2019
WMC Bon Secours
Charity Health System
Annual Education Module
for All Charity Staff – Part 2
This presentation includes the following topics:

- Falls Risk
- Employee Safety & Work Environment
- Acute Heart Attack (AMI)
- Stroke
- Safety Codes
- Fire Safety
- Emergency Preparedness
- Patient Identification & Specimen Labeling
- Medical Waste
- National Patient Safety Goals
- Hand Hygiene & Infection Control
Falls

Charity promotes safety by:

- Identifying patients at risk of falls by use of falls risk predictors, including patient medication regimen
- Using an interdisciplinary fall prevention program which incorporates multiple ongoing interventions
- Defining time frames for falls risk assessment and reassessment
- Implementing a fall prevention plan of care for patients identified as a risk for falls
Definitions

**Fall:** A patient fall is an assisted or unassisted unplanned descent, with or without injury, that results in the patient coming to rest on the floor or against some other surface (e.g., a counter), another person, or an object (e.g., a trash can). If a patient who is attempting to stand or sit falls back onto a bed, chair, or commode, it is only counted as a fall if the patient is injured.

**Assisted Fall:** A fall in which *any staff member (whether a nursing service employee or not)* was with the patient and attempted to minimize the impact of the fall by easing the patient’s descent to the floor or in some manner attempting to break the patient’s fall.
Identification & Communication of Falls Risk

• A yellow fall risk arm band and yellow non-skid socks will be placed upon patient

• The fall risk sign will be placed outside of the patients door

• High Fall Risk Banner is displayed in the Electronic Medical Record

• Communication on fall risk & fall prevention interventions should occur during shift-to-shift report, hand-off to another caregiver and with patient transfer hand-off

• Toileting focused rounding
Safe Patient Environmental Assessment for Fall Risks

• Patient room/hallways free of clutter/obstacles
• Adequate lighting in patient rooms, bathrooms & hallways
• Maintaining wheels in locked position on beds/stretchers/wheelchairs and notifying appropriate personnel of inoperable breaks
• Beds, stretchers and side rails in good repair
• Non-skid surfaces on tubs, showers and floors in bathroom
Safe Patient Environmental Assessment for Fall Risks

• Grab bars around tubs/showers and toilets
• Tip resistant chairs, nightstands, over bed tables, and bedside commodes
• Place wet floor signage over any spill throughout the hospital and assure the spill is cleaned
• Electrical and telephone cords/wires placed to prevent tripping
• Maintain beds in the lowest position when nursing staff is not in patient room. Raise bed to proper level if needed to assist with safe patient egress from the bed.
BSHISI Adult Fall Prevention Plan

BSHISI has developed a system-wide Plan with a focus on being patient specific, identifying those at high risk for fall and injury and communication of patient specific risks.

Patients will be assessed at admission and reassessed after every shift hand off, when the patient’s condition changes and after any fall. The Schmid Fall Risk Assessment includes: Mobility, Mentation, Medication, Elimination and Prior Fall History.

HIGH RISK FOR FALLS IDENTIFIERS

Patients identified as HIGH RISK FOR FALL will have the following identifiers in place:

- High Risk Icon on Door
- High Risk Wrist Band
- Yellow Non-Skid Socks

COMMUNICATION OF FALL RISK

A tool has been developed to communicate the patients risk to Healthcare Team members, family and the patient. The tool will be posted in the patient’s room next to the whiteboard. Eventually the tool will be incorporated into the whiteboard.

The tool also serves as a reminder to patient and family and will assist with education about their Fall Risk.

The BEDSIDE SCHMID TOOL is updated when there is a change in assessment of the patient.
Employee Safety: Fit Testing

Done on hire and annually by the Occupational Health Department
Sharps Safety

Sharps are items that penetrate skin

Needles
Scalpels
Pipettes
Lancets
Broken Glass
THINK Tips

T - TAKE sharps to sharp container

H - HAVE sharp containers accessible

I - INSPECT area after procedure

N - NO recapping

K - KNOW sharps protocol
Safety

• Refrain from any unsafe act that might endanger self or other employees.

• Use all safety devices and personal protective equipment provided.

• Report all hazards, incidents, and near-miss occurrences to immediate supervisor regardless of whether or not injury occurred.

