rated eye protection

Follow the signs, and ask the technologist before entering.

Warning signs, labels and PPE

Warning signs and labels

The trefoil symbol means ionizing radiation is present

Posted at entrances to restricted areas

Labels on containers, equipment and rooms

Never enter a marked area without authorization.

Personal protective equipment

Lead aprons, vests and thyroid shields

Leaded glasses where required

Gloves and goggles when handling radioactive material

Respiratory protection for airborne radioactive material

Report cracked or damaged lead aprons. Never fold them; hang them up.

Safe work practices, monitoring and incidents

Safe work practices

- Follow standard operating procedures
- 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

- Wear your dosimeter badge in designated areas
- Area radiation surveys are done regularly
- Exposure records are kept for each worker
- Report abnormal readings immediately
- A dosimeter measures your dose. It does not protect you.

If a radiation incident occurs

1. Stop work immediately
2. Evacuate the area if unsafe
3. Notify your supervisor, the RSO and Worldwide
4. Follow decontamination procedures
5. Get a medical evaluation if exposed

Your responsibilities and summary

Your responsibilities

- Follow radiation safety policies and training
- Wear PPE and your dosimeter properly
- Report unsafe conditions or exposures
- Never bypass safety controls or shielding

Summary

- Radiation can be dangerous if mishandled
- Minimize exposure with time, distance and shielding
- Follow company policies and regulations
- Safety is a shared responsibility

Knowledge check

QUESTION 1

What are the three parts of ALARA?

Answer: Time, distance and shielding.

QUESTION 2

A portable X-ray is about to be taken. Where should you be?

Answer: At least 6 feet from the tube, behind a shield, or out of the room.

QUESTION 3

Does a dosimeter badge protect you?

Answer: No. It measures your dose; lead aprons and thyroid shields are the protection.

QUESTION 4

Is declaring a pregnancy required?

Answer: No. It is voluntary and made in writing to the RSO; once declared, the fetal dose limit is 0.5 rem for the pregnancy.

QUESTION 5

How should you store a lead apron?

Answer: Hang it up; never fold it, and report any cracks or damage.

QUESTION 6

After a radiation incident, who do you notify?

Answer: Your facility supervisor, the Radiation Safety Officer and Worldwide.

What is a confined space?

A confined space is an area that meets **all three** of these conditions:

1

Large enough for a person to enter and perform work

2

Has limited or restricted means of entry or exit

3

Is not designed for continuous occupancy

EXAMPLES

Tanks | Silos | Vaults | Sewers | Pipelines | Tunnels | Storage bins | Pits

Why confined space safety matters

Confined spaces often present unique hazards, including limited airflow, toxic atmospheres and physical hazards, with limited ways to escape.

OSHA Permit-Required Confined Spaces standard, 29 CFR 1910.146

- Employers must follow OSHA's requirements for confined space entry to protect workers' health and safety
- Requires written programs, training, air monitoring and rescue plans

Other regulations

- Construction work falls under a separate OSHA standard (29 CFR 1926, Subpart AA)
- Check state, local and industry-specific rules to ensure full compliance

Confined spaces in healthcare facilities: your role

Where you may see them

Hospitals and other facilities have confined spaces too, such as:

- Utility tunnels
- Crawl spaces
- Elevator pits
- Sump and sewage pits
- Large tanks and boilers
- Underground vaults
- Large ductwork

What you must do

- If you are not trained and authorized, do not enter, even briefly and even to help someone
- Watch for posted danger signs such as “Permit-Required Confined Space: Do Not Enter”
- If someone is down inside a confined space, call the facility's emergency response or 911 and stay out
- Report unmarked or unsecured spaces to your facility supervisor and to Worldwide

Atmospheric hazards

19.5%

Below this oxygen level, the air is oxygen-deficient and hazardous

23.5%

Above this oxygen level, the air is oxygen-enriched and a fire hazard

10% LFL

Flammable gas above 10% of its lower flammable limit makes the air hazardous

- Toxic gases such as hydrogen sulfide (H2S), carbon monoxide (CO) and ammonia
- Flammable gases or vapors that can ignite or explode
- Many dangerous gases have no color or odor: only testing can tell you the air is safe

Physical and other hazards

Physical hazards

- Engulfment by loose materials such as grain or sand
- Mechanical hazards from equipment inside the space
- Slips, trips and falls from poor visibility or limited movement

Other hazards

- Temperature extremes, heat or cold
- Noise levels that make communication difficult
- Limited exit or escape routes in an emergency

Permit-required vs. non-permit spaces

Permit-required confined space

A confined space with **one or more** of these:

- A hazardous atmosphere, or the potential for one
- A material that could engulf a person
- Inwardly converging walls or a floor sloping down to a narrow point that could trap a person
- Any other serious safety or health hazard

Non-permit confined space

A confined space that does not contain, and has no potential to contain, any hazard capable of causing death or serious physical harm.

If conditions change, or new hazards are introduced, the space must be re-evaluated and may become permit-required.

The three entry roles

Authorized entrant

- Knows the hazards and signs of exposure
- Uses equipment properly
- Stays in contact with the attendant
- Exits immediately when told to, or when warning signs appear

Attendant

- Stays outside the space for the whole entry
- Keeps count of entrants and monitors conditions
- Orders evacuation and summons rescue
- Keeps unauthorized people out
- **Never enters to attempt a rescue**

Entry supervisor

- Confirms the permit, tests and procedures are complete
- Signs the permit to authorize entry
- Verifies that rescue services are available
- Ends the entry and cancels the permit when work is done or conditions change

Before entry: assessment and authorization

1. Conduct a hazard assessment of the space
2. Obtain a written entry permit, if required, signed by the entry supervisor
3. Verify all permits, authorizations and safety checks
4. Make sure all required equipment is in place and working
5. Ensure all entry requirements are met, such as ventilation and PPE
6. Confirm the rescue plan and that rescue services are available

⚠ The permit must be available to all entrants at the time of entry, typically posted at the entrance.

