HealthStream Regulatory Script

Rapid Regulatory Compliance: Non-clinical: Part II:

Release Date: August 2009
HLC Version: 603

Lesson 1: Introduction
Lesson 2: Safety
Lesson 3: Emergency Preparedness
Lesson 4: Infection Control
Welcome to Rapid Regulatory Compliance: Non-clinical: Part II.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
### Rationale

This course has been designed to rapidly review and update your knowledge of:
- Safety
- Emergency preparedness
- Infection control

Note: This course provides essential information for non-clinical healthcare staff. If you are new to any of the topics presented here, consider taking the full-length course on that topic.
### Introduction

This introductory lesson gave the course rationale.

Lesson 2 will discuss aspects of safety including personal and facility concerns and best practices.

Lesson 3 will focus on emergency preparedness.

Lesson 4 will discuss infection control. This lesson will provide information on best practices to control the spread of infection in the healthcare environment.

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**FLASH ANIMATION: Course Map**

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<td>• Personal responsibility</td>
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</table>
Welcome to the lesson on safety.
Healthcare facilities have many potential hazards. OSHA[glossary] separates hazards into five categories:

- Biological
- Chemical
- Psychological
- Physical
- Environmental / mechanical

As shown in the table on the next screen:
- Eliminate as many of these hazards as possible.
- Safeguard against exposure to the hazards that cannot be eliminated.

Note: Many of the hazards in the table are addressed in greater detail later.
<table>
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<th>Hazard Category</th>
<th>Definition</th>
<th>Examples</th>
<th>Safeguards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>“Germs”</td>
<td>HIV, VRE, MRSA, HBV, HCV, TB</td>
<td>Infection control</td>
</tr>
<tr>
<td>Chemical</td>
<td>Toxic or irritating materials</td>
<td>Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury</td>
<td>Engineering controls, work-practice controls, personal protective equipment (PPE)</td>
</tr>
<tr>
<td>Psychological</td>
<td>Factors that cause emotional stress or strain</td>
<td>Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions</td>
<td>Stress management, relaxation exercises, meditation</td>
</tr>
<tr>
<td>Physical</td>
<td>Agents that can cause physical harm</td>
<td>Radiation, lasers, noise, electrical equipment, extreme temperatures</td>
<td>Dependent on hazard</td>
</tr>
<tr>
<td>Environmental &amp; mechanical</td>
<td>Factors that increase risk of accident, injury, strain, or discomfort</td>
<td>Lifting and moving patients, tripping hazards, poor air quality, slippery floors, clutter</td>
<td>Maintenance of a safe work environment, prompt reporting of hazardous conditions</td>
</tr>
</tbody>
</table>
Prevention is the best defense against fire.

To help prevent fires related to the common cause of smoking:
- Follow your facility’s smoking policy
- Smoke only in designated areas
- Instruct visitors and authorized patients to smoke only in designated areas

To help prevent fires related to the common cause of electrical malfunction:
- Remove damaged or faulty equipment from service.
- Submit malfunctioning equipment for repair

To help prevent fires related to the common cause of equipment misuse:
- Do not use any piece of equipment before being trained
Even with the best efforts at prevention, fires sometimes occur. Therefore, your facility has fire safety features. These features include:

- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and doors
- Smoke and fire doors and partitions
- A fire plan

Be familiar with the location and use of each of these.
When you hear the fire alarm in your facility, you may not know if it is a drill or a true fire. Treat the alarm as if it were a true emergency. Respond using the RACE protocol:

- **R: Rescue**
- **A: Alarm**
- **C: Confine**
- **E: Extinguish or evacuate**

Click on each item for a brief review.

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CLICK TO REVEAL

**R: Rescue**
Rescue all patients from the immediate area of the fire.

**A: Alarm.**
Give the alarm by:
- Calling out for help
- Using a manual pull station
- Phoning the fire department

**C: Confine**
Confine the fire by closing the door to the room where the fire started.

**E: Extinguish or evacuate**
If the fire is small enough to put out with a single portable extinguisher, attempt to **extinguish**. Use the PASS protocol:
- Pull the pin
- Aim the nozzle
- Squeeze the trigger
- Sweep back and forth across the base of the fire

Otherwise, prepare to **evacuate** patients to a safe area.
Most equipment in the healthcare setting is electric. This means there is risk of electric shock.