• All accidents are preventable!
Employee Safety: Exposure

If an exposure occurs to blood or body fluid:

• Wash with soap and water immediately to remove blood or body fluid
• If the contact is to mucous membrane (eyes, nose, and/or mouth) flush with copious water
• Notify the shift manager of the event and the name of the source patient if known
• Report to the emergency room, as soon as possible
• Determination of exposure is made by emergency room physician
Employee Safety: Exposure

- For exposures, the shift manager is responsible for making sure the “needle stick protocol for source” is drawn from source patient
- Lab communicates result of source patient to ED physician (with written consent only)
- Complete an employee occurrence report and notify Employee Health of exposure

Note: Quantros is not used for employee incident reporting
Employee Safety: Blood Spills

If a blood spill occurs:

- Don appropriate Personal Protective Equipment (PPE) if applicable
- Contain the area
- Call EVS to disinfect the spill site

- **ALWAYS** ensure safety for yourself and others!

Refer to your hospital policy for blood spills
Material Safety Data sheet (MSDS)

List of commonly found hazards employees could come in contact with while in the work environment
Accessing Material Safety Data Sheets (MSDS)

- Material Safety Data Sheets (MSDS) are located on the IRIS page
- Click *Charity Applications and Links*
- Scroll down to select *SDS Link (MSDS)*
Employee Safety: Work Related Injuries

Rates of Hospital Worker Injuries are High:

• Injury rate for over-exertion in the hospital setting is 2x that of the national average

• Injury rate for nursing home workers is 3x that of the national average

• Bedside caregivers are the most prone to work related injuries
Work Related Injuries Risk Factors

- Excessive reaching
- Pushing or pulling
- Bending
- Awkward posture/position
- Excessive load

Never lift more than 35 pounds!
New York State Safe Patient Handling Act

• Provides for the protection of patients and patient care providers in patient handling.

• Covers all hospitals, nursing homes, diagnostic treatment centers and clinics licenses under H.R. 2480 Nurse and Health Care Worker Protection Act of 2013.
Safe Patient Handling

• The Safe Patient Handling (SPH) Policy is in place to ensure that all patient transfers/lifting is done safely and appropriately to protect both the patient care staff and the patient from injury.

• Direct patient care staff should assess patient handling needs in advance to determine the safest way to accomplish the task.
Safe Patient Handling

- Safe Patient Handling (SPH) provides positive patient outcomes, prevents patient and staff injuries, increases dignity and respect, and provides seamless care within all care environments.

- It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities.
Employees Are Responsible to:

- Consistently utilize SPH equipment and techniques during the performance of patient handling.
- Assess and document patient mobility to assist selection of appropriate SPH equipment based on individual specific patient characteristics.
- Document which equipment is used when handling patient.
- Include safe patient handling assessment and equipment utilized when giving report to the next nurse.
Employees Are Responsible to:

• Notify manager of any incidents/injuries/near misses sustained while performing patient handling tasks and complete an employee occurrence report.
• Notify manager of need for retraining equipment.
• Notify the manager if SPH equipment is missing or in need of repair.

Please click “Resources” in the upper right hand corner to refer to your policy.
MRI Safety

• It is **IMPERATIVE** that everyone is properly screened by MRI staff prior to entering the MRI suite.

• The magnet is always on regardless of whether or not the patient is being scanned.

• Metallic items are drawn into the magnet with considerable force and can cause great harm to patients.

• Oxygen tanks cannot enter the MRI suite.

• Anyone entering the MRI magnet room will be asked to remove/lock up all belongings such as: wallet, keys, watch, stethoscopes, scalpels, etc.

• A patient is immediately removed from the magnet room during a code and brought to the MRI holding area adjacent to the MRI.
Radiation Safety

The Radiation Safety Officers are designated by the hospital administration and authorized by the state of New York and Nuclear Radiation Commission (NRC) to oversee the Radiation Safety program for Bon Secours Charity Health System.

Facility Radiation Safety Officers

GSH: Shoaib Ahmed
SACH: Steven Leffler
BSCH: Emmanuel Llado
Radiation Safety

The Radiation Safety Officer can be contacted for:

- Personnel exposure data (if you are monitored for radiation or feel you should be)
- Regulations
- License
- Inspection Reports
- If you are pregnant and work in a Restricted Area
- If you have questions or suspect problems with radiation
- If you want to know about the NRC and other federal & state regulatory agencies regarding radiation protection
Signs and Symptoms of an Acute Heart Attack

- Pain or discomfort in the chest
- Lightheadedness, nausea, or vomiting
- Jaw, neck or back pain
- Discomfort or pain in the arm or shoulder
- Shortness of breath