Air monitoring

Test the air before entry, in this order:

1

Oxygen

Many detectors need enough oxygen to read flammable gases correctly

2

Flammable gases and vapors

Explosion and fire risk

3

Toxic gases and vapors

Such as hydrogen sulfide and carbon monoxide

- Record the readings on the permit
- Monitor continuously throughout the entry
- Ventilate the space as needed, and retest if conditions change

During entry: supervision and communication

Continuous supervision

- An attendant stays outside the space for the entire entry, monitoring conditions and ready to summon help
- Air quality and entry conditions are monitored continuously
- Ventilation continues as needed

Communication and exit

- Set up a communication system between entrants and the attendant before entry
- Always have a safe exit plan for emergencies
- Evacuate immediately if conditions change, an alarm sounds or the attendant orders it

PPE and safety equipment

Required PPE

- **Respiratory protection** for hazardous atmospheres. Where the air is immediately dangerous to life, including low oxygen, only an SCBA or supplied-air respirator protects; filter respirators do not
- **Harnesses and lifelines** for engulfment or fall risk
- **Protective clothing and gloves** against chemicals, sharp objects and other hazards
- **Head protection** against falling debris

Monitoring and rescue equipment

- **Air monitors** to measure oxygen, flammable gases and toxic gases
- **Ventilation equipment** to supply fresh air
- **Retrieval systems**: harnesses, lines and a lifting device, so entrants can be pulled out without anyone going in
- Quick access to rescue equipment, including ropes, harnesses and air supply

Emergency rescue

⚠ Most confined space deaths are would-be rescuers. Do not enter unless you are part of the designated rescue team, trained and equipped.

What to do

- Call for help immediately and summon the designated rescue service
- Attendant: perform a non-entry rescue using the retrieval system, if one is set up
- Keep everyone else out of the space
- Evacuate the area if conditions worsen, and let rescuers handle it

Rescue plans

- Only authorized, trained rescuers enter, following the approved rescue plan for that space
- Rescue equipment, including ropes, harnesses and air supply, must be quickly accessible
- Rescue services must be confirmed available before entry begins

Key confined space safety tips

Always assess hazards

- Identify toxic gases, fire risk and physical hazards before entry

Never enter alone

- A trained attendant must be stationed outside to monitor, summon rescue and perform non-entry rescue

Keep communication open

- Maintain constant contact between entrants and the attendant

Know the equipment

- Be familiar with the tools and equipment for the task and with the rescue plan

Follow all protocols

- Follow the entry permit exactly; never bypass safety procedures

When in doubt, stay out

- If you are not sure a space is safe, or that you are authorized, do not enter

Summary and key takeaways

Confined spaces present unique and serious hazards

Proper training, preparation and safety protocols are essential to prevent injuries

Emergency response and rescue procedures must be in place and understood by everyone

Stay alert, follow protocols, always work with a team, and never enter to rescue unless you are trained

Knowledge check

QUESTION 1

What three conditions make an area a confined space?

Answer: It is large enough to enter and do work, has limited or restricted entry or exit, and is not designed for continuous occupancy.

QUESTION 2

What oxygen range does OSHA consider safe?

Answer: 19.5 to 23.5 percent oxygen. Below or above that range is a hazardous atmosphere.

QUESTION 3

In what order should the air be tested?

Answer: Oxygen first, then flammable gases and vapors, then toxic gases.

QUESTION 4

Which role stays outside and never enters to attempt a rescue?

Answer: The attendant.

QUESTION 5

Who signs the entry permit?

Answer: The entry supervisor.

QUESTION 6

A coworker collapses inside a confined space and you are not trained. What do you do?

Answer: Do not go in. Call the facility's emergency response or 911, alert the attendant if there is one, and keep others out. Only trained rescuers enter.

SECTION 5 OF 7

Fire and electrical safety

5

IN THIS SECTION

Fire safety in the workplace
Electrical safety training

What a fire needs: the fire tetrahedron

Heat

An ignition source, such as sparks or hot surfaces

Fuel

Combustible material, such as paper, linens, chemicals or wood

Oxygen

Present in air, and concentrated where medical oxygen is in use

Chain reaction

The self-sustaining chemical reaction that keeps a fire burning

Remove any one element and the fire cannot start or continue. That is how prevention and extinguishers work.

How fires spread

1

Conduction

Heat travels through solid materials, such as pipes, walls or metal equipment

2

Convection

Hot air and smoke rise and spread through corridors, stairwells and open doors

3

Radiation

Heat moves through space and can ignite nearby materials without touching them

⚠ Closed doors slow the spread of smoke and fire. That is why closing doors is part of every fire response.

Common workplace fire hazards

- Electrical equipment and overloaded outlets
- Improper storage of flammable liquids
- Hot work: welding, cutting and grinding
- Smoking materials
- Cooking appliances and breakroom equipment
- Poor housekeeping: clutter and waste buildup

Fire prevention best practices

1. Keep exits, stairways and fire doors clear, and never prop fire doors open
2. Store flammable materials in approved containers
3. Do not overload outlets or extension cords
4. Turn off equipment when not in use
5. Maintain good housekeeping
6. Follow hot work permit procedures
7. Report damaged cords or unsafe conditions immediately

Fire detection and alarm systems

Smoke detectors

Sense smoke early, often before flames are visible

Heat detectors

Respond to high or rapidly rising temperatures

Manual pull stations

Let anyone activate the alarm; know where they are on your unit

Audible and visual alarms

Horns, chimes and strobes warn everyone in the area

If you discover a fire: RACE

R

Rescue

Remove anyone in immediate danger, only if it is safe to do so

A

Alarm

Pull the nearest alarm and call the facility's emergency number

C

Contain

Close doors to slow the spread of fire and smoke

E

Extinguish or evacuate

Fight a small fire only if trained and safe; otherwise evacuate as the fire plan directs

Fire response in healthcare facilities

Defend in place

- Hospitals and nursing homes are built with fire- and smoke-rated compartments
- When the alarm sounds: close all doors, clear corridors, stay with your patients and await instructions
- Do not leave the building unless told to

Horizontal evacuation

- If fire threatens your area, move patients through the nearest fire or smoke doors into the next compartment on the same floor
- Move those in immediate danger first
- Vertical or full evacuation only when ordered

Oxygen and your first day

- Oxygen zone shut-off valves are closed only by designated staff, as the fire plan directs
- On day one, learn the fire code (often Code Red), pull stations, extinguishers, exits, fire doors and oxygen valves

Types of fire extinguishers

A	B	C	D	K
Ordinary combustibles: paper, wood, cloth	Flammable liquids and gases	Energized electrical equipment	Combustible metals	Cooking oils and fats

Most workplace extinguishers are multipurpose **ABC** dry chemical. Check the label: it shows which classes of fire it is rated for.