Electric shock can cause:
- Burns
- Muscle spasms
- Ventricular fibrillation
- Respiratory arrest
- Death
To help prevent electrical accidents in your facility:

- **Remove and report electrical hazards**
- **Use electrical equipment properly**
- **Maintain, test, and inspect equipment**

Click on each of these for a brief review of key points.

**CLICK TO REVEAL**

**Remove and report hazards**
Remove electrical equipment from service if it:
- Malfunctions
- Shows signs of damage
- Shows signs of unusual heating
- Produces a burning smell when used
- Shocks staff or patients

Report the hazard according to facility protocol. Submit the equipment for repair.

**Use equipment safely**
- Learn how to use equipment before using it.
- Do not use damaged equipment.
- Do not use equipment on which liquid has been spilled.
- Do not operate electrical equipment with wet hands or when standing in water.
- Do not stack anything on or behind electrical equipment.
- Turn equipment off before plugging in or unplugging.

**Maintain, test, and inspect**
All medical equipment should be inspected and tested on a regular schedule.
Other best practices for preventing electrical accidents in your facility are:

- **Use power cords and outlets properly**
- **Use circuits safely**
- **Protect patients from electrical shock**

Click on each of these for a brief review of key points.

### CLICK TO REVEAL

#### Use cords and outlets properly

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

#### Use circuits safely

- Do not overload circuits.
- Label each circuit breaker.
- Breaker boxes should be accessible at all times.

#### Protect patients

- Place electrical equipment at a distance from patients.
- Maintain patient areas. Keep floors dry at all times.
- Do not touch patients and electrical equipment at the same time.
Ergonomics

The term “ergonomics” comes from two Greek words:
- *Ergon*, meaning work
- *Nomos*, meaning natural laws

Ergonomics means designing work to fit the “natural laws” of the human body.

Good ergonomic practices can lead to fewer work-related injuries.
Ergonomic best practices are:

- Avoid fixed or awkward postures.
- Avoid lifting without using proper devices or equipment.
- Avoid highly repetitive tasks.
- Provide support for your limbs.
- Use proper posture and body mechanics when sitting, standing, or lifting.
- Avoid reaching, twisting, and bending for tools. Keep tools close to you.
- Use supportive equipment (e.g., wrist supports for keyboards).
- Respond promptly to aches and pains. This can help you take care of slight injuries before they become severe.
Healthcare is a high-risk setting for back pain and injury. Injury may be prevented through:
- Proper care of the spine
- Proper posture
- Regular exercise

On the following screens, let's take a closer look at each of the above.
Take proper care of the spine while:
  - Sleeping
  - Standing
  - Sitting
  - Lifting a static load vertically

Click on each item for a brief review of key points.

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

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

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

**Lifting a static load vertically**
- Bend at the hips and knees.
- Keep the head up.
- Maintain the three natural curves of the spine.
- Hold the load close to the body.
- Lift with the muscles of the legs.
To stand with proper posture, imagine a cord dropped through the center of your head to your feet.

If the spine is properly aligned, the cord should pass through the center of the body, in the right-to-left plane.

In the front-to-back plane of the body, the cord should pass through:
- The ear
- The front of the shoulder
- The center of the hip
- the area behind the kneecap
- The ankle
Regular exercise can help prevent back injury.

Exercise should include:
- **Aerobic exercise**
- **Stretching exercise**
- **Strengthening exercise**

Click on each for a brief review of key points.

Consult your physical therapist or physician to find out appropriate exercises for your back.

**CLICK TO REVEAL**

**Aerobic exercise**
Do aerobic exercise at least three times a week. This contributes to overall fitness and increases blood flow to the spine.

**Stretching exercises**
Stretches are gradual, gentle exercises that lengthen important muscles. This increases the ability of muscles to use their full range of motion. Stretch seven days a week.

**Strengthening exercises**
Strengthening exercises help build muscle mass by forcing the muscles to work against weight or resistance. Do strengthening exercises four to five days a week.
Slips, trips, and falls in the workplace cause injuries and deaths every year.

