

Health Care Worker Safety Checklists

PROTECTING THOSE WHO SERVE



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Introduction

How Safe (or Not) Is Health Care for Those Providing It?

Quite frankly, health care can be a dangerous job. Frontline health care workers—from nurses and medical technicians (med techs) to maintenance and housekeeping staff—face a wide range of occupational health and safety risks. These workers are vulnerable to serious harm from bodily substance and chemical exposure, and they are also susceptible to needlesticks, splashes, and musculoskeletal injuries such as back strain from patient handling. With a significant portion of patient care and medical procedures shifting from hospitals to ambulatory care centers and physician offices and with the rise of home care, many health care workers face additional hazards as they perform their duties in less-supervised settings that have fewer administrative controls, technological enhancements, and security safeguards. For example, patient lifting in non-hospital environments such as in the patient's home may be more likely to cause staff injury because sophisticated equipment (such as a hydraulic patient lift) typically isn't available to assist with the task.

Beyond the physical risks, there are also the hazards that affect workers' behavioral health. Health care workers in all types of settings have emotionally stressful jobs that include interacting with sick patients and their caregivers, experiencing the deaths of patients, dealing with various body fluids such as blood and vomit, and providing wound care for traumatic injuries without flinching or appearing squeamish. In addition, health care staff and home care professionals often regularly encounter some degree of physical violence and verbal abuse.

Statistics bear out the danger for health care workers. As the US Bureau of Labor Statistics (BLS) reported in

November 2018, private sector health care and social assistance workers together experienced more nonfatal occupational injuries and illnesses in 2017 than did any other private industry sector: 548,100 reported cases of occupational injury and 34,000 reported cases of occupational illness. The BLS singled out 11 occupations that had 20,000 or more days away from work across all ownerships (private and public sectors). Nursing assistants experienced the second-highest incidence rate of occupational injury and illness—314.5 per 10,000 full-time workers—surpassed only by police and sheriff's patrol officers (at 447.5 per 10,000 workers). Registered nurses also earned a spot on the list, ranking 10th in terms of incidence rate—110 per 10,000 full-time workers.¹

The costs of these events can be high: The average hospital saw 74 cents in workers' compensation losses for every \$100 of payroll in 2016, and the average workers' compensation claim for a hospital injury in 2015 was \$22,600, according to a national survey of 1,600 health care facilities.² Workers' compensation also remains a significant cost and a growing concern for nursing care centers, home health care agencies, and other care-providing organizations.

Why Did We Create This Book of Checklists for Health Care Workers?

Health care generally focuses on patient safety and welfare—but health care workers deserve to be safe too. Health care professionals and frontline workers are extremely busy, and they need tools that will quickly help them do their jobs more effectively—and safely. Patient lives depend on their ability to do their jobs well. Health care workers are on the go and do not have the time in their day to sit at a desk and read. Checklists are one way to deliver occupational health and safety information so that it is actionable and will

lead to the desired results: namely, a reduction in workplace-acquired illnesses and on-the-job injuries. The checklists are designed to be practical and easy to understand, but they should not be considered comprehensive education on a given topic. They are meant to be reminders and reinforcements of safety practices for health care workers. Health care workers need to be educated and trained in occupational safety and health practices, and these checklists will reinforce that education.

The checklists in this book are authoritative and trustworthy. They were developed using sources such as from The Joint Commission, the Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH), and other expert health and safety organizations. The checklists have been vetted to ensure that they reflect Joint Commission requirements, evidence-based research, and current best practice guidelines. (See the complete list of sources on [page 3–4](#).) Items that reflect specific Joint Commission requirements are indicated with the “**TJC**” acronym.

Who Should Use These Checklists?

Staff checklists. Most of the checklists in the book are intended for health care workers to use themselves. This book concentrates primarily on the health and safety of frontline workers, such as nurses, nursing assistants, and other technicians who interact with patients in all types of health care environments. Besides clinical staff and support personnel, the book provides checklists applicable to environmental services staff (cleaning, housekeeping, waste disposal, etc.); facility maintenance staff; laboratory workers; phlebotomists; and medical technologists and technicians who risk exposure to radiation, medical gas, and other hazards.

Although some of the checklists would also apply to the occupational health and safety of surgeons and other physicians, the book does not attempt to exhaustively address the workplace hazards faced by medical doctors (MDs) and osteopathic physicians (DOs).

Health Care Worker Safety Checklists also does not aim to cover the specific hazards encountered by C-suite health care leaders, office workers, and those who work in frequently outsourced services such as foodservice and the laundry, pharmacy, and gift shop. Nevertheless, some of the fire safety and emergency management checklists would help protect those workers as well.

Manager checklists. This book also includes some checklists for leaders and management. These are risk assessments and administrative control procedures to ensure that facilities, departments, and units are safer for staff. The worker-specific checklists can also be used by management to orient and train new staff and to provide refresher or just-in-time education and quick reminders of safety practices.

In every health care organization, a commitment to safety from the top down is essential to ensuring that preventive procedures are followed to help avoid frontline worker injuries and illness. The safety of these workers—and all staff members—is too important for organizations to assume that best practices are already being adhered to in day-to-day work tasks. Even the most basic preventive practices, such as frequent hand washing, are not consistently followed when you have busy health care workers striving to accomplish as much as possible during long work shifts. This book aims to help management ensure the safest workplace possible for health care workers.

How Are the Checklists Organized?

Health Care Worker Safety Checklists is organized into chapters based on the five most prevalent general types of hazards:

- Infectious agents
- Chemical hazards
- Physical hazards
- Workplace violence hazards
- Stress and workplace-related behavioral health issues

Each chapter begins with an overview of the topic and related Joint Commission requirements and

recommendations, followed by individual checklists that can be adapted and fully customized by users as needed. The checklists are organized by topic within each category of hazard, with the most prevalent health care–specific issues such as hand hygiene, sharps injury prevention, and patient handling addressed before other concerns.

Each checklist is designed to be a stand-alone tool, which is why readers will see some repetition of steps in the checklists, particularly of personal protective equipment (PPE) and hand hygiene sequences. It is expected that different workers and managers will be using these tools rather than one person reading the entire book cover to cover. So just as redundancies in engineering and administrative controls can make a health care facility safer and more secure, we believe it is best to err on the side of caution by making each checklist as comprehensive and foolproof as possible.

What Are the Sources of Content in the Checklists?

Health Care Worker Safety Checklists provides a wealth of evidence-based procedures and practices in a format that makes it easy for workers to follow them immediately and faithfully. Using these checklists will assist organizations in their compliance with Joint Commission standards (as mentioned earlier, specific Joint Commission requirements are noted with the “**TJC**” acronym), but they are so much more than Joint Commission compliance tools. Also, please note that many Joint Commission standards do not necessarily go into detail regarding health care worker safety.

This is where OSHA and other regulations, guidelines from reputable agencies and organizations such as the CDC and the National Safety Council, and best practices determined through rigorous research studies come into play. The goal of this book is to create a health care workplace as free of staff injuries and illnesses as possible.

The checklists in this book are aligned with but are not based only on Joint Commission standards and elements of performance. They blend Joint

Commission requirements and federal regulations with industry consensus standards and best practice guidelines. Because laws, regulations, and codes can vary by state and municipality, organizations must also make sure they comply with all local worker health and safety requirements.

Please note that these checklists are not necessarily exhaustive; they should be preceded by and supplemented with regular staff training and education in safety practices. Checklists remind and reinforce. You should always go to the original sources for more comprehensive information.

The information in this book was drawn from the following sources, which are listed alphabetically. Although these sources are predominantly from the United States, they represent best practices that can be useful for health care workers outside the United States.

- American Association of Physicists in Medicine (AAPM)
- American College of Radiology (ACR)
- American Medical Association (AMA)
- American National Standards Institute (ANSI)
- American Nurses Association (ANA)
- American Optometric Association
- American Psychiatric Association
- American Psychological Association
- Association of Occupational Health Professionals in Healthcare (AOHP)
- Association of periOperative Registered Nurses (AORN)
- California Division of Occupational Safety and Health (Cal/OSHA)
- Canadian Centre for Occupational Health and Safety
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Cleveland Clinic
- Electrical Safety Foundation International
- Healthcare and Public Health Sector Coordinating Council
- HelpGuide
- International Atomic Energy Agency (IAEA)
- International Phototherapy Association
- The Joint Commission
- Kaiser Permanente

- *Morbidity and Mortality Weekly Report* (published by the CDC)
- National Alliance on Mental Illness (NAMI)
- National Fire Protection Association (NFPA)
- National Institute on Drug Abuse (NIDA)
- National Institute of Mental Health (NIMH)
- National Institute for Occupational Safety and Health (NIOSH)
- National Safety Council
- New Jersey Department of Health
- North Carolina Department of Health and Human Services
- Oregon Occupational Safety and Health
- Oregon State University Environmental Health & Safety
- Society of Trauma Nurses
- Stanford University Environmental Health and Safety
- University of Iowa Environmental Health & Safety Office
- University of Texas at Austin Environmental Health & Safety
- US Department of Homeland Security
- US Food and Drug Administration (FDA)
- US Occupational Health and Safety Administration (OSHA)
- Washington State Department of Labor & Industries, Division of Occupational Safety and Health
- Weill Cornell Medicine Environmental Health & Safety
- World Health Organization (WHO)

A Final Caveat About These Checklists

These checklists are intended to help improve occupational health and safety and prevent harm to workers in all types of health care settings. But using these checklists does not ensure that a facility will be compliant with Joint Commission requirements or with local, state, regional, and federal laws, regulations, and codes. Above all, it is imperative to understand and follow all applicable requirements. The checklists in this book are not a substitute for the actual language of those requirements and recommendations and cannot guarantee health care worker safety in all instances. Nevertheless, the checklists in this book are valuable tools for raising awareness of and enhancing safety in your organization. They remind workers of and reinforce safety practices.

Acknowledgments

Joint Commission Resources gratefully acknowledges the time and insights of the subject matter experts at The Joint Commission (listed on the copyright page). We would also like to thank our writer, Elizabeth Brewster.

The checklists in this book are available as downloadable, customizable tools that can be distributed internally to health care staff. To access these checklists, visit this URL: https://www.jcrinc.com/assets/1/7/HCWS19_Landing_Page.pdf

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Chapter 1

Infectious Agents

What Is the Rationale for the Checklists in This Chapter?

Checklists for hand hygiene and personal protective equipment (PPE). Infectious diseases are primarily spread by contact, droplet, and airborne transmission, so it's logical that efforts to prevent worker infection (and of course, patient infection) should begin with basic hygiene practices—and so does this chapter. Unfortunately, even simple preventive measures such as hand hygiene and personal protective equipment (PPE) such as gloves and gowns are often skipped or performed incorrectly by busy frontline health care workers.

Health care workers practice hand hygiene—soap and water or alcohol-based hand rub (ABHR)—less than half as frequently as they should on average, reports the Centers for Disease Control and Prevention (CDC).^{1*} The Joint Commission has several requirements related to hand hygiene. Individual hand hygiene failures are noted under Infection Prevention and Control (IC) Standard IC.02.01.01, Element of Performance (EP) 2: The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. This standard and EP are also used to cite problems with PPE. Joint Commission–accredited facilities must also make sure that their hand hygiene programs meet National Patient Safety Goal NPSG.07.01.01: Comply with either the current Centers for Disease Control and

Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. Accordingly, this chapter includes separate hand hygiene training tools based on the CDC or WHO guidelines.² Keep in mind that Joint Commission Resources developed all the checklists in this book. Available on their websites, the CDC (<https://www.cdc.gov/handhygiene/campaign/promotional.html>) and the WHO (<https://www.who.int/infection-prevention/tools/hand-hygiene/en>) also have their own hand hygiene tools for the health care profession.

Gloves, gowns, face masks, respirators, and other PPE can also offer effective protection against infectious agents when used correctly and consistently. Recent research, however, suggests that standard protocols for PPE are not regularly followed, and health care workers often commit donning and doffing procedure errors (such as handling an identification [ID] badge with gloved hands or taking off a gown using the wrong removal sequence).³ Accordingly, this chapter includes checklists on proper PPE selection and use. Please note that PPE is also critical to minimizing chemical hazard risks, so be sure to reference and use the PPE checklists with the chemical exposure checklists and training tools in Chapter 2.[†]

Checklists for needlesticks and sharps safety.

Approximately 385,000 needlesticks and other sharps-related injuries are reported annually by health care personnel,⁴ the majority of them nursing staff.⁵

* Concerned by this statistic and the rapid rise in health care–associated infections, The Joint Commission's Center for Transforming Healthcare developed a Targeted Solutions Tool® (TST®) to help health care facilities improve and sustain hand hygiene compliance. By using the Hand Hygiene TST®, health care organizations have averaged a 23% improvement over their baseline hand hygiene compliance rate, the Center for Transforming Healthcare reports.

† Keep in mind that the Occupational Safety and Health Administration (OSHA) requires an organization to conduct a hazard assessment before determining the selection of PPE.

Sharps injuries are mainly associated with the risk of occupational transmission of hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) [extremely rare], but these injuries have been implicated in transmission of more than 20 other pathogens, including syphilis, herpes, and tuberculosis. Nearly half of health care workers reporting sharps injuries and more than two-thirds of those exposed to blood or other body fluids through these injuries say their exposures could have been prevented.⁶

Checklists for vaccination of health care workers.

Frontline health care workers can also decrease their risk of infection by getting appropriate vaccinations and keeping them up to date. For example, the hepatitis B vaccine, combined with work safety procedures and engineering controls, offers close to 100% protection for workers who are at risk of needlesticks and other sharps-related injuries that can expose them to blood or other potentially infectious materials.

Boosting the rate of seasonal influenza (flu) vaccinations, which the CDC recommends for all US health care workers, could help reduce the risk of employee illness during seasonal outbreaks. During the 2017-2018 flu season, 78.4% of health care workers were vaccinated, with nurses (90%) the most likely frontline staff to be protected. In contrast, flu vaccination rates were lowest among other clinical health care personnel (80.9%), assistants and aides (71.1%), and nonclinical health care personnel (72.8%).⁷ Not surprisingly, vaccination coverage was highest among health care workers whose employers require them to get a flu shot each year.

The Joint Commission acknowledges the vital importance of improving vaccination rates among health care workers in Standard IC.02.04.01: The organization offers vaccination against influenza to licensed independent practitioners and staff. EP 5 states: The organization sets incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for

2020. In other words, Joint Commission–accredited organizations will need to ensure that at least 90% of their staff and licensed independent practitioners (LIPs) get vaccinated for influenza each flu season.

According to The Joint Commission, most hospitals are on track to meet this requirement, which goes into effect January 1, 2020. However, many ambulatory and home health organizations have not yet developed an effective plan to get their staff vaccinated.⁸

How Do the Checklists Work?

The checklists in this chapter include basic “yes/no” questions to assess vulnerabilities or determine the applicability of certain procedures. Numbered items in the checklists refer to procedures that need to be followed in sequence. Other checklists are “to-do” lists that can be checked off but not in a particular order. And there are also higher-level assessment checklists to gauge the effectiveness of programs, policies, and preventive measures. These high-level assessment checklists are generally for leaders and managers who are responsible for ensuring that certain programs and protocols are in place; these are identified as for managers. The other checklists are meant for use by frontline healthcare workers themselves. Some of the checklists combine more than one format in order to address complex occupational health and safety challenges as comprehensively as possible.

What Are the Sources of the Items in the Checklists?

It is important to note that the sources of items in these checklists are not limited to The Joint Commission’s requirements, which are indicated with the “**TJC**” acronym. The checklists also include items from federal regulations, such as those from the Occupational Safety and Health Administration (OSHA) and the US Environmental Protection Agency (EPA). Also, many of the checklist items are based on evidence-based best practices, such as the latest guidelines⁹ from the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC).[†]

† More information on HICPAC can be found on the CDC’s website: <https://www.cdc.gov/hicpac/index.html>.

Some Important Caveats About These Checklists

As helpful as these checklists are intended to be, there are no guarantees. Using these checklists does not ensure that a facility will be compliant with Joint Commission requirements or with federal regulations or local, state, and regional laws, regulations, and codes. Again, first and foremost, it's critical to understand and follow all local, state, regional, and federal laws and regulations. These checklists are not a substitute for the actual language of those requirements. Nor can these checklists guarantee health care worker safety in all instances. However, following and using these checklists are a valuable first step in creating a culture of safety for both your patients and for those who serve them.

The checklists in this chapter are available as downloadable, customizable tools that can be distributed internally to health care staff. To access these checklists, visit this URL: https://www.jcinc.com/assets/1/7/HCWS19_Landing_Page.pdf

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APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Hand Hygiene Administrative Controls Checklist

Proper hand hygiene is necessary for health care worker as well as patient safety. This checklist includes questions to ask about your health care organization to determine your risks associated with environmental hand hygiene equipment and practices. In accordance with its National Patient Safety Goal NPSG.07.01.01, The Joint Commission surveys hand hygiene to ensure compliance with either Centers for Disease Control and Prevention (CDC) guidelines¹ or World Health Organization (WHO) guidelines.^{2} Health care organizations can choose which guidelines to follow unless specifically required by state regulation.*

*Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.*

The checklist items have been gleaned from a variety of authoritative sources. Joint Commission requirements are indicated with the "TJC" acronym.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
ADMINISTRATIVE GOALS AND CONTROLS				
Does your organization comply with either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) evidence-based guidelines for hand hygiene, as required by The Joint Commission’s National Patient Safety Goal (NPSG) 07.01.01? TJC				
Does your organization’s hand hygiene program include goals for improving compliance, monitoring of success or failure, and improvement of results based on goals, as required by NPSG 07.01.01? TJC				
Does your organization use any evidence-based tools to promote, monitor, and measure hand hygiene compliance (for example, the Hand Hygiene Targeted Solutions Tool® developed by The Joint Commission’s Center for Transforming Healthcare)?				
Has your organization provided health care workers with efficacious hand hygiene products that have low irritating potential, particularly when these products are used multiple times per shift?				
To maximize the acceptance of hand hygiene products by health care workers, has your organization solicited staff input regarding the feel, fragrance, and skin tolerance of any products under consideration, as recommended by the CDC?				
Does the organization provide health care workers with hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing, as strongly recommended by the CDC?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Are soap, water, and a sink readily accessible in appropriate locations, including but not limited to patient care areas and food or medication preparation areas?				
Do the placement of ABHR dispensers, the volume of ABHR, and the concentration of the alcohol in ABHR solutions conform to applicable federal, state, and local regulations and codes enforced by the authority having jurisdiction (AHJ)?				
Per CMS conditions of participation (CoPs), are ABHR dispensers placed at the entrances to patients' rooms, at the bedside, in other convenient locations, and in individual pocket-sized containers to be carried by health care workers? ³				
Is the organization compliant with all Joint Commission "Life Safety" (LS) chapter requirements pertaining to alcohol-based hand rubs? † TJC				
Does your organization store supplies of ABHR in cabinets or areas approved for flammable materials as required by The Joint Commission? TJC				
Has your organization informed employees that they should not add soap to partially empty soap dispensers at sink areas?				
Are the hand hygiene dispensers properly maintained in accordance with manufacturer instructions for use (IFUs), and is responsibility for maintenance clear to everyone?				
Are boxes of clean disposable gloves of various sizes placed near points of care?				
Are health care workers aware that using disposable gloves is not a substitute for handwashing with soap and water or the use of ABHR?				
STAFF TRAINING and MONITORING				
Does the organization provide regular training and ongoing monitoring to ensure that all staff use correct hand hygiene techniques, following CDC or WHO guidelines, as required by The Joint Commission? (These techniques are described in the next two checklists.) TJC				
Per CMS CoPs, do staff members perform hand hygiene <ul style="list-style-type: none"> • before contact with a patient? • before performing an aseptic task (such as insertion of an IV or urinary catheter)? 				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Per CMS CoPs, do staff members perform hand hygiene <ul style="list-style-type: none"> • after contact with a patient? • after contact with blood, body fluids, or visibly contaminated surfaces? • after removing gloves? 				
Per CMS CoPs, do staff members know they must perform hand hygiene using soap and water <ul style="list-style-type: none"> • when hands are visibly soiled (for example, with blood or body fluids)? • after caring for a patient with known or suspected <i>Clostridium difficile</i> or norovirus during an outbreak? 				
Does your organization encourage staff members to monitor each other for nonadherence to required and recommended hand hygiene practices?				
As required by OSHA, did your organization conduct a hazard assessment prior to selecting the personal protective equipment (PPE) that would be used for hand hygiene and infection control?				
As required by OSHA, do staff members know how to put on (don), take off (doff), and use PPE for hand hygiene?				

* Both the CDC and WHO classify their hand hygiene guidelines into the following categories: 1A (strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies); 1B (strongly recommended for implementation and strongly supported by certain experimental, clinical, or epidemiological studies and a strong theoretical rationale); and 1C (required for implementation, as mandated by federal or state regulation or standard.

† Because ABHR products are flammable, they are addressed by The Joint Commission’s “Life Safety” chapter and the National Fire Protection Association (NFPA) *Life Safety Code*® (NFPA 101-2012). For example, The Joint Commission allows ABHR dispensers to be placed in egress corridors that are at least 6 feet wide; ABHR dispensers in these corridors must be positioned at least 4 feet apart. Not more than an aggregate 10 gallons of ABHR can be in use in a single smoke compartment. (This is not a complete list of requirements.)

References

- Centers for Disease Control and Prevention (CDC). Hand Hygiene in Healthcare Settings. Hand Hygiene Guideline. Page last reviewed Mar 25, 2016, <https://www.cdc.gov/handhygiene/providers/guideline.html>. Accessed Jun 16, 2019.
- World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=2D0FA4C9BCF0CAA1EB5317095009B443?sequence=1. Accessed Jul 18, 2019.
- Centers for Medicare & Medicaid Services. Hospital Infection Control Worksheet. Accessed Aug 19, 2019. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf>.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.02 For Staff Hand Hygiene Training Tool Based on CDC Guidelines

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Hand Hygiene Training Tool (based on CDC guidelines)

Designed as a training tool for new health care workers or individuals who need ongoing education on the basics of hand hygiene, this checklist is based on recommendations from the Centers for Disease Control and Prevention (CDC) and outlines the steps for safe hand hygiene. (Note that numbered procedures need to be followed in sequence.)

Note to managers: *The Joint Commission requires that health care organizations follow either the CDC or World Health Organization hand hygiene guidelines, but certain states require that the CDC guidelines be used. See The Joint Commission’s National Patient Safety Goal (NPSG) 07.01.01. TJC*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	NOTES
WHEN HAND HYGIENE IS NECESSARY: IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, GO TO THE NEXT SET OF YES/NO QUESTIONS.^{1, 2} IF YOU ANSWER NO TO EVERY QUESTION, HAND HYGIENE IS NOT NEEDED AT THIS TIME.				
Have you just used the restroom?				
Are you about to eat or drink?				
Are you about to have contact with a patient?				
Are you going to perform an aseptic task (for example, inserting an IV, preparing an injection, or administering eye drops)?				
Have you just finished contact with a patient?				
Have you just had contact with objects in the immediate vicinity of a patient, such as in a patient’s room?				
Have you just had contact with blood, other body fluids, or contaminated surfaces?				
Have you just removed personal protective equipment (PPE), such as gloves?				
Have you just moved from a contaminated-body site to a clean-body site during patient care?				
DETERMINE WHETHER YOU SHOULD USE SOAP AND WATER. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, THEN USE THE SOAP-AND-WATER HAND-WASHING SEQUENCE BELOW. IF YOU ANSWER NO TO EVERY QUESTION, GO TO THE ALCOHOL-BASED HAND RUB CHECKLIST.				
Are hands visibly soiled?				
Have you just used the restroom?				
Are you about to eat or drink?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS		Y	N	NA	NOTES
Have you cared for a patient with known or suspected <i>Clostridium difficile</i> infection during an outbreak?					
Have you cared for a patient with known or suspected norovirus during an outbreak?					
Have you definitely or possibly been exposed to anthrax (<i>Bacillus anthracis</i>)?					
DETERMINE WHETHER YOU SHOULD USE ALCOHOL-BASED HAND RUB. IF YOU ANSWER YES TO THIS QUESTION, FOLLOW THE NEXT SEQUENCE. OTHERWISE, USE THE SOAP-AND-WATER HANDWASHING SEQUENCE BELOW.					
Do your hands appear clean—not visibly dirty or soiled? If yes, use ABHR as described in the following sequence.					
STEP	ACTION		✓		NOTES
DURING HAND HYGIENE WITH ALCOHOL-BASED HAND RUB (ABHR), FOLLOW THESE STEPS IN ORDER:					
1.	Apply ABHR to palm of one hand. Use enough to cover the palm so there is enough to spread all surfaces of hands and fingers.				
2.	Cover all surfaces of hands and fingers with ABHR.				
3.	Rub hands together until hands are dry (approximately 20 seconds).				
DURING HAND HYGIENE WITH SOAP AND WATER, FOLLOW THESE STEPS IN ORDER:					
1.	Wet hands with warm or cold water.				
2.	Apply either non-antimicrobial or antimicrobial soap to hands. Liquid soap is recommended.				
3.	Cover all surfaces of hands and fingers with soap.				
4.	Rub hands together for at least 15 seconds.				
5.	Rinse hands completely with water.				
6.	Dry hands thoroughly with a disposable towel.				
7.	Use disposable towel to turn off the faucet.				

References

- Centers for Disease Control and Prevention (CDC). Hand Hygiene in Healthcare Settings. Hand Hygiene Guideline. Page last reviewed Mar 25, 2016, <https://www.cdc.gov/handhygiene/providers/guideline.html>. Accessed Jun 16, 2019.
- CDC. Healthcare-associated Infections. Guide to Infection Prevention for Outpatient Settings. Minimum Expectations for Safe Care. Page last reviewed Sep 9, 2014. <https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.03 For Staff Hand Hygiene Training Tool Based on WHO Guidelines

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Hand Hygiene Training Tool (based on WHO guidelines)

Designed as a training tool for new health care workers or individuals who need ongoing education on the basics of hand hygiene, this checklist is based on recommendations from the World Health Organization (WHO) and outlines the steps for safe hand hygiene. (Note that numbered procedures need to be followed in sequence.)

Note to managers: *The Joint Commission requires that health care organizations follow either the WHO or the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines, but certain states require that the CDC guidelines be used. See The Joint Commission’s National Patient Safety Goal (NPSG) 07.01.01. TJC*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	NOTES
WHEN HAND HYGIENE IS NECESSARY: IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, GO TO THE NEXT SET OF YES/NO QUESTIONS.¹ IF YOU ANSWER NO TO EVERY QUESTION, HAND HYGIENE IS NOT NEEDED AT THIS TIME.				
Have you just used the restroom?				
WHO’s 5 Key Moments for Hand Hygiene				
Moment 1: Are you about to touch a patient? Some examples include (but are not limited to): <ul style="list-style-type: none"> • before shaking hands • before taking a patient’s pulse or blood pressure • before applying an oxygen mask • before assisting with personal care activities 				
Moment 2: Are you about to perform a clean or aseptic procedure? Some examples include (but are not limited to): <ul style="list-style-type: none"> • before dressing a wound with or without an instrument • before inserting an invasive medical device • before preparing food • before preparing medications • before brushing a patient’s teeth • before inserting eye drops • before performing a digital vaginal or rectal exam 				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS	Y	N	NA	NOTES
<p>Moment 3: Have you just risked body fluid exposure? Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> • after inserting an invasive medical device (catheter, tube, drain, etc.) • after removing an invasive medical device • after removing any form of material offering protection (dressing, gauze, sanitary towel, etc.) • after cleaning any contaminated surface • after handling a sample containing organic matter • after handling soiled materials (such as dentures, a bed pan, instruments, used bed linens) • after contact with excretions, mucous membranes, or non-intact skin 				
<p>Moment 4: Have you just touched a patient? Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> • after shaking hands • after stroking a child’s forehead • after assisting a patient in personal care activities • after delivering care and other noninvasive treatment • after taking a patient’s pulse or blood pressure 				
<p>Moment 5: Have you just touched a patient’s surroundings? Some examples include (but are not limited to):</p> <ul style="list-style-type: none"> • after changing bed linen when the patient isn’t in the bed • after clearing a bedside table • after contact with any inanimate objects in the room • after leaning against a bed or other furniture 				
DETERMINE WHETHER YOU SHOULD USE SOAP AND WATER. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, THEN USE THE SOAP-AND-WATER HAND-WASHING SEQUENCE BELOW. IF YOU ANSWER NO TO EVERY QUESTION, GO TO THE ALCOHOL-BASED HAND RUB CHECKLIST.				
Are your hands visibly dirty or soiled?				
Have you just used the restroom?				
Have you possibly or definitely been exposed to potential spore-forming pathogens, including an outbreak of <i>Clostridium difficile</i> ?				
Is ABHR unavailable?				
DETERMINE WHETHER YOU SHOULD USE ALCOHOL-BASED HAND RUB				
Do your hands appear clean—not visibly dirty or soiled? If yes, use ABHR as described in the following sequence.				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
DURING HAND HYGIENE WITH ALCOHOL-BASED HAND RUB (ABHR), FOLLOW THESE STEPS IN ORDER (THE DURATION OF THE ENTIRE PROCEDURE SHOULD BE 20–30 SECONDS):²			
1.	Apply a palmful of ABHR in a cupped hand. Use enough to cover all surfaces.		
2.	Rub your hands palm to palm.		
3.	Rub your right palm over the back of your left hand with interlaced fingers, and rub your left palm over the back of your right hand with interlaced fingers.		
4.	With your fingers interlaced, rub your hands palm to palm again.		
5.	Rub the backs of your fingers to the opposing palms with fingers interlocked.		
6.	Rub the left thumb clasped in the right palm, and rub the right thumb clasped in the left palm.		
7.	Rub rotationally (backward and forward) the fingers of your right hand in your left palm and the fingers of your left hand in your right palm.		
8.	Once your hands are dry, they are safe.		
	Make sure your hands dry completely before putting on gloves.		
DURING HAND HYGIENE WITH SOAP AND WATER, FOLLOW THESE STEPS IN ORDER (THE DURATION OF THE ENTIRE PROCEDURE SHOULD BE 40-60 SECONDS):²			
1.	Wet your hands with water.		
2.	Apply enough soap to cover all hand surfaces. Liquid soap is recommended.		
3.	Rub your hands palm to palm.		
4.	Rub your right palm over the back of your left hand with interlaced fingers, and rub your left palm over the back of your right hand with interlaced fingers.		
5.	With your fingers interlaced, rub your hands palm to palm again.		
6.	Rub the backs of your fingers to the opposing palms with fingers interlocked.		
7.	Rub the left thumb clasped in the right palm, and rub the right thumb clasped in the left palm.		
8.	Rub rotationally (backward and forward) the fingers of your right hand in your left palm and the fingers of your left hand in your right palm.		

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 Joint Commission Resources, 2019.
File Name: 01.03 For Staff Hand Hygiene Training Tool Based on WHO Guidelines

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
9.	Rinse hands completely with water.		
10.	Dry hands thoroughly with a disposable towel.		
11.	Use a disposable towel to turn off the faucet.		
12.	Your hands are now safe.		

