



OSHA EDUCATION & COMPETENCY

*Caring, Treating, Strengthening...
The Ones You Love*

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CAROLINA THERAPY SERVICES OSHA EDUCATION AND COMPETENCY



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Introduction

Purpose

The **Occupational Safety and Health Administration (OSHA)**, an agency of the US government under the **Department of Labor** has the responsibility of ensuring safety at work and a healthful work environment. OSHA's mission is to prevent work-related injuries, illnesses and deaths. The purpose of this handbook is to educate staff on the importance of OSHA regulations and Carolina Therapy Services, Inc. Policy and Procedures to ensure workplace safety and demonstrate competency in critical safety education, information, and skills.

Policy

It is the policy of Carolina Therapy Services, Inc. to ensure that all staff are educated in areas of workplace safety. Each employee, upon hire and annually thereafter, is required to demonstrate competency by scoring a minimum of 80% on written exam, which will become a permanent part of the employee file. Each employee may repeat the written exam as often as necessary to demonstrate competency.

Procedure

Each employee will be provided with OSHA Education and Competency handbook upon hire and annually thereafter. Employees will utilize the information for continued education and/or review of workplace safety. All employees will complete the question and answer section, sign/date and submit to the Human Resources Manager for scoring. Upon successful demonstration of competency, the Human Resources Manager will witness and submit the signed exam to Carolina Therapy Services, Inc. for filing in permanent employee file.

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Unit One – Pathogens

Bloodborne Diseases

What are bloodborne pathogens (BBP)?

According to OSHA, bloodborne pathogens, BBPs, are **infectious microorganisms** in human blood that can cause disease in humans. **These pathogens include**, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). **Exposure** can occur through the eye, mouth, other mucous membrane, breaks in the skin, or parenteral contact.

Healthcare personnel may be at risk for exposure to bloodborne pathogens. The **source of exposure** includes any person, living or dead, whose blood or other body fluids contain potentially infectious materials.

What is Hepatitis?

The CDC states that hepatitis means inflammation of the liver. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can all cause hepatitis. However, hepatitis is often caused by a virus. In the United States, the most common hepatitis viruses are hepatitis A virus, hepatitis B virus, and hepatitis C virus.

Hepatitis A, Hepatitis B, and Hepatitis C are liver infections caused by three different viruses. Although each can cause similar symptoms, they are spread in different ways and can affect the liver differently. Hepatitis A is usually a short-term infection and does not become a long-term infection. Hepatitis B and hepatitis C can also begin as a short-term infection, but in some people the virus remains in the body, and causes chronic or lifelong, infection. There are vaccines to prevent hepatitis A and hepatitis B; however, there is no vaccine for hepatitis C.

Hepatitis B:

The CDC reports that Hepatitis B or HBV is a liver infection caused by the hepatitis B virus. HBV is the most common form of hepatitis. **This virus can live outside the body in dried blood for at least 7 days.** It initially causes an inflammation of the liver and frequently leads to more serious conditions, including cirrhosis and liver cancer. After exposure, it can take two to six months for HBV to develop. The initial symptoms of HBV infection are like those of a mild case of the flu: fatigue, stomach pain, loss of appetite and nausea. As the disease progresses, jaundice (yellowing of the skin) and darkened urine will occur. Although there is no cure, vaccination directly after contact (well before symptoms appear) can prevent infection. It is estimated that the actual number of acute, newly diagnosed, HBV cases was almost 20,900 in 2016. In the United States, an estimated 850,000 people have chronic HBV, but the number may be as high as 2.2 million.

Hepatitis C:

The CDC reports that Hepatitis C or HCV is a liver infection caused by the hepatitis C virus. Most people who are infected with the hepatitis C virus do not develop symptoms. Approximately 3.5 million people in the United States are living with chronic hepatitis C. Hepatitis C is a major cause of cirrhosis, liver cancer and the most common reason for a liver transplantation in the United States. Approximately 75%–85% of people who become infected with hepatitis C virus will develop a chronic infection.

How is Hepatitis Spread?