- Women may experience additional different symptoms
  - Lower chest or upper abdominal pain
  - Upper back pressure
  - Extreme fatigue

Call For HELP!!
Activate Appropriate Life Safety Code
Signs and Symptoms of a Stroke

• Sudden numbness or weakness in the face, arm, or leg; especially on one side of the body
• Sudden confusion, trouble speaking, or difficulty understanding speech
• Sudden trouble seeing in one or both eyes
• Sudden trouble walking, dizziness, loss of balance, or lack of coordination
• Sudden severe headache with no known cause

Call For HELP!!
Activate Appropriate Life Safety Code
System Wide Life Safety Codes
## System Wide Life Safety Codes

<table>
<thead>
<tr>
<th>CODE</th>
<th>MEANING</th>
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<tbody>
<tr>
<td>HICS</td>
<td>Disaster Plan Activated</td>
</tr>
<tr>
<td>RED</td>
<td>Fire</td>
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<tr>
<td>GREEN</td>
<td>Evacuation</td>
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<tr>
<td>BLUE</td>
<td>Cardio-Pulmonary Arrest</td>
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<tr>
<td>WHITE</td>
<td>Pediatric Cardio-Pulmonary Arrest</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Hazardous Materials Incident</td>
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<tr>
<td>BROWN (Mr. or Mrs.)</td>
<td>Adult Patient Missing or Elopement</td>
</tr>
<tr>
<td>TRIAGE</td>
<td>Multiple Casualty Incident</td>
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<tr>
<td>TRAUMA</td>
<td>ED Trauma Team Activated</td>
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</table>
## System Wide Life Safety Codes

<table>
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<th>CODE</th>
<th>MEANING</th>
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<tr>
<td>BLACK</td>
<td>Severe Weather</td>
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<tr>
<td>PINK</td>
<td>Infant/Child Abduction</td>
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<tr>
<td>YELLOW</td>
<td>Bomb Threat</td>
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<tr>
<td>GRAY</td>
<td>Security/Behavioral Emergency</td>
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<tr>
<td>SILVER</td>
<td>Person With Weapon or Hostage</td>
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<tr>
<td>BRAIN STAT</td>
<td>Stroke Protocol Initiated</td>
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<tr>
<td>HEART STAT</td>
<td>Chest Pain Protocol Initiated</td>
</tr>
<tr>
<td>CODE H</td>
<td>Hemorrhage</td>
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<tr>
<td>RAPID RESPONSE</td>
<td>Urgent Medical Assistance</td>
</tr>
</tbody>
</table>
Fire Safety

In Case of Fire:

• Know where your fire extinguishers, pull stations, and exits are located

• Close all doors

• Evacuate horizontally before vertically upon direction of Fire-Marshall
Emergency Number

Call 4444

Don’t Forget:
“Four Fours”

SACH:

Call Direct: 845-986-5000
for Police and Fire
Emergency Preparedness

• Charity utilizes a Comprehensive Emergency Management Plan (previously called Disaster Plan).

• It is crucial to have an effective emergency response and management plan in place in order to be ready for any and all types of events, incidents or disasters. It features common terminology and reliance on a unified Action Plan and Chain of Command. This system is called Hospital Incident Command System (HICS).

• HICS integrates with our response plan using basic management principles.
Hospital Incident Command Systems (HICS)

- A standardized chain of command

- Allows hospital to function effectively during a disaster

- Universal structure

- All agencies and hospitals responding speak the “same language”
Activated Emergency Plan

Designated management personnel respond to the following command centers:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Samaritan Hospital</td>
<td>Caroline Schwartz Building Computer Training Room (Conference Room #5)</td>
</tr>
<tr>
<td>Bon Secours Community Hospital</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Floor Conference Room - Atrium</td>
</tr>
<tr>
<td>Saint Anthony Community Hospital</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Floor Conference Room</td>
</tr>
</tbody>
</table>
Workplace bullying

“Repeated, offensive, abusive, intimidating, or insulting behaviors; abuse of power; or unfair sanctions that make recipients feel humiliated, vulnerable, or threatened, thus creating stress and undermining their self-confidence”

(Vessey, Demarco, Gaffney, & Budin, 2009, p. 299-300).
Healthy Workplace Environments

Incivility

“Rude or disruptive behaviors which often result in psychological or physiological distress for the people involved- and if left unaddressed, may progress to threatening situations or escalate into hostility and violence”