Using an extinguisher: PASS

P

Pull the pin

A

Aim at the base of the fire

S

Squeeze the handle

S

Sweep side to side

Fight a fire only if

- The fire is small and contained
- You have been trained to use an extinguisher
- The alarm has been activated
- You have a clear exit behind you

If any of these is not true, leave and close the door.

Evacuation procedures

1. Know your primary and secondary exit routes
2. Evacuate when the alarm sounds, as your facility's plan directs
3. Do not use elevators
4. Stay low if there is smoke
5. Assist visitors and anyone who needs help
6. Go to your designated assembly area

⚠ In hospitals and nursing homes, follow defend-in-place: stay with patients and evacuate the building only when ordered.

Accountability and special considerations

Accountability and assembly areas

- Report to your assigned assembly area
- Supervisors take headcounts
- Report missing or injured people immediately
- Do not re-enter the building until authorized

Special considerations

- Employees and patients with disabilities or medical needs
- Contractors and visitors
- Remote or isolated work areas
- Non-routine tasks, such as maintenance and hot work

Training, drills and responsibilities

Employee responsibilities

- Take part in fire safety training and drills
- Follow all fire prevention rules
- Report hazards and unsafe conditions
- Learn each facility's fire plan at the start of every assignment

Employer responsibilities

- Maintain fire protection systems
- Provide training and drills
- Develop and communicate an emergency action plan and a fire prevention plan (OSHA 1910.38 and 1910.39)
- Train employees expected to use extinguishers (OSHA 1910.157)

Key takeaways

Fires are preventable

Know your hazards, exits and the facility's fire plan

Act quickly and safely: RACE and PASS

Never put yourself at unnecessary risk

Knowledge check

QUESTION 1

What are the four elements of the fire tetrahedron?

Answer: Heat, fuel, oxygen and the chemical chain reaction.

QUESTION 2

What does RACE stand for?

Answer: Rescue, Alarm, Contain, Extinguish or evacuate.

QUESTION 3

What does PASS stand for?

Answer: Pull the pin, Aim at the base, Squeeze the handle, Sweep side to side.

QUESTION 4

The fire alarm sounds in a hospital, but the fire is on another floor. What do you do?

Answer: Defend in place: close all doors, clear corridors, stay with your patients and wait for instructions. Evacuate only if ordered or if fire threatens your area, and then horizontally first.

QUESTION 5

Which extinguisher class is rated for electrical fires?

Answer: Class C; most workplace extinguishers are multipurpose ABC, which covers it.

QUESTION 6

When should you not try to fight a fire?

Answer: When the fire is not small and contained, you are not trained, the alarm has not been raised, or you do not have a clear exit behind you.

Why electrical safety matters

Electrical hazards are among the leading causes of workplace injuries and fatalities.

⚠ Proper electrical safety prevents accidents, injuries and damage to equipment.

Understanding electrical hazards

Electric shock

Contact with an energized source. Can cause burns, organ damage and death, depending on severity.

Arc flash

A flash of light and heat from an electrical fault. Can cause severe burns, fires and injuries from intense heat and pressure.

Electrical fires

Caused by faulty wiring, overloaded circuits or malfunctioning equipment. Can cause major property damage and injury.

Electrocution

Death from electric shock, especially in high-voltage situations.

Electrical safety standards

OSHA standards

- **1910.303**: General electrical requirements
- **1910.333**: Electrical safety-related work practices
- **1910.335**: Safeguards, including PPE, for personnel protection
- **1910.147**: Control of hazardous energy (lockout/tagout)
- Require employers to implement safe practices for work on or near electrical systems

NFPA 70E

- Standard for Electrical Safety in the Workplace, from the National Fire Protection Association
- Focuses on safe work practices, PPE and risk assessments for electrical work

Electrical safety in patient care areas

Inspect before use

- Check cords, plugs and equipment for fraying, bent or missing prongs, cracked housings or overheating
- Unplug by the plug, not the cord
- Keep cords where they will not be pinched, rolled over or tripped on

Remove and report

- Take damaged or suspect equipment out of service and tag it
- Report it to biomedical engineering or facility maintenance
- Report any shock or tingle from equipment immediately

Power and liquids

- No extension cords or power strips with patient care equipment unless the facility approves them
- Keep liquids away; if fluid gets into equipment, stop using it and report
- Know the facility's emergency power outlets (often red) and use them for critical equipment per policy

General electrical safety guidelines

Proper training

- Only qualified workers perform electrical work
- All employees are trained on electrical hazards and safe work practices

Lockout/tagout

- Always follow lockout/tagout procedures to de-energize equipment before working on it
- Make sure 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 greatly increases the risk of shock

Inspect tools and equipment

- Regularly check tools for damage, frayed wires and defects
- Always use insulated tools when working on live equipment

Personal protective equipment (PPE)

Insulated gloves

Rubber insulating gloves rated for the voltage prevent shock and burns

EH-rated footwear

Footwear rated for electrical hazards provides insulation

Arc-rated clothing

Flame-resistant, arc-rated clothing protects against arc flash burns

Face shields and hoods

Protect against arc flash and flying debris

Hearing protection

Protects against the blast noise of an arc flash

When to use PPE

- When working on or near live electrical equipment
- During tasks like circuit maintenance, troubleshooting or testing
- Always when there is a risk of arc flash or shock