Hepatitis B and hepatitis C are spread when blood, semen or other body fluid infected with HBV/HCV enters the body of an uninfected person through breaks in the skin or the membranes that line various cavities of the body. People become infected through such activities as:

- Direct contact with blood or open sores of an infected person
- Exposure to blood from needlesticks or other sharp instruments of an infected person

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- Sharing of items such as toothbrushes, razors or medical equipment, such as a glucose monitor with an infected person
- Birth (spread from an infected mother to her baby during birth)
- Sex with an infected partner
- Sharing needles, syringes or drug preparation equipment
- Getting a tattoo or body piercing in an unregulated setting

Neither HBV or HCV can be spread through food, water, sharing eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing.

HIV:

The CDC states that HIV is a virus that attacks the body's immune system. HIV weakens the immune system and makes it harder and harder for the body to fight off infections and some diseases. Symptoms of HIV can include weakness, fever, sore throat, nausea, headaches, diarrhea and some forms of cancer. Many people can go years before showing any symptoms. HIV eventually may lead to Acquired Immune Deficiency Syndrome (AIDS) and the breakdown of the immune system. Currently, there is no vaccination against HIV and no proven cure.

In 2016, 39,782 people were newly diagnosed as having HIV. This reflected a 5% decline from 2011. HIV is transmitted through only certain body fluids, including blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk. These fluids must come in contact with a mucous membrane, breaks in the skin, or directly injected from a needlestick or syringe. The incident of a healthcare personnel contracting HIV following a needle stick injury is less than 1%.

Airborne Diseases:

Tuberculosis:

Tuberculosis, TB, **is an infection** that occurs when a susceptible person inhales droplets of TB bacteria and the bacteria becomes established in the body. There are various **symptoms** that may indicate exposure to TB. These include: lethargy, weakness, fatigue, fever, weight loss, persistent productive cough, coughing up blood, loss of appetite, and night sweats.

The Mantoux tuberculin skin test is used to detect TB infection. A positive result may indicate a TB infection. Other tests are needed to confirm TB disease.

TB is largely a preventable disease. **All Carolina Therapy Services employees** are required to submit a TB screening (PPD screening) upon hire and annually thereafter. All Long-Term Care facilities screen new admissions for TB.

Unit Two- Infection Control/ Prevention:

Vaccines:

There **is a vaccine to prevent Hepatitis A and B**. These vaccines are not made from human blood products and will not transmit any Bloodborne disease. Employees that perform tasks that put them at risk for coming in contact with any blood or body fluids should take the Hepatitis B vaccine. An employee may decline to take the HBV vaccine, but must sign a statement of declination.

There is **not a vaccine to prevent Hepatitis C**.

Exposure Control:

The single most important way to prevent the spread of infection is careful hand washing.

Because we do not always know what diseases a patient may have, we need to learn to protect ourselves. We need to act as if every patient has an infectious disease such as hepatitis or HIV. It is harmful and may be life-threatening not to protect ourselves from these diseases.

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Hand Washing:

All personnel must thoroughly wash hands with anti-bacterial soap and warm water before and after performing a procedure; immediately after the hands come into contact with blood or body fluids; before and after removing gloves, gowns, and/or masks; before serving food; after personal bathroom use, eating, coughing or sneezing; whenever in doubt.

For effective hand washing, follow these steps:

- Remove rings or any other jewelry.
- Use water and wet your hands thoroughly.
- Use soap (1-3 mL) and lather very well.
- Scrub your hands, between your fingers, backs of your hands, wrists, and forearms with soap for at least 15 seconds.
- Scrub under your nails.
- Rinse thoroughly under clean, running water.
- Dry your hands with a single use towel or use an air dryer.
- Turn off the taps/faucets with a paper towel.
- Protect your hands from touching dirty surfaces as you leave the bathroom.

Personal Protective Equipment (PPE):

OSHA defines PPE as specialized clothing or equipment worn by an employee for protection against infectious materials. This includes bloodborne pathogens (BBP) and other potentially infectious materials (OPIM). The Center for Disease Control and Prevention, CDC, recommends when, what and how to use PPE. Examples of PPE used in healthcare include:

- Gloves – protect hands
- Gowns/aprons – protect skin and/or clothing
- Masks– protect mouth/nose (always worn over mouth and nose)
- Respirators – protect respiratory tract from airborne infectious agents
- Goggles – protect eyes
- Face shields – protect face, mouth, nose, and eyes

How to Use PPE:

Always remember to don PPE before contact with the patient.

