



Annual Requirements Study Guide

Age Specific Care

Age specific care is care given with the knowledge of the physical, psychosocial and developmental needs of that patient's age group. We know that although every person is somewhat unique, different age groups have different needs. It is best to treat each patient with those differences in mind, rather than to treat each person the same. It is a common sense approach to care. You would not expect an adult and a toddler to react to a procedure the same way (such as suturing, for example). You can explain to them in different ways, because they understand differently and they react differently. We also know that the nutritional needs of an 8 month old are different than an 80 year old, and we treat accordingly. We know that adolescents want control over their bodies and knowledge of their care, but want a lot of privacy as well. The implications for their care would include to not discuss their medical situation in front of their friends or siblings, for instance, but not to leave them out of the decision-making, either. We know that small children need to feel safe, which they usually associate with the presence of someone they are familiar with, such as a parent or grandparent. Encouraging those family members to leave the child during procedures will not help with making the child feel calm and safe. Age-specific care is not a separate competency, so much as a thread which is woven throughout all patient care.

Infection Control

Controlling infections is not the realm of the department of the same name; it is every healthcare worker's responsibility. Infectious microorganisms are carried into hospitals by patients, visitors, physicians, and staff as well. We are all responsible to see that they do not get spread to others in the course of our care. Germs can live in or on all people and on inanimate objects as well. Understanding different ways that germ spread, and different means of prevention of the spread, will help us achieve that. No system is perfect, however, and Standard Precautions or Isolation procedures which you use may not protect you or other patients 100%. Different germs are transmitted in several different ways. Inhalation, a skin break, contact with a contaminated item, all may be ways the germs are transmitted. Different transmission modes dictate different ways of isolating the infection to that particular patient. Different isolation techniques dictate different patient needs. Inhalation-transmitted organisms would necessitate the use of a private room (with a separate ventilation system, in some cases). Contact isolation, however, would dictate other measures. No one technique covers every microorganism. It is important to understand what organism, or what transmission mode is pertinent to the situation, in order to provide the correct care, and reduce the possibility of infecting another person.

Healthcare Violence

Many nurses are exposed to violence, or threats of violence, in their workplace each day, and statistics are rising. These may come from patients, visitors, physicians, or other coworkers. In retrospect, very few attacks are totally "out of the blue"—most could have been detected in early stages, and possibly defused. Using some simple techniques may allow you to avoid being a victim. Being friendly and listening to an upset person may reduce their anger and prevent the episode. In a person with a propensity towards violence, a situation which makes him/her feel a loss of control may trigger an attack. Examples could include telling them of a death of a loved one, or even enforcing visiting hours when a person wants to stay around the clock. In these situations, watch for their signs of escalating distress while remaining calm yourself. When in doubt, be sure you maintain access to an exit from the area, and that you stay more than arms-length away from the person. Realize what objects may be present which could be used as a weapon, such as sharp or heavy equipment. A stethoscope around your neck, or even your own hair, may be used if you are close enough. Open the door of the room, or do whatever you can to subtly attract attention from others to your situation. If restraints must be used to deal with the person, do so with as much respect for that person's dignity as possible. You are not seeking to punish the attacker, but to help them gain control of their behavior. After a violent episode, you should remove yourself from the situation as soon as practical. Get attention for any injuries you may have. Seek counseling if needed to help you deal with the stress.

HIPAA

The HIPAA law was enacted to mandate a greater amount of privacy and security for an individual's demographic and health information. It applies to every patient and to consumers of many other services in the community as well. Protected Health Information, called PHI in the law, is only to be shared with the individual to whom it applies, and to others only when allowed by that individual. A healthcare worker may not gain access to a patient's chart if their desire to do so is based on their friendship, but not a legitimate need to care for the patient. There are exceptions to the rule, such as some law enforcement situations, and sharing among health care providers when there is a legitimate need to know in order to care for the person. Patients may have access to their own PHI at any time, although the law does allow for some reasonable parameters to be put in place. An example of this would be when a policy exists that a patient can only access his chart in the presence of his physician. Different facilities have differing policies regarding access to the medical record, and it is always a good idea to be familiar with the policies where you practice.

Ergonomics/Back Safety

Ergonomics involve using special techniques or equipment to protect your body while working. Back injuries are a very prevalent type of injury which could often be avoided through the use of ergonomics. It is important to assess the particular work ahead of you, and make good decisions about what the risks are. Not every patient can be lifted or moved by one person, no matter what techniques are used. Therefore advance planning might include getting help by another person, or by use of special assistive equipment.