Safe work practices

De-energize first

- Always turn off power before maintenance or repairs
- Use a voltage tester to confirm the equipment is completely de-energized

Working with live circuits

- Only trained, qualified personnel may work on live circuits
- Wear appropriate PPE for energized work
- Minimize exposure to live parts and keep a safe distance

Warning signs

- Post warning signs and labels on electrical panels
- Clearly mark areas where electrical work is being done

Lockout/tagout: applying control

1. **Prepare:** identify every energy source and how to control it
2. **Notify** all affected employees that servicing will take place
3. **Shut down** the equipment using normal stopping procedures
4. **Isolate** the equipment from all energy sources
5. **Apply locks and tags:** each authorized worker applies their own
6. **Release stored energy** such as capacitors, springs or pressure
7. **Verify** isolation: test that the equipment is de-energized and will not start
8. **Perform the work** while the equipment stays locked out

Lockout/tagout: restoring equipment

1. **Inspect the work area:** remove tools and nonessential items and make sure equipment is intact
2. **Check that all employees** are safely positioned or clear of the equipment
3. **Remove locks and tags:** each device is removed by the worker who applied it
4. **Notify affected employees** that the locks are off and the equipment is being restored
5. **Restore** the equipment to normal operation and document the work

> ⚠ Never remove another person's lock or tag.

Preventing electrical fires

Regular inspections

- Inspect wiring, connections and panels for wear, overheating or signs of arcing

Proper circuit load

- Do not overload circuits with too many devices
- Use fuses or breakers rated for the load

Keep combustibles away

- Keep the area around panels and equipment clean and clear
- Keep equipment free of dust, dirt and debris

Emergency: electric shock

1. **Do not touch** the person if they may still be in contact with the source
2. **Shut off the power** at the source: unplug the equipment or turn off the breaker
3. If power cannot be shut off and it is **low voltage**, stand on a dry surface and use a dry, non-conductive object, such as a wooden broom handle, to separate them from the source
4. **Call 911** or the facility's emergency response
5. If the person is unresponsive and not breathing normally, **give CPR** if trained and use an AED if available

> ⚠ High voltage or downed power lines: stay well away, keep others back, and call 911 and the utility.

Emergency: arc flash or fire, and reporting

Arc flash or electrical fire

- If it is safe, de-energize the source
- Use an extinguisher rated for Class C (electrical) fires, such as ABC dry chemical or CO2
- Never use water on energized equipment
- Evacuate, activate the fire alarm, and call the fire department if the fire cannot be contained

Report incidents

- Report all electrical accidents, near misses and injuries immediately
- Follow company and facility procedures for documenting incidents and investigating root causes

Electrical safety checklist

STEP 1

Before work

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

STEP 2

During work

- Are you following safe practices, such as de-energizing circuits and keeping a safe distance from live parts?
- Are you communicating with others in the area?

STEP 3

After work

- Have you restored the equipment to operating condition?
- Have you removed your lockout/tagout devices and documented the work?

Summary and key takeaways

Electrical hazards can cause serious injuries and deaths

Following safety protocols and wearing the right PPE is essential

Lockout/tagout, safe work practices and emergency procedures prevent electrical accidents

Inspect equipment before use, and remove and report anything damaged

Knowledge check

QUESTION 1

Who may work on live electrical circuits?

Answer: Only trained, qualified personnel, wearing the appropriate PPE.

QUESTION 2

A coworker is being shocked by a piece of equipment. What is your first step?

Answer: Do not touch them. Shut off the power by unplugging the equipment or turning off the breaker, then call for help.

QUESTION 3

After applying locks and tags, what must happen before work begins?

Answer: Release any stored energy, then verify the equipment is de-energized: test it and try the controls to confirm it will not start.

QUESTION 4

Who may remove a lockout/tagout device?

Answer: Only the worker who applied it.

QUESTION 5

You notice a frayed cord on an infusion pump. What do you do?

Answer: Stop using it, take it out of service, tag it, and report it to biomedical engineering or maintenance.

QUESTION 6

What kind of extinguisher is used on an electrical fire?

Answer: One rated for Class C fires, such as an ABC dry chemical or CO2 extinguisher, after de-energizing if safe. Never water.

SECTION 6 OF 7

Violence and harassment prevention

6

IN THIS SECTION

Workplace violence prevention
Managing aggressive or violent patients
Sexual harassment prevention

Training objectives

Define workplace violence and its types

Recognize warning signs and risk factors

Apply prevention and de-escalation

Respond safely during an incident

Know how and where to report

Know the support available after an incident

WHAT IS WORKPLACE VIOLENCE?

Any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior at the work site.

Types of workplace violence

Type I: Criminal intent No legitimate relationship to the facility, such as a robbery

Type II: Patient or visitor Most common in healthcare. Violence by patients, family members or visitors

Type III: Worker on worker Between coworkers, supervisors or managers

Type IV: Personal relationship Domestic violence that follows someone to work

Why healthcare is different

Healthcare workers often face a higher risk of workplace violence than other workers, and most of it comes from patients and visitors.