The sequence for donning PPE is:

- Gown first
- Mask or respirator
- Goggles or face shield
- Gloves

The sequence for removing the PPE is:

- Gloves
- Goggles or face shield
- Gown
- Mask or respirator

Remove PPE carefully, either at the doorway or immediately outside the patient's room. Discard items according to facility policy. **Wash hands with soap and water or use an alcohol-based hand rub immediately after PPE is removed.**

Key point to remember with PPE is to work from clean to dirty. Limit opportunities for contamination, such as touching your face or adjusting your PPE with contaminated gloves. **Avoid touching environmental surfaces, except as necessary.** Change PPE if torn, broken or heavily soiled.

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Precautions: When to use PPE:

There are **Standard and Expanded Isolation Precautions**.

Standard Precautions were previously called **Universal Precautions**. Standard Precautions are intended to prevent the transmission of common infectious agents to healthcare personnel, patients and visitors in any healthcare setting. During care for any patient, one should assume that an infectious agent could be present in the patient's blood or body fluids, including all secretions and excretions except tears and sweat. Therefore, appropriate precautions, including use of PPE, must be taken. The need for PPE is determined by the type of clinical interaction with the patient and the degree of blood and body fluid contact that can be reasonably anticipated and by whether the patient has been placed on isolation precautions such as Contact or Droplet Precautions or Airborne Infection Isolation.

PPE for Standard Precautions include:

- **Gloves** – Use when touching blood, body fluids, secretions, excretions, contaminated items; for touching mucus membranes and nonintact skin
- **Gowns** – Use during procedures and patient care activities when contact of clothing/ exposed skin with blood/body fluids, secretions, or excretions is anticipated
- **Mask and goggles or a face shield** – Use during patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions

PPE for Expanded Isolation Precautions include:

- **Contact precautions,**
- **Droplet precautions and**
- **Airborne precautions.**

Contact Precautions:

Contact Precautions are used when working with a person who has an infection or disease that is spread by touching the person or the items in the room. Some examples would be MRSA, VRE, diarrheal illnesses, open wounds, RSV.

- **PPE:** Healthcare workers should: Wear a gown and gloves while in the patient's room.

Droplet Precautions:

Droplet isolation precaution are used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

- **PPE:** Wear a surgical mask while in the room.

Airborne Precautions:

When a patient has an illness caused by a germ that can travel through the air long distances, they are placed on airborne precautions. These patients will likely be transferred to the hospital and placed in a special room called a negative pressure room. Negative pressure rooms prevent the air from flowing into the hallways. Tuberculosis and chicken pox are examples of illnesses that would require a patient to be placed in airborne precautions.

- **PPE:** gown, gloves and respirator are required if you are treating a patient in airborne precautions.

Handling Potentially Infectious Materials:

OSHA provides guidelines on protecting employees from bloodborne pathogens and OPIM.

Waste Disposal

Medical waste, blood or body fluids, are a hazard and must be disposed of properly to protect employees as well as employees of facilities that handle waste. Soiled dressings, and/or continence materials should be bagged at point of use and discarded in the labeled bin in the soiled utility room. Used razors should be

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disposed of in the **red “sharps” container**. Handle all waste containers as if there may be a hidden needle them and/or contaminated wet or dried body fluid

Contaminated Linen:

Items such as contaminated linen need to be treated with care to avoid passing on infection.