Equipment, no matter how sophisticated, is only helpful if used correctly. Do not attempt to use devices for which you have not been trained, as this can be more risky for you or the patient than using nothing at all. A gait belt, a very simple device, is used to assist with lifting, transferring or ambulating a person. However if used or applied incorrectly, it can contribute to a patient injury. There are simple techniques which require no additional equipment, but provide a large measure of protection for the patient and yourself as well. Bending the knees when lifting, rather than using only the back muscles, is an example of effective technique for injury prevention. A nurse's back injury can affect not only the healthcare facility, but their private life as well. If you think that you may have injured yourself, even if you are unsure of the extent of damage, it should be reported immediately. Some injuries exacerbate with time, although they may seem minor at first. Follow the reporting procedures of the facility itself, but be sure to notify the Agency immediately also. This will allow us to be sure your care is covered appropriately.

TB Awareness

Tuberculosis, once thought to be a disease under control, has re-emerged as a major community health threat. Numbers of cases are increasing, partly due to the increased numbers of immuno-compromised people in society, and the development of drug-resistant organisms. TB is spread by airborne droplets, commonly coughed or sneezed from an infected person. The disease can be in a latent or dormant phase in many people without their knowledge. Not everyone who has the organism develops active TB; in fact it is only a small percentage who do. Latent TB most often becomes active in people with poor nutrition, stress, substance abuse, and those who are immuno-compromised. Those with active TB actually develop symptoms and are contagious. Symptoms of active TB include night sweats, coughing, weight loss and appetite loss, fever and fatigue. Once treatment is begun, a person with active TB becomes non-contagious in about a month, although treatment will be continued for several months. In recent years, many drug-resistant strains of TB have emerged. These cases are difficult to treat, and often fatal.

Electrical Safety

Although we have been using electricity since birth, not everyone understands or practices good electrical safety. Be aware of electrical hazards and unsafe practices. Water and metal are two substances which conduct electricity readily, increasing the chances for a shock. Wood and rubber are less likely to conduct electricity. Handling electrical plugs and cords properly increase safety. If a plug contains three prongs, it must only be plugged to a three-hole outlet. Removing the third prong removes the safety device which protects you. An electric cord should not feel warm or hot in normal use. If this is noted, the device should be unplugged immediately and tagged for inspection before any further use. In the event of an electrical fire, be sure to use an appropriate type (ABC or BC) extinguisher. Some extinguishers contain water, and this would of course be very dangerous to use in this situation. Electricity which is mishandled can cause a minor or major shock, possibly even resulting in cardiac arrest. In the event someone is being shocked, disconnect the item they are touching from the wall if possible. If you cannot disconnect the item from the outlet, attempt to move the person from the source, using a wooden object such as a chair or stick. Never touch the person directly until they are removed from the power source.

HIV/Bloodborne Pathogens

The term “Bloodborne Pathogens” make many of us think immediately of HIV. However, there are other viruses which also are transmitted via this route. In fact Hepatitis B is also fatal, and much more likely to infect you from an exposure than HIV.

In addition, Hepatitis C is a leading cause of liver failure, and is the leading cause of liver transplants in our country. All these diseases can be undetected in a person’s body for months or years before becoming symptomatic. Because we cannot always know who is infected, we use Universal precautions to protect us from every patient. The intention of Universal precautions is to protect you from exposure to blood or body fluids. Use appropriate Personal Protective Equipment to decrease the odds of contact with a body fluid. Another protection for healthcare workers is the proper use of needleless devices when available, and the proper disposal of all contaminated sharps. Never try to bend or break a sharp, because that increases the chances of being stuck in the process. If a needlestick or cut occurs, the first thing to do is to scrub the area with soap and water, and then report to your immediate Supervisor at the facility, so that proper precautions can be taken to decrease the chance of you becoming infected. Also notify the Agency of any exposure, so that we can help you with follow-up needs.

Fire Safety

Although we hate to think so, fires can and do happen at healthcare facilities in this country every year. If this should happen where you are, knowing the right steps to take, in the correct order, will be a matter of life and death. Most facilities agree that the first priority in the event of a fire is to Rescue any patients or others in immediate danger.

This includes moving or instructing them to move to a safer area. First discontinue any equipment which may hinder you or endanger the patient, such as Oxygen. If the patient is not ambulatory, it may be up to the first person on the scene to move them alone. There are various methods to move patients, such as placing them onto a sheet spread on the floor, and then pulling them to another area. Obviously wheelchairs and stretchers are a great help when available. The next step is to Contain the fire or smoke as much as possible, in order to minimize the number of others affected. Be sure to close any doors behind you as you evacuate patients. Take any other quick steps you can, which will keep the affected area separated. Then Alert whoever can notify the Fire Department, and can spread the word to other areas of the building. This may involve calling the facility’s Operator or others. Be sure you are aware of fire notification procedures at the facility where you are practicing. The last step, once the other steps are complete, is to Fight the fire if possible. Don’t forget that not every extinguisher is appropriate for use on every fire; however an ABC can be used on any. In order to use the extinguisher, you must pull the pin, aim the spout, squeeze the two handles together, and sweep the extinguisher substance across the base of the fire.