(Clark, 2009, p. 1).
Workplace Violence

Recognizing Signs of Potential Workplace Violence:

• Increased use of alcohol and/or illegal drugs
• Unexplained increase in absenteeism and/or vague physical complaints
• Depression/Withdrawal
• Increased severe mood swings and noticeably unstable or emotional responses

If you are concerned please reported the behavior promptly

Please click “Resources” in the upper right hand corner to refer to your policy
Active Shooter

How to respond when an active shooter is in your vicinity:

1. Evacuate
   * Have an escape route
   * Leave belongings behind

2. Hide Out
   * Hide in an area out of shooter’s view
   * Only when your life is in imminent danger

3. Take Action
   * Keep hands visible
   * Block entry & lock doors
   * Attempt to incapacitate the shooter

Please click “Resources” in the upper right hand corner to refer to your policy
Medical Waste

Determine the difference between types of medical waste and items belonging in bio-hazardous red bag waste.
What is Medical Waste?

Regulated Medical Waste includes:

• Cultures

• Human Pathological Waste – tissues, organs, body parts & body fluids removed during surgery, autopsy or other medical procedures; specimens of body fluids and their containers; and discarded materials saturated with body fluids other than urine

• Urine or fecal matter submitted for purpose of diagnosis of infectious diseases only
What is Medical Waste?

Regulated Medical Waste includes:

• Containers with free flowing blood and materials saturated with flowing blood

• Sharps whether used or unused (dispose in a sharps container)

• Any other waste materials containing infectious agents
What is NOT Medical Waste?

Waste NOT for Red Bag disposal:

• **Used personal hygiene products**: Diapers, facial tissues and sanitary napkins, underpads and adult incontinence products

• **When empty**: Urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, hemovacs, and urine specimen cups
What is NOT Medical Waste?

Waste NOT for Red Bag disposal:

- Urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals.

- Items such as Bandages, Gauze, other Absorbent Materials which are NOT saturated, release blood or body fluids in a semi liquid state if compressed or if caked with dried blood or fluids.
# Appropriate Pharmaceutical Waste Segregation

## Description of Wastes

### Non-Hazardous Rx Waste 92%

- All Rx Waste without a waste code default to blue container.
- Any waste with the potential to leak must be in a reclosable bag. It is not permitted by the DOT to transport free flowing liquids.

#### Examples of Non-RCRA waste:
- Antibiotics
- Tylenol
- Aspirin
- IV with medication left in IV bag: Keep tubing attached and place in reclosable bag
- Creams and ointments capped or in reclosable bag
- Med soaked sponges or paper towels placed in reclosable bag
- Pills and Tablets
- Vials with Medication

### Hazardous Rx Waste

- BKC
  - Allergenic
  - Antiseptics
  - IV and Other Compounded Solutions
  - Lotions, Creams, Ointments, and Pastes
  - Medicinal Liquids and Shampoos
  - Pills and Tablets
  - Transdermal Patches
  - Unidentified Medications
  - Vials

### Incompatible Hazardous

- BKC – Optional (for SQGs)
  - Nicotine / Nicotrol
  - Coumadin / Warfarin
- 2 Gallon Black Sharps
  - Syringe or ampoule with medication left in bulk that has not come into direct patient contact (infectious) and is not a controlled substance.
  - Place in reclosable bag and send back to pharmacy.

### Potentially Infectious & Hazardous Rx Waste

- The following pharmaceuticals are identified as hazardous Rx Waste by the pharmacy. After use, both are hazardous and potentially infectious waste.
  - Chemo Agents
  - Syringe with medication left in bulk that has come into direct patient contact (infectious) and is RCRA Hazardous.
  - Examples:
    - Non-Empty IV or Syringe with Hazards Rx Waste & Blood Borne Pathogens
    - Syringe with Live Vaccine
    - IV containing Blood Backup with Hazardous Rx Waste

### Chemotherapy Rx Waste

- BULK
  - Empty IV
  - Empty Syringe
  - Gown
  - Gloves
  - Goggles
  - Wipes
  - Empty IV / Tubing

### Trace

- Maintenance IV Solutions
  - Items that can be disposed of and poured down the drain.
  - Plain down the drain
  - Maintenance IV Solutions Containing:
    - Potassium Chloride
    - Potassium Phosphate
    - Sodium Phosphate
    - Calcium
    - Sodium Bicarbonate
    - Dextrose
    - Saline