How to handle contaminated linen:

- **Wash hands before putting on gloves.**
- **Treat all linen as if it is contaminated. Wear gloves! Wear a gown if the linen is wet or soiled.**
- **Handle linens as if there may be a hidden needle in them and/or contaminated wet or dried body fluid.**
- **When removing bed linen from the bed, fold the linen in on itself.**
- **Carry the linen away from your body.**
- **Do not shake the linen out or drop it on the floor.**
- **Place the soiled linen in a secured plastic bag or container.**
- **Remove your gloves and dispose of them in the trash bin before washing your hands.**
- **Carry the bag or container to the soiled utility room and place it in the designated bin.**

Contaminated Surfaces and Equipment:

- Housekeeping measures are second only to hand washing in preventing healthcare-acquired infections. All equipment used during treatment will be wiped down with an approved disinfectant prior to use by another patient. All toys will be placed in the dirty toy bin following treatment and will be wiped down with an approved disinfectant prior to use by another patient.
- Dispose of biohazardous waste in the facility designated trash bins or bags. Wear gloves when cleaning up a spill of blood or body fluid (and other PPE if appropriate) and use an approved germicide. ALWAYS wash hands before and after each patient and before and after gloving.

Good Practice Habits to Prevent Exposure:

- Know your facility exposure control plan to eliminate or minimize occupational exposure.
- Establish good habits for your protection.
- Know where to find and when to use personal protective equipment.
- Protect all open cuts while at work.
- Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where you may be exposed to potentially infectious materials.
- Use approved lotions only.... avoid personal lotions that may degrade gloves or become contaminated.
- Do not keep food or drinks in areas that may be contaminated.
- All equipment used during treatment should be wiped down with an **approved disinfectant** prior to use by another patient.

Post Exposure

If you are stuck by a contaminated needle or exposed to blood or body fluids, you should wash the wound immediately with soap and water. After washing the area, report it to the Infection Control Nurse, Clinical Coordinator or your supervisor. Remember to complete an incident report.

Unit Three – Hazardous Communication

Hazardous communication is a global system that identifies the areas in our workplace potentially containing BBP and OPIM. These areas will have labels and signs that indicate potentially hazardous materials. Examples are red sharps containers, and trash bags with the biohazard symbol. The purpose of hazardous communication is to help clinician avoid exposure to infectious material.

Hazard Communication Safety Data Sheets (SDS)

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide **Safety Data Sheets (SDSs)**, formerly known as Material Safety Data Sheets or MSDS, to

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communicate the hazards of hazardous chemical products. The SDS sheets contain important information such as composition of ingredients, first-aid for exposure, fire-fighting measures, and handling and storage. The SDS sheet must be obtained from the manufacturer and kept in the SDS logbook for products regulated by this standard. Examples of regulated products are Biofreeze, ultrasound gel, alcohol, bleach, paints, peroxide, cleaners, and disinfectants. Chemicals must be disposed of following the directions on each label.

The Program Manager should maintain chemical inventories for chemicals in the clinical workspace. This information about the chemical is located in the **SDS logbook**. The SDS logbook is located in a specified area of the facility that is **accessible to all employees at all times**. The clinical supervisor/program manager will inform employees of the location of SDS logbook. All employees should know the location of the SDS logbook.

Labeling and Chemical Storage

Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM, contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels.

Hazardous chemicals or substances may not be transferred to another container. They are to be maintained in the manufacturer's container. Incoming containers must have a label, identifying tag or marking which states the Product Name, Manufacturer/Supplier name and address, list of hazardous chemicals or substances and appropriate hazard warning. Hazardous chemicals must be in a locked room or cabinet when not in use or when the department is closed for operation.

Unit Four – Disaster & Emergency Preparation

Disaster Plan

There are two types of disasters. External – hurricanes, floods, or other significant events affecting the community, and Internal – fire in the building, power outage in the building, etc. For external disasters therapists are not generally considered essential personnel and will either go home or not report to work.

For internal disasters follow the policy and procedures of the facility.

Evacuation Plan

Each facility has a posted evacuation plan for exiting the building. **Each employee should know the location of all posted evacuation routes.** Therapists are encouraged to assist in emergency evacuations whenever possible.

Electrical Safety

Electrical safety both for the employee and for the patients, really comes down to one thing, common sense. For example, the two main conductors of electricity are fluids and metals. When you are around electrical equipment, make a conscious effort not to allow any fluids or metals to come in contact with the electricity.