Hand Hygiene

Great numbers of patients get hospital-acquired infections, resulting in approximately 88,000 deaths each year. Many of these infections are cause by healthcare workers who are improperly using infection control protocols or failing to clean their hands, often blaming this on lack of time. Recently the issue has grown to the point that the Centers for Disease Control have issued Hand Hygiene Guidelines to provide some structure under which to address the problem. If a patient has an infection which is spread to another patient, it is almost always done via the healthcare worker’s hands. Infections can be spread even when doing “clean” tasks such as lifting a patient or taking vital signs.

The CDC says that you should clean your hands before and after any patient contact, even if gloves were used, no matter how small. There are two acceptable ways to clean your hands: handwashing and use of an alcohol-based gel sanitizer. Both methods require proper technique in order to be effective. In order to know the best way to clean your hands in any circumstance, first determine whether they are visibly soiled, or knowingly contacted a contaminated substance. Before eating and after using the bathroom are two other times for handwashing in particular. Soap and warm water is the correct alternative in these situations. Otherwise, the CDC says that the alcohol-based gel is more effective and therefore preferable. When doing handwashing, the wash should last 15 seconds before rinsing. Dry hands thoroughly and do not touch the sink or faucets with your bare hands afterwards. If you are using the gel sanitizer, use the amount recommended by the manufacturer. Continue to rub your hands together, spreading gel on every surface, until the gel is completely dry. The CDC also says that artificial nails are not acceptable in direct patient care, and natural nails should be kept shorter than ¼ inch.

MSDS/HAZMAT

Whether you are aware of it or not, you are exposed to potentially dangerous substances every day as you do your work. We are surrounded by cleaning chemicals, disinfecting solutions, chemotherapeutic agents, etc. OSHA says that you have the “Right to Know” about the things you may come into contact with. The method for informing you is via the MSDS sheet which is produced for virtually every chemical composition. Every healthcare facility is required to maintain these MSDS sheets and to have them accessible to you. You should make it your business to find out where they are at your facility, and to read those pertinent to your job in advance of the time you may need the information in a hurry. The sheet contains information related to ingredients, hazard warnings, and health effects. It also contains first-aid notes, and clean up instructions from spills or leaks. There is also information on hazard prevention and personal protection. This information is provided with your health and well-being in mind, so take advantage of it.

Patient Rights

Patients have the right to dignity, consideration and respect for their values. These rights are mandated by state laws, as well as JCAHO. Patients are given a list of these rights at admission to a hospital. They count on the healthcare workers to know and respect these rights. Their Bill of Rights dictate that have the right to be treated with respect, courtesy and dignity. They also have the right to privacy, including a “No Information” status if they desire. The right to communicate with those outside the facility cannot be compromised, unless it can be shown to directly interfere with treatment, such as in an OR. They have the right to make decisions using information such as the diagnosis, proposed treatment, risks, benefits, alternatives, and consequences of that proposal. They have the right to know the title and status of all healthcare workers associated with their care. Patients have the right to be involved in all aspects of their care, and this right cannot be revoked because of the behavior of the patient. If he refuses care at one facility, he has the right to receive other care. In some cases, the patient’s choice of treatment is not offered at the present facility, in which case he may be transferred to another facility of his choice. Patients have the right to make Advance Directives, and to expect these to be honored. Impartial access to care is a patient right which may at times be difficult to provide, especially when the patient’s behavior is objectionable. If a patient feels that any of these rights have been violated, he also has the right to file a complaint through the hospital’s process for doing so. The patient has the right to be informed about this process as well.

Diversity in Patient Care

Diversity can refer to any aspect of difference between people, including culture, national origin, sexual orientation, ethnicity, age and many others. These differences are what bring us to approach a similar situation from different perspectives. Diversity can affect any aspect of life, including work life, religious experience, eating preferences, and even patient care. Nurse-patient relationships stem from respect and credibility which is driven from trust and compliance. The patient’s sense of relating to the nurse and his/her similarity to the patient can certainly impact that trusting relationship, and therefore may affect their choice of compliance with procedures or instructions. Collection of data for a health history depends on good communication between the patient and the healthcare worker. Missed communication with the patient can also change the patient’s desire and accuracy in carrying out teaching which may be crucial to the patient’s ongoing health status. In order to facilitate that communication, the nurse should be aware of their own non-verbal and verbal communication, especially when listening to the patient discuss their ideas, concerns, and feelings regarding their own health.