References

- World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. Geneva, Switzerland.
https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=9017B3BEED369F9D456388A9CD28C5D?sequence=1. Accessed Jul 21, 2019.
- WHO. Hand Hygiene: Why, How & When?
https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf. Accessed Aug 22, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.04 For Managers Sharps Injury Administrative Controls Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Sharps Injury Administrative Controls Checklist

The key to preventing sharps injuries that could transmit infectious diseases is having robust administrative and engineering controls. This checklist outlines management strategies and techniques for preventing staff injuries from needles, scalpels, and other sharp objects that may result in exposure to blood or other body fluids. The checklist items are derived from the Occupational Safety and Health Administration's Bloodborne Pathogens Standard¹ and other authoritative sources.²⁻⁴ Joint Commission Leadership Standard LD.04.01.01 requires compliance with law and regulation. TJC

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
Has your organization created a written Exposure Control Plan as required by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard?				
Has your organization identified any and all staff and tasks potentially susceptible to bloodborne pathogen exposure?				
Does your organization offer health care workers who have potential exposure to blood and other infectious materials the hepatitis B series of vaccines at no cost, as the OSHA Bloodborne Pathogens Standard requires of any employer with staff reasonably anticipated to be exposed to such infectious agents?				
Also required by OSHA's Bloodborne Pathogens Standard, does your organization maintain a sharps injury log that documents at minimum the type and brand of device involved and a description of the incident?				
Does your organization encourage the use of and make available safer medical devices whenever possible, including those that are needleless or have built-in protection to guard workers against contact with the contaminated sharp?				
Has your organization asked nonmanagerial patient care workers who could be exposed to contaminated sharps injuries for their input in identifying, evaluating, and selecting effective work practice and engineering controls, including safer medical devices?				
Recommended as a best practice in the <i>Journal of the Association of Occupational Health Professionals in Healthcare</i> , does your organization try to eliminate or minimize sharps hazards, such as by using needleless intravenous (IV) therapy systems or jet injectors as well as skin glue to close wounds? ³				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does your organization use blunt suture devices where appropriate?				
As required by the OSHA Bloodborne Pathogens Standard, are your organization's sharps-related engineering controls examined and maintained or replaced on a regular schedule to ensure their effectiveness?				
Does your organization place sharps disposal containers where they are readily accessible to staff and as close as feasible to the immediate area where sharps are used (for example, patient care areas)?				
Does your organization train staff members who might be vulnerable to sharps injuries on OSHA's requirements right before initial occupational exposure and at least annually thereafter?				
Does your organization train staff on proper sharps disposal techniques, such as disposing of used sharps only in containers designated for this purpose?				
Does your organization train staff in the following needle handling procedures? ⁴ <ul style="list-style-type: none"> <input type="checkbox"/> DO NOT remove needles from syringes by hand. <input type="checkbox"/> Avoid recapping needles unless there is no feasible alternative or it is required for a specific medical procedure. <input type="checkbox"/> If a needle must be recapped, ensure that staff use either a mechanical device or a one-handed "scoop" technique that uses the needle itself to pick up the cap; the cap is then pushed against a hard surface to ensure a tight fit onto the device. <input type="checkbox"/> If a needle must be recapped, the cap must NOT be held in one hand while guiding the needle into it or placing it over the needle. <input type="checkbox"/> Immediately dispose of used needles ONLY in a designated, puncture-resistant sharps disposal container. 				
Does your facility use sharps disposal containers that are closable, puncture-resistant, leakproof on the sides and the bottom, and labeled "biohazardous" or color-coded red?				
Are your facility's sharps containers of a type cleared for use by the US Food and Drug Administration (FDA)? Made from rigid plastic, FDA-cleared sharps disposal containers come marked with a line that indicates when the container should be considered full, which means it is time to dispose of the container.				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Are the sharps containers located where they are easily accessible to staff and as close as feasible to the immediate area where sharps are used (for example, patient care areas)?				
Has your organization adopted a “No Blame, No Shame” nonretaliatory exposure-reporting policy—one that encourages staff members to report each of their sharps-related exposures?				
Are workers, supervisors, and managers aware that sharps containers must be kept upright at all times throughout their use?				
Does the organization enforce a policy that sharps containers should be replaced when they are three-fourths full or “full to the full line”?				

References

- Occupational Safety and Health Administration (OSHA). Bloodborne Pathogens Standard (29 CFR 1910.1030). https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS. Accessed Aug 23, 2019.
- National Institute for Occupational Safety and Health (NIOSH). What Every Worker Should Know: How to Protect Yourself from Needlestick Injuries. <https://www.cdc.gov/niosh/docs/2000-135/pdfs/2000-135.pdf>. Accessed Jun 16, 2019.
- Good L, Grimmond T. Proven strategies to prevent bloodborne pathogen exposure in EXPO-S.T.O.P hospitals. *Journal of the Association of Occupational Health Professionals in Healthcare*. Winter 2017. <https://www.terrygrimmond.co/res/uploads/2017/09/Good-Grimmond-SI-Prevention-JAOHP-Mar-2017.pdf>. Accessed Jun 16, 2019.
- OSHA Fact Sheet: Protecting Yourself When Handling Contaminated Sharps. https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.pdf. Accessed Jun 16, 2019.

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 Joint Commission Resources, 2019.
File Name: 01.05 For Staff Sharps Injury Prevention Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Sharps Injury Prevention Training Tool

Designed as a training tool for health care workers, who benefit from ongoing training and competency validation on sharps injury avoidance, this checklist is designed to help prevent injuries from needles, scalpels, and other sharp objects that may result in exposure to blood or other body fluids.

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Notes** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

Note to managers: The checklist items are derived from the Occupational Safety and Health Administration's Bloodborne Pathogens Standard¹ and other authoritative sources.²⁻⁴ Joint Commission Leadership Standard LD.04.01.01 requires compliance with law and regulation. **TJC**

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	NOTES
PROTECTION FROM ALL SHARPS INJURIES				
Did you complete the hepatitis B vaccine series?				
Do you avoid using sharps when other safe and effective alternatives are available?				
Do you plan for safe handling and disposal of sharps before using them by making sure you have everything you need in place, such as a biohazardous or red color-coded sharps disposal container nearby that is less than three-fourths full, and reviewing mentally the steps you need to take to prevent sharps injuries?				
Do you activate/use medical device safety features (such as protective shields) designed to reduce the risk of sharps injuries?				
Do you avoid passing sharps from hand to hand?				
Do you tell your supervisor/department manager about any sharps hazards that you observe?				
Do you report any observed sharps-related injury to your employer/supervisor/department manager promptly?				
NEEDLE-HANDLING PRECAUTIONS				
Do you avoid recapping needles by hand?				
If a needle must be recapped, do you make sure that you DO NOT hold the cap in one hand while guiding the needle into it or placing it over the needle?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	NOTES
If a needle must be recapped, do you use either a mechanical device or a one-handed “scoop” technique that uses the needle itself to pick up the cap; the cap is then pushed against a hard surface to ensure a tight fit onto the device?				
SHARPS DISPOSAL				
Do you dispose of used needles and other sharps immediately and ONLY in a designated puncture-resistant sharps disposal container that is labeled biohazardous or color-coded red?				
Do you make sure that sharps containers are upright at all times during use?				
Do you make sure that you DO NOT continue to use a sharps container that is more than three-fourths full or already full to the “full line”? Those containers need to be replaced.				

References

- Occupational Safety and Health Administration (OSHA). Bloodborne Pathogens Standard (29 CFR 1910.1030). https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS. Accessed Aug 23, 2019.
- National Institute for Occupational Safety and Health (NIOSH). What Every Worker Should Know: How to Protect Yourself from Needlestick Injuries. <https://www.cdc.gov/niosh/docs/2000-135/pdfs/2000-135.pdf>. Accessed Jun 16, 2019.
- Occupational Safety and Health Administration. OSHA Fact Sheet: Protecting Yourself When Handling Contaminated Sharps. https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.pdf. Accessed Jun 16, 2019.
- US Food and Drug Administration (FDA). Sharps Disposal Containers. <https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers>. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.06 For Staff Exposure to Blood or Other Potentially Infectious Material

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Exposure to Blood/Other Potentially Infectious Material

Designed as a training tool for new health care workers and those who need ongoing training, as well as post-incident guidance, this procedure checklist outlines the steps to take if you have been exposed to a patient's blood or other potentially infectious material through a sharps-related injury or through contact with your eyes, nose, mouth, or skin. (Note that numbered procedures need to be followed in sequence.)

Note to managers: This checklist is derived from evidence-based recommendations of the Centers for Disease Control and Prevention.¹

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

STEP	ACTION	✓	NOTES
AFTER NEEDLESTICKS AND CUTS			
	Immediately wash injured or affected area with soap and water, then follow the numbered steps listed under "After All Exposures."		
AFTER SPLASHES			
	Use water to flush any blood or other body fluid splashes to nose, mouth, or skin.		
	If your eyes have been exposed to blood, rinse eyes with clean water, saline, or sterile irrigants (you can but do not have to use an eyewash station), then follow the numbered steps below.		
AFTER ALL EXPOSURES, INCLUDING NEEDLESTICKS, CUTS, AND SPLASHES			
1.	Seek medical treatment immediately, including testing for human immunodeficiency virus (HIV), hepatitis, and other bloodborne diseases as needed. Follow your organization's policy for seeking medical treatment.		
2.	Report the incident to your supervisor promptly.		
3.	Follow any post-incident instructions for follow-up care.		

Reference

- Centers for Disease Control and Prevention (CDC). Occupational Exposure to Blood. <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/occupational-exposure.html>. Accessed Jun 16, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 01.07 For Staff Pregnancy Protection from Infectious Disease Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Pregnancy Protection from Infectious Disease Checklist

Designed as guidance for female health care workers who are pregnant or may be pregnant, this checklist outlines the steps for protecting yourself against exposure to infectious agents during your pregnancy.

Note to managers: These checklist items are derived primarily from evidence-based recommendations of the Centers for Disease Control and Prevention (CDC).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
	Carefully follow all infection prevention and control guidelines recommended by the Centers for Disease Control and Prevention (CDC).*		
	Use <i>Health Care Worker Safety Checklists'</i> "Hand Hygiene Training Tool" (either the CDC or World Health Organization guidelines, as required by your organization or state)."		
	Use <i>Health Care Worker Safety Checklists'</i> "Exposure to Blood/Other Potentially Infectious Material Checklist," as well as the personal protective equipment (PPE) checklists in this chapter.		
VACCINES			
	Make sure you are up to date on all your vaccines.		
	Get a seasonal flu shot with inactivated vaccine (not the nasal vaccine).		
	Get a whooping cough vaccine in the third trimester of each pregnancy. †		
	Do not work with rubella-infected patients if you are not vaccinated against rubella (via the MMR vaccine) and are not immune to rubella.		
INFECTION PREVENTION AND CONTROL			
	Follow standard infection prevention and control procedures carefully: <ul style="list-style-type: none"> <input type="checkbox"/> Practice safe hand hygiene, cleaning hands frequently. <input type="checkbox"/> Always wear recommended personal protective equipment (PPE) as needed: gloves, gown, face mask, goggles/face shield, respiratory protection. <input type="checkbox"/> Always use safe sharps-handling procedures. 		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	If you work with patients infected with unusual pathogens, emerging infections, or genetically modified agents, talk with your employer or contact the Centers for Disease Control and Prevention (800-CDC-INFO) for specific information about working with these agents during pregnancy.		
	Do not provide care for patients with suspected or confirmed Ebola virus disease. ⁴		

* If you follow the CDC’s guidelines, you will generally be at no higher risk of contracting a harmful infection than other workers are. However, there are exceptions for some pregnant women and some infectious agents. Visit the CDC’s “Reproductive Health and the Workplace” website section for details.

† When you get the whooping cough vaccine during your pregnancy, your body will create protective antibodies and pass some of them to your baby before birth. These antibodies will provide your baby some short-term, early protection against whooping cough.

Reference

- Centers for Disease Control and Prevention (CDC). Reproductive Health and the Workplace. <https://www.cdc.gov/niosh/topics/repro/infectious.html>. Accessed Jun 16, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 01.08 For Managers Influenza Prevention Administrative Controls

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Influenza Prevention Administrative Controls

The key to minimizing influenza outbreaks among health care workers is to have robust administrative controls in place. This checklist outlines management requirements, strategies, and techniques.

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

The items in this checklist include evidence-based recommendations from the Centers for Disease Control and Prevention (CDC). Joint Commission requirements are indicated with the “**TJC**” acronym.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
Is your organization in compliance with (or on target to comply with) Joint Commission Infection Prevention and Control (IC) Standard IC.02.04.01, Element of Performance (EP) 5, which requires accredited facilities to achieve a 90% rate of influenza vaccination each flu season for both clinical and nonclinical staff and licensed independent practitioners (LIPs) effective January 1, 2020? TJC				
Does your organization have an annual influenza vaccination program for all staff and LIPs, as The Joint Commission requires of accredited organizations? TJC				
For health care staff and LIPs who are not willing to be vaccinated for influenza or should not be for medical reasons, does your organization offer and encourage use of oseltamivir (Tamiflu®) as a prophylaxis (if appropriate for the individual) to help prevent development of influenza after exposure? ¹				
Does your organization require staff members with influenza-like symptoms to remain at home for 24 hours after they no longer have a fever without the use of antipyretics, as recommended by the Centers for Disease Control and Prevention (CDC)? ²				
Does your organization post prominent reminder signs for staff to get their flu shots?				
Does your organization provide face masks to any workers who are coughing during flu season, and are the masks available in sufficient quantities and displayed prominently at facility entrances and in other convenient locations?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Does your organization encourage staff to use proper respiratory hygiene/cough etiquette? ³ <input type="checkbox"/> Cover your mouth and nose with a tissue when coughing or sneezing. <input type="checkbox"/> Dispose of the tissue after each use in the nearest waste receptacle. <input type="checkbox"/> Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials. (See the “For Staff: Influenza Prevention Checklist.”)				

References

1. Joint Commission Resources. There Are More Flu Options Than the Shot. On Infection Prevention & Control blog entry by Garcia-Houchins, S. Joint Commission Blogs. https://www.jointcommission.org/on_infection_prevention_control/there_are_more_flu_prevention_options_than_the_shot . Accessed Jun 15, 2019.
2. Centers for Disease Control and Prevention (CDC). Healthcare Personnel Working with Flu-Like Illness. https://blogs.cdc.gov/niosh-science-blog/2018/01/19/flu_healthcare/. Accessed Jun 16, 2019.
3. CDC. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.09 For Staff Influenza Prevention Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Influenza Prevention Checklist

Designed as a training tool for new health care workers and seasonal guidelines for those who need ongoing education, this checklist outlines the steps for protecting yourself against exposure to suspected or confirmed influenza (flu) viruses from droplets in the air or on environmental surfaces. (Note that numbered procedures need to be followed in sequence.)

Note to managers: This checklist is derived from evidence-based recommendations by the Centers for Disease Control and Prevention (CDC). Remember that OSHA requires a hazard assessment before determining the selection of personal protective equipment (PPE).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
VACCINATION			
	Get a flu shot each fall before the flu season begins, as The Joint Commission and the Centers for Disease Control and Prevention recommend.		
FREQUENT HAND HYGIENE—WHEN HANDS ARE VISIBLY SOILED			
	Perform frequent hand hygiene when hands are visibly soiled using the following CDC guidelines in sequence or World Health Organization (WHO) guidelines.		
1.	Wet hands with warm or cold water.		
2.	Apply either non-antimicrobial or antimicrobial soap to hands.		
3.	Cover all surfaces of hands and fingers with soap.		
4.	Rub hands together for at least 15 seconds.		
5.	Rinse hands completely with water.		
6.	Dry hands thoroughly with disposable towel.		
7.	Use disposable towel to turn off faucet.		
FREQUENT HAND HYGIENE—WHEN HANDS ARE NOT VISIBLY SOILED			
	When hands are not visibly soiled, perform the following steps in sequence in accordance with CDC guidelines:		
1.	Apply alcohol-based hand rub (ABHR) to palm of one hand.		
2.	Cover all surfaces of hands and fingers with ABHR.		
3.	Rub hands together until hands are dry (approximately 20 seconds).		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

	When in contact with patients with known or suspected influenza, follow these procedures in sequence to put on face mask:		
1.	Secure ties or elastic bands at middle of head and neck.		
2.	Fit flexible band to nose bridge.		
3.	Fit mask snugly to face and below chin.		
4.	Always remove and discard mask before leaving the patient's room or care area.		
5.	Do not touch the front of the mask—it is contaminated.		
6.	If hands get contaminated at any point during mask removal, immediately wash hands or use an ABHR.		
7.	Grasp bottom ties or elastics of mask first, then grasp top ties or elastics of mask.		
8.	Remove mask without touching the front of the mask.		
9.	Discard mask in a waste container.		
10.	Immediately wash hands or use an alcohol-based hand rub (ABHR).		

Reference

- Centers for Disease Control and Prevention (CDC). Influenza Vaccination Information for Health Care Workers. https://www.cdc.gov/flu/professionals/healthcareworkers.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhealthcareworkers.htm. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01_10 For Managers Infectious Disease Response Assessment Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Infectious Disease Response Assessment Checklist

This checklist includes questions to ask to assess risks in your organization’s response to infectious disease outbreaks.¹ The results can provide a guide to preparation, including education and training on infectious disease response.

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment (PPE).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
STAFF				
Does the organization have an infectious patient surge planning team, as part of an emergency management (EM) program?				
Do staff members get ongoing training in infectious disease emergency response and management?				
Does the organization’s EM plan include staff considerations, such as new job tasks, coping with exhaustion, quarantine, supplies, and personal/family support needs, especially during a prolonged outbreak?				
Has the organization addressed the initiatives described in the Centers for Medicare & Medicaid Services (CMS) Quality, Safety & Oversight (QSO) Group memorandum QSO19-06-ALL, “Emergency Preparedness—Updates to Appendix Z of the <i>State Operations Manual</i> ”?*				
PERSONAL PROTECTIVE EQUIPMENT				
Does the organization have readily accessible, appropriate personal protective equipment (PPE)?				
Are staff members trained to don and doff PPE properly, and do they know how to use PPE?				
Do nonclinical staff (housekeeping, environmental services, transport staff, facilities staff) know how and when to use appropriate PPE?				
Does the organization have a plan for acquiring additional PPE during an extended outbreak or patient surge?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

CLEANING AND WASTE DISPOSAL			
Does the organization have a plan for enhanced cleaning and disinfecting processes during an outbreak?			
Do staff members know what PPE is necessary during this enhanced cleaning?			
Does the organization have a plan for disposal of highly infectious waste, including patient care equipment, PPE, linens, cleaning supplies, and lab testing equipment?			
Do staff members know how to dispose of waste that is considered hazardous, such as that contaminated with the Ebola virus or other highly infectious substances?			
PATIENT MANAGEMENT			
Does the organization screen patients for risk factors (such as recent travel) at arrival?			
Does the organization have plans in place to manage infectious patients who present in various areas of your facility, including the emergency department?			
Does the organization have a plan for managing patient flow through your facility during a surge?			
Does the organization's plan address ways to protect the rights of patients affected by infectious disease, such as privacy and visits from family?			
Does the organization incorporate and promote preventative measures, such as vaccines, that would limit the risk of an outbreak?			
ISOLATION ROOMS			
Does the facility have isolation rooms that can control the spread of infectious disease?			
If so, are there sufficient numbers of those rooms?			
Does the facility have other rooms that can be converted to isolation rooms in the event of a patient surge?			
Do all potential isolation rooms allow for maintaining appropriate environmental functions, such as air pressure, air change rates, filters, and venting?			
Does the facility incorporate "hot," "warm," and "cold" zones to transition from patient care areas to common areas?			

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 Joint Commission Resources, 2019.

File Name: 01_10 For Managers Infectious Disease Response Assessment Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

Does the organization have a plan for recognizing if the infection has spread into the rest of the facility?			
Does the organization have a plan for containing the spread of infection if it is found elsewhere in the facility?			

* Per the memorandum, Appendix Z of the Centers for Medicare & Medicaid Services (CMS) *State Operations Manual* adds emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency (HHA) citations, and clarifications under alternate source power and emergency standby systems. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

Reference

1. This is an updated version of a checklist previously published in *The Joint Commission Big Book of Checklists*, 2nd edition. 2018. This book is available from the Joint Commission Resources webstore at <https://www.jcrinc.com/the-joint-commission-big-book-of-checklists-second-edition/>.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.11 For Staff Tuberculosis Prevention Respirator Checklist for Those at Risk of Exposure

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Tuberculosis Prevention Respirator Checklist for Those at Risk of Exposure

This checklist outlines the steps for protecting against exposure to suspected or confirmed tuberculosis (TB) from droplets in the air expelled by an infected person. (Note that numbered procedures need to be followed in sequence.)

Note to managers: This checklist is derived from evidence-based recommendations of the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH), which is a division of the CDC. Remember that OSHA requires a hazard assessment before determining the selection of personal protective equipment (PPE). Please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
BEFORE RESPIRATOR USE¹			
	Use only an employer-approved respirator that has been certified for protection against tuberculosis (TB) by the National Institute for Occupational Safety and Health (NIOSH).		
1.	Inspect the outside of the respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change the filter.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain a new respirator.		
PUTTING ON RESPIRATOR²			
1.	Follow employer-approved guidelines for facial hair with respirator usage.*		
2.	Secure ties or elastic bands at middle of head and neck.		
3.	Fit flexible band to nose bridge.		
4.	Fit respirator snugly to face and below chin.		
5.	Fit-check respirator using employer-approved method.		
REMOVING RESPIRATOR²			
	Remove respirator AFTER leaving the patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
	Follow the procedures below in sequence for removing respirator:		
1.	Grasp bottom ties or elastics of respirator first.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	If respirator is disposable and is damaged or soiled, discard in a waste container.		
5.	If respirator is disposable and is not damaged or soiled, store as directed by employer.		
6.	If respirator has a replaceable filter, store respirator as directed by employer.		
7.	Immediately wash hands or use an ABHR.		

* According to NIOSH guidelines, facial hair that lies on the sealing edge of a respirator should not be allowed on staff required to wear a respirator that relies on a tight facepiece fit.

References

1. National Institute for Occupational Safety and Health (NIOSH). Protect Yourself from Tuberculosis: A Respiratory Protection Guide for Health Care Workers. Web page last reviewed by NIOSH Jun 6, 2014. <https://www.cdc.gov/niosh/docs/96-102/default.html>. Accessed Jun 16, 2019.
2. Centers for Disease Control and Prevention (CDC). Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 01.12 For Managers Legionella Prevention Engineering Controls

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Legionella Prevention Engineering Controls

Conducting a comprehensive risk assessment in a facility and implementing a robust water management program are the keys to preventing Legionella, the bacteria that cause legionellosis (either Legionnaires' disease or Pontiac fever).¹⁻⁵ The measures described in this assessment checklist will help protect health care workers as well as patients. In addition, staff members who oversee and maintain the building's water and mechanical systems need to be trained on routine precautions to take as well as special precautions needed when a Legionella outbreak is confirmed or suspected.

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE WHETHER THE FACILITY HAS COMPREHENSIVE ENGINEERING AND ADMINISTRATIVE CONTROLS IN PLACE TO PREVENT LEGIONELLA.¹ THE ANSWER TO EVERY QUESTION SHOULD BE YES.				
Is the organization aware that <i>Legionella</i> prevention and control are covered by the following Joint Commission Environment of Care (EC) standards and elements of performance (EPs)*? <ul style="list-style-type: none"> • EC.02.01.01, EP 1 • EC.02.05.01, EPs 3 and 14 • EC.02.05.05, EP 5 TJC 				
Is the organization aware that <i>Legionella</i> prevention and control are covered by the following Joint Commission Infection Prevention and Control (IC) standards and EPs†? <ul style="list-style-type: none"> • IC.01.03.01, EPs 1-4 • IC.01.05.01, EPs 1 and 2 • IC.02.01.01, EP1 • IC.03.01.01, EP 1 TJC 				
Has the organization conducted a building survey to identify at-risk systems—one that analyzes issues related to components, installation, configuration, use, and condition?				
Has the facility performed a risk assessment for specific conditions that promote <i>Legionella</i> growth, such as scale buildup, sediment, and gradual water organism accumulation on structural surfaces? ²				
Has the facility implemented a water management program (WMP) that relies on control and prevention measures, including good system design, proper facility and equipment maintenance, and routine cleaning and disinfection?				
Has the facility designated a WMP team, which consists of staff from different disciplines, such as a facilities or engineering manager, an infection prevention and control specialist, an environment of care staff member, and a safety officer?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Has the organization included in its Joint Commission–required Emergency Operations Plan and Utility Systems Management Plan the facility’s WMP emergency response requirements and immediate steps that need to be taken following one or more confirmed cases of health care–associated Legionnaires’ disease? TJC				
Has the organization specified testing protocols and acceptable ranges for control measures?				
Has the organization documented testing results and corrective actions taken when control limits are not maintained?				
Has the facility implemented good air filter management practices, especially filtration of outside air?				
Has the organization instituted and performed effective and proactive equipment maintenance for humidifiers, hot water tempering equipment, cooling towers, coolers, holding tanks, and so forth?				
Has the organization located and eliminated domestic hot- and cold-water system “dead legs” where stagnant water can breed <i>Legionella</i> and other pathogens?				
Does the organization ensure appropriate system flushing when restoring inactive systems to functionality and, if necessary, use other means, including high-temperature and chemical treatment methods?				
Are workers in the health care physical environment properly educated on how to protect themselves from waterborne and airborne pathogens during routine maintenance, cleaning, and disinfection of plumbing, mechanical, and utility systems?				
Are these workers provided personal protective equipment (PPE) based on the tasks they need to perform and any chemicals used?‡ This PPE may include gloves, a face mask/goggles, protective clothing, and protective footwear. (The “Legionellosis Prevention Checklist for Staff” can be used as a training tool and for ongoing guidance.)				
If biocides are used to clean and disinfect systems, do you provide workers with eye protection (chemical goggles or face shield with safety glasses), protective gloves, and suitable protective clothing as recommended by the chemical manufacturer?				
Are workers encouraged to use an N95 respirator during routine maintenance, cleaning, and disinfection activities?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
During a known or suspected outbreak of Legionnaires' disease—when staff may be exposed to aerosolized <i>Legionella</i> through such tasks as examining the affected water system, conducting disinfection activities on the system, or performing other essential tasks in areas near contaminated cooling towers or serviced by contaminated HVAC units—does the facility require these workers to wear respirators? (For most exposures, respirators should be equipped with N100 filters or similar filter media.) Also, be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly: https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard .				

- * EC.02.01.01: The organization manages safety and security risks.
 EC.02.05.01: The organization manages risks associated with its utility systems.
 EC.02.05.05: The organization inspects, tests, and maintains utility systems.
- † IC.01.03.01: The organization identifies risks for acquiring and transmitting infections.
 IC.01.05.01: The organization has an infection prevention and control plan.
 IC.02.01.01: The organization implements its infection prevention and control plan.
 IC.03.01.01: The organization evaluates the effectiveness of its infection prevention and control plan
- ‡ OSHA requires a hazard assessment before determining the selection of personal protective equipment.

References

1. Joint Commission Resources. A water shield against *Legionella*. *Environment of Care® News*. 2019 Feb;22(2):6-11.
2. Occupational Safety and Health Administration (OSHA). Legionellosis Control and Prevention. https://www.osha.gov/SLTC/legionnairesdisease/control_prevention.html. Accessed Jun 16, 2019.
3. Centers for Medicare & Medicaid Services (CMS). Survey & Certification (S&C) Letter 17-30-Hospitals/CAHs/NHs. Jun 2, 2017 (revised Jun 9, 2017). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>. Accessed Aug 23, 2019.
4. Centers for Disease Control and Prevention (CDC). CDC Vital Signs: Legionnaires' Disease—A Problem for Health Care Facilities. <https://www.cdc.gov/vitalsigns/pdf/2017-06-vitalsigns.pdf>. Accessed Aug. 23, 2019.
5. CDC. Toolkit: Developing a Water Management Program to Reduce *Legionella* Growth and Spread in Buildings. Updated Apr 30, 2018. <https://www.cdc.gov/legionella/wmp/toolkit/index.html>. Accessed Aug 23, 2019.

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File Name: 01.13 For Staff Legionellosis Prevention Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Legionellosis Prevention Checklist

This checklist, which begins with a risk assessment, outlines the steps for protecting yourself against exposure to Legionella—the bacteria that cause legionellosis (either Legionnaires' disease or Pontiac fever)—through contact with aerosol or water vapor from devices and components of a contaminated water system, including cooling towers, shower heads, and fountains.

Note to managers: This checklist is derived from evidence-based recommendations of the Occupational Safety and Health Administration (OSHA).¹ Remember that OSHA requires a hazard assessment before determining the selection of personal protective equipment (PPE). Please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF EXPOSURE TO LEGIONELLA IS POSSIBLE OR LIKELY. IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, FOLLOW THE STEPS LISTED UNDER "DURING KNOWN OR SUSPECTED OUTBREAK OF LEGIONELLOSIS." IF THE ANSWER TO EVERY QUESTION IS "NO," YOU SHOULD FOLLOW THE PROCEDURES LISTED UNDER "DURING ROUTINE MAINTENANCE, CLEANING, AND DISINFECTION." ¹				
Will you be performing maintenance, cleaning, disinfection, or other tasks on hot- and cold-water systems that are known or suspected to be contaminated by <i>Legionella</i> ?				
Will you be working on heating, ventilation, and air conditioning (HVAC) equipment that is known or suspected to be contaminated by <i>Legionella</i> ?				
Will you be performing tasks in areas serviced by HVAC equipment that is known or suspected to be contaminated by <i>Legionella</i> ?				
Will you be working on cooling towers that are known or suspected to be contaminated by <i>Legionella</i> ?				
Will you be performing tasks in areas near cooling towers that are known or suspected to be contaminated by <i>Legionella</i> ?				

STEP	ACTION	✓	NOTES
DURING ROUTINE MAINTENANCE, CLEANING, AND DISINFECTION			
	Wear appropriate personal protective equipment (PPE) based on tasks and any chemicals used, which may include gloves, face mask/goggles, protective clothing, and protective footwear.		
	Use of an N95 respirator is recommended.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	If you will be using biocides to clean and disinfect systems, wear eye protection (chemical goggles or face shield with safety glasses), protective gloves, and suitable protective clothing as recommended by the chemical manufacturer.		

STEP	ACTION	✓	NOTES
DURING KNOWN OR SUSPECTED OUTBREAK OF LEGIONELLOSIS			
	If you may be exposed to aerosolized <i>Legionella</i> —through such tasks as examining the affected water system, conducting disinfection activities on the system, or performing other essential tasks in areas near contaminated cooling towers or serviced by contaminated HVAC units—you must wear a respirator. (For most exposures, respirators should be equipped with N100 filters or similar type of filter media.)		
	Wear other appropriate PPE based on tasks and any chemicals used, which may include gloves, face mask/goggles, protective clothing, and protective footwear.		
	If you will be using biocides to clean and disinfect systems, wear eye protection (chemical goggles or face shield with safety glasses), protective gloves, and suitable protective clothing as recommended by the chemical manufacturer.		

Reference

- Occupational Safety and Health Administration (OSHA). Legionellosis Control and Prevention. https://www.osha.gov/SLTC/legionnairesdisease/control_prevention.html. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.14 For Managers High-Consequence Infectious Disease Preparedness Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: High-Consequence Infectious Disease Preparedness Checklist

From measles to Middle Eastern respiratory syndrome (MERS) to Ebola virus disease (EVD), high-consequence infectious diseases (HCIDs) can wreak sudden and deadly havoc on health care facilities. Every health care facility should regularly consult the Centers for Disease Control and Prevention (CDC) website in the “Division of High-Consequence Pathogens and Pathology” section (<https://www.cdc.gov/ncezid/dhcpp/index.html>) for the latest evidence-based guidelines and protocols on what to do in cases of suspected or confirmed HCIDs of various types. Keep in mind that the precautions and procedures that need to be followed are often specific to the size, type, and configuration of a health care facility. How a health care facility responds to HCID outbreaks must be covered in the organization’s Emergency Operations Plan (as required by The Joint Commission’s Emergency Management standard and element of performance EM.02.01.01, EP 5), as well as in the organization’s Infection Prevention and Control Plan (required by The Joint Commission’s Infection Control standard IC.01.05.01).¹

Answers to many of these questions should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

This checklist is based partly on Massachusetts General Hospital’s innovative and comprehensive biothreats readiness program.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
Does the health care facility address high-consequence infectious diseases (HCIDs) of various types in its Infection Prevention and Control Plan? TJC				
Does the health care organization address HCID outbreaks in its written Emergency Operations Plan? TJC				
Does the organization regularly consult the CDC’s website (https://www.cdc.gov/ncezid/dhcpp/index.html) for the latest recommendations on how to best respond to various HCIDs and update the Infection Prevention and Control Plan and Emergency Operations Plan accordingly?				
Does the organization follow the CDC’s “identify, isolate, and inform” methodology when someone is suspected of having a particularly lethal HCID such as Ebola virus disease (EVD)?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does the health care facility conduct training exercises for HCIDs across all departments? In hospitals, the emergency department (ED) and other critical access points should be the focus of attention. Joint Commission standard EM.03.01.03 requires that organizations conduct emergency response exercises at least twice a year; these can include biothreats readiness exercises. TJC				
To assist with the identification of patients with HCIDs, does the organization’s electronic health record (EHR) system require that all patients be asked for their recent travel history?				
Does the EHR system have mechanisms in place for alerting staff when a patient’s travel history and presenting symptoms indicate the possibility of an HCID?				
Does the organization have protocols in place for alerting staff during patient handoffs that a patient’s travel history and presenting systems indicate the possibility of an HCID?				
For hospitals, is there always an infectious disease specialist, intensivist, or emergency physician onsite or on call who has expertise in HCIDs, infection control, and current outbreaks of concern? One good practice is to have that expert carry a dedicated pager.				
Does the organization have a highly trained multidisciplinary biothreats readiness team in place to assume a leadership role during an HCID outbreak? This volunteer team should include clinicians from intensive care (adult and pediatric), infectious diseases, respiratory therapy, and other areas.				
Does the health facility follow the good practice of having ongoing “no notice” 15-minute training exercises in clinical settings that focus on priority responsibilities in the initial moments of an HCID event?*				
Does the organization conduct full-scale exercises that evaluate interdepartmental coordination, including the movement of patients and resources throughout the building? †				
Does the organization conduct “tabletop exercises” that walk through appropriate responses to an HCID event?‡				

* Such exercises help critical stakeholders develop reflexive actions to facilitate interdepartmental response to an HCID outbreak.