- Close, hands-on contact with people in pain or distress
- New facility layouts, codes and security teams at each assignment
- Violence is often underreported, so risks stay hidden

Behavioral warning signs

Watch for behavior, not diagnoses. Signs that someone may be escalating:

- Verbal threats or aggressive language
- Pacing, clenched fists, raised voice or staring
- Sudden hostility or extreme mood swings
- Fixation on a grievance or a specific person
- Signs of intoxication or impairment
- Sudden withdrawal or a marked change in behavior

Healthcare risk factors

Patients who are confused, delirious or intoxicated

Emergency, behavioral health and long-term care units

Long waits, pain and bad news

Working alone or at night

Short staffing and high-stress shifts

Poor lighting, unsecured entrances and parking areas

Employer and employee responsibilities

Employer responsibilities

- Maintain a zero-tolerance workplace violence policy
- Provide training and awareness programs
- Secure access, lighting and alarm systems
- Encourage reporting without fear of retaliation

Your responsibilities

- Treat others with respect
- Report concerning behavior and threats
- Follow each facility's safety procedures
- Learn the emergency codes and how to call security
- Take part in training
- Use conflict resolution skills

De-escalation basics

- Stay calm and speak slowly
- Keep a safe distance and a clear exit
- Listen and acknowledge feelings
- Don't argue, blame or threaten
- Set clear, respectful limits
- Leave and get help when it isn't working

For the full techniques, see our Managing Aggressive or Violent Patients training.

During a violent incident

Your safety comes first. For an active threat, follow Run, Hide, Fight and your facility's plan.

Run Escape if a safe path is available. Help others if you can.

Hide Lock or barricade the door, silence phones, stay quiet.

Fight Only as a last resort, when your life is in danger.

With patients who can't be moved: shelter in place with them if it is safe, lock the room, and follow the facility's plan.

Calling for help

Call the facility's emergency code or security

Call 911 when it is safe, as facility policy directs

Use panic buttons or alarms if available

Follow instructions from security and police

Codes vary between facilities. Learn them on your first shift at every assignment.

Reporting workplace violence

Report right away

- Threats or acts of violence
- Harassment or intimidation
- Suspicious behavior
- Near misses, even with no injury

Report to both

- Your facility supervisor and Worldwide

Every report is taken seriously and investigated promptly.

After an incident

1

Get medical attention if needed

2

Report to the facility **and** Worldwide

3

Take part in the investigation

4

Seek support

5

Support corrective actions

For support after an incident, contact Leo Blatz, 716-821-9001

Policy, legal considerations and key takeaways

Policy and legal considerations

- Zero tolerance for workplace violence
- Discipline up to and including termination
- Compliance with federal and state requirements
- No retaliation for reporting in good faith

Key takeaways

- Violence is not part of the job
- Watch behavior and act early
- Learn each facility's codes on day one
- Report to the facility and Worldwide

Knowledge check

QUESTION 1

Which type of workplace violence is most common in healthcare?

Answer: Type II, violence by patients, families and visitors.

QUESTION 2

Is a patient's psychiatric diagnosis a warning sign on its own?

Answer: No. Watch behavior, such as threats, pacing, clenched fists or intoxication, not diagnoses.

QUESTION 3

What should you learn on your first shift at a new facility?

Answer: The emergency codes, how to reach security, where panic buttons are, and the plan for patients who can't be moved.

QUESTION 4

De-escalation isn't working. What do you do?

Answer: Leave, keep your exit clear, and get help from your charge nurse or security.

QUESTION 5

When is fighting back appropriate?

Answer: Only as a last resort, when your life is in immediate danger.

QUESTION 6

A visitor threatens you but leaves. Who do you tell?

Answer: Your facility supervisor and Worldwide, even though no one was hurt.

Training objectives

1. Recognize the signs of escalating aggression and violence
2. Learn de-escalation techniques and communication strategies
3. Understand safety protocols and emergency response
4. Review the rules for restraints and seclusion, where applicable
5. Promote a culture of safety and self-awareness

Understanding the environment

High-risk settings

Psychiatric and behavioral health units

Forensic hospitals and correctional healthcare

Emergency departments and waiting rooms

Dementia and geriatric units

Patients may be experiencing

Acute mental illness

Substance intoxication or withdrawal

Delirium or dementia

Past trauma or incarceration stress

Your safety is as vital as patient care.

Common triggers for aggression

- ⚠ Feeling threatened or disrespected
- ⚠ Fear, confusion or paranoia
- ⚠ Denial of requests or privileges
- ⚠ Overcrowded or noisy environments
- ⚠ Physical discomfort, pain, long waits or withdrawal symptoms

The assault cycle

1

Trigger

Early signs of agitation

2

Escalation

Pacing, clenched fists, loud voice

3

Crisis

Physical aggression or violence

4

Recovery

Gradual calm, exhaustion

5

Post-crisis depression

Quiet, remorse or confusion

De-escalation works best in phases 1 and 2. Recovery can still flare up again.

Early warning signs and de-escalation techniques

Recognize early warning signs

- Raised voice or profanity
- Threatening posture or staring
- Restlessness or pacing
- Sudden change in behavior or tone
- Verbal threats or clenched fists
- Trust your instincts

De-escalation techniques

- Stay calm and speak softly
- Use non-threatening body language: open hands, relaxed posture
- Give space: at least 2 arm's lengths
- Listen actively and acknowledge feelings
- Avoid arguing or giving ultimatums
- Offer choices when possible

Communication best practices

- ✓ Use clear, simple language
- ✓ Avoid sarcasm or humor that may be misunderstood
- ✓ Keep eye contact steady, but don't stare
- ✓ Keep your tone low, slow and respectful

VALIDATE FEELINGS

“I can see you're upset.”

Personal safety techniques and team-based response

Personal safety techniques

Keep a clear path to the exit for yourself, and don't block the patient's way out. Stand at an angle, about 2 arm's lengths away.

- Know your escape routes
- Never turn your back on an aggressive patient
- No dangling jewelry; use breakaway lanyards
- Use the buddy system in high-risk encounters

Team-based response

- **Follow facility policy** And the training you received at orientation
- **Get help early** Notify security or other staff immediately
- **Use codes and alarms** Such as “Code Gray.” Learn each facility’s codes.

Restraints and seclusion

Last resort only: when the patient is an immediate danger and less restrictive steps have failed.

- Order from a physician or other licensed practitioner; never as needed (PRN)
- Time-limited orders; end at the earliest safe time
- Monitor the patient closely throughout
- Face-to-face evaluation within 1 hour for violent behavior
- Only trained staff apply restraints
- Respect the patient's dignity and legal rights

CMS 42 CFR 482.13(e) and (f). Facility policies vary; follow yours.

