Measurable Elements of SQE.02.00

1. Ⓓ The hospital implements a staff health and safety program that is responsive to urgent and nonurgent staff needs through direct treatment and referral.
2. The staff health and safety program at a minimum includes the following:
   - Initial employment health screening
   - Measures to control harmful occupational exposures, such as exposure to toxic drugs and harmful noise levels
   - Education, training, and resources on safe patient handling
   - Education, training, and resources for staff who may be second victims of adverse or sentinel events
   - Treatment for common work-related conditions or injuries

   (*See also* PCI.08.01, ME 1)
3. The staff health and safety program evaluates and provides resources to address the following:
   - Staff mental health
   - Burnout
   - Compassion fatigue
   - Risk of suicide and self-harm
4. The hospital implements a process for follow-up and support to staff who are second victims of adverse or sentinel events.
5. The hospital demonstrates actions taken for staff mental health prevention to, at a minimum, address the following:
   - Burnout
   - Compassion fatigue
   - Risk of self-harm
   - Suicide

Standard SQE.02.01

The hospital identifies staff who are at risk for exposure to and possible transmission of vaccine-preventable diseases and implements a staff vaccination and immunization program.

Intent of SQE.02.01

Many clinical staff are at risk for exposure to and possible transmission of vaccine-preventable diseases due to their contact with patients and infectious materials. Asymptomatic infections are common, and individuals can be infectious prior to having any symptoms, including from highly transmittable diseases such as COVID-19, influenza, and tuberculosis. Studies show that clinical staff often report to work even when ill. Hospitalized patients are at significant risk of injury or death from health care–associated infectious disease transmissions. Infectious disease outbreaks in hospitalized patients have been traced to unvaccinated clinical staff, particularly in cases of COVID-19, influenza A, and tuberculosis.

The incidence of infectious disease transmission can be significantly reduced by doing the following:

- Identifying epidemiologically important infections
- Determining staff at high risk for these infections
- Implementing screening and prevention programs (such as immunizations, vaccinations, and prophylaxis)

Hospitals reduce the risks associated with the transmission of infectious diseases by unvaccinated staff, which includes the implementation of a staff vaccination and immunization program policy and a process to guide the administration and management of staff vaccinations and immunizations. Clinical staff have an ethical and professional obligation to protect themselves, their coworkers, and patients/families. Vaccination is a duty for all clinical staff.

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