† The benefits of full-scale exercises include the ability to test protocols in a real-world environment and help staff develop muscle memory by testing the plan in a familiar setting.

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Joint Commission Resources, 2019.

File Name: 01.14 For Managers High-Consequence Infectious Disease Preparedness Checklist

APPLICABLE PROGRAM(S)

<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

‡ The benefits of such exercises include more detailed discussions that provide context such as theory and history, as well as the ability to involve more staff members in the training. Note that tabletop exercises cannot be used to meet the Joint Commission requirement of conducting two emergency response exercises a year.

Reference

1. Joint Commission Resources. Combating HCIDs. *Environment of Care® News*. 2019 Jun;22(6):8-14.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 01.15 For Staff Protective Glove Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Protective Glove Training Tool

Designed as a training tool for new health care workers and those who need ongoing guidance in selection and use of personal protective equipment (PPE), this checklist, which begins with a risk assessment, outlines the steps for putting on and removing protective disposable gloves to avoid contaminating clothing, skin, or mucous membranes. If you answer yes to any of the questions at the top of the checklist, follow the indicated precautions below. (Note that numbered procedures need to be followed in sequence.) Gloves often need to be worn in conjunction with other PPE, such as a protective gown, a face mask or respirator, and goggles. See separate checklists on these items. In addition to providing protection from infectious agents, PPE should be worn to protect against chemical hazards and certain physical hazards such as lasers.

Note to managers: This checklist is derived from the evidence-based recommendations of several authoritative sources.¹⁻⁴ Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of PPE.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
WEARING DISPOSABLE GLOVES IS NECESSARY IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS.¹ IF YOU ANSWER “NO” TO EVERY QUESTION, YOU DON’T NEED TO WEAR DISPOSABLE GLOVES.				
Will you be in contact with blood, body fluids, excretions, or secretions?				
Will you be in contact with mucous membranes?				
Will you be in contact with non-intact skin?				
Is contact with any contaminated supplies, devices, or equipment occurring or anticipated?				

STEP	ACTION	✓	NOTES
PUTTING ON DISPOSABLE GLOVES¹			
	Select the appropriate type of glove (sterile, nonsterile, utility, etc.) in accordance with the health care facility’s risk-based protocols.		
	Select gloves that fit hands comfortably, neither too loose nor too tight.		
	Before donning gloves for a sterile procedure, perform hand hygiene first. ²		
	Pull gloves onto hands, one at a time.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

	If wearing an isolation gown, extend gloves to cover wrists of gown.		
DURING DISPOSABLE GLOVE USAGE			
	Work from clean to dirty, touching clean body sites or surfaces before you touch dirty or heavily contaminated areas.		
	Change gloves if they become torn or heavily soiled (even during use on the same patient).		
	Change or remove gloves during patient care if moving from a contaminated body site to another body site, including a mucous membrane, non-intact skin, or a medical device within the same patient or the environment, as recommended by the World Health Organization. ³		
	Change gloves after use on each patient.		
	Do not touch your face or adjust other personal protective equipment (PPE).		
	Do not touch environmental surfaces except as necessary during patient care.		
REMOVING DISPOSABLE GLOVES⁴			
	Always remove and discard gloves before leaving the patient's room or care area.		
	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
	During glove removal, following these sequential procedures in order:		
1.	Using a gloved hand, grasp the palm area of the other gloved hand.		
2.	Peel off first glove.		
3.	Hold removed glove in gloved hand.		
4.	Slide fingers of ungloved hand under remaining glove at wrist.		
5.	Peel off second glove over first glove.		

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File Name: 01.15 For Staff Protective Glove Training Tool

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

6.	Discard gloves in a waste container: Never wash or reuse disposable gloves.		
7.	Immediately wash hands or use an alcohol-based hand rub (ABHR).		

References

- Centers for Disease Control and Prevention (CDC). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>. Accessed Jun 17, 2019.
- Association for Professionals in Infection Control and Epidemiology (APIC). Do's and Don'ts for Wearing Gloves in the Healthcare Environment. <http://professionals.site.apic.org/files/2013/09/DosDonts-of-Gloves.pdf>. Accessed Jun 17, 2019.
- World Health Organization (WHO). Glove Use Information Leaflet. https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf. Accessed Jun 17, 2019.
- Centers for Disease Control and Prevention (CDC). Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 01.16 For Staff Protective Face Mask Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Protective Face Mask Training Tool

Designed as a training tool for new health care workers and those who need ongoing guidance in selection and use of personal protective equipment (PPE), this checklist, which begins with a risk assessment, outlines the steps for putting on and removing a protective face mask to avoid droplet contamination. (Note that numbered procedures need to be followed in sequence.) A protective face mask often needs to be worn in conjunction with other PPE, such as a protective gown, gloves, or goggles. See separate checklists on these items. In addition to providing protection from infectious agents, PPE should be worn to protect against chemical hazards and certain physical hazards such as lasers.

Note to managers: This checklist is derived from evidence-based recommendations by the Centers for Disease Control and Prevention. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of PPE. Please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS		Y	N	NA	COMMENTS
DETERMINE IF WEARING A FACE MASK IS NECESSARY.¹ IF YOU ANSWER “YES,” FOLLOW THE SEQUENCES BELOW. IF YOU ANSWER “No,” A FACE MASK ISN’T NEEDED.					
Will you be involved in a procedure or activity that is likely to splash or spray blood or other body fluids?					
STEP	ACTION				NOTES
PUTTING ON FACE MASK²					
1.	Secure ties or elastic bands at middle of head and neck.				
2.	Fit flexible band to nose bridge.				
3.	Fit mask snugly to face and below chin.				
REMOVING FACE MASK²					
	Always remove and discard mask before leaving the patient’s room or care area.				
	If hands get contaminated at any point during mask removal, immediately wash hands or use an alcohol-based hand rub (ABHR).				
	Do not touch the front of the mask—it is contaminated.				
	Follow these procedures in sequence for face mask removal:				
1.	Grasp bottom ties or elastics of mask first.				

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 Joint Commission Resources, 2019.

File Name: 01.16 For Staff Protective Face Mask Training Tool

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS		Y	N	NA	COMMENTS
2.	Grasp top ties or elastics of mask.				
3.	Remove mask without touching the front of the mask.				
4.	Discard mask in a waste container.				
5.	Immediately wash hands or use an alcohol-based hand rub (ABHR).				

References

- Centers for Disease Control and Prevention (CDC). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>. Accessed Jun 17, 2019.
- CDC. Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.17 For Staff Protective Gown Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Protective Gown Training Tool

Designed as a training tool for new health care workers and those who need ongoing guidance in selection and use of personal protective equipment (PPE), this checklist, which begins with a risk assessment, outlines the steps for putting on and removing a protective gown to avoid contaminating clothing and skin. (Note that numbered procedures need to be followed in sequence. A protective gown often needs to be worn in conjunction with other PPE, such as gloves, goggles, and a face mask or respirator. See separate checklists on these items. In addition to providing protection from infectious agents, PPE should be worn to protect against chemical hazards and certain physical hazards such as lasers.

Note to managers: This checklist is derived from evidence-based recommendations by the Centers for Disease Control and Prevention. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of PPE.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF WEARING A GOWN IS NECESSARY. IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, THEN FOLLOW THE SEQUENCES BELOW.¹ IF YOU ANSWER "NO" TO EVERY QUESTION, THEN YOU DON'T NEED TO WEAR A GOWN.				
Will you be in contact with blood?				
Will you be in contact with other body fluids?				
Will you be in contact with hazardous chemicals or drugs?				

STEP	ACTION	✓	NOTES
PUTTING ON GOWN²			
	Change gown after use with each patient, following this sequence:		
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		
REMOVING GOWN²			
	Always remove and discard the gown before leaving the patient's room or care area.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
	Do not touch the front and sleeves of the gown—they are contaminated.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Follow these procedures in sequence when taking off a gown:		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		
5.	Fold or roll gown into a bundle.		
6.	Discard gown in designated container.		
7.	Immediately wash hands or use an alcohol-based hand rub (ABHR).		

References

- Centers for Disease Control and Prevention (CDC). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>. Accessed Jun 17, 2019.
- CDC. Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 01.18 For Staff Protective Goggles or Face Shield Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Protective Goggles/Face Shield Training Tool

Designed as a training tool for new health care workers and those who need ongoing guidance in selection and use of personal protective equipment (PPE), this checklist, which begins with a risk assessment, outlines the steps for putting on and removing protective goggles/face shield to avoid droplet contamination. (Note that numbered procedures need to be followed in sequence.) Protective goggles or a face shield often need to be worn in conjunction with other PPE, such as gloves and a gown. See separate checklists on these items. In addition to providing protection from infectious agents, PPE should be worn to protect against chemical hazards and certain physical hazards such as lasers.

Note to managers: This checklist is derived from evidence-based recommendations by the Centers for Disease Control and Prevention. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of PPE.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF WEARING GOGGLES/FACE SHIELD IS NECESSARY.¹ IF YOU ANSWER “YES,” THEN FOLLOW THE SEQUENCES BELOW. IF YOU ANSWER “NO,” WEARING GOGGLES/FACE SHIELD ISN’T NECESSARY.				
Will you be involved in a procedure or activity that is likely to splash or spray blood or other body fluids? If yes, then follow the precautions sequences below.				
STEP	ACTION			NOTES
			✓	
PUTTING ON GOGGLES/FACE SHIELD²				
1.	Place goggles/face shield over face and eyes.			
2.	Adjust to fit.			
REMOVING GOGGLES/FACE SHIELD²				
	Always remove and discard goggles/face shield before leaving the patient’s room or care area.			
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an alcohol-based hand rub (ABHR).			
	Do not touch the outside of goggles/face shield—it is contaminated.			
	Follow the procedures below in sequence for removing goggles/face shield:			
1.	Lift head band or ear pieces from the back.			
2.	Remove goggles/face shield from the back.			
3.	If reusable, place in designated receptacle for reprocessing.			

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File Name: 01.18 For Staff Protective Goggles or Face Shield Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS		Y	N	NA	COMMENTS
4.	If not reusable, discard in a waste container.				
5.	Immediately wash hands or use an alcohol-based hand rub (ABHR).				

References

- Centers for Disease Control and Prevention (CDC). Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>. Accessed Jun 17, 2019.
- CDC. Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

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 Joint Commission Resources, 2019.
File Name: 01.19 For Staff Protective Respirator Training Tool

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Protective Respirator Training Tool

Designed as a training tool for new health care workers and those who need ongoing guidance in selection and use of personal protective equipment (PPE), this checklist outlines the steps for putting on and removing a protective respirator to filter hazardous particles out of the air. (Note that numbered procedures need to be followed in sequence.) A protective respirator often needs to be worn in conjunction with other PPE, such as a gown and gloves. See separate checklists on these items. In addition to providing protection from infectious agents, PPE should be worn to protect against chemical hazards and certain physical hazards such as lasers.

Note to managers: This checklist is derived from evidence-based recommendations by the Centers for Disease Control and Prevention. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of PPE. Please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE RESPIRATOR USE¹			
1.	Inspect outside of respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change filter using employer-approved method.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain new respirator.		
PUTTING ON RESPIRATOR²			
1.	Follow employer-approved guidelines for facial hair with respirator usage.*		
2.	Secure ties or elastic bands at middle of head and neck.		
3.	Fit flexible band to nose bridge.		
4.	Fit respirator snugly to face and below chin.		
5.	Fit-check respirator using employer-approved method.		
REMOVING RESPIRATOR²			
	Remove respirator AFTER leaving patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
	Follow the procedures below in sequence for removing respirator:		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
1.	Grasp bottom ties or elastics of respirator first.		
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	If respirator is disposable and is damaged or soiled, discard in a waste container;		
	If respirator is disposable and is not damaged or soiled, store as directed by employer; or		
	If respirator has a replaceable filter, store respirator as directed by employer.		
5.	Immediately wash hands or use an ABHR.		

* According to NIOSH guidelines, facial hair that lies on the sealing edge of a respirator should not be allowed on staff required to wear a respirator that relies on a tight facepiece fit.

References

1. National Institute for Occupational Safety and Health (NIOSH). Protect Yourself from Tuberculosis: A Respiratory Protection Guide for Health Care Workers. Web page last reviewed by NIOSH Jun 6, 2014. <https://www.cdc.gov/niosh/docs/96-102/default.html>. Accessed Jun 16, 2019.
2. Centers for Disease Control and Prevention (CDC). Sequence for Putting On and Removing Personal Protective Equipment. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>. Accessed Jun 16, 2019.

Chapter 2

Chemical Hazards

What Is the Rationale for the Checklists in This Chapter?

Health care worker exposure to significant workplace levels of hazardous drugs, such as antineoplastic drugs, anesthetic agents, and anti-viral agents, has been identified by the Occupational Safety and Health Administration (OSHA) as a problem of increasing health concern. An estimated 8 million US health care workers are potentially exposed to these drugs,¹ which are capable of causing cancer, organ toxicity, fertility problems, genetic damage, and birth defects.²

Hazardous drugs are just one of the many types of hazardous chemicals to which frontline health care workers can be exposed in the workplace, including high-level disinfectants, cleaning chemicals, and latex. Nursing personnel and maintenance workers, for example, can potentially be exposed to hazardous drugs through inhalation, ingestion (from hand to mouth), sharps injuries, or skin absorption, while employees in sterile processing areas are at risk of exposure to high-level disinfectants used on surgical instruments and medical devices. Surgical smoke and waste anesthetic gases may present additional hazards for those working in surgical services.

Checklists reflecting regulatory and Joint Commission requirements. The Joint Commission addresses exposure to hazardous chemicals in Environment of Care (EC) Standard EC.02.02.01: The organization manages risks related to hazardous materials and waste. Element of Performance (EP) 5 states: The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals. The standard does not address the details of health care worker safety when handling

hazardous substances. But as the Joint Commission's Leadership Standard LD.04.01.01 states: The organization complies with law and regulation. In the realm of health care staff safety, Joint Commission-accredited facilities must comply with the requirements of the Occupational Health and Safety Administration (OSHA) as well as other pertinent federal regulations and state and local laws and codes.

Per OSHA 29 CFR 1910.1200(g), which references the Globally Harmonized System of Classification and Labeling of Chemicals (GHS), every hazardous chemical used in a workplace requires a safety data sheet (SDS) supplied by the manufacturer, distributor, or importer. The SDS outlines whether a chemical can cause serious or severe eye damage and describes the appropriate first aid measures to take upon eye contact. For corrosive chemicals commonly used in health care, such as glutaraldehyde (used to sterilize surgical equipment) and formaldehyde, and for caustic chemicals used in facility cleaning and boiler maintenance, including bleach and sodium hydroxide (caustic soda), the applicable SDS recommends flushing eyes with a stream of water for several (often 15 to 20) minutes. Accordingly, this chapter includes a manager-oriented risk assessment and worker-oriented procedure checklists for emergency eyewash stations and drench showers.

OSHA's requirements for emergency eyewashes and showers can be found in 29 CFR 1910.151(c): "Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use." 29 CFR 1910.1048(i)(2)(1)(3), which

addresses formaldehyde specifically, also requires a shower and eyewash station. OSHA refers employers to the American National Standards Institute (ANSI) Standard ANSI Z358.1, including the standard's Appendix B, for guidance on the location and description of eyewash stations and showers. Joint Commission surveyors use both the OSHA regulation and the ANSI standard when assessing eyewash station and drench shower compliance.

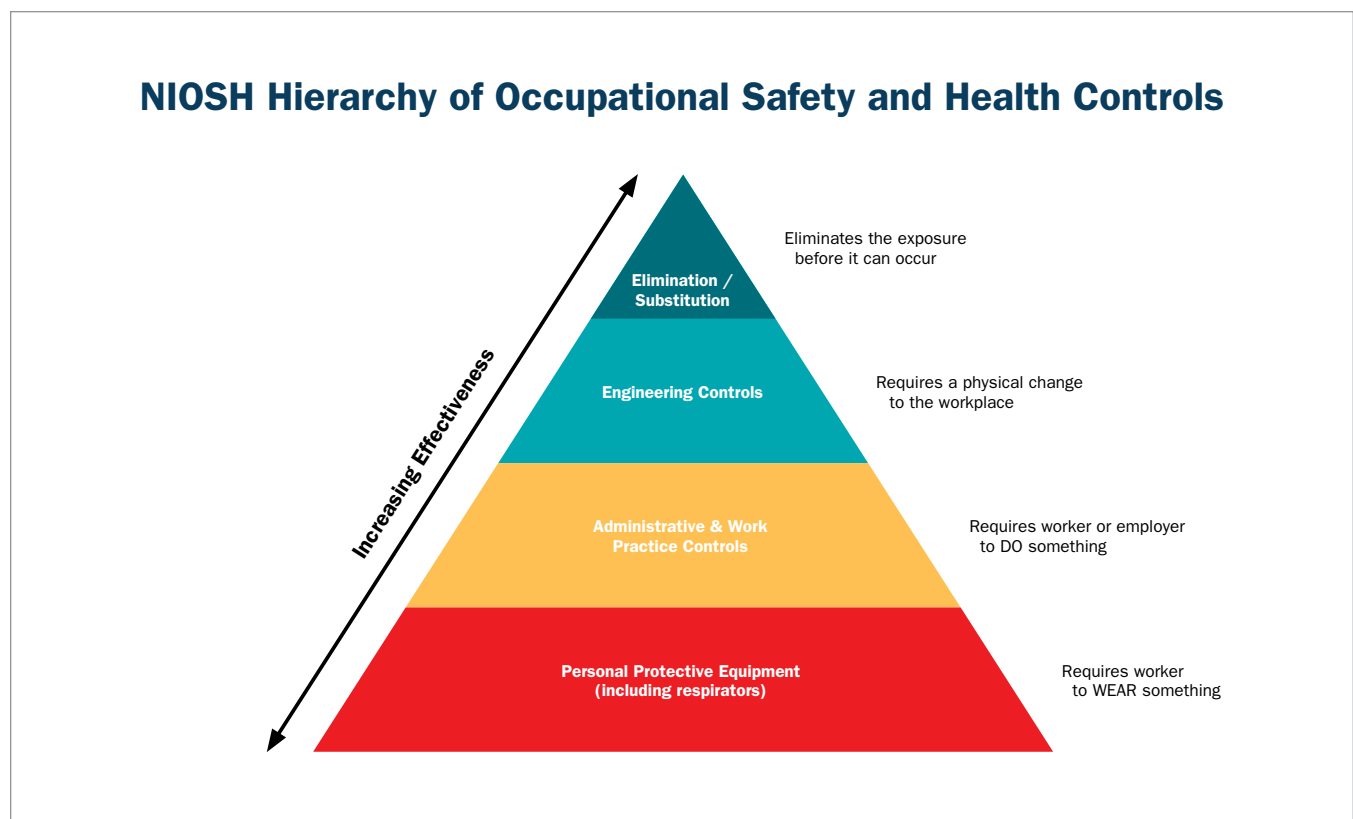
Checklists addressing administrative controls and PPE.

Controlling workers' exposure is the No. 1 safety strategy for hazardous chemicals handling recommended by OSHA, beginning with organizational engineering, administrative, and work practice controls as the primary means, backed up by appropriate personal protective equipment (PPE)* for the worker as needed (see the National Institute for Occupational Safety and Health [NIOSH] safety measure effectiveness hierarchy below). Despite the importance of PPE, many health

care workers say they aren't aware of—or haven't received training in—proper PPE for the hazardous chemicals to which they may be exposed, according to studies by NIOSH. Nearly half of the health care workers surveyed by NIOSH reported that they had never received training on the hazards of surgical smoke, even though they were exposed to the smoke in their jobs and evidence-based safety guidelines have been available for more than 20 years.³ Another NIOSH study reports that 17% of health care workers who handle high-level disinfectants say they were not trained on safety practices for working with the chemicals, and 44% do not always wear a protective gown.⁴

Even when workers are aware of safe PPE practices, they do not always follow them regularly. Among health care workers who administer antineoplastic drugs, 80% say they do not always wear the NIOSH-recommended two pairs of chemotherapy gloves and 42% do not

* The PPE checklists at the end of Chapter 1 are also applicable for chemical hazards. Where appropriate, PPE checklists have been integrated into the hazardous chemical and drug exposure checklists.



always wear the NIOSH-recommended nonabsorbent gown with a closed front and tight-fitting cuffs.⁵ Research suggests that workers who administer these drugs may share a perception that there is a minimal risk of exposure, and they may not know about the possible health risks of the drugs.

Checklists addressing hazardous medications.

Regarding the handling of hazardous medications, The Joint Commission expects compliance with *United States Pharmacopeia* (USP) Chapter <800> “Hazardous Drugs—Handling in Healthcare Settings” (USP 800). Besides addressing hazardous medications under EC.02.02.01, The Joint Commission covers their management in Medication Management Standard MM.01.01.03: The organization manages high-alert and hazardous medications. A detailed listing and description of different groups of hazardous medications can be found in *NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016*.⁶ A revised list is under review and is expected to be published at the end of 2019. Meanwhile, organizations can check the package inserts of newer medications for a description of any hazards.

In addition to other serious health conditions potentially linked to hazardous chemical (including drug) exposure, workers in the health care and social assistance industry and in health care support have the highest rates of asthma (9%) of any major industry, associated with exposure to cleaners and disinfectants, powdered latex gloves, and aerosolized medications.⁷ The numbers of asthma attacks and asthma-related emergency department visits are also higher for these health care workers.

How Do the Checklists Work?

Several of the checklists in this chapter (labeled as “For Managers”) are aimed at leaders and managers and address assessment and implementation of engineering controls and emergency preparedness. Most of the checklists, however, are intended for health care staff (labeled “For Staff”). As this chapter emphasizes, consistently using PPE recommended for the specific hazardous chemicals in each health care setting, along with following recommended safe handling procedures, provides important added protection for workers beyond engineering, administrative, and work practice controls.

Although using the checklists may help organizations meet Joint Commission requirements, the checklists are based on recommendations and best practices as well as OSHA regulations and go into much more detail than do Joint Commission standards. As in the previous chapter, checklist items that reflect specific Joint Commission requirements are indicated with the “**TJC**” acronym.

Some Important Caveats About These Checklists

Using these checklists does not ensure that a health care facility will be compliant with Joint Commission requirements or with local, state, regional, and federal laws, regulations, and codes, which need to be followed first and foremost. These checklists are not a substitute for the actual language of those requirements. Nor can these checklists guarantee health care worker safety in all instances. Nevertheless, these checklists can be a valuable tool in improving occupational health and safety in your organization.

The checklists in this chapter are available as downloadable, customizable tools that can be distributed internally to health care staff.

To access these checklists, visit this URL:

https://www.jcrinc.com/assets/1/7/HCWS19_Landing_Page.pdf

References

1. Centers for Disease Control and Prevention (CDC). Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs. <https://www.cdc.gov/niosh/docs/wp-solutions/2009-106/default.html>. Accessed Apr 4, 2019.
2. Occupational Safety and Health Administration (OSHA). Hazardous Drugs. <https://www.osha.gov/SLTC/hazardousdrugs/index.html>. Accessed Apr 4, 2019.
3. National Institute for Occupational Safety and Health (NIOSH). NIOSH Study Finds Healthcare Workers' Exposure to Surgical Smoke Still Common. <https://www.cdc.gov/niosh/updates/upd-11-03-15.html>. Accessed Apr 4, 2019.
4. NIOSH. Health and Safety Practices Survey of Healthcare Workers: High-Level Disinfectants. <https://www.cdc.gov/niosh/topics/healthcarehsps/disinfect.html>. Accessed Apr 4, 2019.
5. Boiano JM, Steege AL, Sweeney MH. Adherence to safe handling guidelines by health care workers who administer antineoplastic drugs. *J Occup Environ Hyg*. 2014;11(11):728–740. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4568815/>. Accessed Apr 4, 2019.
6. NIOSH. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. September 2016. <https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf>. Accessed Jun 18, 2019.
7. Mazurek J, Syamlal G. Prevalence of asthma, asthma attacks, and emergency department visits for asthma among working adults—National Health Interview Survey, 2011–2016. *MMWR Morb Mortal Wkly Rep*. 2018 Apr 6;67(13):377–386. https://www.cdc.gov/mmwr/volumes/67/wr/mm6713a1.htm?s_cid=mm6713a1_e. Accessed April 4, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 02 01 For Managers Hazardous Chemicals—Engineering and Other Controls

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Hazardous Chemicals—Engineering and Other Controls

The No. 1 strategy for reducing health care workers' exposure to hazardous chemicals is through elimination or substitution of a less-hazardous substance, followed by robust engineering and administrative controls, according to the National Institute for Occupational Safety and Health (NIOSH). Organizations can use this checklist to assess the strengths and vulnerabilities of their existing control measures.

Answers to all questions should ideally be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

The checklist items have been gleaned from a variety of authoritative sources. Joint Commission requirements are indicated with the "TJC" acronym. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment (PPE).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
Has the organization adopted NIOSH's hierarchy of controls as its strategic approach to minimizing workers' vulnerability to chemical hazards? ¹				
Does the organization use elimination/substitution as the leading method of reducing staff exposure to hazardous chemicals when feasible—while understanding that in health care, high-level sterilization and disinfection require the use of corrosive chemicals and some patients need hazardous medications such as chemotherapy drugs?				
For each chemical substance used in the facility, does the organization stay within OSHA's permissible exposure limit (PEL) over a time-weighted average (TWA) as well as under the short-term exposure limit (STEL)? Is the organization aware of the exposure minimum that is immediately dangerous to life and health (IDLH)?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Besides being compliant with OSHA requirements, does the organization proactively keep up to date on recommended exposure limits (RELs) of hazardous chemicals (which may be lower than OSHA exposure limits and apply to more substances) by using <ul style="list-style-type: none"> the online <i>NIOSH Pocket Guide to Chemical Hazards</i>²; the <i>NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings</i>³; safety data sheets (SDSs) for each chemical used in the facility; and other reputable, comprehensive sources recommended by OSHA, such as the California Division of Occupational Safety and Health (Cal/OSHA) list “Permissible Exposure Limits of Chemical Contaminants”⁴ 				
Has the organization analyzed its processes for <ul style="list-style-type: none"> handling, storage, transport, use, and disposal of hazardous chemicals and made changes to minimize staff contact with these chemicals? TJC 				
Does the organization have emergency eyewash stations and drench showers where they are needed in the facility? And are they tested and maintained in accordance with <ul style="list-style-type: none"> manufacturer instructions for use; OSHA requirements in 29 CFR 1910.151(c) and 1048(i)(2)(i)(3); and American National Standards Institute (ANSI) Standard ANSI Z358.1, including the standard’s Appendix B? (See the “Eyewash Station/Drench Shower Risk Assessment” checklist.) TJC				
Has the organization addressed whether there is need for a specific exhaust system or air exchange rate in the spaces where the hazardous chemicals are used? TJC				
Has the organization determined whether <ul style="list-style-type: none"> there is a need for special filters in the heating, ventilation, and air conditioning (HVAC) system and if so, how often the filters must be changed? TJC 				
Does the organization train staff on when and how to use eyewash stations and drench showers? (See the “Eyewash Station Procedure Checklist” and the “Safety Shower Procedure Checklist.”) TJC				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does the organization rotate job assignments or adjust work schedules so workers are not overexposed to hazardous chemicals?				
Does the organization detail in its Emergency Operations Plan how it will respond to a chemical spill and/or gas leakage emergency? TJC				
Does the organization conduct exercises for staff on how to respond to an emergency hazardous chemical spill and/or hazardous gas leak? TJC				
Has the organization implemented a spill prevention, control, and countermeasure (SPCC) plan in accordance with Environmental Protection Agency (EPA) requirements in 40 CFR part 112?				
Does the organization provide comprehensive training to workers on all chemicals to which they may be exposed, including educating them on where to find each SDS? TJC				
Does the organization train staff on the information and symbols in the OSHA-adopted Globally Harmonized System of Classification and Labeling of Chemicals (GHS)? TJC				
Does the organization provide extensive and ongoing training to staff on selection, donning, usage, and doffing of personal protective equipment (PPE) for protection against chemical hazards, including gloves, respirators, goggles, face masks and shields, and protective gowns? (See the other checklists in this chapter and the PPE checklists at the end of Chapter 1.) TJC				
Do staff members know <ul style="list-style-type: none"> • when double-gloving is recommended and • the “break-through” time for specific glove materials? 				
Does the organization test and validate staff knowledge on how to properly use PPE and other precautions to follow when handling, transporting, or disposing of hazardous chemicals?				
Does the organization post signs and posters reminding workers of precautions to follow when handling hazardous chemicals and using PPE?				

References

1. National Institute for Occupational Safety and Health (NIOSH). Hierarchy of Controls. <https://www.cdc.gov/niosh/topics/hierarchy/default.html>. Page last reviewed Jan 13, 2015. Accessed Jun 18, 2019.
2. NIOSH. NIOSH Pocket Guide to Chemical Hazards. <https://www.cdc.gov/niosh/npg/default.html>. Page last reviewed April 7, 2016. Accessed Jun 18, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
Joint Commission Resources, 2019.

File Name: 02 01 For Managers Hazardous Chemicals—Engineering and Other Controls

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

3. NIOSH. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. September 2016. <https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf>. Accessed Jun 18, 2019.
4. California Division of Occupational Safety and Health (Cal/OSHA). Permissible Exposure Limits of Chemical Contaminants. https://www.dir.ca.gov/title8/5155table_ac1.html#_blank. Accessed Jun 18, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 02.02 For Managers Eyewash Station or Drench Shower Risk Assessment

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Eyewash Station/Drench Shower Risk Assessment

This checklist includes questions to ask to assess the need for eyewash stations and drench showers in health care settings.¹ Joint Commission surveyors score eyewash stations and drench showers under EC.02.02.01, EP 5.

Answers to all questions should ideally be Y for Yes (unless marked NA for Not Applicable). Use the Comments section to indicate any required follow-up action(s) identified by an N for No response.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y N NA			COMMENTS
	Y	N	NA	
Are you familiar with requirements from the Occupational Safety and Health Administration (OSHA) for emergency eyewash stations and showers?* TJC				
Did you review safety data sheets (SDS) for all chemicals handled by staff members in their work area to see which are caustic and corrosive? TJC				
Will any staff members in the work area handle or have potential exposure (splashes, spills, etc.) to caustic or corrosive chemicals? If so, have you provided access to an emergency eyewash station and an emergency shower (for skin splashes) in the immediate work area? TJC				
Will any staff members handle chemical solutions that are very acidic or very basic, with a pH of less than 2.5 or more than 11? If so, have you provided immediate access to an eyewash station and drench shower? TJC				
Is there any possibility that an employee’s eyes might be splashed with solutions containing 0.1% formaldehyde? If so, have you provided an acceptable eyewash station within the immediate work area for emergency use? TJC				
Is there any possibility that an employee’s skin could become splashed with a solution containing 1% or greater of formaldehyde? If so, have you provided immediate access to a drench shower? TJC				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Have you read ANSI Z358.1, including the standard's Appendix B, as guidance for the location and description of eyewash stations and emergency drench showers? TJC				
When an eyewash station is needed, would a worker be able to reach it within 10 seconds of his/her eye or eyes coming into contact with the chemical? TJC				
Is the eyewash station easily accessible—that is, not blocked by an obstruction in front or above the station? TJC				
When a drench shower is needed, would the worker be able to reach it within 10 seconds of his/her skin coming into contact with the chemical? TJC				
Are the eyewash and shower stations on the same level as the hazard? Is the path of travel free of obstructions (a door is generally considered to be an obstruction)? TJC				
When an eyewash station and/or a drench shower are required in a work area, have you trained all workers in when and how to use them?† TJC				
If you have a plumbed eyewash station or shower, are you activating it weekly to ensure proper operation? TJC				
If you have a gravity-fed eyewash station or shower, are you inspecting it weekly and maintaining it per the manufacturer's instructions? TJC				
During the inspection of the eyewash station or shower, are you making sure that the water or other flushing fluid is tepid, between 60°F and 100°F? TJC				
Is the design of the on-off valve of the eyewash/shower station such that the flushing flow remains on without use of the operator's hands?				
Is the height of the showerhead 82 inches to 96 inches above the floor? TJC				
Does the drench shower deliver a minimum flow of 20 gallons per minute? TJC				

*These requirements can be found in 29 CFR 1910.151(c) and 1048(i)(2)(i)(3).