If you are in a clinical position, it is important to know how to keep ourselves and our patients safe from electrical shock. There are four main reasons why patients are more susceptible to electrical shock: they are weaker due to illness and therefore their resistance is lower to everything, including electrical shock; many fluids are used around them, e.g., IV fluids, beverages on trays, etc. Fluid is a primary conductor of electricity; Invasive procedures done in a hospital-anything which breaks the skin's natural resistance increases the risk of electrical shock; they may be under the influence of medication.

- Be sure to use on/off switches, do not pull out plugs with the switch in the on position.

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- Inspect all new equipment.
- Check equipment for frayed cords, cracks in the case, before use.
- Check extension cords for compatibility and damage before use.
- Do not plug strip receptacles into another strip receptacle.
- Use power receptacles safely; do not overload.
- Report faulty equipment immediately to your supervisor or administrator.

If you see something you know or suspect to be an electrical hazard, please notify your supervisor immediately. Damaged power cords or plugs, cracked receptacles, a burning smell, and of course smoke are all indications of danger. If you have even the slightest concern about the electrical safety of something better to be safe than sorry.....**Report It!**

Fire Safety

Fire is fast! Small flames can become a raging inferno in just 3 minutes. There are four components to fire. These are oxygen, heat, fuel, and combustion. Fuel can be solid, liquid and or gas. Removing one of these components will extinguish the fire. For example, placing a lid over a grease fire in a frying pan will remove oxygen and extinguish the fire or pouring water on a campfire removes the heat and extinguishes the fire.

All facilities have a Fire Safety Plan. **Each employee is expected to know and be able to execute the facility Fire Safety Plan.**

When the fire alarm sounds or if you discover a fire, REMAIN CALM.

The acronym "**RACE**" will help you remember what to do in the event of fire:

R = RESCUE

Immediately stop what you are doing and **Rescue/Remove** anyone in immediate danger to a safe area. If you smell smoke from a closed room, feel the door carefully for heat. If the door is hot, **do not open** the door. Call for experienced help with firefighting equipment. If you are not in the fire zone, close all doors and account for all patients.

A = ALERT/ALARM

Activate the fire **Alarm** and **call 911**. Fire pull stations are located near every outside exit door. Work as a team, one pulling alarm, one calling 911, and others rescuing patients.

C = CONTAIN/CONFINE

Contain/Confine the fire by closing all doors and windows, stuff damp towels under doors and shut off oxygen if directed. During evacuation close the doors behind you.

E = EXTINGUISH/EVACUATE

Only attempt to **Extinguish** the fire if it is safe for you to do so. There are different types of extinguishers for different types of fires. First you must know the fuel being burned in order to choose the correct extinguisher. The type of fire extinguisher is printed on the label of the extinguisher. The wrong extinguisher can make the fire spread.

Types of fire extinguishers:

There are five classes of fire extinguishers – A, B, C, D and K. Each class can put out a different type of fire.

- **Class A** – combustible materials: caused by flammable solids, such as wood, paper, and fabric
- **Class B** – flammable liquids: such as petrol, turpentine or paint
- **Class C** – flammable gases: like hydrogen, butane or methane
- **Class D** – combustible metals: chemicals such as magnesium, aluminum or potassium
- **Class K** – cooking oils: typically, a chip-pan fire (Kitchen extinguisher)

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A label on the extinguisher will identify the class. Some extinguishers are combinations, such as ABC or BC extinguishers. Again, know the fuel being burned and choose the correct extinguisher.

How to use a fire extinguisher:

Retrieve the nearest fire extinguisher and follow the "P.A.S.S." procedure:

P = **Pull** the **pin** breaking the plastic seal;

A = **Aim** at the base of the fire;

S = **Squeeze** the handles together; and

S = **Sweep** from side to side.

Note: You should continue to apply extinguishing agent even after the flames are extinguished. **Never** leave until the fire department arrives.

Clothing on Fire:

If your clothing is on fire (and the floor is not), STOP, DROP and ROLL on the ground to extinguish the flames. If you are **within a few feet** of a safety shower or fire blanket, you can use these instead, but do **not** try to make it "just down the hall" if you are on fire. If one of your coworkers catches fire and runs down the hallway in panic, tackle them and extinguish their clothing.