On the following screens, let’s look at tips for preventing:

- Slips
- Trips
- Falls
2017
Slips, Trips, and Falls: Preventing Slips

To help prevent slips:
- Keep floors clean and dry.
- Increase the friction of floors with abrasive coatings, non-skid strips, or rubber mats.
- Secure rugs with skid-resistant backing.
- Choose slip-resistant shoes. Look for:
  - Soft rubber soles
  - A large amount of surface area in contact with the floor (no high heels!)
  - Patterned soles that increase friction
- Post safety signs around slip hazards (icy sidewalks, wet floors, etc.).
To help prevent trips:
- Keep floors clear and uncluttered.
- Repair uneven flooring, or post safety signs.
- Use proper lighting (not too bright and not too dim).
Most falls in the workplace are foot-level falls. In a foot-level fall, a person slips or trips on a walking or standing surface. This results in a short-fall.

Falls-to-below carry a higher risk of injury.

Danger zones for falls-to-below are:
- **Stairs**
- **Ladders**

Click on each for strategies to prevent falls.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Stairs</strong></td>
</tr>
<tr>
<td>- Keep staircases clean and well lit.</td>
</tr>
<tr>
<td>- Staircases should have sturdy handrails on both sides.</td>
</tr>
<tr>
<td>- Take one step at a time.</td>
</tr>
<tr>
<td>- Maintain your center of balance when stepping.</td>
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</tbody>
</table>

| **Ladders**       |
| - Use a ladder of the height you need. |
| - Lock the spreader into position before climbing the ladder. |
| - Climb straight up. Do not lean to either side. |
| - Hold onto the side rails with both hands while climbing up or down. |
When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart.
- Point your toes slightly outward.
- Take slow, short steps. Keep your center of balance under you.
- Make wide turns at corners.
- Keep your arms at your sides. This gives additional balance. It also keeps your arms available for support if you fall.
To protect workers from exposure to hazardous chemicals, the following groups of people have duties related to communicating information about hazardous materials:

- **Manufacturers**
- **Employers**
- **Employees**

Click on each for a review of key duties.

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<th>CLICK TO REVEAL</th>
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**Manufacturers**
Manufacturers of a hazardous chemical must:

- Research, create, and distribute a material safety data sheet (MSDS), which lists the specific hazards of the chemical.
- Label all containers of hazardous materials with the name of the product, hazard warnings, and the name and address of the manufacturer.

**Employers**
Employers whose employees work with hazardous chemicals must:

- Maintain a file of MSDS's for all hazardous chemicals used by workers.
- Inspect incoming chemicals to verify proper labeling. If a chemical is transferred to an unlabeled container at the facility, the new container must be labeled.
- Train employees in the use of hazardous chemicals.

**Employees**
Employees who work with hazardous chemicals must:

- Know which hazardous chemicals are used in their work area.
- Know where MSDS's are located on their unit.
- Know how to read an MSDS.
- Read all relevant MSDS's before starting a job that may require the use of a hazardous chemical.
- Read product labels carefully. Follow all instructions. Heed all warnings.
- Attend all required hazardous chemical training sessions.
Workplace violence is any violence in a work setting.

To help keep your workplace safe from violence:

- **Recognize** aggressive behavior and warning signs of potential violence.
- **Respond** appropriately to the level of aggressive behavior (see graphic).
- **Report** all unsafe situations immediately.

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<tr>
<th>Aggressive Behavior</th>
<th>Response</th>
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<tr>
<td>Tension</td>
<td>Remain calm. Listen. Acknowledge the person’s frustration. Try to resolve the problem.</td>
</tr>
<tr>
<td>Disruptiveness</td>
<td>Set clear limits. Remain calm and choose your words carefully, to avoid aggravating the situation. Call security privately if the disruptive behavior continues.</td>
</tr>
<tr>
<td>Loss of Control</td>
<td>Remove yourself from danger and get help. Do NOT try to restrain the person yourself.</td>
</tr>
</tbody>
</table>
A breach in safety is referred to as an **incident**.

Common examples of incidents have been mentioned in this lesson:
- Equipment malfunction
- Back injury
- Slip, trip, or fall
- Exposure to hazardous chemicals
- Workplace violence

All incidents should be reported immediately.