† See "Eyewash Station Procedure Checklist" and "Safety Shower Procedure Checklist."

Reference

1. Joint Commission Resources. Toolbox: Eyewash station/drench shower risk assessment. *Environment of Care News*. 2019 Sep;22(9):16–18.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 02 03 For Staff Eyewash Station Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Eyewash Station Procedure Checklist

Intended for use as a training tool in advance of a chemical splash, as well as ongoing guidance, this checklist outlines the steps for using an eyewash station to flush substances from the eyes. If you will be working in an area where your eyes could be splashed with a corrosive or caustic chemical, make sure you can get to an eyewash station in 10 seconds or less. (Numbered steps should be performed in sequence.)

Note to managers: This checklist is based on professional guidelines. Please see “Eyewash Station/Drench Shower Risk Assessment” for Joint Commission requirements and the applicable Occupational Safety and Health Administration (OSHA) regulations.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
1.	Go IMMEDIATELY to eyewash station if chemical has made contact with your eyes.		
2.	Activate the hands-free lever.		
3.	Get your eyes directly into the stream of water.		
4.	If you have contacts, gently remove them while flushing your eyes.		
5.	Hold eyes open with your fingers.		
6.	Gently roll eyes left to right and up and down. ¹		
7.	Flush your eyes for at least 15 minutes. ²		
8.	Seek medical attention immediately.		
9.	Report incident to your supervisor.		

References

- Oregon State University Environmental Health & Safety. Safety Instruction: Eyewash & Safety Shower. https://ehs.oregonstate.edu/sites/ehs.oregonstate.edu/files/pdf/si/eyewash_and_safety_shower_si.pdf. Accessed Jun 18, 2019,
- American Optometric Association. Protecting Your Eyes at Work: What Should Be Done in an Eye Emergency? <https://www.aoa.org/patients-and-public/caring-for-your-vision/protecting-your-vision#4>. Accessed Jun 18, 2019.

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 Joint Commission Resources, 2019.
File Name: 02 04 For Staff Safety Shower Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Safety Shower Procedure Checklist

Intended for use as a training tool for workers in advance of a chemical splash or spill on skin, as well as ongoing guidance, this checklist outlines the steps for using a safety shower to wash off hazardous substances from the skin.¹ If you will be working in an area where your skin could be splashed with a corrosive chemical or another substance that could potentially injure your skin on contact, make sure a safety shower is within reach in 10 seconds or less. (Numbered steps should be performed in sequence.)

Note to managers: This checklist is based on professional guidelines. Please see “Eyewash Station/Drench Shower Risk Assessment” for Joint Commission requirements and the applicable Occupational Safety and Health Administration (OSHA) regulations.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
1.	Go IMMEDIATELY to safety shower if hazardous substance has made contact with your skin or both skin and eyes.		
2.	Activate shower and stand under water.		
3.	Take off your contaminated clothing, jewelry, and shoes.		
4.	Remain under the stream of water for at least 15 minutes.		
5.	If chemical is in your eyes as well as on your skin, you may use the safety shower to flush your eyes.		
6.	Seek medical attention immediately.		
7.	Report incident to your supervisor.		

Reference

- Oregon State University Environmental Health & Safety. Safety Instruction: Eyewash & Safety Shower. https://ehs.oregonstate.edu/sites/ehs.oregonstate.edu/files/pdf/si/eyewash_and_safety_shower_si.pdf. Accessed Jun 18, 2019,

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 02 05 For Managers Decontamination Event Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Decontamination Event Procedure Checklist

This checklist outlines the steps for keeping health care staff safe during a major mass-casualty trauma event involving the release of unknown hazardous substances.^{1,2}

The items in this checklist are derived from evidence-based guidelines. Joint Commission requirements are identified with the “TJC” acronym. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
BEFORE DECONTAMINATION			
	Develop and document procedures for establishing a health care facility decontamination zone and support areas. (This should be detailed in a Joint Commission–accredited facility’s Emergency Operations Plan.) TJC		
	Understand the decontamination procedures described in the US Department of Health & Human Services (HHS) guidelines “Chemical Hazards Emergency Medical Management.” ¹		
	Ensure that health care workers in the decontamination zone wear effective minimum personal protective equipment (PPE): <ul style="list-style-type: none"> <input type="checkbox"/> NIOSH-approved powered air-purifying respirator (PAPR) that provides a protection factor of 1,000 <input type="checkbox"/> Double-layer protective gloves <input type="checkbox"/> Chemical-resistant suit <input type="checkbox"/> Head covering and eye/face protection (if not part of respirator) <input type="checkbox"/> Chemical-protective boots <input type="checkbox"/> Suit openings sealed with tape 		
	Ensure that staff members in the post-decontamination zone wear normal work clothes and employer-approved PPE as needed for infection control (for example, gloves, gown, appropriate respirator).		
	Direct staff who may be identifying contaminated victim(s) arriving unannounced to: <ul style="list-style-type: none"> <input type="checkbox"/> Avoid physical contact with patient. <input type="checkbox"/> Immediately notify supervisor and safety office of possible facility contamination. <input type="checkbox"/> Allow other properly trained and equipped staff members to isolate and decontaminate patient. 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Follow organization's briefing procedures for staff whose roles in the decontamination zone could not be anticipated before the incident, such as medical specialists or tradespeople.		
DURING RESPONSE			
	Follow organization's procedures for decontaminating victims. The HHS guidelines "Chemical Hazards Emergency Medical Management" recommend the following steps, each of which is discussed in detail: 1. Set up the decontamination and support areas. 2. Conduct the decontamination triage. 3. Decontaminate the victims. 4. Segregate victims for observation or treatment. 5. Release the victims.		
	Monitor staff for thermal stress (hot and cold), which can happen more easily when wearing heavier PPE than normal.		
	Monitor staff for ongoing stress symptoms, such as: <input type="checkbox"/> Poor concentration <input type="checkbox"/> Heightened or lowered alertness <input type="checkbox"/> Poor problem solving <input type="checkbox"/> Anxiety <input type="checkbox"/> Intense anger <input type="checkbox"/> Grief <input type="checkbox"/> Feeling overwhelmed <input type="checkbox"/> Loss of emotional control <input type="checkbox"/> Fatigue <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Dizziness <input type="checkbox"/> Profuse sweating <input type="checkbox"/> Thirst <input type="checkbox"/> Headaches <input type="checkbox"/> Visual difficulties <input type="checkbox"/> Jaw clenching <input type="checkbox"/> Nonspecific aches and pains		
	Provide more frequent breaks to staff if needed.		
	Get immediate medical help for staff who experience any of these symptoms: <input type="checkbox"/> Chest pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Severe pain <input type="checkbox"/> Shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, dilated pupils)		

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 Joint Commission Resources, 2019.

File Name: 02 05 For Managers Decontamination Event Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Follow procedures developed by the organization for disposing of contaminated waste, such as patients' contaminated clothing.		
POST INCIDENT			
	Encourage staff to use employer-provided mental health support resources.		
	Watch for signs of mental issues such as anxiety, depression, and post-traumatic stress disorder (PTSD), and refer staff to treatment if appropriate.		

References

1. US Department of Health & Human Services. Chemical Hazards Emergency Medical Management. Last updated Jun 26, 2019. <https://chemm.nlm.nih.gov/decontamination.htm>. Accessed Jul 21, 2019.
2. Occupational Safety and Health Administration (OSHA). OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances. Jan 2005. https://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html. Accessed Jul 21, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 02 06 For Staff Corrosive Chemical Exposure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Corrosive Chemical Exposure Checklist

A training tool for health care workers, as well as a source for ongoing education and guidance, this comprehensive checklist outlines the steps for protecting against exposure to corrosive chemicals and for emergency response to contact with eyes and/or skin. Some common corrosive chemicals handled by health care workers are ethylene oxide (EtO), used as a sterilant; ortho-phthalaldehyde (OPA), used as a high-level disinfectant; and hydrogen peroxide, peracetic acid (PAA), and hydrogen peroxide/peracetic acid mix, used as both sterilants and high-level disinfectants. (Numbered steps should be performed in sequence.)

Note to managers: This checklist is derived from a variety of authoritative sources. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment. Also, please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>. The hand hygiene sequence in this checklist derives from the Centers for Disease Control and Prevention (CDC). The Joint Commission requires that either CDC or World Health Organization (WHO) guidelines for hand hygiene be followed, but some states and municipalities require the CDC guidelines.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
BEFORE POTENTIAL EXPOSURE TO CORROSIVE CHEMICALS¹⁻³			
	Consult the safety data sheet (SDS) for any chemical you will be working with or near to learn if it is corrosive.		
	Consult the SDS for any chemical you will be working with or near to learn what specific protective measures are needed.		
	Consult the SDS for any chemical you will be working with or near to learn about specific safety precautions for handling, storing, and transporting the chemical.		
	Make sure the area in which you will be working has an eyewash station and safety shower that you can reach within 10 seconds.		
	Use only personal protective equipment (PPE) approved by employer for use with the corrosive chemical you will be working with or near.		
	Use selected PPE types based on assessment of your potential exposure to corrosive chemicals (contact, droplets, splashes, etc.).		
	Put on selected PPE in this order: disposable gown, respirator, goggles/face shield, disposable gloves.		
PUTTING ON DISPOSABLE GOWN			

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		
PUTTING ON RESPIRATOR			
1.	Inspect outside of respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change filter using employer-approved method.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain new respirator.		
4.	Follow employer-approved guidelines for facial hair with respirator usage.		
5.	Secure respirator ties or elastic bands at middle of head and neck.		
6.	Fit flexible band to nose bridge.		
7.	Fit respirator snugly to face and below chin.		
8.	Fit-check respirator using employer-approved method.		
PUTTING ON GOGGLES/FACE SHIELD			
1.	Place goggles/face shield over face and eyes.		
2.	Adjust to fit.		
PUTTING ON DISPOSABLE GLOVES			
	Wear employer-approved gloves designed for use with the corrosive chemical you will be working with or near.		
1.	Select gloves that fit hands comfortably, neither too loose nor too tight.		
2.	Inspect gloves for defects.		
3.	Pull gloves onto hands, one at a time.		
DURING EXPOSURE TO CORROSIVE CHEMICALS¹⁻³			
	Be sure area is well-ventilated.		
	Keep corrosive chemical containers closed when you are not using them.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	If you are mixing a corrosive chemical with water, always add the chemical to the water (do NOT add the water to the chemical), dispensing the chemical slowly.		
	Never set or store corrosive liquids above eye level—set them near the floor, preferably.		
	Set down or store acids and bases (caustics) separately from each other.		
	Work from clean to dirty, touching clean body sites or surfaces before you touch dirty or heavily contaminated areas.		
	Don't touch your face or adjust other PPE.		
	Don't touch environmental surfaces except as necessary during patient care.		
	Change gloves if they become damaged or contact with a corrosive chemical is known or suspected.		
	Change gloves after use on each patient.		
	Clean up any corrosive chemical spills using employer-approved materials.		
	Dispose of corrosive wastes safely in employer-approved container for corrosive wastes.		
REMOVING PPE FOR CORROSIVE CHEMICALS			
	Remove selected PPE in this order: disposable gloves, goggles/face shield, disposable gown, respirator.		
	After all PPE is removed, perform hand hygiene.		
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
REMOVING DISPOSABLE GLOVES			
	Always remove and discard gloves before leaving the patient's room or care area.		
	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
1.	Using a gloved hand, grasp the palm area of the other gloved hand.		
2.	Peel off first glove.		
3.	Hold removed glove in gloved hand.		
4.	Slide fingers of ungloved hand under remaining glove at wrist.		
5.	Peel off second glove over first glove.		
6.	Dispose of gloves into employer-designated container for corrosive chemical waste.		
REMOVING GOGGLES/FACE SHIELD			
	Always remove and discard goggles/face shield before leaving the patient's room or care area.		
	Do not touch the outside of goggles/face shield—it is contaminated.		
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an ABHR.		
1.	Lift head band or ear pieces from the back.		
2.	Remove goggles/face shield from the back.		
3.	If reusable, place in designated receptacle for reprocessing.		
4.	If not reusable, discard in employer-designated container for corrosive chemical waste.		
REMOVING DISPOSABLE GOWN			
	Always remove and discard gown before leaving the patient's room or care area.		
	Do not touch the front and sleeves of the gown—they are contaminated.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an ABHR.		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		
5.	Fold or roll gown into a bundle.		
6.	Discard gown in employer-designated container for corrosive chemical waste.		
REMOVING RESPIRATOR			
	Remove respirator AFTER leaving patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an ABHR.		
1.	Grasp bottom ties or elastics of respirator first.		
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	Discard respirator in employer-designated container for corrosive chemical waste.		
5.	If respirator has a replaceable filter, discard filter in employer-designated container for corrosive chemical waste. Clean and store respirator as directed by employer.		
PERFORM HAND HYGIENE AFTER ALL PPE IS REMOVED			
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
IF CORROSIVE CHEMICAL MAKES CONTACT WITH EYES 4,5			
1.	Go IMMEDIATELY to eyewash station.		
2.	Activate the hands-free lever.		
3.	Get your eyes directly into the stream of water.		
4.	If you have contacts, gently remove them while flushing eyes.		
5.	Hold eyes open with your fingers.		
6.	Gently roll eyes left to right and up and down.		
7.	Flush eyes for at least 15 minutes.		
8.	Seek medical attention immediately.		
9.	Report incident to your supervisor.		
IF CORROSIVE CHEMICAL MAKES CONTACT WITH SKIN 4,5			
1.	Go IMMEDIATELY to safety shower.		
2.	Activate shower and stand under water.		
3.	Take off contaminated clothing, jewelry, and shoes.		
4.	Remain under the stream of water for at least 15 minutes.		
5.	Seek medical attention immediately.		
6.	Report incident to your supervisor.		

References

1. New Jersey Department of Health. Right to Know Hazardous Substance Fact Sheets. <https://web.doh.state.nj.us/rtkhsfs/indexfs.aspx>. Accessed Jun 19, 2019.
2. National Institute for Occupational Safety and Health (NIOSH). NIOSH Pocket Guide to Chemical Hazards. <https://www.cdc.gov/niosh/npg/default.html>. Page last reviewed April 7, 2016. Accessed Jun 18, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
Joint Commission Resources, 2019.

File Name: 02 06 For Staff Corrosive Chemical Exposure Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

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4. Oregon State University Environmental Health & Safety. Eyewash & Safety Shower fact sheet.
https://ehs.oregonstate.edu/sites/ehs.oregonstate.edu/files/pdf/si/eyewash_and_safety_shower_si.pdf. Accessed Jun 18, 2019.
5. American Optometric Association. Protecting Your Eyes at Work: What should be done in an eye emergency?
<https://www.aoa.org/patients-and-public/caring-for-your-vision/protecting-your-vision#4>. Accessed Jun 18, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 02.07 For Staff Formaldehyde Exposure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Formaldehyde Exposure Checklist

A training tool for health care workers, as well as a source for ongoing education and guidance, this comprehensive checklist outlines the steps for protecting against exposure to formaldehyde, which is used as a sterilant and a disinfectant, and for emergency response to contact with eyes and/or skin. (Numbered steps should be performed in sequence.)

Note to managers: This checklist is derived from a variety of authoritative sources. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment. Also, please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>. The hand hygiene sequence in this checklist derives from the Centers for Disease Control and Prevention (CDC). The Joint Commission requires that either CDC or World Health Organization (WHO) guidelines for hand hygiene be followed, but some states and municipalities require the CDC guidelines.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE POTENTIAL EXPOSURE TO FORMALDEHYDE			
	Use only personal protective equipment (PPE) approved by employer for use during formaldehyde exposure.		
	Use selected PPE types based on assessment of your potential exposure to formaldehyde (contact, droplets, splashes, etc.).		
	Put on selected PPE in this order: disposable gown, respirator, goggles/face shield, gloves.		
PUTTING ON DISPOSABLE GOWN			
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		
PUTTING ON RESPIRATOR			
1.	Inspect outside of respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change filter using employer-approved method.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain new respirator.		
4.	Follow employer-approved guidelines for facial hair with respirator usage.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
5.	Secure respirator ties or elastic bands at middle of head and neck.		
6.	Fit flexible band to nose bridge.		
7.	Fit respirator snugly to face and below chin.		
8.	Fit-check respirator using employer-approved method.		
PUTTING ON GOGGLES/FACE SHIELD			
1.	Place goggles/face shield over face and eyes.		
2.	Adjust to fit.		
PUTTING ON GLOVES			
	For concentrated formaldehyde solutions (i.e., 10% or greater), wear employer-approved medium or heavyweight nitrile, neoprene, rubber, or PVC gloves. For dilute (that is, 10% or less) formaldehyde solutions, wear employer-approved disposable nitrile gloves.		
1.	Select gloves that fit hands comfortably, neither too loose nor too tight.		
2.	Inspect gloves for defects.		
3.	Pull gloves onto hands, one at a time.		
DURING EXPOSURE TO FORMALDEHYDE			
	Work in a well-ventilated area.		
	Use only enough formaldehyde to perform the required procedure.		
	If you are combining formaldehyde with water, always add the formaldehyde to the water (do NOT add the water to the formaldehyde), dispensing the formaldehyde slowly.		
	Keep containers that hold formaldehyde sealed or covered.		
	Work from clean to dirty, touching clean surfaces before you touch dirty or heavily contaminated areas.		
	Don't touch your face or adjust other PPE.		
	Don't touch environmental surfaces except as necessary.		
	Change gloves if they become damaged.		
	Change gown immediately after a spill or splash.		
	Manage formaldehyde spills using employer-approved procedures.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Dispose of spill cleanup materials in employer-designated waste container.		
REMOVING PPE FOR FORMALDEHYDE			
	Remove selected PPE in this order: gloves, goggles/face shield, disposable gown, respirator.		
	After all PPE is removed, perform hand hygiene.		
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
REMOVING GLOVES			
	Always remove and discard gloves before leaving the patient's room or care area.		
	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
1.	Using a gloved hand, grasp the palm area of the other gloved hand.		
2.	Peel off first glove.		
3.	Hold removed glove in gloved hand.		
4.	Slide fingers of ungloved hand under remaining glove at wrist.		
5.	Peel off second glove over first glove.		
6.	For disposable gloves: Dispose of gloves into employer-designated container for formaldehyde waste.		
7.	For reusable gloves: Follow employer-approved procedure for cleaning gloves.		
REMOVING GOGGLES/FACE SHIELD			

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Always remove and discard goggles/face shield before leaving the patient's room or care area.		
	Do not touch the outside of goggles/face shield—it is contaminated.		
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an ABHR.		
1.	Lift head band or ear pieces from the back.		
2.	Remove goggles/face shield from the back.		
3.	If reusable, place in designated receptacle for reprocessing.		
4.	If not reusable, discard in employer-designated container for formaldehyde waste.		
REMOVING DISPOSABLE GOWN			
	Always remove and discard gown before leaving the patient's room or care area.		
	Do not touch the front and sleeves of the gown—they are contaminated.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an ABHR.		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		
5.	Fold or roll gown into a bundle.		
6.	Discard gown in employer-designated container for formaldehyde waste.		
REMOVING RESPIRATOR			
	Remove respirator AFTER leaving patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an ABHR.		
1.	Grasp bottom ties or elastics of respirator first.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	Discard respirator in employer-designated container for formaldehyde waste.		
5.	If respirator has a replaceable filter, discard filter in employer-designated container for formaldehyde waste. Clean and store respirator as directed by employer.		
PERFORM HAND HYGIENE AFTER ALL PPE IS REMOVED			
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
IF FORMALDEHYDE MAKES CONTACT WITH EYES			
1.	Go IMMEDIATELY to eyewash station.		
2.	Activate the hands-free lever.		
3.	Get your eyes directly into the stream of water.		
4.	If you have contacts, gently remove them while flushing eyes.		
5.	Hold eyes open with your fingers.		
6.	Gently roll eyes left to right and up and down.		
7.	Flush eyes for at least 15 minutes.		
8.	Seek medical attention immediately.		
9.	Report incident to your supervisor.		
IF FORMALDEHYDE MAKES CONTACT WITH SKIN			
1.	Go IMMEDIATELY to safety shower.		

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File Name: 02 07 For Staff Formaldehyde Exposure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
2.	Activate shower and stand under water.		
3.	Take off contaminated clothing, jewelry, and shoes.		
4.	Remain under the stream of water for at least 15 minutes.		
5.	Seek medical attention immediately.		
6.	Report incident to your supervisor.		

References

1. New Jersey Department of Health. Right to Know Hazardous Substance Fact Sheets. <https://web.doh.state.nj.us/rtkhsfs/indexfs.aspx>. Accessed Jun 19, 2019.
2. National Institute for Occupational Safety and Health (NIOSH). NIOSH Pocket Guide to Chemical Hazards. <https://www.cdc.gov/niosh/npg/default.html>. Page last reviewed April 7, 2016. Accessed Jun 18, 2019.
3. Occupational Safety and Health Administration (OSHA). Healthcare Wide Hazards: Hazardous Chemicals. <https://www.osha.gov/SLTC/etools/hospital/hazards/hazchem/haz.html>. Accessed Jun 19, 2019.

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 Joint Commission Resources, 2019.
File Name: 02 08 For Staff Glutaraldehyde Exposure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Glutaraldehyde Exposure Checklist

A training tool for health care workers, this comprehensive checklist, which begins with a risk assessment, outlines the steps for protecting against exposure to glutaraldehyde, which is used as a sterilant and a high-level disinfectant, and for emergency response to contact with eyes and/or skin. (Numbered steps should be performed in sequence.)

Note to managers: This checklist is derived from a variety of authoritative sources. Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment. Also, please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>. The hand hygiene sequence in this checklist derives from the Centers for Disease Control and Prevention (CDC). The Joint Commission requires that either CDC or World Health Organization (WHO) guidelines for hand hygiene be followed, but some states and municipalities require the CDC guidelines.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF EXPOSURE TO GLUTARALDEHYDE IS POSSIBLE. IF YOU ANSWER YES TO ANY OR ALL QUESTIONS, THEN YOU SHOULD FOLLOW THE PROTOCOLS BELOW.¹				
Will you be working in an area with a cold sterilizing procedure that uses glutaraldehyde?				
Will you be working in an operating room, dialysis department, endoscopy unit, or intensive care unit where glutaraldehyde formulations are used in infection control procedures?				
Will you be working in a central service area where glutaraldehyde is used as a sterilant?				
Will you be preparing alkaline solutions or fixing tissues in a histology or pathology lab?				
Will you be sterilizing laboratory benchtops with glutaraldehyde solutions?				
Will you be developing X-rays?				

STEP	ACTION	✓	NOTES
BEFORE POTENTIAL EXPOSURE TO GLUTARALDEHYDE			
1.	Use only personal protective equipment (PPE) approved by employer for use during glutaraldehyde exposure.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
2.	Use selected PPE types based on assessment of your potential exposure to glutaraldehyde (contact, droplets, splashes, etc.).		
3.	Put on selected PPE in this order: disposable gown, respirator, goggles/face shield, disposable gloves.		
PUTTING ON DISPOSABLE GOWN			
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		
PUTTING ON RESPIRATOR			
1.	Inspect outside of respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change filter using employer-approved method.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain new respirator.		
4.	Follow employer-approved guidelines for facial hair with respirator usage.		
5.	Secure respirator ties or elastic bands at middle of head and neck.		
6.	Fit flexible band to nose bridge.		
7.	Fit respirator snugly to face and below chin.		
8.	Fit-check respirator using employer-approved method.		
PUTTING ON GOGGLES/FACE SHIELD			
1.	Place goggles/face shield over face and eyes.		
2.	Adjust to fit.		
PUTTING ON DISPOSABLE GLOVES			
	Wear employer-approved nitrile, butyl rubber, or other gloves designed for use with glutaraldehyde. Latex, neoprene, and PVC gloves are not recommended.		
1.	Select gloves that fit hands comfortably, neither too loose nor too tight.		
2.	Inspect gloves for defects.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
3.	Pull gloves onto hands, one at a time.		
During Exposure to Glutaraldehyde²⁻⁴			
	Work in a well-ventilated area.		
	Use only enough glutaraldehyde to perform the required procedure.		
	If you are combining glutaraldehyde with water, always add the glutaraldehyde to the water (do NOT add the water to the glutaraldehyde), dispensing the glutaraldehyde slowly.		
	Wash gloved hands after handling glutaraldehyde.		
	Seal or cover containers that hold glutaraldehyde solutions.		
	Work from clean to dirty, touching clean surfaces before you touch dirty or heavily contaminated areas.		
	Don't touch your face or adjust other PPE.		
	Don't touch environmental surfaces except as necessary.		
	Change gloves if they become damaged.		
	Change gown immediately after a spill or splash.		
	Manage glutaraldehyde spills using employer-approved procedures.		
	Dispose of spill cleanup materials in employer-designated waste container.		
REMOVING PPE FOR GLUTARALDEHYDE			
	Remove selected PPE in this order: disposable gloves, goggles/face shield, disposable gown, respirator.		
	After all PPE is removed, perform hand hygiene.		
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
REMOVING DISPOSABLE GLOVES			
	Always remove and discard gloves before leaving the patient's room or care area.		
	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
1.	Using a gloved hand, grasp the palm area of the other gloved hand.		
2.	Peel off first glove.		
3.	Hold removed glove in gloved hand.		
4.	Slide fingers of ungloved hand under remaining glove at wrist.		
5.	Peel off second glove over first glove.		
6.	Dispose of gloves into employer-designated container for glutaraldehyde waste.		
REMOVING GOGGLES/FACE SHIELD			
	Always remove and discard goggles/face shield before leaving the patient's room or care area.		
	Do not touch the outside of goggles/face shield—it is contaminated.		
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an ABHR.		
1.	Lift head band or ear pieces from the back.		
2.	Remove goggles/face shield from the back.		
3.	If reusable, place in designated receptacle for reprocessing.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
4.	If not reusable, discard in employer-designated container for glutaraldehyde waste.		
REMOVING DISPOSABLE GOWN			
	Always remove and discard gown before leaving the patient's room or care area.		
	Do not touch the front and sleeves of the gown—they are contaminated.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an ABHR.		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		
5.	Fold or roll gown into a bundle.		
6.	Discard gown in employer-designated container for glutaraldehyde waste.		
REMOVING RESPIRATOR			
	Remove respirator AFTER leaving patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an ABHR.		
1.	Grasp bottom ties or elastics of respirator first.		
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	Discard respirator in employer-designated container for glutaraldehyde waste.		
5.	If respirator has a replaceable filter, discard filter in employer-designated container for glutaraldehyde waste. Clean and store respirator as directed by employer.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
PERFORM HAND HYGIENE AFTER ALL PPE IS REMOVED			
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
IF GLUTARALDEHYDE MAKES CONTACT WITH EYES			
1.	Go IMMEDIATELY to eyewash station.		
2.	Activate the hands-free lever.		
3.	Get your eyes directly into the stream of water.		
4.	If you have contacts, gently remove them while flushing eyes.		
5.	Hold eyes open with your fingers.		
6.	Gently roll eyes left to right and up and down.		
7.	Flush eyes for at least 15 minutes.		
8.	Seek medical attention immediately.		
9.	Report incident to your supervisor.		
IF GLUTARALDEHYDE MAKES CONTACT WITH SKIN			
1.	Go IMMEDIATELY to safety shower.		
2.	Activate shower and stand under water.		
3.	Take off contaminated clothing, jewelry, and shoes.		
4.	Remain under the stream of water for at least 15 minutes.		
5.	Seek medical attention immediately.		

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Joint Commission Resources, 2019.

File Name: 02 08 For Staff Glutaraldehyde Exposure Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

STEP	ACTION	✓	NOTES
6.	Report incident to your supervisor.		

References

1. Occupational Safety and Health Administration (OSHA). Healthcare Wide Hazards: Glutaraldehyde.
<https://www.osha.gov/SLTC/etools/hospital/hazards/glutaraldehyde/glut.html>. Accessed Jun 19, 2019.
2. New Jersey Department of Health. Right to Know Hazardous Substance Fact Sheets.
<https://web.doh.state.nj.us/rtkhsfs/indexfs.aspx>. Accessed Jun 19, 2019.
3. National Institute for Occupational Safety and Health (NIOSH). NIOSH Pocket Guide to Chemical Hazards.
<https://www.cdc.gov/niosh/npg/default.html>. Page last reviewed April 7, 2016. Accessed Jun 18, 2019.
4. OSHA. Healthcare Wide Hazards: Hazardous Chemicals.
<https://www.osha.gov/SLTC/etools/hospital/hazards/hazchem/haz.html>. Accessed Jun 19, 2019.

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 Joint Commission Resources, 2019.
File Name: 02 09 For Staff Hazardous Drugs Exposure Protection Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Hazardous Drugs Exposure Protection Checklist

This comprehensive checklist, which begins with a risk assessment, outlines the steps for putting on and removing personal protective equipment (PPE) to safely handle hazardous drugs, such as those used for cancer therapy, and some antiviral drugs, hormone agents, and bioengineered drugs. (Numbered steps should be performed in sequence.) The steps are guidelines from the National Institute for Occupational Safety and Health (NIOSH).

Note to managers: Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment. Also, please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>. The hand hygiene sequence in this checklist derives from the Centers for Disease Control and Prevention (CDC). The Joint Commission requires that either CDC or World Health Organization (WHO) guidelines for hand hygiene be followed, but some states and municipalities require the CDC guidelines. Some of the checklist items may be governed by the Environmental Protection Agency and other regulations for the transport and disposal of hazardous waste.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF EXPOSURE TO HAZARDOUS DRUGS IS POSSIBLE. IF YOU ANSWER YES TO ANY OR ALL OF THE QUESTIONS, FOLLOW THE PROTOCOLS BELOW.^{1,2}				
Will you be reconstituting powdered or lyophilized drugs and further diluting either the reconstituted powder or concentrated liquid forms of hazardous drugs?				
Will you be expelling air from syringes filled with hazardous drugs?				
Will you be administering hazardous drugs by intramuscular, subcutaneous, or intravenous (IV) routes?				
Will you be counting individual, uncoated oral doses and tablets of hazardous drugs from multi-dose bottles?				
Will you be unit-dosing uncoated tablets of hazardous drugs in a unit-dose machine?				
Will you be crushing tablets of hazardous drugs to make oral liquid doses?				
Will you be compounding potent powders of hazardous drugs into custom-dosage capsules?				
Will you be contacting measurable concentrations of hazardous drugs present on drug vial exteriors, work surfaces, floors, and final drug products (bottles, bags, cassettes, syringes)?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Will you be generating aerosols during the administration of hazardous drugs, either by direct intravenous (IV) push or by IV infusion?				
Will you be priming the IV set with a hazardous drug-containing solution at the patient bedside?				
Will you be handling body fluids or body fluid-contaminated clothing, dressings, linens, and other materials during preparation, administration, or disposal of hazardous drugs?				
Will you be handling contaminated wastes generated at any step of the hazardous drugs preparation or administration process?				
Will you be performing certain specialized procedures (such as intraoperative intraperitoneal chemotherapy) in the operating room?				
Will you be handling unused hazardous drugs or hazardous drug-contaminated waste?				
Will you be decontaminating and cleaning drug preparation or clinical areas?				
Will you be transporting infectious, chemical, or hazardous waste containers?				
Will you be removing and disposing of personal protective equipment (PPE) after handling hazardous drugs or waste?				