UNIT Five – Workplace Safety

OSHA provides guidelines for employees, including ergonomics for the prevention of musculoskeletal disorders.

Ergonomics is the field of study concerned with finding ways to keep people safe, comfortable and productive while they perform tasks. Adapting tasks, work stations, tools, and equipment to fit the worker can help reduce physical stress on a worker's body and eliminate many potentially serious, disabling work related musculoskeletal disorders (MSDs).

- **Musculoskeletal disorders** are a category of injuries that affect the body's muscles, bones, ligaments, tendons, and nerves. These injuries can result from an acute trauma or from cumulative trauma.
 - Repetition and inadequate work/rest scheduling.
 - Forceful exertions.
 - Awkward and extreme positions of the body.
 - Sustained or static positioning of the body.

Common safety hazards have the potential for severe bodily injury. Each employee should be informed and aware of the environment and safe work practices.

- Falls happen when people are walking, climbing stairs, and even leaning back in chairs. Keep an eye out for telephone extension and electrical cords and open drawers. Loose or worn carpet, slippery floors, or equipment/boxes left in hallways, etc. Correct these hazards when you can, and when you can't, point them out to others to prevent accidents.
- File cabinets can be a source of injuries. Top-heavy drawers can cause a cabinet to topple over. Sharp corners of metal file cabinets can cause injury. Drawers can pinch fingers if slammed shut. Open only one drawer at a time and close drawers carefully.
- Avalanches occur when too many boxes, papers or other materials are stacked too high. Keep papers inside of cabinets – not on top of them.
- Walking while carrying an object, such as a laptop, with dangling cords. This can **lead to tripping and injury**.

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Back Injuries represent one of the largest segments of employee injury in the American workplace. Only the common cold accounts for more lost days of work. Back strain involves damage to the muscles, ligaments and/or tendons and occurs when the ligaments or tendons are overstretched or muscles are overused. The most common back problems result from strained or pulled muscles and may occur in almost one of every two people sometime during their lifetime. Once the back is damaged it is more susceptible to repeated injury.

When Lifting:

- **Maintain good posture when standing, sitting, and performing ALL tasks.**
- **Never transfer patients when off balance.**
- **Spread your feet for a wide base of support.**
- **Position the load close to your body.**
- **Tighten your abdominal muscles to protect your back.**
- **Bend your knees, not the back.**
- **Lift using your strong leg muscles. Do NOT use your back muscles.**
- **Use team or mechanical lifts for heavy or fallen patients or whenever necessary.**
- **NEVER lift with a rotated/twisted spine.**

Gait Belts: Gait Belts are **used to help reduce the number and severity of work-related musculoskeletal injuries to employees and patients.**

When to Use: Transferring residents who are partially dependent, have some weight-bearing capacity, and are cooperative. Transfers such as bed to chair, chair to chair, or chair to car; when repositioning residents in chairs; supporting residents during ambulation; and in some cases when guiding and controlling falls or assisting a resident after a fall.

Points to Remember: More than one caregiver may be needed. Belts with padded handles are easier to grip and increase security and control. Always transfer to resident's strongest side. Use good body mechanics and a rocking and pulling motion rather than lifting when using a belt. Belts may not be suitable for ambulation of heavy residents or residents with recent abdominal or back surgery, abdominal aneurysm, etc. A gait belt should not be used for lifting residents with feeding tubes, recent abdominal surgery, pregnancy, umbilical/inguinal hernia, or colostomy/ileostomy. Ensure belt is securely fastened and cannot be easily undone by the resident during transfer. Ensure a layer of clothing is between residents' skin and the belt to avoid abrasion. Keep resident as close as possible to caregiver during transfer. Lower bedrails, remove arms and foot rests from chairs, and other items that may obstruct the transfer.

For use after a fall always follow facility guidelines to assess the resident for injury prior to movement. If resident can regain standing position with minimal assistance, use gait or transfer belts with handles to aid resident. Keep back straight, bend legs, and stay as close to resident as possible. If resident cannot stand with minimal assistance, use a powered portable or ceiling-mounted lift device to move resident.