Check with your supervisor if you are not familiar with facility procedures for reporting incidents.
### Introduction

Welcome to the lesson on emergency preparedness.

This lesson covers:
- Disaster events
- Emergency Operations Plan

**FLASH ANIMATION: Lesson Map**

Lesson 3: Emergency Preparedness
- Disaster events
- Emergency Operations Plan
Healthcare organizations must be prepared to respond to disasters such as:

- Natural disasters
- Technological disasters
- Major transportation accidents
- Terrorism
- Nuclear, biological, and chemical events

To prepare, each facility must:

- Identify events that could occur
- Determine the probability that each event will occur
- Develop strategies for dealing with each event
Facilities document how they will deal with disaster in an Emergency Operations Plan.

The plan must center on the six key elements:
- Communication
- Resources and assets
- Safety and security
- Staff Responsibilities
- Utilities
- Clinical activities
Beyond Emergency Operations Plans

A written plan alone is not enough to ensure an effective response. Staff must be:

- Educated on the procedures in the Plan
- Trained and drilled to respond to disaster according to the Plan

Make sure that YOU are ready to respond to disaster:

- Know the disaster events that pose a risk for your facility
- Participate in all emergency response training and drills
Welcome to the lesson on infection control.

This lesson covers:
- Healthcare-associated infection (HAI)
- Hand hygiene
- Antibiotic resistance
- Airborne pathogens
- Bloodborne pathogens
- Personal responsibility

FLASH ANIMATION: Lesson Map

Lesson 4: Infection Control
- Healthcare associated infection
- Hand hygiene
- Antibiotic resistance
- Airborne pathogens
- Bloodborne pathogens
- Personal responsibility
Healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system.

HAI can be very costly, in terms of:
- Patient life and health
- Healthcare dollars
HAI: Cause

HAIs may be caused by bacteria, viruses, fungi, or parasites. These "germs" may come from:

- Environmental sources (dust, etc.)
- Patients
- Staff members
- Hospital visitors
The Joint Commission now expects hospitals to implement evidence-based practices to prevent HAIs in the hospital.

National Patient Safety Goal 7 includes:
- NPSG.07.01.01: Use of appropriate hand hygiene
- NPSG.07.03.01: Prevention of multi-drug resistant organism infections
- NPSG.07.04.01: Prevention of central-line associated bloodstream infections
- NPSG.07.05.01: Prevention of surgical site infections
Best practices for preventing HAI are related to:
- Hand hygiene
- Environmental hygiene
- Antibiotic use
- Airborne pathogens
- Bloodborne pathogens
- Personal responsibility

Let’s take a closer look at each.
Hand Hygiene: When and What

The single most important factor for preventing the spread of infection is proper hand hygiene.

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

Current CDC guidelines recommend the use of:
- Soap and water for washing visibly soiled hands
- Alcohol-based hand rubs for routine decontamination of hands between patient contacts, when hands are not visibly soiled

**CDC or WHO guidelines for hand hygiene should be followed.**
For good environmental hygiene:
- Maintain a clean environment. There should be no visible dust or soiling.
- Clean, disinfect, or sterilize medical equipment after each use.
- Dispose safely of clinical waste.
- Launder used and infected linens safely and effectively.
- Follow appropriate guidelines for kitchen and food hygiene.
- Maintain an adequate pest-control program.
Widespread use of antibiotics began in the 1940’s. Penicillin and other antibiotics were hailed as miracle drugs. They were able to cure previously untreatable bacterial illnesses.

However, bacteria are very adaptable. They have the ability to change genetically to resist the effects of antibiotics.

The more antibiotics are used, the more common resistant strains of bacteria become.
Antibiotic resistance is a significant health problem

It affects:
- **Drug choice**
- **Patient health**
- **The healthcare system**

Click on each for a brief review of key points.

### Drug choice

When an infection is resistant to the antibiotic of choice, other antibiotics must be used instead. These second-choice drugs are typically:

- Less effective against the bacteria
- More toxic to the patient
- More expensive

### Patient health

Patients with resistant infections tend to have:

- Lengthier illness
- Higher medical bills
- Greater risk of death

### The healthcare system

- Antibiotic-resistant strains contribute significantly to HAI.
- More than 70% of all bacteria that cause HAI are found to be resistant to one or more commonly used antibiotics.
Airborne diseases are transmitted from person to person via tiny particles.