STEP	ACTION	✓	NOTES
BEFORE POTENTIAL EXPOSURE TO HAZARDOUS DRUGS			
	Use only PPE approved by employer for use during hazardous drug exposure.		
	Use selected PPE types based on assessment of your potential exposure to hazardous drugs (contact, droplets, splashes, etc.).		
	Put on selected PPE in this order: disposable gown, respirator, goggles/face shield, disposable gloves.		
PUTTING ON DISPOSABLE GOWN			
	Gown should not have seams, closures, or damage that could allow drugs to pass through.		
	Gown should have long sleeves with tight-fitting cuffs.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		
PUTTING ON RESPIRATOR			
1.	Inspect outside of respirator filter material for damage or soiling.		
2.	If respirator has a replaceable filter and filter is damaged or soiled, change filter using employer-approved method.		
3.	If respirator is disposable and is damaged or soiled, discard it and obtain new respirator.		
4.	Follow employer-approved guidelines for facial hair with respirator usage.		
5.	Secure respirator ties or elastic bands at middle of head and neck.		
6.	Fit flexible band to nose bridge.		
7.	Fit respirator snugly to face and below chin.		
8.	Fit-check respirator using employer-approved method.		
PUTTING ON GOGGLES/FACE SHIELD			
1.	Place goggles/face shield over face and eyes.		
2.	Adjust to fit.		
PUTTING ON DISPOSABLE GLOVES			
	Wear employer-approved, powder-free gloves designed for use with specific hazardous drugs you will be exposed to, such as chemotherapy gloves.		
	Wear two pairs of gloves when compounding, administering, and disposing of hazardous drugs.		
	Sterile chemotherapy gloves are required for compounding of sterile preparations.		
1.	Select gloves that fit hands comfortably, neither too loose nor too tight.		
2.	Inspect gloves for defects.		
3.	Pull first pair of gloves onto hands, one at a time.		
4.	Keep inner gloves under gown cuffs (if wearing gown).		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
5.	If wearing double gloves, pull second pair of gloves onto hands, one at a time.		
6.	Keep second pair of gloves over gown cuffs (if wearing gown).		
DURING EXPOSURE TO HAZARDOUS DRUGS			
	Work from clean to dirty, touching clean body sites or surfaces before you touch dirty or heavily contaminated areas.		
	Don't touch your face or adjust other PPE.		
	Don't touch environmental surfaces except as necessary during patient care.		
	Change gloves every 30 to 60 minutes.		
	Change gloves if they become damaged or contact with a hazardous drug is known or suspected.		
	Change gloves after use on each patient.		
	Change gown every two to three hours.		
	Change gown immediately after a spill or splash.		
	Do not wear gown outside of the hazardous drug compounding or administration area.		
	Place contaminated sharps in employer-designated waste container for sharps contaminated with hazardous drugs. Do NOT place hazardous drug-contaminated sharps in red sharps containers that are used for infectious wastes.		
	Manage hazardous drug spills using employer-approved procedures.		
	Dispose of spill cleanup materials in employer-designated chemical waste container—NOT in a chemotherapy waste or biohazard container.		
REMOVING PPE FOR HAZARDOUS DRUGS			
	Remove selected PPE in this order: disposable gloves, goggles/face shield, disposable gown, respirator.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	After all PPE is removed, immediately wash hands thoroughly: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
REMOVING DISPOSABLE GLOVES			
	Always remove and discard gloves before leaving the patient's room or care area.		
	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
1.	If wearing double gloves, remove outer gloves: <ul style="list-style-type: none"> <input type="checkbox"/> Using a gloved hand, grasp the palm area of the other gloved hand. <input type="checkbox"/> Peel off first outer glove. <input type="checkbox"/> Hold removed glove in double-gloved hand. <input type="checkbox"/> Slide fingers of single-gloved hand under remaining outer glove at wrist. <input type="checkbox"/> Peel off second outer glove over removed outer glove. <input type="checkbox"/> Dispose of outer gloves into employer-designated contaminated waste or yellow chemotherapy waste container. 		
2.	Remove single gloves or inner gloves: Using a gloved hand, grasp the palm area of the other gloved hand.		
3.	Peel off first glove.		
4.	Hold removed glove in gloved hand.		
5.	Slide fingers of ungloved hand under remaining glove at wrist.		
6.	Peel off second glove over first glove.		
7.	Dispose of gloves into employer-designated contaminated waste or yellow chemotherapy waste container.		
REMOVING GOGGLES/FACE SHIELD			
	Always remove and discard goggles/face shield before leaving the patient's room or care area.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Do not touch the outside of goggles/face shield—it is contaminated.		
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an ABHR.		
1.	Lift head band or ear pieces from the back.		
2.	Remove goggles/face shield from the back.		
3.	If reusable, place in designated receptacle for reprocessing.		
4.	If not reusable, discard in employer-designated contaminated waste or yellow chemotherapy waste container.		
REMOVING DISPOSABLE GOWN			
	Always remove and discard gown before leaving the patient's room or care area.		
	Do not touch the front and sleeves of the gown—they are contaminated.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an ABHR.		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		
5.	Fold or roll gown into a bundle.		
6.	Discard gown in employer-designated contaminated waste or yellow chemotherapy waste container.		
REMOVING RESPIRATOR			
	Remove respirator AFTER leaving patient room and closing the door.		
	Do not touch the front of the respirator—it is contaminated.		
	If hands get contaminated at any point during respirator removal, immediately wash hands or use an ABHR.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
1.	Grasp bottom ties or elastics of respirator first.		
2.	Grasp top ties or elastics of respirator next.		
3.	Remove respirator without touching the front of the respirator.		
4.	Discard respirator in employer-designated contaminated waste or yellow chemotherapy waste container.		
5.	If respirator has a replaceable filter, discard filter in employer-designated contaminated waste or yellow chemotherapy waste container. Clean and store respirator as directed by employer.		
PERFORM HAND HYGIENE AFTER ALL PPE IS REMOVED			
	Immediately wash hands thoroughly: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		

References

1. National Institute of Occupational Safety and Health (NIOSH). NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. <https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf>. Accessed Jun 18, 2019.
2. NIOSH. Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs. Page last reviewed Jun 6, 2014. <https://www.cdc.gov/niosh/docs/wp-solutions/2009-106/default.html>. Accessed Jun 19, 2019.

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File Name: 02 10 For Staff Waste Anesthetic Gas Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Waste Anesthetic Gas Checklist

A training tool for health care staff, as well as a source for ongoing education and guidance, this checklist, which begins with a risk assessment, outlines the steps for reducing exposure to waste anesthetic gases during procedures that require a patient to be anesthetized.¹

Note to managers: *This checklist is derived from the evidence-based recommendations of the National Institute for Occupational Safety and Health (NIOSH), a division of the Centers for Disease Control and Prevention (CDC). Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE ANESTHESIA			
	Wear employer-approved personal protective equipment (PPE).		
	Inspect anesthetic delivery system before each use, looking for irregularities and breaks.		
	Check patient's breathing circuit for negative pressure and positive pressure relief as part of daily machine checklist.		
	Turn on room or local ventilation system.		
	Make sure scavenging system equipment is properly connected.		
	Connect the gas outlet to the central scavenging system.		
DURING ANESTHESIA			
	Start gas flow after laryngeal mask or endotracheal tube is installed.		
	Fill vaporizers under a ceiling-mounted hood with an active evacuation system.		
	Fill vaporizers before or after anesthetic procedure.		
	Make sure uncuffed endotracheal tubes create a completely sealed airway.		
	Use lowest anesthetic gas flow rates possible for proper functioning of anesthesia delivery system and patient safety.		
	Avoid very high anesthetic gas flow rates to prevent leaks.		
	Do not deliver anesthesia by open drop (dripping liquid, volatile anesthetic onto gauze).		

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File Name: 02 10 For Staff Waste Anesthetic Gas Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
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STEP	ACTION	✓	NOTES
	If a mask is used on patient, makes sure it fits the patient well with a firm seal.		
	Eliminate residual gases through the scavenging system as much as possible before disconnecting patient from breathing system.		
	Turn off gas before turning off breathing system.		

Reference

1. National Institute for Occupational Safety and Health (NIOSH). Waste Anesthetic Gases—Occupational Hazards in Hospitals. Page last reviewed Jan 6, 2014. <https://www.cdc.gov/niosh/docs/2007-151/default.html>. Accessed Jun 19, 2019.

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File Name: 02 11 For Staff Surgical Smoke Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Surgical Smoke Checklist

A training tool, as well as a source for ongoing education and guidance, this checklist outlines the steps for preventing and managing exposure to smoke plume created by heat-generating surgical instruments such as lasers or electrosurgical units (ESU).¹⁻³

Note to managers: *This checklist is derived from the evidence-based recommendations of the National Institute for Occupational Safety and Health (NIOSH), a division of the Centers for Disease Control and Prevention (CDC), and the Association of periOperative Registered Nurses (AORN). Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment. Also, please be aware that OSHA has issued a final rule that provides employers with two new fit-testing protocols to ensure that respirators fit properly. For more information, visit <https://www.federalregister.gov/documents/2019/09/26/2019-20686/additional-ambient-aerosol-cnc-quantitative-fit-testing-protocols-respiratory-protection-standard>.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE SURGERY			
	Wear employer-approved personal protective equipment (PPE) for surgical procedure, including a properly fitted, filtering facepiece N95 respirator.		
	When large amounts of surgical smoke plume will be generated, use an individual smoke evacuation unit with an ultra-low particulate air (ULPA) filter. Replace smoke evacuator filter as recommended by the manufacturer.		
	When only a minimal amount of surgical smoke plume will be generated, a central suction system with an in-line ULPA filter—placed between the suction wall/ceiling connection and the suction canister—may be used.		
DURING SURGERY			
	Use new tubing before each procedure.		
	Make sure smoke evacuator is on (activated) at all times when airborne particles are produced.		
	Keep smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site.		
AFTER SURGERY			
	Dispose of all used smoke evacuator tubing, filters, and absorbers in employer-designated container for infectious waste.		

References

1. National Institute for Occupational Safety and Health (NIOSH). Health and Safety Practices Survey of Healthcare Workers:

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Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
Joint Commission Resources, 2019.

File Name: 02 11 For Staff Surgical Smoke Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

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Accessed Jun 19, 2019.

2. Association of periOperative Registered Nurses (AORN). Recommended Practices for Electrosurgery. 2012 Perioperative Standards and Recommended Practices. <https://www.medline.com/media/mkt/pdf/research/or-safety-lean/AORN-electrosurgery-guidelines.pdf>. Accessed Jun 19, 2019.
3. NIOSH. Control of Smoke from Laser/Electric Surgical Procedures. Page last reviewed Jun 6, 2014. <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html>. Accessed Jun 19, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 02 12 For Staff Latex Allergy Prevention or Protection Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Latex Allergy Prevention/Protection Checklist

This checklist outlines the steps for preventing and coping with latex allergy that can develop from wearing latex gloves or using latex-containing medical supplies such as catheters, bed sheet protectors, and elastic bandages and wraps.^{1,2}

Note to managers: *This checklist is derived from the evidence-based recommendations of the National Institute for Occupational Safety and Health (NIOSH), a division of the Centers for Disease Control and Prevention (CDC), and the Occupational Safety and Health Administration (OSHA). The hand hygiene sequence is based on CDC guidelines. Note that The Joint Commission requires accredited organizations to follow either the CDC or the World Health Organization (WHO) guidelines for hand hygiene, but some states require the CDC guidelines. OSHA requires a hazard assessment before determining the selection of personal protective equipment.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
IF YOU ARE NOT ALLERGIC TO LATEX			
	Participate in latex education and allergy training provided by your employer.		
	When there is no risk of exposure to blood or other potentially infectious materials, use non-latex gloves (such as vinyl or synthetic rubber) that offer protection against infectious materials.		
	If using hypoallergenic gloves as an alternative to latex gloves, make sure they are latex-free. (Not all hypoallergenic gloves, glove liners, and powderless gloves are latex-free.)		
	When wearing latex gloves, choose gloves that are reduced-protein and powderless, if possible.		
	When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration) unless they have been shown to reduce latex-related problems AND maintain glove barrier protection.		
	Frequently clean areas and equipment contaminated with latex-containing dust.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Always wash hands after removing gloves and other personal protective equipment (PPE) to minimize powder and/or latex remaining in contact with the skin: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		
IF YOU ARE DIAGNOSED WITH LATEX ALLERGY			
	Inform your employer and personal health care providers that you have latex allergy.		
	Follow your physician's recommendations about latex allergy.		
	Wear a medical alert bracelet.		
	Avoid touching, using, or being near latex-containing gloves and products.		
	Avoid areas where latex is likely to be inhaled (such as where powdered latex gloves are being used).		
	Before receiving any shots, be sure the person giving the shot is using a latex-free vial stopper.		

References

1. National Institute for Occupational Safety and Health (NIOSH). NIOSH Hazard Review: Occupational Hazards in Home Healthcare. Page last reviewed Jun 6, 2014. <https://www.cdc.gov/niosh/docs/2010-125/default.html>. Accessed Jun 19, 2009.
2. Occupational Safety and Health Administration (OSHA). Healthcare Wide Hazards: Latex Allergy. <https://www.osha.gov/SLTC/etools/hospital/hazards/latex/latex.html>. Accessed Jun 19, 2019.

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 Joint Commission Resources, 2019.
File Name: 02 13 For Staff Pregnancy Chemical Exposure Prevention Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Pregnancy Chemical Exposure Prevention Checklist

Designed as guidance for health care staff members who are or might be pregnant, this checklist outlines the steps for protecting yourself against exposure to hazardous chemicals from a variety of workplace sources during your pregnancy.¹

Note to managers: This checklist is derived from the evidence-based recommendations of the National Institute for Occupational Safety and Health (NIOSH), a division of the Centers for Disease Control and Prevention (CDC). Remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
REDUCE/ELIMINATE EXPOSURE AS MUCH AS POSSIBLE*			
	Follow all standard chemical safety recommendations carefully.		
	Practice safe hand hygiene, cleaning hands frequently.		
	Always wear recommended personal protective equipment (PPE) for exposure to a chemical, which may include employer-approved gloves, gown, face mask, goggles/face shield, and respiratory protection.		
	Make sure the area you are working in is well-ventilated.		
	Always use safe sharps handling procedures.		
	Change out of contaminated work clothing before going inside your home, and wash and store work and non-work clothing separately.		
RESPIRATOR USAGE²			
	Weight changes during pregnancy can affect how a tight-fitting respirator fits. You may be able to use only a respirator that doesn't fit tightly to the face, which could affect tasks you will be able to perform safely.		
	Some respirators (such as negative pressure respirators) make you work harder to breathe, which may cause difficulties, especially in later trimesters. Talk to your physician and safety officer to make sure you can wear your respirator safely and correctly throughout pregnancy.		
	If you have difficulty with your normal respirator during pregnancy, consider asking to switch job duties temporarily so you don't need to wear a respirator.		

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Joint Commission Resources, 2019.

File Name: 02 13 For Staff Pregnancy Chemical Exposure Prevention Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

*Although these steps are true for all health care workers, they are worth repeating here because a fetus is so vulnerable to chemical exposure.

References

1. National Institute for Occupational Safety and Health (NIOSH). Reproductive Health and the Workplace: Chemical Disinfectants and Sterilants. Page last reviewed Apr 20, 2017. <https://www.cdc.gov/niosh/topics/repro/disinfectants.html>. Accessed Jun 19, 2019.
2. NIOSH: Reproductive Health and the Workplace: What You Should Know About Personal Protective Equipment. Page last reviewed Apr 20, 2017. <https://www.cdc.gov/niosh/topics/repro/ppe.html>. Accessed Jun 19, 2019.

Chapter 3

Physical Hazards

What Is the Rationale for the Checklists in This Chapter?

Sprains and strains. Fractures. Bruises. The physical hazards experienced by frontline health care workers all too often result in injuries like these and more. Indeed, in 2017, one segment of US health care workers—staff at nursing care centers and other residential care facilities—had a higher total incidence rate of nonfatal occupational injury and illness (10.9) than any other occupational category, according to industry injury and illness data from the Bureau of Labor Statistics.¹

Overexertion and bodily reaction—including motions such as lifting, bending, or reaching—continue to be the top cause of injury among health care workers, followed by slips, trips, and falls; contact with objects; violence; and exposure to hazardous substances. Nurses, nursing assistants, and non-patient care staff, such as maintenance workers, suffer the highest injury rates for slips, trips, and falls. For injuries that result in days away from work, sprains and strains lead the list (54% of health care workers). Bruises (11%), soreness/pain (10%), fractures (5%), cuts and punctures (3%), and multiple trauma (3%) are also common in health care workplaces.²

Checklists addressing prevention of musculoskeletal injuries. All musculoskeletal injuries, which tend to be cumulative, are on the rise among health care workers, who already experience seven times the national rate of musculoskeletal disorders compared with all other private industry workers.¹ Nurses, for example, are handling patients who increasingly are overweight or obese, working long shifts with high patient-to-nurse ratios, and following current policies to get limited-

mobility patients moving soon after medical interventions. Patient handling injury rates are highest in inpatient adult hospital wards and are elevated in outpatient emergency departments, urgent care, acute care centers, and adult critical care areas.²

Ambulatory health care centers and physician offices are also seeing ergonomically related musculoskeletal injuries in their health care staff. For example, examination tables in ambulatory care settings typically are of fixed height, requiring health care workers to lift or assist many patients with limited mobility onto the table, resulting in physical exertion to the shoulders, upper back, lower back, and whole body.³ In addition, overexertion from lifting and moving patients is a common cause of musculoskeletal injuries among home health care personnel, reports the National Institute for Occupational Safety and Health (NIOSH).⁴

Checklists addressing exposure to radiation. Not all injuries from physical hazards show up right away. As the use of radiation in medical diagnosis and treatment expands, more health care workers face the long-term risks of occupational radiation doses. Most radiation-monitored workers (68%) work in medical occupations, and no other industry exposes more workers to ionizing radiation.⁵

Long-term exposure to even small amounts of radiation can affect health care workers' bodies. Compared with health care workers not exposed to radiation, nurses and technicians working in catheterization labs who were exposed to radiation for a median of 10 years had 2.8 higher odds of having skin lesions, 7.1 higher odds of having orthopedic (back/neck/knee) problems, and 6.3 higher odds of having cataracts.⁶

Checklists addressing fire safety. Although it affects all occupations, not just health care, fire is a physical hazard of enormous concern to health care staff as well as patients and visitors. Indeed, in continuing to care for patients who can't evacuate a facility easily during fire emergencies, health care professionals face heightened risks.

The Joint Commission references the 2012 edition of the National Fire Protection Association (NFPA) *Life Safety Code*^{®*} (NFPA 101-2012) in the “Life Safety” (LS) and “Environment of Care” (EC) chapters of its accreditation manuals. Requirements for testing, maintenance, and documentation of fire alarm equipment, automatic sprinkler systems, fire and smoke dampers, fire door assemblies, and other fire protection features are covered by Joint Commission Standard EC.02.03.05: The organization maintains fire safety equipment and fire safety building features.

Health care facilities experience an estimated average of 5,750 structure fires per year—although, fortunately, the vast majority of these fires (96%) do not spread beyond the room of origin.⁷ About half of the fires occur in clinics or physician offices, behavioral health care facilities, and hospitals or hospices, so it is vital that frontline health care workers know how to safely respond to a fire on the job.

How Do the Checklists Work?

It is the responsibility of health care organizations to implement engineering, administrative, and workplace controls to minimize physical hazards, from making patient-lifting devices available to having a lockout-tagout protocol for equipment in need of repair. In the realm of fire safety—which is so highly regulated by federal, state, and local codes—engineering controls are especially crucial. This chapter includes checklists aimed at managers (identified as “For Managers”) on preventing and controlling surgical and other fires.

But health care workers can dramatically reduce their own likelihood of occupational injury by analyzing the

tasks they perform every day and by strategizing and practicing ways to reduce exertion and improve efficiency and safety. Mostly aimed at health care staff (identified as “For Staff”), the checklists in this chapter address a broad range of physical hazards, including minimizing musculoskeletal strain in routine patient care; preventing slips, trips, and falls; and limiting one's exposure to ionized radioactive sources. The chapter begins with checklists that address health care-specific physical hazards, while it concludes with several checklists intended for environment of care (EC) personnel who engage in repair and maintenance tasks.

What Are the Sources of Items in the Checklists?

As with the previous chapters, it is important to note that the sources of the items in these checklists are not primarily Joint Commission requirements, which are indicated with the “**TJC**” acronym, or federal regulations. Many of the checklist items are derived from evidence-based guidelines and other practices suggested by leading health care organizations.

The checklists in this chapter are available as downloadable, customizable tools that can be distributed internally to health care staff.

To access these checklists, visit this URL:

https://www.jcrinc.com/assets/1/7/HCWS19_Landing_Page.pdf

References

1. US Department of Labor, Bureau of Labor Statistics. Highest incidence rates of total nonfatal occupational injury and illness cases, 2017. https://www.bls.gov/iif/oshsum.htm#17Summary_News_Release. Accessed Aug 2, 2019.
2. Occupational Safety and Health Administration (OSHA). Caring for Our Caregivers: Facts About Hospital Worker Safety. Sep 2013. https://www.osha.gov/dsg/hospitals/documents/1.2_Factbook_508.pdf. Accessed Jun 20, 2019.

* *Life Safety Code*[®] is a registered trademark of the National Fire Protection Association, Quincy, MA.

3. Fragala G. Reducing occupational risk to ambulatory caregivers. *Workplace Health & Safety*. SAGE Journals. May 12, 2016. <https://journals.sagepub.com/doi/full/10.1177/2165079916642776>. Accessed Jun 20, 2019.
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5. Buls N. The implementation of new technologies deserves our particular attention towards radiation safety. *J Belg Soc Radiol*. 2016;100(1):52. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854254/>. Accessed Apr 4, 2019.
6. American Heart Association (AHA). Healthcare Workers' Radiation Exposure May Increase Health Problems. Aug 12, 2016. <https://newsarchive.heart.org/healthcare-workers-radiation-exposure-may-increase-health-problems/>. Accessed Jun 20, 2019.
7. National Fire Protection Association (NFPA). Structure Fires in Health Care Facilities. October 2017. <https://www.nfpa.org/News-and-Research/Data-research-and-tools/Building-and-Life-Safety/Fires-in-Health-Care-Facilities>. Accessed Jun 20, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 01 For Staff Patient Handling Ergonomic Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Patient Handling Ergonomic Checklist

This checklist, which can be used as a training tool or for ongoing guidance, outlines the steps for safely handling patients during care activities, repositioning, and other tasks to avoid musculoskeletal injuries and disorders.¹⁻⁵

Note to managers: *This checklist is derived from the evidence-based guidelines of several government agencies.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE HANDLING PATIENT			
	Assess the patient and the environment, using employer-approved method, to evaluate issues that will affect handling the patient: <ul style="list-style-type: none"> <input type="checkbox"/> Patient's weight <input type="checkbox"/> Patient's height <input type="checkbox"/> Patient's upper body strength <input type="checkbox"/> Patient's ability to support own weight <input type="checkbox"/> Medical conditions that may affect choice of methods for handling patient <input type="checkbox"/> Patient's mental and physical ability to follow simple commands <input type="checkbox"/> Patient's mental and physical ability to cooperate without distress 		
	Determine when/if patient handling equipment will be needed for patient handling. Always use a mechanical assistive device, if appropriate and available, to perform a patient handling task rather than performing it manually.*		
	Make sure you have received training to operate any equipment that will be used.		
	Determine when/if other staffers will be needed to assist with patient handling. If lifting a patient will be required, never lift alone, especially with a fallen patient (a fallen patient may require a different protocol).		
	Gather appropriate equipment and other staff members, if needed.		
	Make sure any mobile equipment is charged.		
	Organize equipment for order of use during patient handling.		
	Organize physical environment for safety during patient handling: <ul style="list-style-type: none"> <input type="checkbox"/> Lock wheels of bed or chair. <input type="checkbox"/> Remove tray, footrest, and seatbelt from chair if needed. <input type="checkbox"/> Put bed at waist level when providing care. <input type="checkbox"/> Put bed at hip level when moving patient. <input type="checkbox"/> Remove clutter. 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Make sure other staff members, if any, know their roles—rehearse if necessary.		
	Explain to and show the patient what actions you plan and what you expect from him or her.		
DURING PATIENT HANDLING			
	Maintain a wide, stable base with your feet.		
	Try to keep the work directly in front of you to avoid rotating your spine.		
	Keep patient as close to your body as possible to minimize reaching.		
	Bend your legs and use them to lift, rather than using your back.		
	If using a belt, work with a rocking and pulling motion rather than lifting.		
	When pulling up patient, put head of bed flat or down.		
	When pulling up patient, raise patient’s knees and encourage patient to push (if possible).		
AFTER PATIENT HANDLING			
	Be alert to signs of any musculoskeletal injury to your arms, legs, head, neck, or back, such as unusual: <ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling 		
	Promptly report any musculoskeletal injuries to your supervisor so safety accommodations can be made if needed while you recover.		

* Do not rely on a back belt to prevent injury—the effectiveness of back belts in reducing the risk of back injury among healthy workers remains unproven.

References

- Occupational Safety and Health Administration (OSHA). Guidelines for Nursing Homes. https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf. Accessed Jun 20, 2019.
- OSHA. Healthcare Wide Hazards: Ergonomics. <https://www.osha.gov/SLTC/etools/hospital/hazards/ergo/ergo.html>. Accessed Jun 20, 2019.
- National Institute for Occupational Safety and Health (NIOSH). Occupational Hazards in Home Healthcare. <https://www.cdc.gov/niosh/docs/2010-125/pdfs/2010-125.pdf?id=10.26616/NIOSH-PUB2010125>. Accessed Jun 20, 2019.

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Joint Commission Resources, 2019.

File Name: 03 01 For Staff Patient Handling Ergonomic Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

4. NIOSH. Safe Patient Handling for Schools of Nursing. <https://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf?id=10.26616/NIOSH PUB2009127>. Accessed Jun 20, 2019.
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Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 02 For Staff Cleaning Procedure Ergonomic Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Cleaning Procedure Ergonomic Checklist

This comprehensive checklist outlines the steps for avoiding musculoskeletal injuries and disorders while performing cleaning activities.^{1,2}

Note to managers: *This checklist is derived from the evidence-based recommendations of government agencies.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
ALL TASKS			
	Make sure tools and equipment are in good working order before you begin.		
	Select ergonomic tools when available.		
	Wear properly fitted footwear that is appropriate for standing and moving.		
	Stretch at the start of your shift and throughout your shift.		
	Do not rely on a back belt to prevent injury—the effectiveness of back belts in reducing the risk of back injury among healthy workers remains unproven.		
	Try to keep work directly in front of you to avoid rotating your spine.		
	Keep elbows close to your body as you work.		
	Move to maintain a safe posture while performing tasks, rather than standing in one location and bending, twisting, or reaching.		
	Use proper lifting techniques: <ul style="list-style-type: none"> <input type="checkbox"/> Do not lift anything that you think is too heavy—get help. <input type="checkbox"/> Bend your legs and use them to lift, rather than using your back. <input type="checkbox"/> Keep your back straight when lifting. <input type="checkbox"/> Keep anything you are lifting close to your body. <input type="checkbox"/> Never twist while lifting. 		
	Use knee pads when doing work that requires kneeling.		
	Alternate physically demanding tasks with less demanding tasks whenever possible.		
	Rest tired muscles by changing to another task that uses different muscle groups whenever possible.		
	When doing repetitive work with hands, alternate between right and left hands whenever possible.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Be alert to signs of any musculoskeletal injury to your arms, legs, head, neck, or back, such as unusual: <ul style="list-style-type: none"> <input type="checkbox"/> Pain <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling 		
	Promptly report any musculoskeletal injuries to your supervisor so safety accommodations can be made if needed while you recover.		
CARTS			
	Make sure you know how to use cart wheel locks and/or brakes.		
	Place the most frequently used items within easy reach on the cart, between hip and shoulder height.		
	Place the heaviest items within easy reach on the cart, between hip and shoulder height.		
	Balance loads, making sure they are under cart weight restrictions.		
	Push rather than pull cart when possible, keeping arms close to body and pushing with whole body.		
	Clear a path to make room for maneuvering the cart so that you can avoid awkward body postures.		
SCRUBBING			
	Use a long-handled scrub brush, if possible.		
	Avoid extreme bending of wrists and hands.		
	Get closer to the work. Walking as you scrub will reduce excessive stretching and reaching.		
	Raise objects, if possible, so you can clean them at waist level, rather than bending over them.		
MOPPING AND SWEEPING			
	Adjust the length of telescopic mop handles to the height of your forehead, to reduce bending.		
	Avoid excessive bending of wrists.		
	Avoid extreme reaches to the right and left and twisting.		
	Alternate mopping styles, such as push/pull, figure 8, and rocking side to side.		
	When carrying a bucket, alternate hands.		

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 Joint Commission Resources, 2019.

File Name: 03 02 For Staff Cleaning Procedure Ergonomic Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	When a bucket is heavy, consider dividing the contents equally into two buckets, and carry one bucket in each hand.		
TRASH DISPOSAL			
	Don't assume that trash cans weigh about the same each time. Check the weight by tilting or tapping the trash can.		
	Position the trash can on the barrel rim for emptying contents and replacing lining—this will enable you to use good body posture.		
	Empty trash cans frequently to avoid accumulating heavy loads.		

References

1. California Division of Occupational Safety and Health (Cal/OSHA). Working Safer and Easier for Janitors, Custodians, and Housekeepers. https://www.dir.ca.gov/dosh/dosh_publications/janitors.pdf. Accessed Jun 20, 2019.
2. Occupational Safety and Health Administration (OSHA). Guidelines for Nursing Homes. https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf. Accessed Jun 20, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 03 For Staff Ionized Radioactive Sources Protection Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Ionized Radioactive Sources Protection Checklist

This checklist outlines the steps for preventing and reducing exposure to ionized radioactive sources, such as radiation therapy equipment and X-ray-producing equipment, including X-ray machines, fluoroscopes, and computed tomography (CT).¹⁻⁵

Note to managers: *This checklist is derived from several authoritative sources. Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE EXPOSURE TO RADIOACTIVE SOURCE			
	Use employer-approved personal protective equipment (PPE) as needed for level and body area of potential radiation exposure, such as lead apron, gloves, eyewear, thyroid shield, and/or portable shield.		
	Inspect PPE for damage before using and replace if needed.		
	Wear employer-designated number and type of radiation dosimeters to measure the amount of radiation you receive.		
PUTTING ON DOSIMETER			
	If wearing one dosimeter, attach it at chest level over lead apron, or as directed by supervisor.		
	If wearing two dosimeters, attach one dosimeter at collar level over lead apron and one dosimeter at waist under lead apron, or as directed by supervisor.		
	Make sure dosimeter front faces outward toward radiation source.		
	If wearing a ring dosimeter to measure radiation exposure to hand, put it on under glove with label facing outward from side of hand closest to radiation source, or as directed by supervisor.		
DURING EXPOSURE TO RADIOACTIVE SOURCE			
	Keep any door that is part of a protective barrier closed.		
	Position yourself as far away from radiation source as possible without compromising care.		
	Position yourself so that only protected body parts could be hit by X-ray beam.		
	Keep exposure time to the minimum necessary to do the task.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Use mechanical devices whenever possible to position or support image receptor or patient, if needed.		
	Dispose of any radiation-contaminated waste in employer-designated container for radioactive waste.		
LEAD APRON CARE			
	Never fold or crease lead apron.		
	Hang up lead apron by shoulders or on approved apron hanger.		

References

1. Stanford University Environmental Health & Safety. Radiation Exposure Protection. <https://ehs.stanford.edu/manual/radiation-protection-guidance-hospital-staff/radiation-exposure-protection>. Accessed Jun 20, 2019.
2. North Carolina Department of Health and Human Services. The Use and Care of Lead Protective Equipment. <http://ncradiation.net/xray/documents/leadapronsgud.pdf>. Accessed Jun 20, 2019.
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File Name: 03 04 For Managers Health Care Laser Systems Administrative Controls Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Health Care Laser Systems Administrative Controls Checklist

This checklist provides a safety assessment of an organization’s health care laser system (HCLS) program, policies, and procedures.^{1,2} While The Joint Commission doesn’t have specific laser safety requirements, an accredited organization’s HCLS program would fall under the “Environment of Care” chapter’s Standard EC.02.02.01, Element of Performance (EP) 7: The organization minimizes risks associated with selecting and using hazardous energy sources. The Occupational Safety and Health Administration (OSHA) has general requirements related to laser safety. The best practices listed in this checklist derive primarily from The American National Standards Institute (ANSI) and the Laser Institute of America industry consensus guidelines: Standard ANSI Z136.3-2018: Safe Use of Lasers in Health Care.