INCIDENT REPORTING

Incident reporting is everyone's responsibility. Each Department has access to a formal Incident Report, which is used to report accidents involving employees.

When an accident or injury occurs during work:

- **Immediately report** your injury or incident to your supervisor and Corporate Compliance Officer/Executive Director.
- **Complete an Employee Accident/Incident Report** that will detail the circumstances surrounding the injury or event. List the names of any witness to your injury or incident.
- If you are out of work on a work-related injury, you must provide a full release to return to work from your doctor before being placed back on the schedule.

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VEHICLE SAFETY

Operation of a **personally owned vehicle when on company business** exposes Carolina Therapy Services, Inc. to vicarious liability, therefore, provisions have been implemented to protect employees as well as the corporation and the community. Each employee is provided with and must sign acknowledgement of the **Company Driver Policy** upon hire.

- Employees must have a valid, current driver's license whenever operating any vehicle on CTS business.
- Employees **must** wear seat belts at all times when driving on CTS business.
- Any employee who accumulates two or more at-fault driving accidents during a period of 12 months may have his/her company driving privileges suspended and may be placed in a non-driving position.

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COMPETENCY EXAM

1. The Occupational Safety and Health Administration is: (page 2)
 - a. An agency of the US government under the Department of Labor who has the responsibility of ensuring safety at work and a healthful work environment. It is known by the acronym OSHA.
 - b. The principal federal agency for health research in the United States. It is known by the acronym NIH.
 - c. The US agency charged with tracking and investigating public health trends. It is known by the acronym CDC.
 - d. Responsible for protecting the public health by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation. It is known by the acronym FDA.

2. BBP stands for: (page 3)
 - a. Basic Bone Problem
 - b. Back to Back Pain
 - c. Bloodborne Pathogens
 - d. Bad Blood between People

3. Bloodborne Pathogens (page 3)
 - a. Are infectious microorganisms in human blood that can cause disease in humans.
 - b. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).
 - c. Exposure can occur through the eye, mouth, other mucous membrane, breaks in the skin, or parenteral contact.
 - d. All of the above

4. Healthcare personnel may be at risk for exposure to bloodborne pathogens. The source of exposure includes any person, living or dead, whose blood or other body fluids contain potentially infectious materials. (page3)
 - a. True
 - b. False

5. Hepatitis B virus can live outside the body in dried blood for at least: (page3)
 - a. 7 seconds
 - b. 7 minutes
 - c. 7 days
 - d. 7 years

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6. Hepatitis is **NOT** spread: (page 4)
 - a. By direct contact with blood or open sores of an infected person.
 - b. By exposure to blood from needlesticks or other sharp instruments of an infected person.
 - c. Through food, water, sharing eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing.
 - d. By sharing such items as toothbrushes, razors, or medical equipment, such as a glucose monitor with an infected person.

7. Which of the following are **TRUE** about Tuberculosis? (page 4)
 - a. TB is an infection that occurs when a susceptible person inhales droplets of TB bacteria.
 - b. Symptoms that may indicate exposure to TB include: lethargy, weakness, fatigue, fever, weight loss, persistent productive cough, coughing up blood, loss of appetite, and night sweats.
 - c. All CTS employees are required to submit a TB screening upon hire and annually thereafter.
 - d. All of the above.

8. There is a vaccine for which of the following: (page 4)
 - a. Only Hepatitis A
 - b. Only Hepatitis B
 - c. Only Hepatitis C
 - d. Both Hepatitis A and B

9. The single most important way to prevent the spread of infection is careful hand washing. (page 4)
 - a. True
 - b. False

10. Which of the following is **NOT** a step for effective hand washing? (page 5)
 - a. Remove rings or any other jewelry
 - b. Only scrub the back of your hand
 - c. Use water and wet your hands thoroughly.
 - d. Turn off the faucets with a paper towel.