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**NO CONTROLLED SUBSTANCES**

**NO SHARPS IN ANY ABOVE CONTAINERS – (EXCEPT IN DUAL WASTE, 2 GALLON BLACK SHARPS AND TRACE CHEMO CONTAINERS)**

**Protecting People. Reducing Risk.**

For questions, call 1-866-338-5120, Option 3

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**Stericycle Rx Waste Compliance Service**

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Regular Controlled Substance Waste Boxes
• Partial or unused tablets, contents of partial dose vials and patches (NO packaging)

RCRA Controlled Substance Waste Boxes
• Diazepam Injection and rectal gel, Phenobarbital Elixir and Promethazine with Codeine Syrup
Patient Safety: 2019 National Patient Safety Goals

The National Patient Safety Goals reflect ongoing efforts to focus healthcare providers’ attention on topics that are of highest priority to patient safety and quality care.
Patient Safety: 2019 National Patient Safety Goals

Our Safety Net for Practice:

To demonstrate the importance of improving, identifying, and solving patient safety issues

Please click “Resources” in the upper right hand corner to review the 2019 National Patient Safety Goals
Goal 1: Identify Patients Correctly

We accurately and appropriately identify our patients by using two (2) patient specific identifiers prior to the initiation of any procedure, treatment, services or transfers:

Name and the Date of Birth.

Please click “Resources” in the upper right hand corner to refer to your policy
Patient Identification

If the patient is unable to provide date of birth or a discrepancy exists, the medical record number will be the second patient identifier.

The patient’s room number or physical location CANNOT be an identifier!
Do You Know?

• An unidentified patient will be entered into the computer as “John or Jane Doe” and will receive a unique medical record number and patient ID band.

• Once patient’s identity is known, Patient Access will issue a new ID band.

The healthcare provider is responsible for replacing the ID band with the corrected patient information.
Do You Know?

• In the event a patient identification band must be removed if it interferes with treatment or it becomes too tight fitting, a new patient identification band shall be placed on the patient’s alternative wrist or ankle prior to removing the old patient identification band.
Specimen Labeling Key Points

As per NYS Department of Health, the following information must be written on all specimen labels at the bedside prior to being sent to the Lab:

- Ensure patient name along with date and time of collection is on the specimen label
- Site of the specimen (i.e. cultures, pathology)
- Initials of the person collecting it

Label specimens in presence of patient: Verify Name and Date of Birth by having person state it.
Sending Specimens to the Lab

ICE specimens before transport for:

- ABGs
- Lactate (NO Tourniquet)
- Stool for C-diff
- 24 Hour Urines
- Flu swabs
- RSV swabs

**DO NOT USE PNEUMATIC TUBES FOR STOOL SPECIMENS**
C. difficile Essentials

• Determine if the patient has diarrhea within the first 48 hours of admission.
• Send watery or unformed stool only.
• Assess for presence of diarrheal causing agents, such as laxatives, bowel prep, and/or enteral feedings.
• Assess for signs and symptoms of C. difficile infection.
• Communicate with the physician whether the patients stool is appropriate to send for C. difficile testing.
• Send specimen on ice to the lab.
**Clostridioides (C. diff) Validation Form**

*No Repeat Test within 7 days!*

*No Test for Cure!*

Clinical judgement should be applied in conjunction with the information provided.

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**STEP 1**

**SCREEN for COMMUNITY ACQUIRED DIARRHEA**

(PRESENT on ADMISSION)

Does the patient have watery or unformed stools in the **FIRST 48 HOURS** of admission to inpatient unit?

- **YES**, move to **GO**
- **NO**, move to **STEP 2**

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**STEP 2**

**SCREEN FOR POTENTIAL HOSPITAL ONSET**

(Assess for the presence of diarrheal causing agents)

Has the patient had any of the following in the last **48 hours**?

- Laxatives or stool softeners
- Enteral Feedings
- Bowel Prep
- Lactulose

- **YES**, move to **STOP**
- **NO**, move to **STEP 3**

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**STEP 3**

**ASSESS FOR SIGNS & SYMPTOMS OF C. DIFF INFECTION**

**Question 1**

Does the patient have sudden change in stool with at least 1 of the following?

- **3 or MORE** visualized watery/liquid or unformed stools in the **PAST 24 HOURS**
- **≥600 mL** of rectal or colostomy output in the **PAST 24 HOURS**

- **YES**, move to **Question 2**
- **NO**, move to **STOP**

**Question 2**

Does the patient have **AT LEAST 1** of the following?