After an incident

1. Make sure everyone is safe
2. Report the incident promptly
3. Take part in the debriefing
4. Review what worked and what didn't
5. Seek support or counseling if you need it

Report every incident, to both

Your facility

Follow its incident reporting procedure.

Worldwide

A facility report does not reach us on its own.

Include threats and verbal abuse, not just injuries

No retaliation for reporting

Legal considerations and culture of safety

Legal and ethical considerations

- Duty to protect yourself and others
- Patients keep their rights, even when violent
- Documentation must be objective and factual
- Follow facility, state and federal rules (OSHA, CMS, HIPAA)

Promoting a culture of safety

- Encourage open reporting of threats and incidents
- Provide regular refresher training
- Foster teamwork and trust
- Support staff mental wellness
- Learn from each event to improve practices
- Joint Commission: since 2022, accredited hospitals must run workplace violence prevention programs with reporting, training and data review.

Resources and key takeaways

Resources and support

Worldwide's Clinical Director: Leo Blatz, 716-821-9001

OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

National Institute for Occupational Safety and Health (NIOSH)

Key takeaways

Prevention starts with awareness and preparation

De-escalation is the preferred first response

Teamwork keeps everyone safe

Every incident is a chance to learn and improve

Knowledge check

QUESTION 1

In which phases of the assault cycle does de-escalation work best?

Answer: The trigger and escalation phases, before physical aggression starts.

QUESTION 2

Where should you stand when talking with an agitated patient?

Answer: At an angle, about two arm's lengths away, with a clear path to the exit for yourself and without blocking the patient's way out.

QUESTION 3

Name three early warning signs of aggression.

Answer: Any three of: raised voice or profanity, threatening posture or staring, restlessness or pacing, a sudden change in behavior or tone, verbal threats, clenched fists.

QUESTION 4

Can a restraint order be written “as needed”?

Answer: No. CMS rules never allow standing or as-needed restraint orders.

QUESTION 5

A patient screams threats at you but doesn't touch you. Should you report it?

Answer: Yes. Threats and verbal abuse are workplace violence; report them to the facility and to Worldwide.

QUESTION 6

How should you describe the incident in your documentation?

Answer: Objectively and factually: what you saw and heard, including direct quotes, not labels or opinions.

What is sexual harassment?

A form of sex discrimination, unlawful under federal, state and local law.

It includes harassment based on

Sex, sexual orientation, self-identified or perceived sex, gender expression, gender identity, and transgender status

Every employee has a legal right to a workplace free from sexual harassment.

When unwelcome conduct becomes harassment

Unwelcome conduct of a sexual nature, or directed at someone because of their sex, is harassment when:

1

It unreasonably interferes with work, or creates an intimidating, hostile or offensive environment, even for someone who isn't the target

2

It is made, openly or implicitly, a term or condition of employment

3

Accepting or rejecting it is used as the basis for employment decisions

In New York, conduct doesn't have to be “severe or pervasive” to be unlawful.

Quid pro quo harassment

When someone with authority offers job benefits in exchange for sexual favors or threatens consequences for refusing.

Hiring, promotion, continued employment, schedules, assignments or any other term of employment.

Examples of prohibited conduct

- Unwanted touching, or physical assault of a sexual nature
- Unwanted sexual advances, propositions or repeated requests for dates
- Sexual jokes, comments, gestures or remarks about someone's body
- Sexual images, texts or messages, in person or online
- Hostility toward someone because of their sex, gender identity or orientation
- Sabotaging someone's work because of their sex

Who can be a harasser; bystander intervention

Who can be a harasser?

Anyone, of any gender, toward anyone.

Worldwide staff Supervisors, coworkers, recruiters

Facility staff Managers, physicians, nurses, vendors

Patients and visitors Non-employees are covered too

Field staff: report to Worldwide as well as the facility.

Bystander intervention

If you see harassment, you can help. Choose what feels safe:

Interrupt Say something directly, if it's safe

Distract Change the subject or pull the person away

Record Note what, when, where and who

Support Check in with the target afterward

Report Tell a supervisor or Worldwide HR

Retaliation is prohibited

No one may be punished for complaining, testifying, assisting in an investigation or opposing harassment.

Firing, demotion or ending an assignment

Worse shifts, fewer hours or a bad reference

Threats, exclusion or anything that would discourage reporting

How to report inside Worldwide



Complaint form

In the employee and field staff handbooks, and at worldwidetravelstaffing.com/resources/forms



Or contact Worldwide directly

Leo Blatz, 716-821-9001. You may report verbally or in writing.

Worldwide investigates every complaint promptly and keeps it as confidential as possible.

Outside agencies and remedies

You may also file with a government agency or in court, with or without an internal complaint.

Where	Filing deadline
NYS Division of Human Rights	3 years from the harassment
U.S. EEOC	300 days from the harassment
NYC Commission on Human Rights	3 years for gender-based harassment
State or federal court	Varies by law

Remedies can include back pay, compensatory damages, punitive damages in some cases, and attorney's fees. You may contact the police for assault or other crimes.

Supervisor duties and Worldwide's policy

Supervisors' responsibilities

- Report any harassment you see or learn about to HR
- Act even without a formal complaint
- Never retaliate, or allow retaliation
- Model respectful conduct
- Supervisors who fail to report can be disciplined.

Worldwide's Sexual Harassment Policy

The policy fosters a respectful workplace with guidelines and procedures for everyone's well-being.

- In the employee and field staff handbooks
- Online at worldwidetravelstaffing.com/resources/forms
- All employees must review the policy and follow its procedures.

Training requirements



At hire and every year

Complete the training and acknowledgment form at worldwidetravelstaffing.com/resources/training



Working in another state?

This training meets New York's standard. Other states, such as California, Illinois and Connecticut, may add requirements.

Scenarios to discuss

SCENARIO 1

A patient keeps making sexual comments to you. Is this harassment Worldwide must address?

