Safety Culture Curriculum for Health Care Workers Preliminary Outline

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Purpose

- Currently > 18 million workers are employed in the health care service sector with services often provided 24/7.

- Health care workers are exposed to a wide range of work-related hazards resulting in injury, illness, loss work time, disability, and work-life balance issues.

- The need for training for HCWs and employers about work-related exposures and health hazards, and interventions to mitigate exposure and risk is imperative.

Purpose (cont)

- This course will provide scientific, evidence-based information through a focus on five core competencies to increase knowledge about work-related hazards and organizational and personal strategies to promote a safe and healthful work environment.

- Safety culture competency needs to be provided early in a curriculum and emphasized throughout and be a component of practice and professional development.

- 5 modules for about 120 minutes. CEUS offered with certificate of completion.

Competencies

1. Define an effective safety culture in health care settings and factors that create a culture of safety.

2. Identify common work-related risks and hazards in health care and unsafe practices that can result in worker injury and/or illness.

3. Describe strategies for prevention, reduction, and control of work-related injury and illness in health care settings.

Competencies (cont)

4. State leadership's role in establishing, applying, and sustaining a safe work environment.

5. Identify employer and worker ethical and legal responsibilities that promote a safe working conditions including hazard communication and reporting.

6. Utilize resources that help keep health care workers safe and healthy on the job.

Lessons

- **Safety Culture and Health Care**
- **Hazards and Recognition**
- **Hierarchy of Control**
- **Leadership**
- **Ethics**
- **Resources**

Safety Culture and Health Care

- Definition- A culture of safety describes the core values and behaviors that come about when there is collective and continuous commitment by organizational leadership, managers, and health care workers to emphasize safety over competing goals (ANA, 2016). Everyone is responsible for safety implementation and reporting unsafe conditions.

- High reliability organizations (e.g., safety and quality-centered culture support; culture reflected in policies; proactive; human factors; psychological safety; accountability).

- Patient and HCW safety are intertwined.

Safety Culture and Health Care *(cont)*

- Human resource value: Employer and employee commitment to safety and self. Must involve all staff levels in decision-making.

- Recognize differences in different environments and dynamic systems.

- Recognition & respect fostering trust, reporting, peer intervention, improved learning, participation.

- Lesson harm to patients and providers (Basic safety science/principles/hazard controls/best practices).

- Avoid clichés that get worn out.

Safety Culture and Health Care *(cont)*

- Effective teamwork for safe, high quality care through administrative-staff decision making involvement with safety as must high priority; build and foster resiliency.

- Balance non-punitive responses and unsafe behaviors through system effectiveness and provider performance for positive effects and supportive climates and accountability at all organizational levels.

Safety Culture and Health Care *(cont)*

- Opportunities to improve safety culture and climate (e.g., safe introduction of new processes and technologies; organizational vigilance for needed resources).

- Standards for prevention of workplace injuries and good working environments.

- Know what you don't know.

- Continuous support and feedback.

Hazards and Recognition

- Workplaces have job hazards which can have acute/chronic effects.

- Have you ever had a work-related injury or know someone who has?

- Hazard Assessment: job hazard analysis, incident reports.

- **Hazards: Biological, Chemical, Enviromechanical, Physical, Psychosocial**

- Routes of exposure: Inhalation, percutaneous, ingestion.

- **Statistics on work-related injuries/illnesses + examples**

- **Biological hazards** are infectious agents capable of being transmitted to others via contact with infectious patients or their body fluids (e.g., bacteria, viruses).
  - ➢ Viruses (e.g., HIV, HBV, HCV, varicella-zoster, herpes, cytomegalovirus,, rubella., measles, influenza, EBOLA)
  - ➢ Bacteria (e.g., m.TB, bacterial meningitis, MRSA)
  - ➢ Fungus
  - ➢ Other

- **Chemical hazards** refer to any forms of chemical including medications, solutions, gases, vapors, aerosols, and particulate matter that is potentially toxic or irritating to the body system.
  - Antimicrobial/antibiotics
  - Anesthetic gases
  - Antineoplastic drugs
  - Chemical sterilants (e.g., ethylene oxide, hydrogen peroxide)

Chemical hazards (cont.)

