established by a recognized training program. Medical emergency preparedness training options include first aid, basic life support (BLS) also known as cardiopulmonary resuscitation (CPR), and advanced cardiovascular life support (ACLS).

It is important that clinical staff are trained to promptly recognize life-threatening emergencies and to respond to them by competently performing CPR and other basic cardiovascular life-support skills according to their roles. The hospital may also determine that nonclinical staff who do not provide patient care, treatment, or services, such as transporters or registration clerks, may require training in basic life support, as appropriate to their role. There must be evidence to show if each staff member who attended and completed the training course in resuscitation achieved the desired competency level appropriate for their role.

Measurable Elements of SQE.01.08

1. Clinical staff who provide patient care, treatment, and services, including medical staff, are trained in at least basic life support (BLS).
2. The hospital identifies the level of training (basic or advanced life support), appropriate to their roles in the hospital, for all clinical staff who provide patient care. (*See also* ASC.02.00, ME 2)
3. Ⓓ Evidence that the clinical staff member completed and passed the level of training appropriate to their role is documented in the personnel record.
4. The level of training appropriate to their role for clinical staff is repeated based on the requirements and/or time frames established by a recognized training program, or every two years if a recognized training program is not used.
5. The hospital identifies nonclinical staff to be trained in basic life support (BLS).
6. Ⓓ Evidence that the nonclinical staff member completed and passed the level of training appropriate to their role is documented in the personnel record.
7. The level of training appropriate to their role for nonclinical staff is repeated based on the requirements and/or time frames established by a recognized training program, or every two years if a recognized training program is not used.

Staff Health and Safety

Standard SQE.02.00

The hospital provides a staff health and safety program that addresses staff physical and mental health and safe working conditions.

Intent of SQE.02.00

A hospital's staff health and safety program is important to maintain staff physical and mental health, satisfaction, productivity, and safe conditions for work. Many factors in the workplace support the health and well-being of staff, including the following:

- Staff orientation and training
- A safe workplace
- Maintenance of medical equipment
- Prevention and control of health care–associated infections

The program includes elements such as education, training, evaluation, interventions, and treatments. The design of the program includes staff input and draws upon the hospital's clinical resources as well as those in the community. Follow-up and/or periodic evaluations for potential impact of work-related injuries are key factors in maintaining staff health and safety. Staff must understand the process for handling work-related injuries, including how to report, be treated for, and receive counseling and follow-up as indicated.

Examples of work-related injuries include the following:

- Needlesticks injuries
- Back injuries
- Exposure to infectious diseases
- Handling of patients
- Hazardous conditions in the facility
- Exposure to chemicals (chemotherapy agents, Central Sterile Supply Department, radiological/nuclear materials)

Nursing and other clinical staff who assist with mobilizing patients are at increased risk of back injuries and other musculoskeletal injuries due to the physical demands of patient handling. Improper patient handling techniques can also have a negative impact on patient safety and quality of care. Interventions appropriate to the care area and type of patient are implemented. Examples of safe handling interventions include the following:

- Use of gait belts
- Lateral transfer aids
- Training on body mechanics
- Implementation of a patient transfer team

The caregiving environment often presents challenges that can be mentally, emotionally, and physically stressful. Repeated exposure to emotional and physical challenges such as providing empathy and emotional support to patients and families, ethical decision-making, and frequent exposure to death and dying, can create compassion fatigue and can lead to many adverse health and quality-of-life outcomes for health care workers. Promoting and sustaining staff resiliency to minimize stress is essential to creating a positive culture for the benefit of patients and staff.

Clinical staff are often the second victims of errors and sentinel events. The European Researchers' Network Working on Second Victims (ERNST) defines the *second victim* as being "any health care worker, directly or indirectly involved in an unanticipated adverse patient event, unintentional healthcare error, or patient injury, and becomes victimized in the sense that also the worker is negatively impacted." Anxiety felt by caregivers and feelings of moral distress are frequently not addressed when patients and their family members are affected by clinical errors. Hospitals need to acknowledge that the emotional health and performance of the clinical staff involved in adverse and sentinel events can have an impact on the quality and safety of patient care.

Compared to the general population, clinical staff historically have higher incidents of depression, anxiety, stress, and thoughts of self-harm and suicide due to the psychological distress attributed to the workplace environment. Common traumatic workplace stressors include the following:

- Constant work demands
- Poor organizational support
- Short staffing
- Long hours
- Exposure to death, dying, and workplace violence

Recurring stressors compounded by the ethical decisions that clinical staff contend with that often create conflict with moral or ethical values has played a pivotal role in the deterioration of mental health in clinical staff, even more so in relation to crisis events. Mental health impairment among clinical staff due to workplace post-traumatic stress and psychological distress was historically present in crisis events. Most recently, the COVID-19 pandemic has increased rates of self-harm and suicidal ideation, high levels of depression, anxiety, sleep disorders, burnout, and post-traumatic stress disorder symptoms among clinical staff.

Research related to compassion fatigue and burnout recommends that hospitals create programs to support staff involved in sentinel and adverse events and to proactively develop skills to promote staff resiliency and staff health and well-being.

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.