



# Patient Safety Quarterly

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## Prevent Zika virus infection at home and away

Zika virus is an emerging infection in the Americas, the Caribbean, and parts of the South Pacific. The virus spreads mainly through the bites of *Aedes* species mosquitoes. Washington State doesn't have the type of mosquitoes that can spread Zika virus. However, the virus can also be spread sexually, during pregnancy from a woman to her baby, through blood transfusion, or through laboratory exposure. Most people infected have no symptoms. Typical symptoms are mild, and include fever, rash, joint pain, and red eyes; rare neurologic symptoms such as weakness or paralysis have also been reported. Zika infection during pregnancy can cause a serious birth defect called microcephaly, as well as other pregnancy-related problems such as severe fetal brain defects or miscarriage. There is no vaccine and no treatment for Zika virus.

## Preventing Zika infection

The best way to prevent disease spread by mosquitoes is to avoid mosquito bites while traveling to areas where Zika virus is spreading. The Centers for Disease Control and Prevention (CDC) recommend that women who are pregnant postpone travel to any area where there is active Zika virus transmission. All people who travel to areas where the virus is circulating should use EPA-registered insect repellents, following label instructions. Men who return from Zika-affected areas should use precautions to avoid transmitting Zika to their sexual partners. If their partner is pregnant, the couple should avoid sexual activity or consistently and correctly use condoms during sex for the duration of pregnancy.

Zika virus is a potential bloodborne infection. Healthcare workers including laboratorians should follow applicable infection control and biosafety practices. This includes avoiding exposure to an infected person's blood or other body fluids through use of personal protective equipment as needed, safe disposal of sharps, and adherence to laboratory biosafety requirements (BLS-2). Laboratories should limit access to work areas where Zika specimens are handled and use biosafety cabinets. In addition to standard precautions during patient care, it is reasonable to minimize aerosolization of blood or body fluids. Protections are particularly important for women who may be or become pregnant, or men whose sexual partner may be or become pregnant.

## Testing patients

Healthcare providers should ask their patients about recent travel to areas where Zika virus is spreading, or about sexual contact with anyone who has traveled to areas where Zika virus is spreading, in order to best counsel patients about options for testing or avoiding sexual transmission. Anyone who is experiencing

symptoms consistent with Zika virus infection within two weeks of potential exposure can be tested for Zika virus. Pregnant women who were potentially exposed to Zika virus through travel can be tested regardless of whether they experience symptoms. There are other situations in which testing is possible, including suspected sexual exposure or identification of certain birth defects. The process for ordering testing through CDC begins with the local health agency. Providers should contact the local health agency where the patient resides to obtain testing approval and instructions for shipping. Specimens are sent for testing at CDC, with an average turnaround time of three weeks.

## Resources

- [Guidance from the Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health.](#)
- [CDC identifies areas with Zika.](#)

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## Drowning prevention begins before you get in the water

With warm weather upon us, take precautions to protect yourself and loved ones around the water. Each year preventable tragedies take place on Washington waterways. In 2014 there were 98 unintentional drowning deaths across the state, with 80 percent of them taking place in open water – rivers, lakes, ponds, streams, Puget Sound, and the Pacific Ocean.

Although the air temperature is warm, that doesn't translate to warm water temperatures. With warm weather comes snowmelt, causing rivers to be cold, deep, and swift. Flows are generally colder in late spring and early summer, increasing the potential risk for cold-water shock to unprepared river users. Lakes and Puget Sound are also quite cold this time of year. Even the most avid swimmer can experience an uncontrollable, shock-like response when coming in contact with frigid waters.

While the safest decision might be not to enter the water, you can reduce your risk of drowning by following these recommendations:

### Wear a lifejacket

- Wear a correctly fitted U.S. Coast Guard-approved lifejacket every time you are on a boat, fishing from a riverbank or lakeside, or swimming and doing recreational activities in or on lakes, rivers, salt water, or in pools without lifeguards.
- Air-filled foam toys, such as “water wings,” “noodles,” or inner-tubes are not a substitute for wearing a Coast Guard-approved lifejacket.
- Adults are role models, so wear lifejackets when you are with family and friends who have children.
- By law, children 12 years old and younger must wear a Coast Guard-approved lifejacket at all times in a moving vessel less than 19 feet long, unless in a fully enclosed area.
- You may borrow lifejackets from a lifejacket loaner station. [Find more information here.](#)

### Know the risks

- When swimming, tubing, or rafting in rivers, think of the dangers from currents, logs, log jams, and cold temperatures.
- Obey all safety signs and warning flags.
- Recognize water conditions change quickly – be prepared with rescue equipment.

- Raft the rivers with a professional guide who knows how to be safe on the river.

### **Learn to swim, including water safety and survival skills**

- Learn swim strokes, water safety and survival skills, and become comfortable in the water.
- Learn to float and tread water for at least 10 minutes.

### **Swim where there is a lifeguard**

- Many beaches or open water swim areas do not have lifeguards. If you swim there, make sure to wear a lifejacket.

### **Supervise children in or near water**

- If you are watching others in the water, use active supervision: watch them, do not get distracted (texting, reading, socializing), stay sober, and know how to start a rescue.
- Stay within an arm's distance of young children at all times.
- Have adults take turns watching at social events.
- Set and follow safety rules.

### **Do not use drugs or alcohol during water activities**

- Never use alcohol or other impairing drugs during water and boating activities, or when supervising children around the water.
- Alcohol affects balance, coordination, and judgment. Exposure to sun and heat worsens these effects.