*Answers to all questions should ideally be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
If laser surgery is performed in the facility, has the organization established and implemented engineering controls to mitigate potential beam and non-beam hazards for Class 4 (serious hazard) and Class 3B (hazardous for eye exposure) lasers, as well as engineering controls for smoke evacuation and smoke filtration?				
Is the organization familiar with—and does it follow— ANSI Z136.3: Safe Use of Lasers in Health Care? (Some local codes have adopted this standard as regulation.)*				
Does the organization have a medical laser safety program in place at the facility per ANSI Z136.3?				
If so, does the program include designation of a laser safety officer (LSO) and perhaps also a deputy laser safety officer (DLSO)?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Is the organization's LSO responsible for the following? <input type="checkbox"/> Program oversight <input type="checkbox"/> Development of standard operating procedures (SOPs) <input type="checkbox"/> Evaluation and classification of each medical laser device or system used in the facility <input type="checkbox"/> Evaluation and classification of potential laser hazards in the facility <input type="checkbox"/> Hazard-response protocols <input type="checkbox"/> Recordkeeping <input type="checkbox"/> Staff training <input type="checkbox"/> Monitoring of laser user, operator, and staff compliance with SOPs <input type="checkbox"/> At least annual audits to assess and document status and condition of laser, laser accessories, associated equipment, PPE, and safety control products				
For organizations that have more than one site at which laser surgery takes place (this could be multiple facilities or multiple locations within the same facility or campus), have enough laser safety specialists (LSSs) been designated and trained by the LSO?				
Does the organization assign one LSS (or higher-ranked laser safety expert) to each room where a laser procedure is being performed?				
Does the organization have <ul style="list-style-type: none"> • an active laser safety committee or • a laser safety-focused subcommittee/task group of a facility-based safety committee? 				
Does the laser-focused committee/subcommittee meet with facility stakeholders to determine the charter, agenda, and responsibilities of the organization's multidimensional laser safety program?				
Is the organization compliant with OSHA 29 CFR Part 1910.133(a)(1), which covers eye and face protection for staff who might be exposed to "potentially injurious light radiation" among other hazards?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Do the organization's laser-related policies and procedures address the following? <input type="checkbox"/> Beam and non-beam hazards <input type="checkbox"/> Laser eyewear for personnel (and patients) <input type="checkbox"/> Establishment of a laser treatment control area <input type="checkbox"/> Fire safety <input type="checkbox"/> Shared-airway procedures <input type="checkbox"/> Electrical safety <input type="checkbox"/> Laser-generated airborne contaminants (LGAC) and plume control <input type="checkbox"/> Laser signage <input type="checkbox"/> Key control <input type="checkbox"/> Third-party laser use <input type="checkbox"/> Laser service and maintenance				
Has the organization established its own criteria for the credentialing of all laser users, operators, and staff scheduled to be within designated laser rooms?†				
Were the credentialing criteria developed by a team that includes the following stakeholders? <ul style="list-style-type: none"> • The LSO and representatives of the laser/safety committee • The medical staff office • Surgical management 				
Do members of the laser team feel empowered to document noncompliance and potential hazards?				
Are these potential hazard/noncompliance reports then reviewed by the laser/safety committee for analysis and remediation?				
Is the organization familiar with the documentation and surveillance needed after a suspected or actual laser injury, in accordance with ANSI Z136.3-2018?				
Does the organization know that <ul style="list-style-type: none"> • medical exams need to be performed within 48 hours of the actual or suspected laser injury incident and • suspected ocular injuries from lasers in the retinal hazard region, 400 nm to 1400 nm, must be examined by an ophthalmologist?‡ 				
Does the organization provide safety training for all health care professionals who work with or around Class 3B and Class 4 laser systems, who may include the LSO, DLSO, LSS, laser users, laser operators, technical support staff, nurses, and allied health professionals?				

* OSHA considers ANSI Z136.3 to be an industry consensus standard.

† Credentialing should be based on national or state regulations and professional guidelines for practice.

‡ State and local laws and regulations may have specific laser injury reporting requirements.

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Joint Commission Resources, 2019.

File Name: 03 04 For Managers Health Care Laser Systems Administrative Controls Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

References

1. American National Standards Institute (ANSI). ANSI Z136.3-2018, Safe Use of Lasers in Health Care. <https://blog.ansi.org/2018/09/ansi-z136-3-2018-safe-use-lasers-health-care/#gref>. Accessed Jun 20, 2019.
2. Joint Commission Resources. Laser-sharp focus on medical laser safety. *Environment of Care*® News. 2019 Jul;22(7):18-25.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 05 For Staff Laser or UV Light Exposure Protection Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Laser/UV Light Exposure Protection Checklist

This checklist outlines the steps for preventing and reducing exposure to radiation from medical and surgical lasers and from ultraviolet (UV) lights. (Note that numbered steps should be performed in sequence.)

Note to managers: *This checklist is derived from several authoritative sources. Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

ULTRAVIOLET (UV) LIGHTS ¹			NOTES
	If you will be doing maintenance or laboratory work where ultraviolet (UV) lights will shine directly on you, wear employer-approved protective eyewear and other personal protective equipment (PPE) that is designed to shield against the specific wavelengths being emitted.		
	Turn off UV lights during maintenance tasks.		
	Do not work directly within the UV lights' sight.		
STEP	ACTION	✓	NOTES
BEFORE LASER EXPOSURE ²			
	Wear employer-specified personal protective equipment (PPE) designed for exposure to intended laser usage, such as: <input type="checkbox"/> Goggles/face shield labeled with appropriate optical density (OD) and laser wavelength <input type="checkbox"/> Opaque gloves <input type="checkbox"/> Flame-resistant gown		
	Display warning signs conspicuously on all doors entering the laser treatment controlled area, and remove or cover warning signs when laser is not in use.		
	Cover windows if required.		
	Complete a laser system safety check.		
PUTTING ON GOWN			
1.	Fully cover your torso with the gown, from neck to knees and arms to ends of wrists.		
2.	Fasten gown in back of neck.		
3.	Fasten gown in back of waist.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

PUTTING ON GOGGLES/FACE SHIELD	
1.	Place goggles/face shield over face and eyes.
2.	Adjust to fit.
PUTTING ON GLOVES	
1.	Select gloves that fit hands comfortably, neither too loose nor too tight.
2.	Inspect gloves for defects.
3.	Pull gloves onto hands, one at a time.
DURING LASER EXPOSURE ^{3,4}	
	Stand clear of the anticipated path of the laser beam.
	Do not look directly into the primary laser beam.
	Do not use your eye to aim the laser.
	Use nonreflective instruments when possible.
REMOVING PPE FOR LASER EXPOSURE	
	Remove selected PPE in this order: gloves, goggles/face shield, gown.
	After all PPE is removed, perform hand hygiene.
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds).
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet.
REMOVING GLOVES	
	Always remove and discard gloves before leaving the patient's room or care area.

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

	If hands get contaminated at any point during glove removal, immediately wash hands or use an alcohol-based hand rub (ABHR).		
1.	Using a gloved hand, grasp the palm area of the other gloved hand.		
2.	Peel off first glove.		
3.	Hold removed glove in gloved hand.		
4.	Slide fingers of ungloved hand under remaining glove at wrist.		
5.	Peel off second glove over first glove.		
6.	Dispose of gloves into employer-designated waste container.		
REMOVING GOGGLES/FACE SHIELD			
	Always remove and discard goggles/face shield before leaving the patient's room or care area.		
	Do not touch the outside of goggles/face shield—it is contaminated.		
	If hands get contaminated at any point during goggles/face shield removal, immediately wash hands or use an ABHR.		
1.	Lift head band or ear pieces from the back.		
2.	Remove goggles/face shield from the back.		
3.	If reusable, place in designated receptacle for reprocessing.		
4.	If not reusable, discard in employer-designated waste container.		
REMOVING GOWN			
	Always remove and discard gown before leaving the patient's room or care area.		
	Do not touch the front and sleeves of the gown—they are contaminated.		
	If hands get contaminated at any point during gown removal, immediately wash hands or use an ABHR.		
1.	Unfasten neck ties, taking care that sleeves don't touch your body when you are reaching for ties.		
2.	Unfasten waist ties, taking care that sleeves don't touch your body when you are reaching for ties.		
3.	Pull gown away from neck and shoulders, touching inside of gown only.		
4.	Turn gown inside out.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

5.	Fold or roll gown into a bundle.		
6.	Discard gown in employer-designated waste container.		
PERFORM HAND HYGIENE AFTER ALL PPE IS REMOVED			
	If hands are not visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Apply alcohol-based hand rub (ABHR) to palm of one hand. <input type="checkbox"/> Cover all surfaces of hands and fingers with ABHR. <input type="checkbox"/> Rub hands together until hands are dry (approximately 20 seconds). 		
	If hands are visibly soiled: <ul style="list-style-type: none"> <input type="checkbox"/> Wet hands with warm or cold water. <input type="checkbox"/> Apply either non-antimicrobial or antimicrobial soap to hands. <input type="checkbox"/> Cover all surfaces of hands and fingers with soap. <input type="checkbox"/> Rub hands together for at least 15 seconds. <input type="checkbox"/> Rinse hands completely with water. <input type="checkbox"/> Dry hands thoroughly with disposable towel. <input type="checkbox"/> Use disposable towel to turn off faucet. 		

References

1. Gorman, T, et al. Controlling Health Hazards to Hospital Workers: A Reference Guide. Sage Publishing. Vol 23 Supplement. 2013. <https://journals.sagepub.com/doi/pdf/10.2190/NS.23.Suppl>. Accessed Jun 20, 2019.
2. Occupational Safety and Health Administration (OSHA). OSHA Technical Manual: Laser Hazards. https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_6.html#6. Accessed Jun 20, 2019.
3. University of Iowa Environmental Health & Safety. Laser Safety Guide. Revised Jun 21, 2018. <https://ehs.research.uiowa.edu/sites/ehs.research.uiowa.edu/files/UIHCLaserSafetyGuide.pdf>. Accessed Jun 20, 2019.
4. Smalley, PJ. Keys to building a safe and effective healthcare laser program. *Laser Therapy*. 2018 Mar 31;27(1):11-20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5958230/>. Accessed Jun 20, 2019.

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 Joint Commission Resources, 2019.
File Name: 03 06 For Managers Surgical Fire Prevention and Management Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Surgical Fire Prevention and Management Checklist

This checklist outlines the steps for preventing and managing surgical fires and is derived from the evidence-based recommendations of the US Food and Drug Administration (FDA).¹

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE SURGERY			
	Assess fire risk. The highest-risk procedures are those involving: <ul style="list-style-type: none"> <input type="checkbox"/> An ignition source <input type="checkbox"/> Delivery of supplemental oxygen <input type="checkbox"/> Use of an ignition source near the oxygen (for example, head, neck, or upper chest surgery) 		
	Ensure that good communication exists among <ul style="list-style-type: none"> <input type="checkbox"/> The anesthesia professional delivering medical gases <input type="checkbox"/> The surgeon controlling the ignition source, and <input type="checkbox"/> The operating room staff applying skin preparation agents and drapes. 		
OXIDIZERS			
	If supplemental oxygen is necessary, titrate to the minimum concentration of oxygen needed to maintain adequate oxygen saturation for the patient.		
	Use a closed oxygen delivery system when appropriate and possible.		
	When using an open oxygen delivery system, use additional precautions to exclude oxygen and flammable/combustible gases from the operative field.		
POTENTIAL IGNITION SOURCES			
	Inspect all instruments for evidence of insulation failure before use. Do not use if any defects are found.		
	Consider alternatives to using an ignition source if high concentrations of supplemental oxygen (more than 30%) are being delivered for surgery of the head, neck, and upper chest.		
	If an ignition source must be used, allow time for the oxygen concentration in the room to decrease. (It may take several minutes for a reduction of oxygen concentration in the area after stopping the gas or lowering its concentration.)		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	If a monopolar electrosurgical unit (ESU) is used: <ul style="list-style-type: none"> <input type="checkbox"/> Do not activate when near or in contact with other instruments. <input type="checkbox"/> Use a return electrode monitoring system. 		
	Keep tips of cautery instruments clean and free of char and tissue.		
	When not in use, make sure ignition sources (such as electrosurgical units and lasers) are in a designated area away from the patient.		
	Monitor other surgical suite items that generate heat and can also be potential ignition sources, including: <ul style="list-style-type: none"> <input type="checkbox"/> Drills and burrs <input type="checkbox"/> Fiber-optic illuminators <input type="checkbox"/> Laparoscopic electrodes <input type="checkbox"/> Argon beam coagulators 		
POTENTIAL FUEL SOURCES			
	When using alcohol-based antiseptics, ensure dry conditions prior to draping by allowing adequate drying time during skin preparation and assessing for pooling or other moisture.		
	Remove alcohol-soaked materials from prep area.		
	Use the appropriate size applicator for the surgical site.		
	Monitor other surgical suite elements that can serve as fuel sources, including: <ul style="list-style-type: none"> <input type="checkbox"/> Products that may trap oxygen, such as surgical drapes, towels, sponges, and gauze <input type="checkbox"/> Products made of plastics, such as some endotracheal tubes, laryngeal masks, and suction catheters <input type="checkbox"/> Patient-related sources, such as hair and gastrointestinal gases 		
MANAGING A SURGICAL FIRE			
	Stop or turn off the main source of ignition.		
	Extinguish the fire safely with water, saline, or a CO ² or other extinguisher if the fire persists.		
	Remove all drapes and burning materials and assess for evidence of smoldering materials.		
	For airway fires: <ul style="list-style-type: none"> <input type="checkbox"/> Disconnect patient from the breathing circuit. <input type="checkbox"/> Remove tracheal tube. <input type="checkbox"/> Move patient to a safe environment. <input type="checkbox"/> Re-establish the airway to resume respiratory care. 		

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Joint Commission Resources, 2019.

File Name: 03 06 For Managers Surgical Fire Prevention and Management Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Review fire scene and remove all possible sources of flammable materials.		

Reference

1. US Food and Drug Administration (FDA). Recommendations to Reduce Surgical Fires and Related Patient Injury: FDA Safety Communication. May 29, 2018. <https://www.fda.gov/medical-devices/safety-communications/recommendations-reduce-surgical-fires-and-related-patient-injury-fda-safety-communication>. Accessed Jun 20, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 07 For Managers Fire Protection—Engineering Controls Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Managers: Fire Protection—Engineering Controls Checklist

Fire protection measures are crucial to ensuring the safety of health care workers, as well as patients and visitors. As with other hazards, engineering and administrative controls are the most effective at promoting a safe environment. In the “Life Safety” and “Environment of Care” chapters of its accreditation manuals, The Joint Commission provides detailed requirements on minimizing fire risks. This checklist is based on those requirements, but it is not an exhaustive list. Because the individual checklist items are Joint Commission requirements, they bear the “TJC” acronym.

Answers to all questions should ideally be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate any required follow-up action(s) identified by an **N** for **No** response.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

QUESTIONS	Y	N	NA	COMMENTS
Is the organization compliant with <input type="checkbox"/> The National Fire Protection Association (NFPA) <i>Life Safety Code</i> ^{®*} and <input type="checkbox"/> State and local fire protection requirements? [†] TJC				
Is the organization compliant with Joint Commission Standard EC.02.03.01: The organization manages fire risks? TJC				
In accordance with EC.02.03.01, does the organization do the following? [‡] <input type="checkbox"/> Maintain free and unobstructed access to all exits. <input type="checkbox"/> Have a written fire response plan that describes the specific roles of staff and licensed independent practitioners at and away from the fire’s point of origin. <input type="checkbox"/> Perform periodic evaluations of potential fire hazards that could be encountered during surgical procedures. TJC				
Is the organization compliant with Joint Commission Standard EC.02.03.03: The organization conducts fire drills? The organization needs to conduct unannounced quarterly fire drills, once during each shift, at least one hour apart. [§] TJC				
Is the organization compliant with Joint Commission Standard EC,02.03.05: The organization maintains fire safety equipment and fire safety building features? TJC				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
<p>In accordance with EC.02.03.05, does the organization do the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test at least quarterly its supervisory signal devices (control valves, pressure tank, pressure for dry pipe, water-level signal initiating device, etc.). <input type="checkbox"/> Every six months, test vane-type and pressure-type water flow devices and valve tamper switches. <input type="checkbox"/> Every 12 months, test duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors. <input type="checkbox"/> Every 12 months, test visual and audible fire alarms, including speakers and door-releasing devices. TJC 				
<p>For automated sprinkler systems, does the organization test or inspect the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Motor-driven fire pumps monthly and diesel-driven fire pumps weekly under no-flow conditions <input type="checkbox"/> Every six months, water storage tank high- and low-water-level alarms <input type="checkbox"/> Every month during cold weather, water storage tank temperature alarms <input type="checkbox"/> Main drains at system low point or at all system risers every 12 months <input type="checkbox"/> All fire department water supply connections quarterly <input type="checkbox"/> Fire pumps under flow every 12 months <input type="checkbox"/> Hydrostatic and water-flow tests for standpipe systems every five years <input type="checkbox"/> Standpipe occupant hoses five years after installation and then every three years TJC 				
<p>Does the organization also ensure the integrity of automated sprinkler systems as follows?;</p> <ul style="list-style-type: none"> <input type="checkbox"/> No wires, cables, or anything else should be draped over, affixed to, or otherwise touch the sprinkler pipes. <input type="checkbox"/> At least 18 inches of clearance must be maintained under the sprinkler deflectors (which help spread water over a fire). <input type="checkbox"/> Escutcheon plates, which seal the gap between sprinkler heads and the ceiling, must be present and in good condition. <input type="checkbox"/> Sprinkler heads must be kept clean (free of dust) and cannot be painted. <input type="checkbox"/> Require above-ceiling work permits to keep tabs on staff and external workers to make sure they don't allow wires or cables to come in contact with sprinkler pipes. TJC 				
<p>Regarding fire-extinguishing systems, does the organization test or inspect the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any automatic fire-extinguishing system in a kitchen every six months <input type="checkbox"/> Carbon dioxide and other gaseous automatic fire-extinguishing systems every 12 months <input type="checkbox"/> Portable fire extinguishers at least monthly TJC 				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does the organization test and operate fire and smoke dampers one year after installation and then at least every six years to verify that they fully close? TJC				
Every 12 months, does the organization test automatic smoke-detection and shutdown devices for air-handling equipment? TJC				
Every 12 months, does the organization test sliding and rolling fire doors, smoke barrier sliding or rolling doors, and sliding or rolling fire doors in corridor walls and partitions for proper operation and full closure? TJC				
Does the organization conduct annual testing and inspection of fire door assemblies by individuals who are knowledgeable about the operating components of the doors being tested? TJC				
Monthly, does the organization test elevators with firefighters' emergency operations? TJC				
As required, does the organization document all maintenance, testing, and inspection activities with the following? <input type="checkbox"/> Name of activity <input type="checkbox"/> Date of activity <input type="checkbox"/> Inventory of devices, equipment, or other items <input type="checkbox"/> Required frequency of activity <input type="checkbox"/> Name and contact information, including affiliation of person performing the activity <input type="checkbox"/> NFPA standard(s) referenced for the activity <input type="checkbox"/> Results of the activity TJC				

* *Life Safety Code*® is a registered trademark of the National Fire Protection Association (NFPA), Quincy, MA.

† Joint Commission–accredited facilities need to be in compliance with the 2012 edition of the NFPA *Life Safety Code* (NFPA 101-2012), which is referenced in the “Life Safety” (LS) and “Environment of Care” chapters of The Joint Commission’s accreditation manuals.

‡ This is not a complete list of requirements in Joint Commission Standard EC.02.03.01.

§ This does not apply to building occupancies as defined by the NFPA.

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File Name: 03 08 For Staff Fire Protection Training Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Fire Protection Training Checklist

This checklist outlines the steps for staying safe during a fire emergency.

Note to managers: *These guidelines are derived from the evidence-based recommendations of authoritative sources.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
PRE-FIRE			
	Participate in employer-approved fire safety training.		
	Make sure you know where smoke compartments begin and end. <ul style="list-style-type: none"> • Some employers use a door icon or paint a strip of the ceiling in red to indicate where a smoke compartment starts or ends; be sure you know what method your organization uses. 		
	If you work in the intensive care unit (ICU), neonatal intensive care unit (NICU), or nursery, be sure to take part in specialized fire drills for these units that clarify where you are supposed to take patients if you have to leave the unit.		
	Memorize R.A.C.E. method for dealing with a fire emergency: <ul style="list-style-type: none"> <input type="checkbox"/> Rescue <input type="checkbox"/> Alarm/Alert <input type="checkbox"/> Confine <input type="checkbox"/> Extinguish 		
DURING FIRE: RESCUE			
	Get yourself and patients (when applicable) to an area of safety: <ul style="list-style-type: none"> • either inside the building (horizontal evacuation into an adjoining smoke compartment), • or outside the building as a last resort. Horizontal evacuation within a building is preferable to vertical evacuation.		
	Use correct lifting, dragging, and carrying techniques to avoid musculoskeletal injuries if you cannot use the bed or a stretcher.		
	When possible, move patients in their beds by unlocking bed wheels.		
DURING FIRE: ALARM/ALERT			

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Sound the fire alarm or announce a code red (with location) through the public address (PA) system, or direct a co-worker to do so.		
	Call the fire department, or direct a co-worker to do so.		
DURING FIRE: CONFINE			
	Close all doors to the fire area.		
	Close all doors as the last person leaves each area to limit the fire's ability to spread heat and smoke.		
	How do you know which rooms were evacuated? Some organizations use a fluorescent decal that is applied to the door. (These decals are kept in fire extinguisher cabinets.)		
During Fire: Extinguish^{1,2}			
	If evacuation is underway, consider trying to extinguish the fire if you know how to operate a fire extinguisher safely. If you have any doubt about your ability to fight the fire, evacuate immediately. Only use fire extinguishers for small incipient fires.		
	Do not attempt to extinguish fire if: <ul style="list-style-type: none"> <input type="checkbox"/> Flammable solvents are involved. <input type="checkbox"/> Fire is partly concealed by wall or ceiling. <input type="checkbox"/> You must stand on something to reach fire. <input type="checkbox"/> Fire is large. <input type="checkbox"/> Smoke makes the air unsafe to breathe. <input type="checkbox"/> Heat makes it difficult to get within 10 to 15 feet of fire. 		
	Identify a safe evacuation path for yourself before approaching fire. Do not allow fire, heat, or smoke to come between you and your evacuation path at any point.		
	Select appropriate type of fire extinguisher: <ul style="list-style-type: none"> <input type="checkbox"/> Water—for ordinary combustibles such as paper, cloth, wood, rubber, many plastics (A type) <input type="checkbox"/> CO₂—for electrical equipment, flammable liquids (B type) <input type="checkbox"/> Dry chemicals—for electrical equipment, flammable liquids (ABC type) <input type="checkbox"/> Multipurpose dry chemicals—for ordinary combustibles, electrical equipment, flammable liquids (ABC type) <input type="checkbox"/> Dry/wet chemicals for kitchen fires—for combustible cooking fluids (K type) 		

APPLICABLE PROGRAM(S)

- AHC** **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

STEP	ACTION	✓	NOTES
	With your evacuation path at your back, discharge extinguisher within its effective range using P.A.S.S. technique: <ul style="list-style-type: none"> <input type="checkbox"/> 1. Pull pin, breaking tamper seal. <input type="checkbox"/> 2. Aim low, pointing extinguisher nozzle (or its horn or hose) at base of fire. <input type="checkbox"/> 3. Squeeze handle to release extinguishing agent. <input type="checkbox"/> 4. Sweep from side to side at base of fire until it appears to be out. Watch the area. If fire re-ignites, repeat steps 2–4. 		
	Back away from extinguished fire in case it flames up again.		
	Evacuate immediately if extinguisher is empty and fire is not out.		
	Evacuate immediately if fire progresses beyond initial stage.		

References

1. Occupational Safety and Health Administration (OSHA). Portable Fire Extinguishers: Fire Extinguisher Use. https://www.osha.gov/SLTC/etools/evacuation/portable_use.html. Accessed Jun 21, 2019.
2. National Safety Council. *Safety + Health*. Properly using a fire extinguisher in the workplace. Feb 1, 2010. <https://www.safetyandhealthmagazine.com/articles/5549-properly-using-a-fire-extinguisher-in-the-workplace>. Accessed Jun 21, 2019.

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File Name: 03 09 For Staff Slips, Trips, and Falls Prevention Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Slips, Trips, and Falls Prevention Checklist

This checklist outlines the steps for preventing slips, trips, and falls that can cause injuries.¹⁻³

Note to managers: *This checklist is derived from evidence-based guidelines.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
PERSONAL SAFETY			
	Wear properly fitted, slip-resistant footwear with clean soles.		
	Move at a safe pace and pay attention to your surroundings.		
	When walking up or down stairs, use the handrail and walk carefully.		
	Make sure that anything you are carrying, pushing, or pulling does not prevent you from seeing obstructions or spills.		
	Do not carry anything that is too heavy for you—get help.		
FLOORS AND WALKWAYS			
	Keep floors clean and dry at all times.		
	Report, clean up, or cover floor spills promptly.		
	Mark spills and wet areas with warning signs and barricades, and remove them as soon as floor is clean and dry.		
	Mats, rugs, and carpets that do not lie flat should be secured by tacking or taping.		
	Report any unmarked uneven floor surfaces to your supervisor.		
OBSTRUCTIONS			
	Remove obstacles from walkways and exits, keeping them free of clutter.		
	Always close cabinet and storage drawers.		
	Use cord organizers to bundle cords.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Cords and cables that cross walkways should be covered.		
LIGHTING			
	Use all available light sources to provide adequate light for tasks.		
	Replace burned-out light bulbs and faulty switches promptly.		
	Use a flashlight when entering a dark room or area.		

References

1. The Joint Commission. *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation*. Oak Brook, IL: Joint Commission Resources, 2012. <https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>. Accessed Jun 21, 2019.
2. Occupational Safety and Health Administration (OSHA). *Healthcare Wide Hazards: Slip, Trips and Falls*. <https://www.osha.gov/SLTC/etools/hospital/hazards/slips/slips.html>. Accessed Jun 21, 2019.
3. National Center for Occupational Safety and Health (NIOSH). *Slip, Trip and Fall Prevention for Healthcare Workers*. <https://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf>. Accessed Jun 21, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 10 For Staff Pregnancy Protective Physical Hazard Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Pregnancy Protective Physical Hazard Checklist

This checklist outlines the steps for protecting yourself against injuries from physical hazards from a variety of workplace sources while you are pregnant.

Note to managers: *This checklist is derived from evidence-based recommendations from the National Institute for Occupational Safety and Health (NIOSH) and other authoritative sources. Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
PHYSICAL DEMANDS¹			
	Talk with your physician about the kinds of physical activities you do for your job and how you should modify or eliminate any types of movement during your pregnancy.		
	Talk with your physician about the National Institute for Occupational Safety and Health (NIOSH) recommended weight limits for manual lifting during pregnancy to determine how much weight you can safely lift.		
	Reduce or avoid: <ul style="list-style-type: none"> <input type="checkbox"/> Repeatedly stooping, bending, or squatting <input type="checkbox"/> Lifting heavy objects from the floor or below mid-shin <input type="checkbox"/> Lifting overhead <input type="checkbox"/> Standing for a long time 		
	During breaks, try to sit down whenever possible.		
SLIPS, TRIPS, AND FALLS²			
	Because pregnancy shifts your center of gravity and loosens joints, be sure to follow all safety precautions for slips, trips, and falls carefully and consistently.		
	Wear properly fitted, slip-resistant footwear with clean soles.		
	Move at a safe pace and pay attention to your surroundings, staying alert for wet floors and unexpected obstructions.		
	Avoid walking on uneven surfaces whenever possible.		
	When walking up or down stairs, use the handrail and walk carefully.		
	Make sure that anything you are carrying, pushing, or pulling does not prevent you from seeing obstructions or spills.		
	Do not carry anything that is too heavy for you—get help.		
RADIATION EXPOSURE³			

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Follow employer guidelines for exposure to ionizing radiation for pregnant workers.		
	Always use employer-approved personal protective equipment (PPE) as needed for level and type of radiation exposure, such as lead apron, gloves, eyewear, thyroid shield, and/or portable shield.		
	Wear employer-designated number and type of radiation dosimeters to measure the amount of radiation you receive.		
	Ask your employer if you should receive a dosimeter to place over the fetal area (under lead apron, if wearing one) during pregnancy. ⁴		
	Follow standard safety precautions for exposure to radiation: As much as possible, limit exposure time, increase distance from radiation source, and use appropriate shielding.		
	In magnetic resonance (MR) areas, do not remain within the MR scanner bore or in the scanning room during scanning or data acquisition. ⁵		
	If you are involved in performing radioactive iodine therapeutic activities for thyroid cancer, consider refraining from these activities during pregnancy because of the potential for higher exposures. ⁶		

References

1. National Institute for Occupational Safety and Health (NIOSH). Reproductive Health and the Workplace: Physical Demands (Lifting, Standing, Bending). Page last reviewed Apr 20, 2017. <https://www.cdc.gov/niosh/topics/repro/physicaldemands.html>. Accessed Jun 21, 2019.
2. NIOSH. Reproductive Health and the Workplace: What Workers Should Know. Page last reviewed Apr 20, 2017. <https://www.cdc.gov/niosh/topics/repro/workers.html>. Accessed Jun 21, 2019.
3. NIOSH. Reproductive Health and the Workplace: Radiation—Ionizing. Page last reviewed Apr 20, 2017. <https://www.cdc.gov/niosh/topics/repro/ionizingradiation.html>. Accessed Jun 21, 2019.
4. Weill Cornell Medicine Environmental Health & Safety. Dosimeter Placement: Wearing Lead. https://research.weill.cornell.edu/sites/default/files/radiation_dosimeter_badge_guidelines_0.pdf. Accessed Jun 21, 2019.
5. American College of Radiology (ACR). ACR Guidance Document on MR Safe Practices: 2013. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/jmri.24011>. Accessed Jun 21, 2019.
6. International Atomic Energy Agency. Radiation Protection of Pregnant Women in Nuclear Medicine. <https://www.iaea.org/resources/rpop/health-professionals/nuclear-medicine/pregnant-women>. Accessed Jun 21, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 11 For EC Staff Confined Spaces Safety Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For EC Staff: Confined Spaces Safety Checklist

Responsible for the safety of others in a health care facility, environment of care (EC) workers also need to observe safety precautions themselves in their potentially highly hazardous day-to-day work. This checklist outlines the steps for safely working in confined spaces, such as when performing boiler maintenance and repairs.^{1,2}

Note to managers: This checklist is based on guidelines from authoritative sources. Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
BEFORE ENTRY TO CONFINED SPACE			
	Wear employer-approved personal protective equipment (PPE) that is appropriate for the confined space environment* and for the type of work you will be doing.		
	Post employer-approved warning signs if needed.		
	Evaluate the confined space for hazards, and eliminate or control each hazard effectively before working in the space.		
	Make sure the safety of the atmosphere has been assessed with appropriate, employer-approved instruments—do not trust your nose.		
	If ventilation of the space is required, make sure that any introduced air is fresh.		
	Isolate the space as much as possible to prevent additional hazards from entering, such as locking out any powered devices that service the space or disconnecting piping.		
	Make sure you have enough light to safely do your work within the confined space.		
	Plan for backup lighting in case the regular lighting in the confined space fails.		
WHILE IN CONFINED SPACE			
	Exit the confined space as soon as possible if: <ul style="list-style-type: none"> <input type="checkbox"/> An authorized person orders you to exit. <input type="checkbox"/> An authorized person recognizes the warning signs or symptoms of exposure to a hazard. <input type="checkbox"/> A prohibited condition exists. <input type="checkbox"/> An automatic alarm is activated. 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
PERMIT-REQUIRED CONFINED SPACES			
	If the space meets Occupational Safety and Health Administration (OSHA) criteria for a "permit-required confined space," a trained outside attendant will remain outside the space to monitor entry operations and maintain communications with you.		
	Stay in communication with the outside attendant as necessary so he/she can monitor your status.		
	Alert the outside attendant immediately if you discover a prohibited condition within the confined space.		
	Alert the outside attendant immediately if you see or experience warning signs of exposure to a hazard.		
	In the event of an emergency situation within the confined space, alert the outside attendant, who will call for help.		
	Evacuate the confined space as soon as possible if the outside attendant tells you to.		