These particles:
- Are produced when an infected person sneezes, coughs, or talks
- Can remain suspended in the air for long periods of time
- Can travel long distances on air currents

Transmission occurs when a healthy person inhales an infectious particle.

Infection and disease symptoms then may occur.
Important airborne (or potentially airborne) diseases include:

- Chickenpox and shingles
- Measles
- Tuberculosis (TB)
- SARS [glossary]
- Smallpox
### Airborne Precautions: Precautions

Airborne Precautions are used to prevent the spread of airborne diseases in the healthcare setting.

Healthcare staff must wear personal respirators whenever they enter an airborne isolation room. This protects staff members from spread of the infection.

Staff who have not been trained in Airborne Precautions and respirator use should NOT enter airborne isolation rooms.
Bloodborne diseases are spread from person to person when there is exposure to:
- Infected blood
- Certain other body fluids and tissues

Important bloodborne diseases include:
- HIV infection/ AIDS
- Hepatitis B
- Hepatitis C
The Bloodborne Pathogens Standard helps protect workers from bloodborne diseases.

One of the key parts of the Bloodborne Pathogens Standard is the use of Standard Precautions.

Standard Precautions protect healthcare workers from exposure to patient:

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

Standard Precautions must be used in the care of all patients.
Personal Responsibility

As a healthcare worker, you have personal responsibilities for infection control in your facility.

Maintain immunity to vaccine-preventable diseases such as:
- Hepatitis B
- Measles
- Varicella (chickenpox)
- Rubella
- Mumps

Report all unprotected exposures, such as accidental needlesticks.

Stay home from work when you are sick.
## Course Glossary

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<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td></td>
<td>aerobic exercise</td>
<td>continuous activity that requires the use of increased oxygen to maintain the function of the body's cells</td>
</tr>
<tr>
<td></td>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td></td>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<tr>
<td></td>
<td>JCAHO</td>
<td>Joint Commission on the Accreditation of Healthcare Organizations</td>
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<tr>
<td></td>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td></td>
<td>SARS</td>
<td>severe acute respiratory syndrome</td>
</tr>
</tbody>
</table>
1. Which safeguard is used against biological hazards?
   a. Meditation
   b. Infection control
   c. Life Safety Code
   d. Stress management

Correct: B
Rationale: Biological hazards are "germs," such as HIV, VRE, MRSA, etc. The safeguard is infection control.

2. Which is an example of a psychological hazard in the healthcare setting?
   a. Lasers
   b. Patient deaths
   c. Slippery floors
   d. Sterilizing agents

Correct: B
Rationale: A psychological hazard is a factor that causes emotional stress or strain. An example is patient deaths.

3. What is the BEST defense against fire?
   a. Prevention
   b. Fire extinguisher
   c. Smoke/fire doors
   d. Clearly marked exits

Correct: A
Rationale: Prevention is the best defense against fire.

4. What protocol is used to respond to a fire?
   a. FIRE
   b. SAVE
   c. RACE
   d. SMOKE

Correct: C
5. What is a potential injury from electric shock?
   a. Burns
   b. Bruising
   c. Bone fracture
   d. Puncture wound

   Correct: A
   Rationale: Electric shock can cause severe burns.

6. What is a best practice for using power cords?
   a. Using power cords with exposed wiring
   b. Using power cords with three-prong plugs
   c. Stretching power cords to reach the outlet
   d. Stapling power cords to floors to prevent slipping

   Correct: B
   Rationale: Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three-prong plugs.

7. What is a best practice for protecting patients from electric shock and injury?
   a. Using damaged electric devices
   b. Removing the casing from electric devices
   c. Placing electric devices at a distance from patients
   d. Touching patients and electric devices at the same time

   Correct: C
   Rationale: Whenever possible, electric equipment should be placed at a distance from patients.