### **Learn CPR and first aid**

- Full CPR, which combines chest compressions and breath, is best to use on a drowning person.
- The quicker CPR is started the better chances for recovery.
- Call 911 as soon as possible.

Find more information about [water recreation safety](#) from the Department of Health.

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## **Program aims to keep patients safe at home**

### **Starting May 1, 2016, the Home Care Aide Program has a new certification exam.**

Why create a new certification exam? The Home Care Aide Program differs from other professions the Department of Health manages in several key ways:

- Voters approved it under Initiative 1163 in November 2011;
- Home care aides must complete 75 hours of pre-approved training on caregiving;
- No high school diploma, GED, or other education is required;
- No English proficiency requirement is in place;
- May work up to 200 days while completing the credentialing requirements;
- Certification exam is translated into 12 non-English languages, with individual interpreters available for all other languages.

The original certification exam, first offered when the program started in 2012, was designed using the standard multiple-choice format with “plausible distractors” (plausible but incorrect options based upon common misconceptions or miscalculations). Below is an example

A client is on a special diet and wants to add some new foods to the diet. The best response by the home care aide (HCA) is to:

- a. Explain that the HCA may only prepare foods on the current diet.
- b. Encourage the client to discuss this with the doctor or dietitian first.
- c. Prepare small amounts to check for any reactions to the new foods.

The correct answer is b. While this multiple choice format works for the vast majority of professions whose applicants are educated in the United States, about 15 to 20 percent of home care aide applicants take a translated certification exam. Some of those applicants are recent immigrants or refugees who have never taken a standardized test. Recognizing the standardized multiple-choice format is not the best assessment measure for such a diverse, multi-cultural applicant population, the department set out in 2015 to create a new certification exam that focuses on assessing content knowledge, not literacy level or test-taking skills.

To create the new certification exam, the department contracted with an international testing company to use the same industry practices used to create other standardized tests. Every phase of test development included bilingual, multi-cultural subject matter experts representing the diverse home care aide workforce. These diverse subject matter experts worked with test development professionals to write and review the questions, review the translated exams, and participate in standard setting, the process to set the minimum passing score. The new exam includes:

- Simplified language;
- True-false questions;
- Pictures;
- Animations.

Below is an example:

True or false: Gloves can be disinfected and reused.

The correct answer is false.

The exam continues to be translated into 12 non-English languages with individual interpreters available for non-translated languages. This is the latest effort in the Home Care Aide Program’s focus on increasing language access and inclusion for both those wanting to work as home care aides and those who want a caregiver from the same culture who speaks the same language.

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## **OLIC Demographics**

### **Survey to build understanding of healthcare workforce**

The Washington State Department of Health will soon roll out a survey for many of our healthcare providers. The Washington Health Workforce Survey’s intent is to improve the understanding of Washington’s healthcare workforce. This is important because when providers are licensed, we gather enough information to verify that they meet credential requirements, but can’t answer questions such as, “Are they working? Where are they

working? What's their area of specialty?" Armed with these answers, we will be able to better understand the composition of Washington's health workforce – where providers are working, their area of practice, and their professional education.

People involved in healthcare have expressed interest in having this data for Washington's health workforce. Collecting this information will help promote the surveyed professions and allow the state to make good health policy decisions, a key part of our foundational public health services. It will allow us to identify potential disparities in access to care by Washingtonians, and then to work with others outside the agency to promote policy and training initiatives to address those gaps. The department will share de-identified responses to the survey on the [Washington State Open Data Portal](#). This data is also subject to public disclosure.

We recognize that healthcare providers are busy, so one of our goals is to make it fast and easy for them to answer the survey. The core survey contains about two dozen questions; however, the majority of them are yes-no or multiple choice answers, so credential holders should move through the survey quickly. For the free-form fields, the most lengthy item requested is the address where the provider practices. The survey will be easy to access through a link in the online renewal process, and through a link published on credential renewal notices and on the department website.

The Washington Health Workforce Survey will roll out in the summer and fall of 2016. For those professions that will be surveyed, there will be an announcement on your renewal notice and on the profession's webpage on the department website.

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## **Federal grant to help Department of Health prevent opioid overdose deaths**

While fewer people in Washington have died from prescription pain medication overdoses each year since 2008, heroin overdose deaths have increased since that time, resulting in overall opiate-involved overdoses remaining relatively stable.

Washington has been working to address this issue in many ways, including:

- Developing chronic, non-cancer pain opioid guidelines.
- Updating pain management prescribing rules.
- Implementing a Prescription Monitoring Program (PMP).
- Medicaid instituting several programs to review the appropriateness of client prescriptions.
- And enacting a Good Samaritan law.

Despite these efforts, more work is needed.

In March 2016 the Department of Health received a 3½-year grant from the Centers for Disease Control and Prevention to continue this work. The grant has four main strategies. The first is to enhance and maximize our PMP, which will include:

- Expanding the connection to the Health Information Exchange to allow providers seamless access to the PMP, and using PMP data for public health surveillance.
- Improving community and public-pay insurer interventions, which will include:
  - Providing Medicaid and Worker Compensation programs with staff resources to analyze PMP data to identify providers with potentially problematic prescribing patterns and high-risk patients
  - Intervene when necessary;

- And providing technical assistance to high-burden communities to implement community level interventions.
- Evaluating existing policies designed to reduce prescription drug overdose morbidity and mortality, which will include an evaluation of the pain management rules.

Developing the capacity of the electronic emergency medical systems data to track opioid overdose occurrence, and to document law enforcement and bystander responses to overdose events.

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