➢ Cleaning and disinfectant agents (e.g., quarternary ammonium compounds, low and intermediate level disinfectants , antisepetics, detergents)
➢ Latex
➢ Surgical smoke
➢ High level disinfectants (e.g., glutaraldehyde, ortho-phthaldehyde)
➢ Other(e.g.,adhesives, solvents)

- **Enviromechanical hazards** are those aspects of the workplace that can cause or potentiate accidents , injuries, strains, or discomfort (e.g., insufficient equipment, hazardous flooring).
  - ➢ Poor lighting.
  - ➢ Poor ventilation
  - ➢ Poor security
  - ➢ Ergonomic deficits (pulling/pushing objects, lifting
  - ➢ Poorly designed workstations/equipment
  - ➢ Contaminated needles/sharps
  - ➢ Slippery/cluttered floors
  - ➢ Splashes/spills
  - ➢ Workplace violence
  - ➢ Other

- **Physical hazards** are workplace agents that can cause tissue damage by transfer of energy from the agent.
  - ➢ Heat/cold
  - ➢ Noise
  - ➢ Radiation (ionizing and non-ionizing)
  - ➢ Laser
  - ➢ Other

- **Psychosocial hazards** are those factors that can cause stress, strain, or interpersonal problems for the worker.
  - ➢ Work organization (e.g., heavy workloads, inadequate staffing, lack of training)
  - ➢ Violence, bullying, incivility
  - ➢ Shiftwork
  - ➢ Harassment
  - ➢ Mandatory overtime
  - ➢ Fatigue
  - ➢ Other

Hierarchy of Controls

Most effective

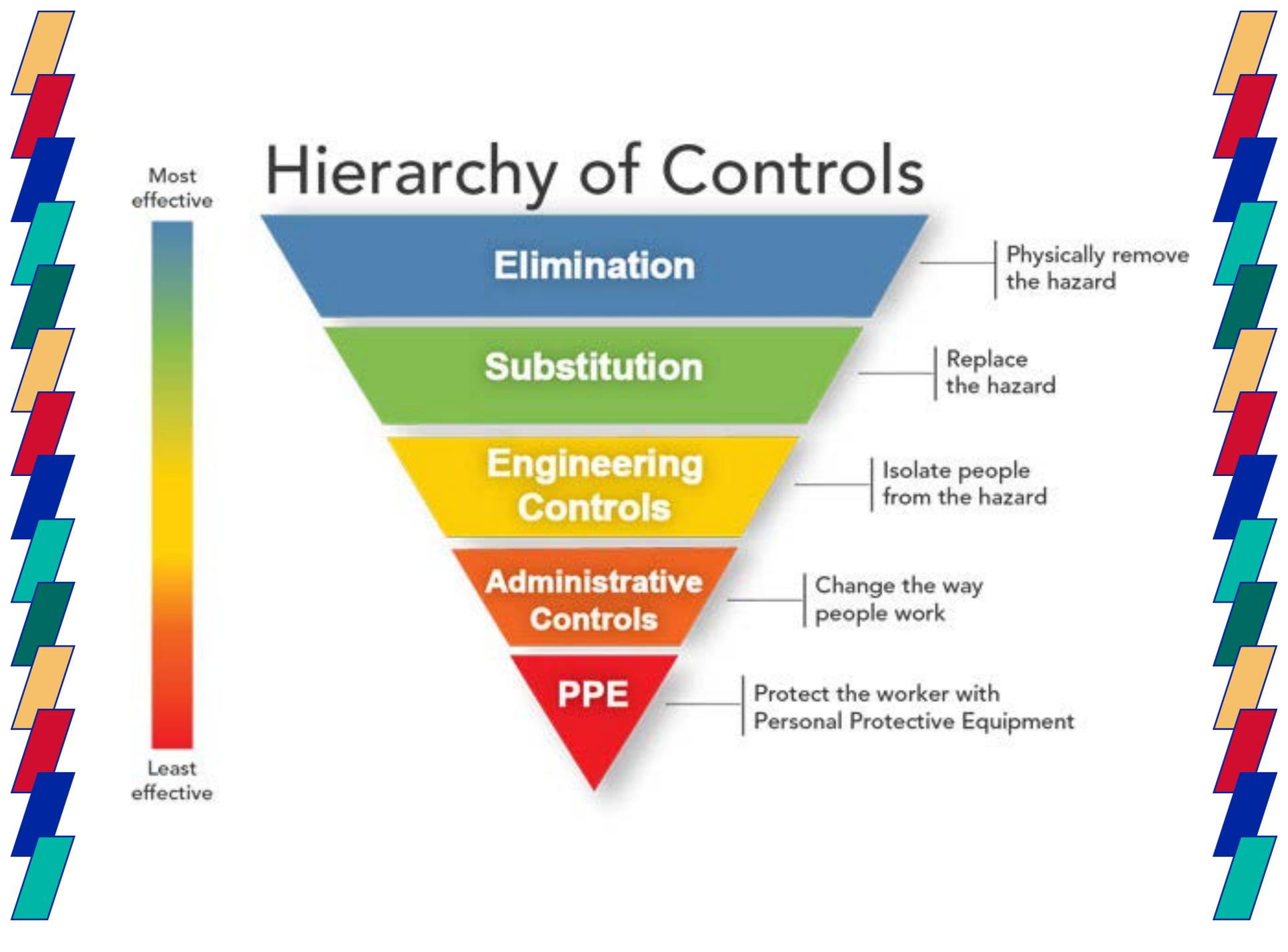|	
Elimination	Physically remove the hazard
Substitution	Replace the hazard
Engineering Controls	Isolate people from the hazard
Administrative Controls	Change the way people work
PPE	Protect the worker with Personal Protective Equipment