Answer: Yes. Harassment by non-employees, including patients, is covered. Report it to the facility and to Worldwide.

SCENARIO 2

A charge nurse hints you'll get better shifts if you go out with them. What type of harassment is this?

Answer: Quid pro quo harassment: a job benefit offered in exchange for a date.

SCENARIO 3

Coworkers share crude jokes in the break room. You aren't the target. Can it still be harassment?

Answer: Yes. Conduct that creates a hostile environment can be harassment even for people who are not the intended target.

SCENARIO 4

After you report, your assignment is suddenly cut short. What might this be?

Answer: Possible retaliation, which is prohibited. Report it to Worldwide HR, and you may also go to an outside agency.

SCENARIO 5

A supervisor overhears harassment but no one complains. What must they do?

Answer: Report it to HR, even without a complaint; supervisors who fail to report can be disciplined.

SCENARIO 6

How long do you have to file with the NYS Division of Human Rights?

Answer: Three years from the harassment. You can also file with the EEOC within 300 days.

SECTION 7 OF 7

Emergency care and records privacy

7

IN THIS SECTION

Basic first aid training

Employee access to medical records

General principles of first aid

Ensure scene safety: Protect yourself and others; use gloves and other protective equipment.

Get help early: Call 911 or your facility's emergency response.

Check the ABCs:

A	**Airway**	Open and clear?
B	**Breathing**	Breathing normally?
C	**Circulation**	Pulse, any bleeding?

Do no harm: Stay within your training.

Reassure and monitor: Keep the person calm and check on them often.

PROTECT YOURSELF

Infection prevention

- Clean your hands before and after giving care
- Use gloves and other protective equipment as needed
- Dispose of sharps and biohazard waste according to policy

Bleeding, wounds and burns

Bleeding and wounds

- Apply direct pressure with a clean dressing
- Raise the injured area if appropriate and no broken bone is suspected
- Use a tourniquet only if trained and the bleeding is life-threatening
- Do not remove embedded objects; keep them from moving instead

Burns: heat, chemical, electrical

- Stop the burning and remove the person from the source
- Cool heat burns with cool, not cold, running water for 10 to 20 minutes
- Remove tight items unless they are stuck to the skin
- Cover with a clean, dry, non-stick dressing
- Chemical burns: brush off dry chemicals, then flush with plenty of water

Broken bones, sprains, head and spine injuries

Broken bones, sprains and strains

- Keep the injured area still, in the position found
- Apply a wrapped ice pack for swelling if appropriate
- Do not try to straighten a deformed limb
- Get the person medical evaluation

Head and spine injuries

- Suspect a spine injury after a fall, blow or other forceful accident
- Do not move the person unless needed for their safety
- Watch for changes in alertness and breathing

Choking and stroke

Choking: adults and children

- Ask: can you speak or cough?
- If the person cannot breathe, give abdominal thrusts as trained
- If the person becomes unresponsive, call for emergency help and start CPR if trained

Stroke: think FAST

F

Face drooping

A

Arm weakness

S

Speech difficulty

T

Time to call 911

Chest pain and seizures

Chest pain or suspected heart attack

- Call 911 or emergency response immediately
- Help the person into a comfortable position
- Watch their breathing and responsiveness
- Give oxygen or medication only if trained and directed

Seizures

- Protect the person from injury; do not hold them down
- Do not put anything in their mouth
- Time the seizure
- Call for emergency help if it lasts too long

Diabetic, allergic and temperature emergencies

Diabetic emergencies

- Low blood sugar: give fast-acting sugar if the person is awake, able to swallow and you are trained
- High blood sugar: watch the person and get medical help

Allergic reactions

- Signs: hives, swelling, wheezing, dizziness or fainting
- Call for emergency help; give epinephrine if trained and directed

Heat and cold illness

- Heat illness: cool the person; give water if they are awake
- Hypothermia: rewarm gradually; remove wet clothing

When to get help immediately

Call 911 or your facility's emergency response right away for any of these:

- ⚠ Unconsciousness or confusion
- ⚠ Severe or uncontrolled bleeding
- ⚠ A seizure lasting more than 5 minutes, or repeated seizures
- ⚠ Difficulty breathing, or bluish lips or skin
- ⚠ Suspected heart attack or stroke
- ⚠ Any situation beyond your training or comfort level

Documentation, reporting and references

After the emergency

- Write down the time, what you saw, what you did and how the person responded
- Report the incident according to company and facility policy
- Take part in a debriefing if one is held

References

- American Heart Association (AHA)
- Centers for Disease Control and Prevention (CDC)
- Occupational Safety and Health Administration (OSHA)

This training is for awareness purposes and does not replace facility-specific policies or provider orders.

Knowledge check

QUESTION 1

What is the first thing to check when you arrive at an emergency?

Answer: Scene safety: make sure it is safe for you and others, and put on gloves or other protection.

QUESTION 2

What does FAST stand for?

Answer: Face drooping, Arm weakness, Speech difficulty, Time to call 911.

QUESTION 3

A coworker is bleeding heavily from a cut on the arm. What do you do first?

Answer: Apply firm, direct pressure with a clean dressing and call for help; raise the arm if no broken bone is suspected.

QUESTION 4

Name two things you should not do during a seizure.

Answer: Do not hold the person down, and do not put anything in their mouth.

What this training covers

1

Protecting patient records

Privacy, need-to-know access, security and your obligations under HIPAA when you access patient medical records.

2

Employee health information

How health information you give Worldwide, such as for leave or accommodations, is kept confidential.

3

Your right to your own records

Your OSHA right to see and copy your own exposure and medical records, and how to request them.

⚠ Our goal: protect sensitive information, respect privacy, and comply with the law.