* A confined space is defined as being large enough for a person to enter, with limited openings for entry and exit. A confined space is not designed for continuous occupancy, and it is partially or completely enclosed.

References

- Occupational Safety and Health Administration (OSHA). Permit-Required Confined Spaces. <https://www.osha.gov/Publications/osha3138.html>. Accessed Jun 21, 2019.
- The golden rules of confined space entry. *Industrial Safety & Hygiene News*. Oct 24, 2000. <https://www.ishn.com/articles/83885-the-golden-rules-of-confined-space-entry>. Accessed Jun 21, 2019.

Published in **Health Care Worker Safety Checklists: Protecting Those Who Serve**
 Joint Commission Resources, 2019.
File Name: 03 12 For EC Staff Electrical Equipment Maintenance Safety Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For EC Staff: Electrical Equipment Maintenance Safety Checklist

Responsible for the safety of others in a health care facility, environment of care (EC) workers also need to observe safety precautions themselves in their potentially highly hazardous day-to-day work. This checklist outlines the steps for safely inspecting, adjusting, repairing, and maintaining electrical equipment such as boilers, generators, pumps, and water heaters.^{1,2}

Note to managers: This checklist is derived from the evidence-based recommendations of the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA). Please remember that OSHA requires a hazard assessment before determining the selection of personal protective equipment.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	NOTES
BEFORE ACTIVITY			
	Review and follow all regulations in your employer's hazardous energy control program.		
	Complete all employer-provided training on hazardous energy control procedures before working on machines or equipment.		
	Use employer-approved personal protective equipment (PPE) required for the task, which may include: <ul style="list-style-type: none"> <input type="checkbox"/> Rubber insulating gloves <input type="checkbox"/> Insulating sleeves <input type="checkbox"/> Safety glasses <input type="checkbox"/> Protective helmet <input type="checkbox"/> Fire-resistant clothing 		
	Ensure that your tools and equipment are in good working order.		
AT ACTIVITY SITE			
	De-energize all sources of hazardous energy, locking out and tagging out as needed: <ul style="list-style-type: none"> <input type="checkbox"/> Disconnect or shut down engines or motors. <input type="checkbox"/> De-energize electrical circuits. <input type="checkbox"/> Block fluid (gas or liquid) flow in hydraulic or pneumatic systems. <input type="checkbox"/> Block machine parts against motion. 		
	Make sure that only one key exists for each of your assigned locks and that only you hold that key.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Block or dissipate stored energy: <ul style="list-style-type: none"> <input type="checkbox"/> Discharge capacitors. <input type="checkbox"/> Release or block springs that are under compression or tension. <input type="checkbox"/> Vent fluids from pressure vessels, tanks, or accumulators, but never vent toxic, flammable, or explosive substances directly into the atmosphere. 		
	Verify by test or observation that all energy sources are de-energized.		
AFTER ACTIVITY			
	Inspect your work before removing your locks and activating the equipment.		
	Remove only your assigned locks.		
	Make sure you and coworkers are clear of danger points before re-energizing system.		

References

1. National Institute for Occupational Safety and Health (NIOSH). Preventing Worker Deaths from Uncontrolled Release of Electrical, Mechanical, and other Types of Hazardous Energy. Page last reviewed Jun 6, 2014. <https://www.cdc.gov/niosh/docs/99-110/default.html>. Accessed Jun 21, 2019.
2. Occupational Safety and Health Administration (OSHA). Controlling Electrical Hazards. <https://www.osha.gov/Publications/osha3075.pdf>. Accessed Jun 21, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 13 For EC Staff Electrical Equipment or Tools Safe Use Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For EC Staff: Electrical Equipment/Tools Safe Use Checklist

Responsible for the safety of others in a health care facility, environment of care (EC) workers also need to observe safety precautions themselves in their potentially highly hazardous day-to-day work. This checklist outlines the steps for safely handling and using electrical equipment and electrical tools.¹⁻⁴

Note to managers: This checklist is derived from evidence-based guidelines from the Occupational Safety and Health Administration (OSHA) and the Electrical Safety Foundation International.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
GENERAL USE AND HANDLING			
	Inspect electrical equipment/tool, power cord, and plug before use for signs of damage. If any part is damaged, do not use the equipment/tool until it has been repaired and tested for safe usage.		
	Make sure hands are dry before plugging in or unplugging electrical equipment/tools.		
	Do not stand in water when operating electrical equipment/tools.		
	Use ground-fault circuit interrupters (GFCI) whenever possible.		
	Do not use equipment/tools rated for "indoor use only" in damp or wet indoor locations.		
	When working in a damp or wet location, use only employer-approved electrical equipment/tools that are designated as safe for use in damp or wet locations.		
	Use extension cords only for temporary situations. Unplug and store extension cords after each use.		
PLUGS			
	To remove an electrical plug from an outlet, grasp the entire plug.		
	Do NOT remove plug from outlet by: <ul style="list-style-type: none"> <input type="checkbox"/> Putting fingers between receptacle and plug face <input type="checkbox"/> Pulling on cord 		
POWER CORDS			
	Do not use power cords connected to equipment/tools to lift or lower the equipment/tools.		
	Never carry equipment/tool by the power cord.		

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 Joint Commission Resources, 2019.

File Name: 03 13 For EC Staff Electrical Equipment or Tools Safe Use Checklist

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Do not use staples or nails to fasten power cords to surfaces.		
	Do not hang or drape power cords in a way that could damage outer jacket or insulation, such as pulling cord tightly around door or window edge.		
	Do not set or store objects on top of power cords.		
	Keep power cords away from heat and oil.		

References

- Occupational Safety and Health Administration (OSHA). Power Tools. <https://www.osha.gov/SLTC/electrical/hazards/powertools.html>. Accessed Jun 21, 2019.
- OSHA. Hand and Power Tools. <https://www.osha.gov/Publications/osha3080.pdf>. Accessed Jun 21, 2019.
- Electrical Safety Foundation International. Extension Cord Safety. <https://www.esfi.org/resource/extension-cord-safety-336>. Accessed Jun 21, 2019.
- OSHA. Healthcare Wide Hazards: Electrical. <https://www.osha.gov/SLTC/etools/hospital/hazards/electrical/electrical.html>. Accessed Jun 21, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 14 For EC Staff Ladder Safety Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For EC Staff: Ladder Safety Checklist

Responsible for the safety of others in a health care facility, environment of care (EC) workers also need to observe safety precautions themselves in their potentially highly hazardous day-to-day work. This checklist outlines the steps for safely using a ladder to prevent falls that can cause injuries.^{1,2} (Note that numbered steps should be performed in sequence.)

Note to managers: This checklist is derived from evidence-based guidelines from the Occupational Safety and Health Administration (OSHA) and the National Safety Council. According to OSHA, falls from ladders are one of the leading causes of occupational injuries and fatalities.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
SETTING UP LADDER			
1.	Inspect ladder to make sure it is in good condition, free of grease and other slipping hazards, and designed for the intended usage.		
2.	Place ladder on a level footing on a flat, hard, secure surface, and lock metal braces at center of ladder.		
3.	Check that ladder is fully opened.		
4.	If leaning ladder, lean against a secure surface or wall (not boxes or barrels). Do not tie or fasten together ladders to provide longer sections, unless the ladders are specifically designed for this use.		
	Keep area around top and bottom of ladder clear.		
	Do not use an aluminum ladder if working around electrical wires or power lines.		
USING LADDER			
	Wear properly fitted shoes with closed backs and enough tread on the soles to prevent slipping on ladder rungs or steps.		
	Carry objects or tools in pockets, in a bag attached to a belt, or raised and lowered by rope.		
	Face ladder and climb on from the center, not from the side.		
	Always maintain at least three points of contact with ladder—two hands and one foot or two feet and one hand—until you are off the ladder.		
	Never climb higher than the third rung from the top.		
	Work facing the ladder.		

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File Name: 03 14 For EC Staff Ladder Safety Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Keep your torso between the ladder rails—do not overreach.		
	Face ladder while descending.		

References

1. Occupational Safety and Health Administration (OSHA). Portable Ladder Safety. https://www.osha.gov/Publications/portable_ladder_gc.html. Accessed Jun 21, 2019.
2. National Safety Council. Ladder Safety One Rung at a Time. <https://www.nsc.org/home-safety/tools-resources/safety-checkup/ladders>. Accessed Jun 21, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 03 15 For EC Staff Machine Operation Safety Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For EC Staff: Machine Operation Safety Checklist

Responsible for the safety of others in a health care facility, environment of care (EC) workers also need to observe safety precautions themselves in their potentially highly hazardous day-to-day work. This checklist outlines the steps for operating machinery safely.¹⁻²

Note to managers: This checklist is derived from authoritative sources. Please remember that the Occupational Safety and Health Administration (OSHA) requires a hazard assessment before determining the selection of personal protective equipment.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE OPERATING MACHINE			
	Wear employer-recommended personal protective equipment (PPE) for tasks you will be performing.		
	If you will be around moving parts of a machine, do not wear loose-fitting clothing or jewelry. Keep long hair tied back.		
	Be sure you have completed employer-approved training in proper operating procedures: <ul style="list-style-type: none"> <input type="checkbox"/> Setting up machine <input type="checkbox"/> Running machine <input type="checkbox"/> Adjusting machine <input type="checkbox"/> Clearing jams <input type="checkbox"/> Cleaning or lubricating machine parts <input type="checkbox"/> Inspecting machine guards (shields or devices that cover hazardous areas of a machine) and other safety devices 		
	Know where all machines controls are located.		
	Know how to shut down the machine in an emergency situation.		
	Inspect all tools and machine guards.		
	If a machine guard is not functioning correctly or is damaged, report it to your supervisor immediately. Never remove or bypass a machine guard.		
DURING MACHINE OPERATION			
	Keep hands and other body parts away from moving machine parts and points of operation.		
	Keep machinery areas free of slipping and tripping hazards.		

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
Joint Commission Resources, 2019.

File Name: 03 15 For EC Staff Machine Operation Safety Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

References

1. Occupational Safety and Health Administration (OSHA). Safeguarding Equipment and Protecting Employees from Amputations. <https://www.osha.gov/Publications/OSHA3170/3170-02R-2007-English.html#Controlling9>. Accessed Jun 21, 2019.
2. University of Iowa Environmental Health and Safety. Machine and Equipment Guarding Procedures. <https://ehs.research.uiowa.edu/machine-and-equipment-guarding-procedures>. Accessed Jun 21, 2019.

Chapter 4

Workplace Violence Hazards

What Is the Rationale for the Checklists in This Chapter?

Mass shootings in health care environments, while tragic, are also relatively rare. Growing rates of assaults, verbal abuse, and harassing behavior, however, have put health care workers at markedly significant risk for many types of workplace violence.

Roughly 75% of the nearly 25,000 workplace assaults reported annually in the United States took place in health care and social service settings,¹ and these health care workers are four times more likely to be victimized than workers in private industry.² In fact, health care environments account for nearly as many serious violent injuries as all other industries combined, according to data from the Occupational Safety and Health Administration (OSHA).³ Workplace violence is also the third leading cause of death for health care workers.⁴

Violence in hospitals. Violence can happen anywhere in a health care setting, but it occurs most frequently in hospital psychiatric units, emergency departments, waiting areas, and geriatric units. Nurses and nurses' aides, especially those in emergency settings, are victimized at the highest rates.⁵ Research from the American Nurses Association (ANA) found that during a three-year period, 25% of registered nurses and nursing students said they were physically assaulted by a patient or a patient's family member, and about half said they were bullied.⁶ Patients and visitors are overwhelmingly the instigators of hospital violence: Seventy-five percent of aggravated assaults and 93% of all assaults against health care workers are attributed to patients or customers.⁷

Violence in non-hospital settings. In non-hospital settings, including home care, physical and verbal violence against health care workers is also significant and growing. In a study of home care worker, 50.3% of respondents reported past-year incidents of verbal aggression; 26.9%, workplace aggression; 23.6%, workplace violence; 25.7%, sexual harassment; and 12.8%, sexual aggression. This exposure to aggression or violence was associated with greater stress, depression, sleep problems, and burnout.⁸

Joint Commission Sentinel Event Alert. Given such troubling statistics, The Joint Commission published a *Sentinel Event Alert* on "Physical and Verbal Violence Against Health Care Workers" in April 2018. "Each episode of violence or credible threat to health care workers warrants notification to leadership, to internal security and, as needed, to law enforcement, as well as the creation of an incident report, which can be used to analyze what happened and to inform actions that need to be taken to minimize risk in the future," the *Sentinel Event Alert* states.⁹ Each organization must define acceptable and unacceptable behavior and the severity of harm that will trigger an investigation, but acts of severe violence, such as rape or an active shooter incident, always merit a comprehensive systematic analysis per The Joint Commission's Sentinel Event policy.

Violence from active shooters. An analysis of US hospital-based shootings with at least one injured victim from 2000–2011 reported 154 such incidents, with 59% inside the hospital and 41% outside on hospital grounds. The most common locations for shootings were emergency departments (29%), parking lots (23%), and patient rooms (19%). Patients in police

custody are involved in 29% of shootings in emergency departments, and 11% of health care setting shootings take place during escape attempts by prisoners.¹⁰

De-escalating verbal abuse. Despite many health care workers perceiving verbal abuse from patients, visitors, or even coworkers as just part of the job, verbal assault is a risk factor for battery¹¹ and should be treated as such. Robust workplace violence prevention plans, which should be incorporated into an organization's overall safety and health program, address recognizing and managing escalating hostile behaviors from patients, clients, visitors, or staff. De-escalating potentially violent verbal abuse, along with other assaultive behaviors, should become an essential part of health care workers' skill sets in order to reduce and prevent workplace violence. The Joint Commission provides a number of suggestions for reducing workplace violence in the *Sentinel Event Alert* issued last year but does not have specific requirements that accredited facilities must follow.

How Do the Checklists Work?

The checklists in this chapter include both risk assessment tools for managers (identified as “For Managers”) and training and procedure checklists for health care workers (identified as “For Staff”). These checklists are intended to help prevent workplace violence as well as help prepare health care facilities and staff to deal with it.

What Are the Sources of the Items in the Checklists?

The checklists in this chapter are not based on federal regulations or Joint Commission requirements but are primarily recommendations from federal agencies, such as the Occupational Safety and Health Administration (OSHA), the US Department of Homeland Security, and the Federal Bureau of Investigation (FBI). As in the previous chapters, any Joint Commission requirements are indicated with the “**TJC**” acronym.

Some Important Caveats About These Checklists

These checklists address engineering, administrative, and workplace controls that can help prevent violence in health care settings. Some of the checklists can serve as valuable training tools for workers. But it is important to note that having used checklists for training and drills is no guarantee of safety in the event of an active shooter or other violent individual on the premises. Nevertheless, these checklists will help health organizations become better prepared for such incidents.

The checklists in this chapter are available as downloadable, customizable tools that can be distributed internally to health care staff.

To access these checklists, visit this URL:

https://www.jcrinc.com/assets/1/7/HCWS19_Landing_Page.pdf

References

1. Occupational Safety and Health Administration (OSHA). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. <https://www.osha.gov/Publications/osha3148.pdf>. Accessed Apr 4, 2019.
2. Security Industry Association (SIA) and International Association of Healthcare Security & Safety (IAHSS) Foundation. Mitigating the Risk of Workplace Violence in Health Care Settings. <https://www.securityindustry.org/wp-content/uploads/2017/11/Workplace-Violence-In-Health-Care-Settings-IAHSS.pdf>. Accessed Apr 4, 2019.
3. OSHA. Preventing Workplace Violence in Healthcare. https://www.osha.gov/dsg/hospitals/workplace_violence.html. Accessed Apr 4, 2019.
4. National Safety Council (NSC). Is your workplace prone to violence? https://www.nsc.org/work-safety/safety-topics/workplace-violence?gclid=Cj0KCQjwxtPYBRD6ARIsAKs1XJ79qGoZF79qdysTnI1S3yZRBR513Cuhc77ZqTiICpcME3drj32DNIUaAuq9EALw_wcB. Accessed Apr 4, 2019.

5. Goma A, et al. Occupational traumatic injuries among workers in health care facilities— United States, 2012–2014. *MMWR Morb Mortal Wkly Rep.* 2015 Apr 24;64(15):405–410. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6415a2.htm#fig1>. Accessed Apr 4, 2019.
6. American Nurses Association: Executive Summary: American Nurses Association Health Risk Appraisal. https://www.nursingworld.org/~495c56/globalassets/practiceandpolicy/healthy-nurse-healthy-nation/ana-healthriskappraisalsummary_2013-2016.pdf Accessed Oct 21, 2019.
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10. Kelen G, et al. Hospital-based shootings in the United States: 2000 to 2011. *Ann Emerg Med.* 2012;60(6):790–798. <https://www.ncbi.nlm.nih.gov/pubmed/22998757>. Accessed Apr 4, 2019.
11. Lanza M L, Zeiss RA, Rierdan J. Non-physical violence: A risk factor for physical violence in health care settings. *AAOHN.* 2006;54(9):397–402. <https://www.ncbi.nlm.nih.gov/pubmed/17001838>. Accessed Apr 4, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 04 01 For Managers Environmental Risks for Workplace Violence Assessment Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Environmental Risks for Workplace Violence Assessment Checklist

This checklist can be used to assess environmental risks for workplace violence in a health care organization.^{1,2} The answer to each question should be Y for yes or NA for not applicable.

Answers to all questions should ideally be Y for Yes (unless marked NA for Not Applicable). Use the Comments section to indicate any required follow-up action(s) identified by an N for No response.

This checklist is derived primarily from evidence-based guidelines from the Occupational Safety and Health Administration (OSHA).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
ENGINEERING CONTROLS				
Are safety and security issues specifically considered in the early stages of facility design and construction or renovation?				
Are there enough exits and adequate routes of escape?				
Are entrances visible to security personnel?				
Are entrances well-lit and free of hiding places?				
Is the lighting adequate for individuals to see clearly in indoor areas?				
Are there staff-only work areas that are separate from public areas?				
Are reception and work areas designed to prevent unauthorized entry?				
Can staff observe patients or clients in waiting areas?				
Have security controls been implemented (for example, panic buttons or a paging system at workstations or personal alarm devices worn by workers, especially applicable to home care staff)?				
Are there phones with an outside line programmed to call 911?				
Have nurses' stations been positioned to allow visual scanning of areas?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

QUESTIONS	Y	N	NA	COMMENTS
Are deep counters used at nurses' stations?				
Are the waiting areas comfortable to reduce stress?				
Are the waiting areas divided to limit the spreading of agitation among patients or visitors?				
Have furniture and other items been secured so they can't be used as weapons?				
ADMINISTRATIVE AND WORKPLACE CONTROLS				
Has the organization conducted a workplace violence security analysis?				
Has the organization acted on risks identified in its workplace violence security analysis?				
Is public access to the building controlled, with a system in place to identify all individuals who enter?				
Have high-risk security-sensitive areas within the facility been identified?				
Given any history of violence at the facility, is a metal detector appropriate in some entry areas?				
Given any history of violence at the facility, is closed-circuit TV appropriate in high-risk areas?				
Is a system in place to identify all staff and licensed independent practitioners (LIPs), such as identification (ID) badges?				
Are all ID badges replaced periodically to prevent terminated staff members from entering the facility with old ID badges?				
Have administrative and workplace controls been established to protect staff and LIPs from inappropriate behavior (sexual harassment, verbal abuse, assaults, etc.) on the part of coworkers, patients, family caregivers, and other visitors?				
For home health care agencies, <ul style="list-style-type: none"> • has a comprehensive risk assessment been done, and • have controls been implemented to protect workers who provide care in patients' homes? 				
Does the organization have a process in place to monitor, analyze, and trend workplace violence incidents?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does the organization have a code of conduct that holds all staff accountable for modeling appropriate professional behaviors to prevent bullying?				
Does the organization promote a safety culture? Are managers, supervisors, and frontline workers trained on being sensitive and respectful when interacting with one another, communicating more effectively, and creating an environment in which any worker feels comfortable speaking up about issues of concern?				
Is there a plan for forensic patient management, including input from and ongoing communication between the organization and local law enforcement?				
Does the organization conduct active shooter training drills, including both small-scale and full-scale exercises?				
When applicable, do counseling or patient care rooms have two exits?				
Is furniture arranged in counseling or patient care rooms to prevent staff from becoming trapped?				
Are drugs adequately secured?				
Are equipment and supplies adequately secured?				
Is there a secure place for employees to store their personal belongings?				
NEIGHBORHOOD				
Are neighborhood crime patterns evaluated for their potential impact on the safety of the facility?				
Do workers feel safe walking to and from the workplace, including home care staff who may travel to various neighborhoods to provide care?				
Are security personnel provided outside the building?				
Is the parking lot attended or otherwise secure?				
Are security escorts available to walk employees to and from the parking lot?				
Is there a nearby parking lot reserved for employees only?				
Is the parking lot free of bushes or other hiding places?				

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Joint Commission Resources, 2019.

File Name: 04 01 For Managers Environmental Risks for Workplace Violence Assessment Checklist

APPLICABLE PROGRAM(S)

AHC **BHC** **CAH** **HAP**
 LAB **NCC** **OBS** **OME**

References

1. Occupational Safety and Health Administration (OSHA). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. <https://www.osha.gov/Publications/osh3148.pdf>. Accessed Jul 20, 2019.
2. Joint Commission Resources. Toolbox: Environmental risks for workplace violence. *Environment of Care® News*. 2019 Jan;22(1):19–22.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 04 02 For Staff Active Shooter Response Training Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Active Shooter Response Training Checklist

Intended for use as a training tool in advance of or during simulation exercises, as well as ongoing guidance that can be posted, this checklist outlines the steps for protecting yourself during an active shooter incident.^{1,2}

Note to managers: This checklist is derived from evidence-based recommendations from the Federal Bureau of Investigation (FBI) and the US Department of Homeland Security.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
BEFORE INCIDENT			
	Participate in employer training about policies and procedures for an active shooter incident, including learning to recognize the sound of gunfire, and how to assist and care for patients, if possible, during the incident. Ideally, the training will include simulation exercises.		
	Learn to recognize signs of potential violence in coworkers, patients, patients' families, and other visitors. Report concerning language or behavior to your manager.		
DURING INCIDENT			
	If you hear gun shots, resist the impulse to immediately assume it is firecrackers or another nonthreatening situation, but remain calm.		
	If you know or suspect that an active shooter incident is taking place, call 911 if you can safely do so, providing (if known) the location of the shooter(s), a physical description, the number or type of weapons, and number of victims if any.		
	If no one else has done so and you are able to, broadcast an alert using the facility's public address (PA) system, following the organization's protocol.*		
	If not directly responsible for patients, run from the building to a safe location, if possible. (Note that security, safety, facilities, and emergency management personnel may have specific protocols to follow.) Leave your belongings behind and try to help others escape.		
	If it's not safe to leave the building, hide—but be prepared to run from the building later if it becomes safe to do so.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	<p>If you are not directly under fire by the shooter and are responsible for intensive care patients, patients undergoing surgery, pediatric patients or infants, or limited-mobility patients who can't leave the premises, remain with the patient(s) but try to secure the area by doing the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lock doors to unit entrance(s) and barricade with heaviest objects available. <input type="checkbox"/> Lock door(s) to rooms. <input type="checkbox"/> Barricade room door(s) with heaviest objects available. <input type="checkbox"/> Make sure windows are closed and covered. <input type="checkbox"/> Turn off all lights (if feasible to do so). <input type="checkbox"/> Keep people and electronic devices silent. 		
	<p>Unless directed otherwise by your employer, use the following protocol developed by the FBI to guide you in caring for and protecting patients during an active shooter incident²:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allocate resources fairly, with special consideration given to those most vulnerable. <input type="checkbox"/> Limit harm to the extent possible. With limited or inaccessible resources and assistance, health care professionals may not be able to meet the needs of all patients or shooting victims. <input type="checkbox"/> Treat all patients with respect and dignity regardless of the level of care that can continue to be provided to them. <input type="checkbox"/> Be prepared to make difficult decisions, using a triage process. While it's important to treat patients and shooting victims who need immediate attention first, be prepared to discontinue care to those who are very unlikely to survive or cannot be brought to safety in consideration of individuals who are more likely to survive. <input type="checkbox"/> To the extent possible, think about the greater good as well as your own interests. 		
	<p>If you (and, if applicable, patients) are hiding from the shooter, stay in the secured area or hiding place until identifiable law enforcement tells you it is safe to leave.</p>		
	<p>When police officers arrive, follow their orders, and be aware that they may shout commands or use pepper spray or tear gas on the suspect.</p>		
	<p>If you are not in the area of the active shooter, ensure that emergency vehicles are diverted from the facility, secure elevators to limit the shooter's access to other floors, and monitor and reassure patients and others who may be aware of what is happening.</p>		
	<p>Refrain from talking to the press/broadcast media during or after the incident. Your facility's media relations team will take care of external communications.</p>		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
AFTER INCIDENT			
	Follow employer protocols for post-incident procedures.		
	Be prepared to begin implementing the trauma patient care plan immediately.		
	Report any physical injuries or emotional/mental issues you experience to your employer.		
	Seek assessment by employee health office or employee assistance program (EAP) as needed.		
	Seek counseling as needed.		
	Use other appropriate support services offered by employer as needed.		

* It is considered a good practice to use plain language (“An active shooter is in the building”) versus coded language (“Code Silver”).

References

1. US Department of Homeland Security. Active Shooter: How to Respond. 2017.
<https://www.dhs.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf>. Accessed Jun 22, 2019.
2. Federal Bureau of Investigation (FBI). Active Shooter Planning and Response in a Healthcare Setting.
https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view. Accessed Jun 22, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 04 03 For Staff De-escalating Potential Violence Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: De-escalating Potential Violence Checklist

This checklist, which begins with a risk assessment, outlines the steps for de-escalating a situation in which a patient, patient’s family member, or co-worker may become violent. The tool can be used in advance of an incident and for ongoing guidance.^{1,2} More information on this topic can be found in The Joint Commission bulletin Quick Safety 47: “De-escalation in Health Care,” issued in January 2019.³

Note to managers: This checklist is derived from evidence-based guidelines from the National Institute for Occupational Safety and Health (NIOSH) and The Joint Commission..

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
IS THE PATIENT, PATIENT’S FAMILY MEMBER, OR COWORKER EXHIBITING POTENTIAL WARNING SIGNS FOR VIOLENT BEHAVIOR? IF YOU ANSWER YES TO ANY OR ALL OF THE QUESTIONS BELOW, THESE ARE INDICATORS FOR POTENTIALLY VIOLENT BEHAVIOR. PLEASE FOLLOW THE DE-ESCALATION PROTOCOL THAT FOLLOWS.				
Is the patient, patient’s family member, or coworker shouting and/or swearing?				
Is the person verbally threatening violence?				
Is the person making threatening gestures, such as pounding or clenching fists?				
Is the person’s posture aggressive or threatening?				
Is person pacing back and forth in agitation?				
Does the person appear drunk or under influence of drugs?				
Does the person have a weapon or object that could be used as a weapon?				
Is the person throwing objects?				
Is the person visibly out of control?				

STEP	ACTION	✓	NOTES
IF THE PERSON HAS NOT YET BECOME VIOLENT			
	Contact one’s supervisor and/or security office for help.		
	Focus on protecting yourself and others around you.		
	Enlist coworkers around you to help with the potentially violent person, if possible.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Try to set limits, if possible, by using a command to specify desired behavior and providing logical, enforceable consequences for noncompliance.		
	Speak clearly and calmly.		
	Do not argue or try to bargain with the person.		
	Use delaying tactics so the patient has time to calm down, such as providing water in a disposable cup.		
	Empathetically, take a problem-solving approach to the person's concern or complaint; confidently provide factual information to help find a solution or offer to locate others who can help solve the problem.		
	Follow through to make sure the problem is resolved.		
	Use nonthreatening body language when approaching the person. Avoid the following movements/gestures, which could be perceived as aggressive or defensive: <ul style="list-style-type: none"> <input type="checkbox"/> Standing closer than 3 feet to a person. <input type="checkbox"/> Standing directly opposite a person. <input type="checkbox"/> Long periods of fixed eye contact. <input type="checkbox"/> Finger pointing <input type="checkbox"/> Crossed arms <input type="checkbox"/> Putting hands on hips 		
	Position yourself to use a panic device or exit easily if needed—don't allow the person to get between you and the exit.		
	Never turn your back to the potentially violent person.		
	Remove patients or visitors from the room or area, if possible.		
	Try to isolate the person if it can be done safely.		
	Implement environmental controls such as minimizing lighting, noise, and loud conversations.		
IF THE PERSON BECOMES VIOLENT			
	Follow employer procedures for immediate response to a violent individual.		
	If physical or chemical restraint is needed for a violent patient, follow employer protocols.		
POST-INCIDENT			
	Report any physical injuries or emotional/mental issues to employer.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Seek assessment by employee health office or employee assistance program (EAP) as needed.		
	Seek counseling as needed.		
	Use other appropriate support services offered by employer as needed.		

References

1. National Institute for Occupational Safety and Health (NIOSH). Violence Occupational Hazards in Hospitals. April 2002. <https://www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf?id=10.26616/NIOSH PUB2002101>. Accessed Jun 22, 2019.
2. NIOSH. Workplace Violence Prevention for Nurses. Page last reviewed Jan 27, 2016. https://wwwn.cdc.gov/wpvhc/Course.aspx/Slide/Unit6_1. Accessed Jun 22, 2019.
3. The Joint Commission. De-escalation in health care. *Quick Safety*, Issue 47. Jan 2019. https://www.jointcommission.org/assets/1/23/QS_Deescalation_1_28_18_FINAL.pdf. Accessed Oct 6, 2019.

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 Joint Commission Resources, 2019.
File Name: 04 04 For Managers Potential Employee Violence Assessment and Prevention Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Potential Employee Violence Assessment and Prevention Checklist

This checklist, which begins with a risk assessment, outlines the steps for preventing staff violence in the workplace.

The checklist is derived from the evidence-based guidelines of several authoritative sources.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF A STAFF MEMBER IS EXHIBITING POTENTIAL WARNING SIGNS FOR VIOLENT BEHAVIOR.^{1,2} IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, FOLLOW THE ACTIONS BELOW.				
Is the staff member increasing use of alcohol and/or illegal drugs?				
Is there an unexplained increase in the staff member's absences?				
Is the staff member noticeably neglecting appearance and hygiene?				
Is the staff member depressed and/or withdrawn?				
Does the staff member resist or overreact to changes in policy and procedures?				
Does the staff member repeatedly violate policies?				
Does the staff member exhibit severe mood swings?				
Does the staff member exhibit noticeably unstable, emotional responses?				
Does the staff member have explosive outbursts of anger without provocation?				
Does the staff member make suicidal comments?				
Does the staff member display paranoid behavior?				
Does the staff member increasingly talk about problems at home?				
Have the staff member's domestic problems escalated into the workplace?				
Does the staff member talk about previous incidents of violence?				

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APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

QUESTIONS	Y	N	NA	COMMENTS
Does the staff member empathize with individuals who commit violence?				
Does the staff member increasingly make unsolicited comments about firearms, other dangerous weapons, and violent crimes?				

STEP	ACTION ³	✓	NOTES
	If a staff member is exhibiting one or more potential warning signs for violent behavior, follow employer policies and procedures for workplace violence prevention.		
	Evaluate the staff member's behavior(s) in context of whether this is a change in behavior patterns, whether the behavior is disrupting the workplace, and whether many behaviors are involved rather than only a few.		
	If needed, use outside assistance to determine whether and/or what type of intervention is needed.		

References

1. US Department of Homeland Security. Active Shooter: How to Respond. 2017. <https://www.dhs.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf>. Accessed Jun 22, 2019.
2. National Safety Council. Assaults Fourth Leading Cause of Workplace Deaths. <https://www.nsc.org/work-safety/safety-topics/workplace-violence>. Accessed Jun 22, 2019.
3. Canadian Centre for Occupational Health and Safety. Violence in the Workplace – Warning Signs. https://www.ccohs.ca/oshanswers/psychosocial/violence_warning_signs.html. Accessed Jun 22, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 04 05 For Staff Violence Prevention Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Violence Prevention Procedure Checklist

This checklist outlines the steps for preventing violence in your workplace on a day-to-day basis.¹

Note to managers: This checklist is derived from evidence-based guidelines from the National Institute for Occupational Safety and Health (NIOSH).

