Strategies for reducing patient and staff risk of exposure to infectious diseases, such as COVID-19, influenza A, and tuberculosis, may include efforts to promote vaccination, encouraging staff to get vaccinated, and requiring unvaccinated staff to wear masks at high-risk times of the year such as the flu season, or in high-risk areas such as a unit that frequently cares for patients diagnosed with COVID-19 or tuberculosis. Unvaccinated staff providing care to patients who are vulnerable to infection, such as the immunocompromised, the elderly, and infants, increases the risks to those patients already at high risk for infection. Therefore, staff immunization status needs to be considered when making staff assignments.

Measurable Elements of SQE.02.01

1. The hospital identifies epidemiologically significant infections, as well as staff who are at high risk for exposure to and transmission of infections. (*See also* PCI.08.01, ME 2)
2. Ⓓ The hospital develops and implements a staff vaccination and immunization program. (*See also* PCI.07.02, ME 5)
3. Ⓓ The staff vaccination and immunization program includes a policy and a process for the administration and management of staff vaccinations and immunizations.
4. The hospital evaluates the risks associated with unvaccinated staff and identifies strategies for reducing patient and staff risk of exposure to infectious diseases from unvaccinated staff.
5. The infection prevention and control program guides the evaluation, counseling, and follow-up of staff exposed to infectious diseases. (*See also* PCI.08.01, ME 1)

Standard SQE.02.02

Leaders and staff are trained and demonstrate competence in workplace violence prevention.

Intent for SQE.02.02

Exposure to workplace violence can impair effective patient care and lead to psychological distress, job dissatisfaction, absenteeism, high turnover, and higher costs. Recognition of what constitutes workplace violence begins with awareness of the different types of physical and nonphysical acts and threats of workplace violence. Studies have demonstrated the negative impact that unhealthy cultures have on the work environment; in particular to employee retention, personal well-being, engagement, and ultimately, patient outcomes. A 2022 study concluded that the number one cause of burnout and intention to leave the workplace is toxic work behaviors. Another study determined that a "toxic culture" is greater than 10 times more likely to contribute to attrition than compensation. According to US Bureau of Labor Statistics data, the incidence of violence-related health care worker injuries has steadily increased for at least a decade. Incidence data reveal that in 2018 health care and social service workers were 5 times more likely to experience workplace violence than all other workers—comprising 73% of all nonfatal workplace injuries and illnesses requiring days away from work. However, workplace violence is underreported, indicating that the actual rates may be much higher.

The hospital provides training, education, and resources on the workplace violence prevention program to leaders and staff at time of hire, annually, and whenever changes occur. The required aspects of the workplace violence prevention program training are based on individual roles and responsibilities, but training should begin with clearly defining the matter. *Workplace violence* is defined as "an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving all staff, patients, or visitors."

Workplace violence can occur between staff, patient, and/or visitor to staff; leader to staff; and staff to leader. Education and training should focus on prevention, including early detection and immediate intervention. Training on early detection and communication processes to alert other health care professionals of persons who are at risk for becoming violent can prevent situations from arising. De-escalation and intervention techniques are also important to learn when confronted with incidents of workplace violence. Incorporating

violence prevention tools and encouraging the use of a simple and accessible reporting process can ultimately reduce the likelihood of health care staff being victims of workplace violence.

Measurable Elements of SQE.02.02

1. The hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leaders, and staff. (*See also* GLD.07.02, ME 2)
2. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities.
3. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:
   - What constitutes workplace violence (*See also* GLD.07.02, ME 2)
   - Education on the roles and responsibilities of leaders, clinical staff, security personnel, and external law enforcement
   - Training in early detection, de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
   - The reporting process for workplace violence incidents (*See also* GLD.07.02, ME 5)

Nursing Staff

Standard SQE.03.00

The hospital has a uniform process to collect, verify, and evaluate credentials of the nursing staff.

Intent of SQE.03.00

The hospital needs to ensure that it has a qualified nursing staff that appropriately matches its mission, care, treatment, services, and associated resources with the needs of the patient populations it serves. Nursing is the driving force behind patient care, and directly contributes to the overall patient outcomes; Therefore, the hospital must ensure that nurses are qualified to provide nursing care and must specify the types of care they are permitted to provide if not identified in laws or regulations. The hospital ensures that each nurse is qualified to provide safe and effective care and treatment to patients by meeting the following expectations:

- Understanding the applicable laws and regulations that apply to nurses and nursing practice
- Collecting all available credentials on each nurse, including at least the following:
  - Evidence of education/training
  - Evidence of current licensure
  - Evidence of current competence through information from other sources in which the nurse was employed
  - Letters of recommendation and/or other information the organization may require, such as health history and pictures
  - Verification of the essential information, such as current registry or licensure, particularly when such documents are periodically renewed, and any certifications and evidence of completion of specialized or advanced education

The hospital must make every effort to verify essential information, even when the education took place in another country or a significant time ago. Standards compliance requires that primary source verification is carried out for all nurses.

***Exception* for SQE.03.00, ME 1, for initial surveys only.** At the time of the initial JCI accreditation survey, hospitals are required to have completed primary source verification for new nurse applicants within the twelve (12) months leading up to the initial survey. During the twelve (12) months following the initial survey,