Why medical records are sensitive

Highly personal

- Records contain personal information about health, treatment, diagnoses and medical history

Serious consequences

- Unauthorized access or misuse can cause privacy violations, legal consequences and loss of trust

Protected by law

- Laws such as HIPAA set strict rules on who may access and share this information

HIPAA: legal requirements

HIPAA compliance

- Anyone who accesses patient records must follow HIPAA's standards for the privacy and security of health information
- Facilities train you on their HIPAA policies; follow them at every assignment

Confidentiality

- Keep patient information confidential
- Do not discuss or share it unless your job requires it
- This includes conversations in public areas and on social media

Penalties

- Discipline up to termination of employment
- Civil fines for the organization
- Criminal penalties, including fines and imprisonment, for knowingly obtaining or disclosing health information in violation of HIPAA

Who may access patient records?

Healthcare providers

- Doctors, nurses and other clinical staff who need access for treatment or diagnosis

Administrators and managers

- Only when necessary to perform their duties, such as billing, quality review or reporting

You

- Only when you are authorized and your job requires it
- Access out of curiosity is strictly prohibited, including records of coworkers, family, friends and yourself through work systems, unless policy allows

Guidelines for accessing records

Need to know

- Access only what your job requires; never out of curiosity
- Use and share the minimum necessary

Approved systems

- Use only the facility's secure systems
- Log in with your own credentials; never use someone else's

Your access is tracked

- Record systems log every record you open
- Facilities audit these logs and can see who looked at what, and when

Confidentiality

- Never share, copy, photograph or send records unless authorized or required by law

Security measures

Strong passwords

- Use a strong, unique password or passphrase
- Never share it or write it where others can see it
- Change it immediately if you think it has been compromised

Multi-factor authentication

- Use two-factor or multi-factor authentication wherever it is offered

Encryption

- Send and store health information only through encrypted, approved channels
- Never use personal email, texting or apps for patient information

Secure workstations

- Lock your screen whenever you step away
- Do not leave records, printouts or screens where others can see them

When access to patient records is appropriate

Treatment and care

- Providing, coordinating or reviewing care for your assigned patients

Emergencies

- Healthcare professionals may need immediate access to provide emergency care

Legal and regulatory

- Audits, investigations or litigation, handled by authorized staff through proper channels

Employee health information held by Worldwide

A different set of rules

- HIPAA generally does not cover health information an employer holds in its role as employer
- Instead, laws such as the ADA, FMLA and GINA require that it be kept confidential

How Worldwide protects it

- Medical information about employees, such as leave certifications and accommodation requests, is kept in separate, confidential medical files, not in personnel files
- Access is limited to those who need it, such as Human Resources staff processing leave or accommodations
- Supervisors are told only about necessary work restrictions or accommodations, not diagnoses

Ethical considerations

Respect privacy

- Avoid accessing records unless it is necessary for your job

Minimize disclosure

- Share information only on a need-to-know basis, and only with authorized people

Be transparent

- If asked, be ready to explain why you accessed a record

Report violations

- Report suspicious activity or unauthorized access immediately to the compliance officer, your supervisor or HR

What happens in a breach?

Investigation

- Every suspected breach is investigated thoroughly
- Facilities may be legally required to notify affected patients and regulators

Consequences

- Depending on severity: discipline, termination and legal consequences, including fines or criminal charges

Impact on the organization

- Loss of trust, legal fines and damage to reputation

Best practices

Be informed

- Know the policies for accessing and managing records at Worldwide and at each facility

Stay trained

- Complete compliance training to stay current on privacy laws and security

Report issues

- Report irregularities or violations to your supervisor, compliance officer or HR

Be professional

- Handle all medical records with care and respect for the individuals involved

Your right to your own records (OSHA)

Under OSHA's standard on Access to Employee Exposure and Medical Records (29 CFR 1910.1020), you have the right to see and copy your own records.

Exposure records

- Workplace monitoring of toxic substances or harmful physical agents
- Biological monitoring results
- Safety data sheets or other information about hazardous materials

Medical records

- Medical questionnaires and histories
- Results of medical exams and lab tests, such as health screenings and exposure follow-up
- Medical opinions, diagnoses, progress notes and recommendations
- First aid records

How to access your records

Timing and cost

- Access is provided in a reasonable time, place and manner
- If it cannot be provided within 15 working days, you will be told why and when you will get it
- Copies are provided at no cost to you

Who may access

- You, for your own records
- A designated representative, such as a union or someone you choose; medical records require your specific written consent
- OSHA, as allowed by the standard

Sensitive information

- In rare cases, a physician may recommend that information about a terminal illness or psychiatric condition be released to your designated representative instead of directly to you

Record retention and who to contact

How long records are kept

- **Medical records:** duration of employment plus 30 years
- **Exposure records:** at least 30 years
- **Analyses** using exposure or medical records: at least 30 years

Where to go

Records are kept at: **2829 Sheridan Drive, Tonawanda, NY 14150**

Person responsible: **Leo R. Blatz**

Contact: **716-821-9001**

A copy of the OSHA standard and its appendices is available on request.

Key takeaways

Access patient records only when your job requires it

Protect records with secure systems, strong passwords and locked screens

Employee health information is kept confidential and separate from personnel files

You have the right to see and copy your own exposure and medical records

Knowledge check

QUESTION 1

A coworker is admitted to your unit but is not your patient. May you look at their chart?

Answer: No. Access is need-to-know only, and every access is logged.

QUESTION 2

You step away from a workstation for two minutes. What should you do?

Answer: Lock your screen, and make sure no records or printouts are left visible.

QUESTION 3

Does HIPAA govern HR's leave and accommodation files?

Answer: Generally no. HIPAA does not cover records an employer holds as an employer; the ADA, FMLA and GINA require that they be kept confidential and in separate medical files.

QUESTION 4

You suspect someone accessed records without a reason. What do you do?

Answer: Report it right away to the compliance officer, your supervisor or HR.

QUESTION 5

How quickly must you be given access to your own exposure or medical records?

Answer: In a reasonable time, place and manner; if it will take more than 15 working days, you must be told why and when. Copies are free.

QUESTION 6

How long are employee medical records kept?

Answer: For the duration of employment plus 30 years. Exposure records are kept at least 30 years.