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
GET INVOLVED			
	Familiarize yourself with employer’s workplace violence prevention program and policies.		
	Attend personal safety training offered by employer.		
	Alert your supervisor to any concerns you have about potential violence risks.		
	Report all violent incidents as soon as possible.		
DRESS FOR SAFETY			
	Tuck away long hair so it can’t be grabbed.		
	Avoid long earrings or necklaces that can be pulled.		
	Do not wear overly tight clothing that can restrict movement.		
	Do not wear overly loose clothing or scarves that can be held onto.		
	Use breakaway safety cords or lanyards for glasses, keys, and nametags.		
ENVIRONMENT			
	Whenever you change work areas, note exits and emergency phone numbers.		
	Be especially alert during situations that can increase patient stress levels: <ul style="list-style-type: none"> <input type="checkbox"/> Confusion <input type="checkbox"/> Loud background noises <input type="checkbox"/> Crowding 		
	Be especially alert during situations in which increased disruptive behaviors are more likely: <ul style="list-style-type: none"> <input type="checkbox"/> Meal times <input type="checkbox"/> Shift changes <input type="checkbox"/> While transporting patients 		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
POTENTIALLY VIOLENT PATIENT BEHAVIORS			
	Pay attention to verbal warning signs of potentially violent behavior: <ul style="list-style-type: none"> <input type="checkbox"/> Speaking loudly or yelling <input type="checkbox"/> Swearing <input type="checkbox"/> Using a threatening tone of voice 		
	Pay attention to behavioral warning signs of potential violent behavior: <ul style="list-style-type: none"> <input type="checkbox"/> Arms held tight across chest <input type="checkbox"/> Clenched fists <input type="checkbox"/> Heavy breathing <input type="checkbox"/> Pacing or agitation <input type="checkbox"/> Terrified look signifying fear and high anxiety <input type="checkbox"/> Fixed stare <input type="checkbox"/> Aggressive or threatening posture <input type="checkbox"/> Thrown objects <input type="checkbox"/> Sudden changes in behavior <input type="checkbox"/> Indications of drunkenness or substance abuse 		
YOUR BEHAVIOR			
	Pay attention to your instincts and intuition about potentially dangerous situations.		
	Use effective communication skills so others do not misunderstand your intentions.		
	Acknowledge if you have a personal history of abuse that might affect how you respond to situations that may spark flashbacks to your own past experiences.		
	If coworkers are engaging in abusive behaviors, consider whether you are also exhibiting these behaviors.		
	Understand that fatigue can diminish your alertness and ability to respond appropriately to challenging situations.		
	Recognize how your cultural heritage, values, and belief systems can affect how you respond to patients and co-workers and how they respond to you. Consider taking any cultural competency classes offered by your employer.		

Reference

1. National Institute for Occupational Safety and Health (NIOSH). Workplace Violence Prevention for Nurses. Page last reviewed Jan 27, 2016. https://wwwn.cdc.gov/wpvhc/Course.aspx/Slide/Unit6_1. Accessed Jun 22, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 04 06 For Staff Forensic Patient Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

For Staff: Forensic Patient Procedure Checklist

This checklist outlines the steps for preventing violence when caring for a patient being guarded by law enforcement authorities, such as an inmate.¹

Note to managers: This checklist is derived from evidence-based recommendations.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
PLAN AHEAD			
	Be alert to attempts by the patient to manipulate you.		
	Do not give the patient any advance information about discharge/transfer date or time.		
	Avoid meeting with the patient in secluded or isolated area.		
	Tuck away long hair so it can't be grabbed.		
	Avoid long earrings or necklaces that can be pulled.		
	Use breakaway safety cords or lanyards for glasses, keys, and nametags.		
PATIENT'S ROOM			
	Always have the patient's guard in the room with you and the patient.		
	Survey the patient's room when you enter and have an escape plan.		
	The patient's room should be free of any objects, equipment, or furniture that could be used as a weapon.		
	Position yourself so you can easily reach the door—do not allow patient to get between you and the door.		
	Never turn your back on the patient.		
	Do not be alone with the patient behind a drawn curtain.		
	Never release the patient's restraints unless you are directed to do so by an authorized person and the patient's guard is present.		
GUARDS			
	Obtain 24-hour contact information for the supervising agency of a patient's guard in case of questions or disagreements with the guard.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Make sure the patient's guard is alert and awake while he or she is on duty.		
	Be aware of who all law enforcement personnel are and what their roles are.		
	Follow employer's procedures for handling disagreements with the law enforcement agency about medical care, release of restraints, family member visits, etc.		
IF PATIENT BECOMES VIOLENT			
	Follow employer procedures for immediate response to violent forensic patients.		
	If physical and/or chemical restraint is required, follow employer procedures for forensic patients.		
POST INCIDENT			
	Report any physical injuries or emotional/mental issues you experience to your employer.		
	Seek assessment by employee health office or employee assistance program (EAP) as needed.		
	Seek counseling as needed.		
	Use other appropriate support services offered by employer as needed.		

Reference

1. Society of Trauma Nurses. Shackled: What to Do When Your Patient Is a Prisoner. Mar 19, 2015. https://www.traumanurses.org/_resources/documents/events/conference/2015/presentations/Blank-Reid.pdf. Accessed Jun 22, 2019.

Chapter 5

Stress and Workplace-Related Behavioral Health Issues

What Is the Rationale for the Checklists in This Chapter?

Frontline health care workers—especially nurses—face extremely stressful situations routinely and, consequently, tend to suffer from higher rates of behavioral health issues such as anxiety and depression.¹ Health care settings often require some workers to cope with such stressors as inadequate staffing, long work hours, shift work, ambiguity about their roles, and exposure to infectious and hazardous substances. Nursing and other staff members may also have to contend with the possibility of needlestick injuries, exposure to work-related violence or threats, and dealing with difficult or seriously ill patients.

Nurses' stress and fatigue. For nurses especially, the mental and emotional toll of workplace stress can be high. In fact, workplace stress tops the list of work environment health and safety risks for 82% of nurses.² In a recent study, more than 90% of nurses said they have moderate, high, or very high levels of stress related to work.³ Eighteen percent of nurses experience depression, compared with approximately 9% of the overall population.⁴ Nurses in intensive care units and those who work in behavioral health care also have high rates of post-traumatic stress disorder (PTSD), as do emergency health care workers who have been through emotionally distressing work events.⁵

Health care worker fatigue (from working shifts longer than 12 hours) contributes to occupational injuries as well as adverse patient events, The Joint Commission emphasized in “Health Care Worker Fatigue and Patient

Safety,” a *Sentinel Event Alert* updated in May 2018.⁶ *The Joint Commission Journal on Quality and Patient Safety*, in turn, has published articles on solutions for reducing provider stress and promoting wellness, such as rethinking care delivery teams (for example, using medical scribes to document patient visits in electronic health records)⁷ and establishing a resiliency center to coordinate a broad spectrum of staff wellness initiatives.⁸

Impact of natural disasters and traumatic events.

On top of routine work-related stress and fatigue, disasters of all kinds now occur almost daily in the United States, and experts expect the frequency of such events to increase in the future.⁹ When traumatic events happen, health care workers sometimes become disaster victims as well as responders. An incident such as an air ambulance crash or a tornado that causes major destruction in a health care facility can reduce staff resiliency and result in immediate needs for emotional support as workers cope with the disaster on both professional and personal levels.

In addition to behavioral health issues, long-term exposure to workplace stress can lead to physical health problems for health care workers, such as sleep problems, heart disease, and digestive ailments, as well as substance abuse issues. Between 2003-2007 and 2008-2012, the rates of past-month heavy alcohol use and past-month illicit drug use for full-time health care and social assistance workers increased by approximately 10% and 2%, respectively.¹⁰

Failing to address behavioral health issues experienced by frontline health care workers can have repercussions far beyond employees' physical and emotional well-being. Workers who are overly stressed or emotionally burned out will have difficulty providing efficient and competent patient care. Others will leave the health care profession entirely, possibly costing organizations the resources of skilled, experienced workers.

Staying alert to behavioral health symptoms, especially during increased work hours or stressful events, is imperative for both frontline workers and their supervisors. By reducing contributors to workplace stress whenever possible and encouraging frontline workers to seek assistance for behavioral health issues early on, organizations can help ensure that employees thrive and continue to provide high-quality patient care.

How Do the Checklists Work?

This chapter includes checklists for both managers and health care staff. The manager-targeted checklists provide warning signs to look out for that indicate health care workers might potentially be suffering from an occupationally related behavioral health issue. It is important to note that these checklists are not diagnostic tools; behavioral health issues can be diagnosed only by a physician or qualified behavioral health professional. The intent of these checklists is to give guidance to managers in case they need to remind staff of an employee assistance program (EAP) or similar initiatives. Likewise, the staff-targeted checklists provide warning signs for behavioral health issues and encourage workers to seek professional diagnosis and counseling if they have symptoms.

What Are the Sources of the Items in the Checklists?

The checklists in this chapter are not based on federal regulations or Joint Commission requirements but are primarily recommendations from behavioral health organizations and federal agencies.

Some Important Caveats About These Checklists

Again, it is critical to repeat that these checklists are not diagnostic tools. They are but a first step to alerting health care workers and their managers if a behavioral health issue might be emerging or causing distress and a way to encourage staff to seek counseling, if indicated.

The checklists in this chapter are available as downloadable, customizable tools that can be distributed internally to health care staff. To access these checklists, visit this URL: https://www.jcrinc.com/assets/1/7/HCWS19_Landing_Page.pdf

References

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6. The Joint Commission. Health care worker fatigue and patient safety. *Sentinel Event Alert Issue 48*. Dec 14, 2011; updated May 14, 2018. https://www.jointcommission.org/assets/1/18/SEA_48_HCW_Fatigue_FINAL_w_2018_addendum.pdf. Accessed Jun 23, 2019.
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 Joint Commission Resources, 2019.
File Name: 05 01 For Staff Stress Risk Assessment and Mitigation Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Stress Risk Assessment and Mitigation Checklist

Based on guidelines from the American Psychological Association, this checklist, which begins with a risk assessment, outlines the steps for reducing and managing chronic stress linked to workplace issues.¹⁻³ If you have chronic or severe stress, you should see a physician.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF YOU ARE EXPERIENCING INDICATIONS OF CHRONIC WORKPLACE STRESS. IF YOU ANSWER "YES" TO A FEW OF THESE QUESTIONS, PROCEED TO THE SUGGESTIONS BELOW.				
Do you feel dissatisfied overall with your job?				
Is your morale low at work?				
Do you have headaches, muscle tension, or neck or back pain?				
Do you frequently have an upset stomach?				
Do you have difficulty falling or staying asleep?				
Do you have trouble concentrating?				
Are you irritable or short-tempered?				

STEP	ACTION	✓	NOTES
	Talk with your supervisor to see if there may be ways to adjust your workload or duties to reduce stress.		
	Take advantage of any stress management resources offered by employer, such as an employee assistance program (EAP) or workplace support groups for managing stress.		
	Talk it out with a partner, family member, friend, counselor, doctor, or clergyperson.		
	Practice good self-care habits: <ul style="list-style-type: none"> <input type="checkbox"/> Follow a healthful, well-balanced diet <input type="checkbox"/> Exercise regularly. <input type="checkbox"/> Try to get plenty of sleep. <input type="checkbox"/> Give yourself a break if you feel stressed out—for example, treat yourself to a massage or take a brisk walk outside for fresh air. <input type="checkbox"/> Avoid using drugs and alcohol to ease stress. 		

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 Joint Commission Resources, 2019.

File Name: 05 01 For Staff Stress Risk Assessment and Mitigation Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Try stress relief techniques, such as: <input type="checkbox"/> Relaxation exercises <input type="checkbox"/> Visualization <input type="checkbox"/> Meditation <input type="checkbox"/> Yoga		
	If your stress symptoms do not improve or worsen, consult with your physician to see if you may have a medical condition causing your symptoms.		
	If a medical condition is ruled out, ask your physician to refer you to an appropriate behavioral health specialist.		

References

1. American Psychological Association (APA). Listening to the Warning Signs of Stress. <https://www.apa.org/helpcenter/stress-signs>. Accessed Jun 23, 2019.
2. APA. How Stress Affects Your Health. <https://www.apa.org/helpcenter/stress>. Accessed Jun 23, 2019.
3. APA. Stress Tip Sheet. <https://www.apa.org/helpcenter/stress-tips>. Accessed Jun 23, 2019.

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

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 Joint Commission Resources, 2019.
File Name: 05 02 For Managers Potential Staff PostTraumatic Stress Disorder Indications

For Managers: Potential Staff Post-Traumatic Stress Disorder Indications

This checklist, which begins with a risk assessment, provides guidance for noticing indications of possible staff post-traumatic stress disorder (PTSD) and for referring staff to possible treatment resources.^{1,2} This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

The checklist is derived from the evidence-based guidelines of the National Institute of Mental Health and the National Alliance on Mental Illness.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF STAFF MEMBER MIGHT HAVE INDICATIONS OF PTSD. IF YOU ANSWER “YES” TO MANY OF THESE QUESTIONS, CONSIDER THE SUGGESTIONS BELOW.				
Have staff members experienced a recent traumatic event such as a violent incident, natural disaster, fire emergency, etc.?				
Does a staff member talk about having intrusive memories, such as flashbacks of the traumatic event, nightmares, or frightening thoughts?				
Does a staff member avoid places and/or objects that remind him or her of the traumatic event?				
Does a staff member have difficulty remembering the traumatic event?				
Does a staff member talk about having out-of-body experiences or feeling that the world is “not real”?				
Does a staff member startle very easily?				
Does a staff member talk about feeling numb?				
Does a staff member talk about being tense?				
Does a staff member talk about having sleeping problems?				
Does a staff member have sudden angry outbursts?				
Has a staff member had any PTSD symptom(s) for more than a month?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
If you suspect that a staff member might have PTSD, you can			
1.	Suggest that the staff member consult with his or her personal physician, who can refer staff to appropriate behavioral health specialist if needed.		
2.	Encourage the staff member to take advantage of any behavioral health services offered by employer, such as an employee assistance program (EAP) or workplace support groups for PTSD.		

References

1. National Institute of Mental Health (NIMH). Post-Traumatic Stress Disorder. <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>. Accessed Jun 23, 2019.
2. National Alliance on Mental Illness (NAMI). Posttraumatic Stress Disorder. <https://www.nami.org/learn-more/mental-health-conditions/posttraumatic-stress-disorder>. Accessed Jun 23, 2019.

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File Name: 05 03 For Staff PostTraumatic Stress Disorder Protective Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Posttraumatic Stress Disorder Protective Procedure Checklist

Based mainly on guidelines from the National Institute of Mental Health (NIMH) and the National Alliance on Mental Illness (NAMI), this checklist, which begins with a risk assessment, outlines the steps for identifying and coping with possible post-traumatic stress disorder (PTSD).¹⁻³ This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

If you have indications of PTSD, you should see a physician.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF YOU MIGHT HAVE INDICATIONS OF PTSD. IF YOU ANSWER "YES" TO A FEW OF THESE QUESTIONS, PROCEED TO THE SUGGESTIONS BELOW.				
Have you experienced a traumatic event such as a violent incident, a natural disaster, a fire emergency or being responsible for a serious medical error?				
Do you have intrusive memories, such as flashbacks of the traumatic event, nightmares, or frightening thoughts?				
Do you avoid places and/or objects that remind you of the traumatic event?				
Do you have difficulty remembering the traumatic event?				
Do you have out-of-body experiences or feel that the world is "not real"?				
Are you startled very easily?				
Do you feel numb?				
Do you feel tense?				
Do you have sleeping problems?				
Do you have sudden angry outbursts?				
Have you had any PTSD symptom(s) for more than a month?				

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Consult with your physician, who can perform an evaluation to see if you may have a medical condition causing your symptoms.		
	If a medical condition is ruled out, ask your physician to refer you to an appropriate behavioral health specialist.		
	Take advantage of any behavioral health services offered by employer, such as an employee assistance program (EAP) or workplace support groups for PTSD.		
	Common treatments for PTSD include: <ul style="list-style-type: none"> <input type="checkbox"/> Prescription medications <input type="checkbox"/> Psychotherapy, such as cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and exposure therapy <input type="checkbox"/> Use of service dogs (not always an option for caregivers) <input type="checkbox"/> Support groups 		
	Complementary treatments for PTSD include: <ul style="list-style-type: none"> <input type="checkbox"/> Yoga <input type="checkbox"/> Aquatherapy <input type="checkbox"/> Acupuncture <input type="checkbox"/> Mindfulness and meditation 		

References

1. National Institute of Mental Health (NIMH). Post-Traumatic Stress Disorder. <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>. Accessed Jun 23, 2019.
2. National Alliance on Mental Illness (NAMI). Posttraumatic Stress Disorder. <https://www.nami.org/learn-more/mental-health-conditions/posttraumatic-stress-disorder>. Accessed Jun 23, 2019.
3. The Joint Commission. Health care worker fatigue and patient safety. *Sentinel Event Alert*, Issue 48. Dec 14, 2011; updated May 14, 2018. https://www.jointcommission.org/assets/1/18/SEA_48_HCW_Fatigue_FINAL_w_2018_addendum.pdf. Accessed Jun 23, 2019.

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File Name: 05 04 For Managers Potential Staff Generalized Anxiety Disorder or Depression

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Potential Staff Generalized Anxiety Disorder or Depression Indications

Based on guidelines from the National Alliance on Mental Illness (NAMI) and the American Psychiatric Association, this checklist provides guidance for noticing indications of possible staff generalized anxiety disorder or depression and for referring staff to possible treatment resources.¹⁻⁴ This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF STAFF MEMBER MIGHT HAVE INDICATIONS OF GENERALIZED ANXIETY DISORDER OR DEPRESSION. IF YOU ANSWER "YES" TO MANY OF THESE QUESTIONS, CONSIDER THE SUGGESTIONS BELOW.				
Does a staff member talk about feeling anxious or sad often or all the time—to the point that these feelings interfere with his/her ability to function day to day?				
Does a staff member say that his/her feelings of anxiety or sadness are getting worse over time?				
Does the staff member talk about becoming fatigued easily?				
Does the staff member talk about having sleep problems such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep?				
Does the staff member say that he/she feels restless, wound up, or on edge?				
Does the staff member frequently express irritation or talk about being easily frustrated or restless?				
Does the staff member talk about anticipating the worst and watching for signs of danger?				
Does the staff member talk about having trouble concentrating?				
Does the staff member talk about experiencing physical symptoms such as muscle tension, pounding heart, shortness of breath, upset stomach, headaches, or frequent urination or diarrhea?				
Does the staff member talk about feeling guilty, worthless, or helpless?				
Does the staff member ever talk about suicide or self-harm?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Suggest that the staff member consult with personal physician, who can refer to appropriate behavioral health specialist, if needed.		
	Encourage the staff member to take advantage of any behavioral health services offered by employer, such as an employee assistance program (EAP) or workplace support groups for anxiety disorders.		
	If the staff member gives indications of being suicidal, get emergency help immediately.		

References

1. National Alliance on Mental Illness (NAMI). Anxiety Disorders. Updated March 2015. <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Anxiety-Disorders-FS.pdf>. Accessed Jun 23, 2019.
2. American Psychiatric Association. What Are Anxiety Disorders? <https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>. Accessed Jun 23, 2019.
3. National Alliance on Mental Illness (NAMI). Depression. <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Depression-FS.pdf>. Accessed Jun 23, 2019.
4. National Institute of Mental Health (NIMH). Depression. <https://www.nimh.nih.gov/health/topics/depression/index.shtml>. Accessed Jun 23, 2019.

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File Name: 05 05 For Staff Generalized Anxiety Disorder Protective Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Generalized Anxiety Disorder Protective Procedure Checklist

Based on guidelines from the National Alliance on Mental Illness (NAMI) and the American Psychiatric Association, this checklist, which begins with a risk assessment, outlines the steps for identifying and coping with possible generalized anxiety disorder.^{1,2} This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

If you have indications of generalized anxiety disorder, you should see a physician.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF YOU MIGHT HAVE INDICATIONS OF GENERALIZED ANXIETY DISORDER. IF YOU ANSWER "YES" TO A FEW OF THESE QUESTIONS, PROCEED TO THE SUGGESTIONS BELOW.				
Do you have anxiety that interferes with your ability to function day to day?				
Is your anxiety getting worse over time?				
Do you have difficulty controlling feelings of worry?				
Are you easily fatigued?				
Do you have sleep problems such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep?				
Do you feel restless, wound-up, or on edge?				
Are you irritable?				
Do you anticipate the worst and watch for signs of danger?				
Do you have trouble concentrating?				
Do you experience physical symptoms such as muscle tension, pounding heart, shortness of breath, upset stomach, and headaches?				

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Consult with your physician, who can perform an evaluation to see if you may have a medical condition causing your symptoms.		
	If a medical condition is ruled out, ask your physician to refer you to an appropriate behavioral health specialist.		
	Take advantage of any behavioral health services offered by employer, such as an employee assistance program (EAP) or workplace support groups for anxiety.		
	Common treatments for anxiety include: <ul style="list-style-type: none"> <input type="checkbox"/> Psychotherapy, such as cognitive behavioral therapy (CBT) <input type="checkbox"/> Prescription medications <input type="checkbox"/> Relaxation techniques <input type="checkbox"/> Self-help groups <input type="checkbox"/> Meditation 		

References

1. National Alliance on Mental Illness (NAMI). Anxiety Disorders. <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Anxiety-Disorders-FS.pdf>. Accessed Jun 23, 2019.
2. American Psychiatric Association. What Are Anxiety Disorders? <https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>. Accessed Jun 23, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 05 06 For Staff Depression Protective Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Depression Protective Procedure Checklist

Based on guidelines from the National Alliance on Mental Illness (NAMI) and the National Institute of Mental Health (NIMH), this checklist, which begins with a risk assessment, outlines the steps for identifying and coping with possible depression.^{1,2} This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

If you have indications of depression, you should see a physician.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF YOU MIGHT HAVE INDICATIONS OF DEPRESSION. IF YOU ANSWER "YES" TO A FEW OF THESE QUESTIONS, PROCEED TO THE SUGGESTIONS BELOW.				
Do you feel sad or anxious often or all the time?				
Do you no longer want to do activities that used to be fun?				
Do you feel irritable, easily frustrated, or restless?				
Do you have trouble falling or staying asleep?				
Do you wake up too early?				
Do you sleep too much?				
Do you feel tired even after sleeping well?				
Has your appetite changed dramatically?				
Do you experience aches, pains, headaches, or stomach problems that do not improve with treatment?				
Do you have trouble concentrating?				
Do you feel guilty, worthless, or helpless?				
Do you ever think about suicide or hurting yourself?				

STEP	ACTION	✓	NOTES
	Consult with your physician, who can perform an evaluation to see if you may have a non-depression medical condition causing your symptoms.		
	If a non-depression medical condition is ruled out, ask your physician to refer you to an appropriate behavioral health specialist.		

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Take advantage of any behavioral health services offered by employer, such as an employee assistance program (EAP) or workplace support groups for depression.		
	Common treatments for depression include: <ul style="list-style-type: none"> <input type="checkbox"/> Prescription medications <input type="checkbox"/> Psychotherapy, such as cognitive behavioral therapy (CBT), family-focused therapy, and interpersonal therapy <input type="checkbox"/> Brain stimulation therapies, such as electroconvulsive therapy (ECT) <input type="checkbox"/> Light therapy <input type="checkbox"/> Exercise <input type="checkbox"/> Complementary therapies, such as acupuncture, meditation, and nutrition <input type="checkbox"/> Self-management strategies 		
	If you feel suicidal, get help immediately. Call 1-800-273-TALK (8255) to reach the National Suicide Prevention Lifeline, a 24-hour crisis center. Or, dial 911.		

References

1. National Alliance on Mental Illness (NAMI). Depression. <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Depression-FS.pdf>. Accessed Jun 23, 2019.
2. National Institute of Mental Health (NIMH). Depression. <https://www.nimh.nih.gov/health/topics/depression/index.shtml>. Accessed Jun 23, 2019.

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 Joint Commission Resources, 2019.

File Name: 05 07 For Staff Substance Abuse or Addiction Protective Procedure Checklist

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

For Staff: Substance Abuse/Addiction Protective Procedure Checklist

Based on guidelines from the National Institute on Drug Abuse (NIDA), this checklist, which begins with a risk assessment, outlines the steps for identifying and coping with possible drug and/or alcohol abuse and addiction.¹ This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

If you have indications of a substance abuse or addiction problem, you should see a physician.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DETERMINE IF YOU MIGHT HAVE INDICATIONS OF A SUBSTANCE ABUSE/ADDICTION PROBLEM. IF YOU ANSWER "YES" TO A FEW OF THESE QUESTIONS, CONSIDER THE SUGGESTIONS BELOW.				
Are you using the substance in larger amounts or for longer than intended?				
Do you want to cut down on or stop using the substance but can't?				
Do you spend a lot of time getting, using, or recovering from substance use?				
Do you have cravings and urges to use the substance?				
Are you unable to manage responsibilities at home or work because of substance use?				
Do you continue to use the substance even when it causes problems at work or in relationships?				
Are you giving up important activities because of using the substance?				
Do you use the substance again and again, even when it puts you in danger?				
Do you continue to use the substance even though you know a physical or mental problem could have been caused by or made worse by the substance?				
Do you use more of the substance to get the desired effect?				
Have you developed withdrawal symptoms that can be relieved by using more of the substance?				

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Joint Commission Resources, 2019.

File Name: 05 07 For Staff Substance Abuse or Addiction Protective Procedure Checklist

APPLICABLE PROGRAM(S)

AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Consult with your physician, who can refer you to treatment resources or to an addiction specialist.		
	For information about finding a treatment center, you can contact 1-800-662-HELP, which is supported by the U.S. Department of Health & Human Services.		
	Take advantage of any substance abuse treatment resources offered by your employer, such as an employee assistance program (EAP) or workplace support groups for recovering addicts.		

Reference

1. National Institute on Drug Abuse (NIDA). What to Do If Your Adult Friend or Loved One Has a Problem with Drugs. Revised January 2016. <https://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs>. Accessed Jun 23, 2019.

Published in *Health Care Worker Safety Checklists: Protecting Those Who Serve*
 Joint Commission Resources, 2019.
File Name: 05 08 For Managers Trauma Event Protective Procedure Checklist

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Managers: Trauma Event Protective Procedure Checklist

Based on guidelines from the National Institute for Occupational Safety and Health (NIOSH), this checklist outlines the steps for keeping staff safe during a major trauma event, such as a large-scale natural disaster or terrorist incident.¹ This tool is not diagnostic in nature; its intent is to assist workers in obtaining professional medical or behavioral health services, if indicated.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
MAINTAINING SAFETY			
	Follow employer procedures for a major trauma event, which should be described in an organization’s written Emergency Operations Plan. TJC		
	Encourage staff members to watch out for each other to prevent injuries due to mental and physical fatigue.		
	Monitor staff members showing signs of exhaustion, stress, and distraction—they may need an immediate rest break.		
	Authorize rest breaks—away from work area, if possible—as often as can be done safely during long shifts.		
	Make sure staff members are eating regularly and drinking plenty of fluids.		
	Make sure staff members are sleeping as regularly as possible.		
EMOTIONAL SUPPORT			
	Do not force staff members to talk about the trauma event if they are not yet comfortable doing so.		
	Enable staff to communicate with loved ones as frequently as possible.		
	Encourage staff to use available on-site behavioral health support provided by employer, especially if expressing that they have ongoing behavioral health symptoms such as: <ul style="list-style-type: none"> <input type="checkbox"/> Poor concentration <input type="checkbox"/> Heightened or lowered alertness <input type="checkbox"/> Poor problem solving <input type="checkbox"/> Anxiety <input type="checkbox"/> Intense anger <input type="checkbox"/> Grief <input type="checkbox"/> Feeling overwhelmed <input type="checkbox"/> Loss of emotional control 		
MEDICAL SUPPORT			

APPLICABLE PROGRAM(S)

- AHC BHC CAH HAP
 LAB NCC OBS OME

STEP	ACTION	✓	NOTES
	Get immediate medical help for staff who experience any of these physical symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Chest pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Severe pain <input type="checkbox"/> Shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, dilated pupils) 		
	Get medical attention for staff who experience any of these physical symptoms that become ongoing or worsen: <ul style="list-style-type: none"> <input type="checkbox"/> Fatigue <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Dizziness <input type="checkbox"/> Profuse sweating <input type="checkbox"/> Thirst <input type="checkbox"/> Headaches <input type="checkbox"/> Visual difficulties <input type="checkbox"/> Jaw clenching <input type="checkbox"/> Nonspecific aches and pains 		
POST-INCIDENT			
	Encourage staff to use employer-provided behavioral health support resources.		
	Watch for signs of mental issues such as anxiety, depression, and post-traumatic stress disorder (PTSD), and refer staff to treatment if appropriate.		

Reference

1. National Institute for Occupational Safety and Health (NIOSH). Traumatic Incident Stress. <https://www.cdc.gov/niosh/topics/traumaticincident/default.html>. Accessed Oct 6, 2019.

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APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

For Staff: Sleep Hygiene Checklist

Based on recommendations from the Occupational Safety and Health Administration (OSHA) and Cleveland Clinic, this checklist outlines the steps for practicing good sleep hygiene when working long and/or non-daytime shifts.^{1,2} A Joint Commission Sentinel Event Alert describes the impact of long shifts (more than 12 hours) on staff fatigue.³

If you have ongoing sleep problems, you should see a physician.

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

STEP	ACTION	✓	NOTES
HEALTHFUL SLEEP HYGIENE			
	Make sleep a priority—good sleep hygiene is especially important for shift workers.		
	Try to get at least seven to eight hours of sleep every day.		
	Try to maintain consistent sleep hours, even on weekends and days off from work.		
	Follow regular bedtime rituals.		
	Keep bedroom at a comfortable sleeping temperature.		
	Avoid watching TV, reading, or working in bedroom.		
	Sleep on a comfortable mattress and pillows.		
	Avoid alcohol and caffeine for several hours before bed.		
	If you develop a pattern of not sleeping and are sleepy at work or while driving, see your physician.		
DAYTIME SLEEPING			
	If you are not driving yourself home after night shift work, wear dark sunglasses to minimize exposure to light that can activate your internal “daytime clock.”		
	Keep bedroom and path to bathroom as dark as possible.		
	Wear eye mask if needed.		
	Use earplugs or “white noise” machine to block out daytime noise.		
	Ask household members to wear headphones to listen to music or watch TV.		
	Encourage household members to avoid vacuuming, dishwashing, and other noisy activities during your sleep time.		

APPLICABLE PROGRAM(S)			
<input checked="" type="checkbox"/> AHC	<input checked="" type="checkbox"/> BHC	<input checked="" type="checkbox"/> CAH	<input checked="" type="checkbox"/> HAP
<input checked="" type="checkbox"/> LAB	<input checked="" type="checkbox"/> NCC	<input checked="" type="checkbox"/> OBS	<input checked="" type="checkbox"/> OME

STEP	ACTION	✓	NOTES
	Post “Do not disturb” sign on front door so no one knocks or rings doorbell during your sleep time.		
STRESS RELIEF			
	To lessen health effects of long or irregular work shifts, try self-care practices that can help you cope with stress more effectively: <ul style="list-style-type: none"> <input type="checkbox"/> Follow a healthful, well-balanced diet. <input type="checkbox"/> Exercise regularly. <input type="checkbox"/> Give yourself a break if you feel stressed out—for example, treat yourself to a massage or take a brisk walk outdoors for fresh air. <input type="checkbox"/> Avoid using drugs and alcohol to ease stress. <input type="checkbox"/> Practice stress-relief techniques, such as relaxation exercises, visualization, meditation, or yoga. 		

References

- Occupational Safety and Health Administration (OSHA). Long Work Hours, Extended or Irregular Shifts, and Worker Fatigue. <https://www.osha.gov/SLTC/workerfatigue/prevention.html>. Accessed Jun 23, 2019.
- Cleveland Clinic. Shift Work Sleep Disorder: Management and Treatment. <https://my.clevelandclinic.org/health/diseases/12146-shift-work-sleep-disorder/management-and-treatment>. Accessed Jun 23, 2019.
- The Joint Commission. Health care worker fatigue and patient safety. *Sentinel Event Alert*, Issue 48. Dec 14, 2011; updated May 14, 2018. https://www.jointcommission.org/assets/1/18/SEA_48_HCW_Fatigue_FINAL_w_2018_addendum.pdf. Accessed Jun 23, 2019.