8. Which of these is an ergonomic best practice?
   a. Ignore aches and pains
   b. Provide support for limbs
   c. Reach and bend for tools
   d. Perform highly repetitive tasks

   Correct: B
   Rationale: An ergonomic best practice is to provide support for your limbs.
9. Which practice helps to protect the back from injury when lifting a static load vertically?
   a. Bend at the waist
   b. Hold the load far from the body
   c. Lift with the muscles of the back
   d. Maintain the three curves of the spine

Correct: D
Rationale: When lifting, maintain the three natural curves of the spine to help protect the back.

10. What is a good safety practice to help prevent slips?
    a. Keep floors slick
    b. Wear high-heeled shoes
    c. Choose rugs that slide across the floor
    d. Post safety signs around icy sidewalks

Correct: D
Rationale: To help prevent slips, post safety signs around slip hazards.

11. Which practice should be used to help prevent falls from ladders?
    a. Lean to one side of the ladder
    b. Avoid holding onto the side rails
    c. Use a ladder of the height you need
    d. Unlock the spreader before climbing

Correct: C
Rationale: To help prevent falls from ladders, always use a ladder of the height you need.

12. How should you walk when conditions are hazardous (for example, the floor is wet)?
    a. Point toes inward
    b. Walk on your tip-toes
    c. Take short, quick steps
    d. Make wide turns at corners

Correct: D
Rationale: When conditions are hazardous, make wide turns at corners to help prevent slipping and falling.
13. What is a material safety data sheet (MSDS)?
   a. A safety training manual
   b. A protocol for handling biohazards
   c. A document that lists the specific hazards of a chemical
   d. A label that correctly identifies the chemical in a container

Correct: C
Rationale: An MSDS lists the specific hazards of a chemical. If you work with hazardous chemicals, you should know where MSDSs are located on your unit and how to read an MSDS. You also should read all relevant MSDSs before starting a particular job.

14. A patient sits in his doctor's waiting room for more than an hour. After almost 90 minutes of waiting, the patient loses control. What should the receptionist do?
   a. Remain calm and listen
   b. Try to restrain the patient
   c. Acknowledge the patient's frustration
   d. Remove herself from danger and get help

Correct: D
Rationale: When a person reaches the point of losing control, it is important to get out of the way of danger and call for help.

15. What is one key element of an emergency operations plan?
   a. HazMat suits
   b. Terrorism response
   c. Staff responsibilities
   d. Physician call schedule

Correct: C
Rationale: An emergency operations plan should center on six key elements: communication, resources and assets, safety and security, staff responsibilities, utilities, and clinical activities.

16. The Joint Commission expects hospitals to implement practices to prevent healthcare-associated infections (HAIs). What is one of these practices?
   a. Use of proper hand hygiene
   b. Use of iodine for disinfecting surgical tools
   c. Use of Contact Precautions for all admitted patients
   d. Use of Airborne Precautions for all admitted patients

Correct: A
Rationale: National Patient Safety Goal 7 includes use of appropriate hand hygiene.
17. What does the CDC recommend for routine decontamination of hands between patient contacts, when hands are not visibly soiled?
   a. Alcohol-based rub
   b. Chlorine-based rub
   c. Plain soap and water
   d. Antimicrobial soap and water

Correct: A
Rationale: The CDC recommends alcohol-based hand rubs for routine decontamination of hands between patient contacts.

18. Which statement is true about antibiotics?
   a. Antibiotics can cure bacterial infections.
   b. Antibiotics have been used since the 1300s.
   c. Antibiotics should be used to treat viral infections.
   d. Antibiotics remain effective no matter how much they are used.

Correct answer: A
Rationale: Widespread use of antibiotics began in the 1940s. Penicillin and other drugs were able to cure previously untreated bacterial illnesses.

19. Which disease requires the use of Airborne Precautions?
   a. Influenza
   b. HIV/AIDS
   c. Tuberculosis
   d. Common cold

Correct: C
Rationale: Tuberculosis is an airborne disease. Airborne Precautions should be used in the care of patients with tuberculosis.

20. Which disease is bloodborne?
   a. Influenza
   b. HIV/AIDS
   c. Tuberculosis
   d. Common cold

Correct: B
Rationale: HIV/AIDS is a bloodborne disease. To prevent the spread of bloodborne diseases, Standard Precautions should be used in the care of ALL patients.