Least effective

Hierarchy of Controls

- **Elimination**-Remove the hazard from the work process
  - ➢ Immunizations
  - ➢ Remove latex-base products
  - ➢ Other
- **Substitution**-Use less hazardous material or process to replace original hazard
  - ➢ Slip resistant floors
  - ➢ Other

Hierarchy of Controls *(cont)*

- **Engineering-** Isolate hazard from the worker (enclosure/barrier)
  - ➢ Biological safety cabinets
  - ➢ Closed system drug transfer devices and needleless IV systems
  - ➢ Needle boxes
  - ➢ Other

Hierarchy of Controls *(cont)*

- **Administrative/Work practice**- Organizational practice and policies designed to limit or mitigate work-related exposure
  - ➢ Training
  - ➢ Hand hygiene/PPE
  - ➢ Proper drug labels
  - ➢ Medical surveillance
  - ➢ Vaccinations
  - ➢ Compliance with (OSHA, CDC) standards/guidelines
  - ➢ Other

Hierarchy of Controls *(cont)*

- **Personal protective equipment-** Equipment designed to prevent or minimize exposure to hazardous agent
  - ➤ Gowns, respirators, gloves, goggles
  - ➤ Other
- **Give statistics and examples of prevention and control strategies for each**

Leadership

- Commitment to workplace safety as high priority and through role modeling
- Policies and procedures that reflect the safety culture value
- Hazard analysis
- Safe staffing levels and workloads
- Provide state-of-the art-training and resources
- Engage health care worker champions and involvement

Leadership *(cont)*

- Observe the work
- Create leader/staff safety rounds to evaluate the work, conditions and environment
- Safety culture training at orientation and on continuum of learning across units
- Transparency, proactive communication

Legal/Ethics

- OSHA standards/guidelines (e.g., HazCom, respiratory protection, hearing conservation

- Treat employees as valuable assets

- Remove/control hazards when identified

- Management/workers must meet obligations for an effective safety culture to exist including safety compliance and reporting unsafe practices and compliance

- Non-punitive environment for incident error reporting to improve work practice

Resources added including case examples/stats

Thank You