11. Personal Protective Equipment (PPE) is worn by an employee for protection against BBPs and other potentially infectious materials. (page 5)
The sequence for donning PPE is:
 - a. Gloves, goggles, mask, face shield.
 - b. Mask, gloves, goggles, gown
 - c. Face shield, gown, gloves, mask
 - d. Gown first, mask or respirator, goggles or face shield, gloves

12. The sequence to remove PPE is: (page 5)
 - a. Gloves, goggles or face shield, gown, mask or respirator
 - b. Gown, mask, goggles, gloves
 - c. Mask, gloves, goggles, gown
 - d. Face shield, gown, gloves, mask

13. **ALWAYS** wash your hands with soap and water or alcohol-based hand rub immediately after PPE is removed. (page 5)
 - a. True
 - b. False

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14. Which of the following is **NOT true**? (page 5)
 - a. A key point to remember with PPE is to work from clean to dirty.
 - b. Limit opportunities for contamination, such as touching your face or adjusting your PPE with contaminated gloves.
 - c. Change PPE if torn, broken or heavily soiled.
 - d. Always touch EVERY environmental surface in the patient's room, even when unnecessary.

15. PPE for Standard Precautions, previously called Universal Precautions, include: (page 6)
 - a. Gloves – Use when touching blood, body fluids, secretions, excretions, contaminated items; for touching mucus membranes and nonintact skin
 - b. Gowns – Use during procedures and patient care activities when contact of clothing/ exposed skin with blood/body fluids, secretions, or excretions is anticipated
 - c. Mask and goggles or a face shield – Use during patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
 - d. All of the above.

16. Expanded Isolation Precautions include all of the following EXCEPT: (page 6)
 - a. Contact precautions
 - b. Visual and Auditory precautions
 - c. Droplet precautions
 - d. Airborne precautions

17. Which of the following is TRUE? (page 6-7)
 - a. Used razors should NOT be placed in the red sharps container.
 - b. There is NEVER a hidden needle or contaminated body fluid on linens.
 - c. ALWAYS keep your food and drinks in areas that have contaminated blood and body fluid.
 - d. All equipment used during treatment should be wiped down with an approved disinfectant prior to use by another patient.

18. If you are stuck by a contaminated needle or exposed to blood or body fluids, you should wash the wound immediately with soap and water. After washing the area, report it to the Infection Control Nurse, Clinical Coordinator or your supervisor. Remember to complete an incident report. (page 7)
 - a. True
 - b. False

19. Information on first aid for exposure to a chemical product is found in the: (page 7)
 - a. SDS logbook that is in a location accessible to all employees at all times.
 - b. Modality Manual
 - c. Policy and Procedure Manual
 - d. None of the above

20. It is every employee's responsibility to be familiar with the facility: (page 8,9)
 - a. Evacuation Plan
 - b. Fire Safety Plan
 - c. Both A and B
 - d. Neither A and B

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21. The acronym "RACE" will help you remember what to do in the event of a fire. Which of the following is NOT correct? (page 9)
- a. R= Rescue anyone in immediate danger to a safe area
 - b. A= Abort the whole process
 - c. C= Contain/ confine the fire
 - d. E= Extinguish the fire if it is safe for you to do so.
22. The "A" in RACE stands for Activate the fire Alarm and call 911. (page 9)
- a. True
 - b. False
23. It is important to know the fuel being burned in a fire and to choose the correct fire extinguisher. If the fire is caused by flammable solids such as wood, paper or fabric, which fire extinguisher should you choose? Class: (page 9)
- a. Class A
 - b. Class B
 - c. Class C
 - d. Class K
24. Which of the following is NOT true? (page 10)
- a. It is safe to walk and carry a computer with a dangling power cord.
 - b. Never transfer patients when you are off balance.
 - c. Tighten your abdominal muscles to protect your back when lifting objects.
 - d. Gait belts help reduce the number and severity of work-related musculoskeletal injuries to employees and patients.
25. Which of the following IS true? (page 11-12)
- a. NEVER report an incident.
 - b. NEVER list the names of any witness to your injury or incident on the Employee Accident / Incident Report.
 - c. There is a Company Driver Policy for employees who operate a personally owned vehicle when on company business.
 - d. CTS discourages the use of seat belts when driving a personally owned vehicle on company business.

Employee Signature

Date

Employee Printed Name

Billing Number

Total Score: _____

Administrative Signature

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