- Fever > **100.4** in the **PAST 48 HOURS**
- Abdominal pain/tenderness in **PAST 48 HOURS**
- **WBC >15,000** or **<4,000** in **PAST 48 HOURS**

- **YES**, move to **GO**
- **NO**, move to **STOP**

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Refer to Management of Clostridium Difficile Policy for more information

**Date Specimen Collected:** __________________________

**Submitting RN (Print name):** __________________________

**Accepting Lab Associate:** __________________________
C. difficile Validation Form

• If the patient does not meet criteria, but the LIP still wants the test completed, document the LIP name and time on C-diff Validation Form.

• Complete the small text box at the bottom of the form.

• Send the form with the specimen to lab.

• Place the patients sticker in the top right hand corner of the form to confirm patient stool identification.

• Remember the form is not part of the medical record.

Please click “Resources” in the upper right hand corner to refer to your policy.
Goal Two: Improve Staff Communication

Get important test results to the right staff person (RN or MD) on time, and get call back (within 15 minutes).

• For verbal or telephone orders and reporting of critical test results
  • Verify the complete order and/or test result
  • Receiving person must document and “read-back” complete order and/or test

• Use SBAR (Situation, Background, Assessment, Recommendation) for standardized handoff communications
Improve Patient Communication

• Cyracom Phone (after each use it must be documented including the operator ID #).
• Must be used for all patients whose preferred language for health care is **NOT English**.
• This is based on the Culturally and Linguistically Appropriate Services (CLAS) Standards

Click here to learn more about the National CLAS Standards
Goal Three: Use Medicines Safely

Bon Secours Charity’s program for medication safety:

• Medication labeling on and off the sterile field in procedural areas

• Take extra care with patients on medications to thin their blood—anticoagulation education, order sets, and policy

• Bar-Coding – co-signatures, hard stops, allergy and dosing alerts

• Medication Reconciliation – compare home medications, including OTCs and herbals, to hospital medications and verify medications with patient to take at home upon discharge, bring updated list to all doctor appointments
Goal Three: Use Medicines Safely

Medication reconciliation MUST occur across the continuum of care

- Record and communicate information about the patient’s medications
- Record what the patient is taking at home and compare to medications ordered in hospital
- Clarify with the patient which medications to take when they go home upon discharge
- Teach patient to bring an up-to-date medication list to each doctor’s office visit
Goal Six: Use Alarms Safely

- Never shut the volume off on an alarm
- Answer alarms and call bells promptly
- Remember the “NO PASS ZONE”
Goal Seven: Prevent Infection

Hand Hygiene Protocols - CDC and WHO Guidelines for hand washing. This is built into our policies and procedures and we monitor compliance monthly.

Use proven guidelines to:

• Prevent infections that are difficult to treat (MRSA and VRE)
• Prevent infection of the blood from central lines (CLABSI)
• Prevent infection after surgery (SSI prevention and SCIP protocols)
• Prevent infection caused by urinary catheters (CAUTIs)
Hand Washing

• Hands must be cleansed before, and after, each patient encounter.

• Hands must be cleansed every time we change gloves.
World Health Organization and the CDC state:

Good hand hygiene by health workers protects patients from drug resistant infections.
Infection Control

• Hand hygiene is known to reduce patient morbidity and mortality from health-care acquired (HAI) infections. When performed properly, there is a significant decrease in the carriage of potential pathogens on the hands. Acceptable agents are: soap and alcohol-based waterless products.

• **Exception:** when hands are visibly soiled, and if patient has C-difficile, traditional hand washing using soap and water must be performed.
Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

AIRBORNE PRECAUTIONS
BEFORE ENTERING ROOM:

STOP

#1 Perform HAND HYGIENE
#2 Put On N95 or HEPA Respirator to Enter

NOTE: Reverse order when leaving room, remove Respirator after door is closed
Family Members/Visitors wear Surgical/procedure mask

If transport of patient is necessary, place a surgical/procedure mask on patient

Visitors: Report to Nurses’ Station Before Entering Room
Visitantes: Favor de Presentarse a La Sala De Enfermeras antes Entrar al Cuarto
Airborne Precautions

• Small particles that remain suspended in air
  ▪ Examples: TB, Measles, SARS

• In addition to using Standard Precautions wear N95 respirator mask. You must be test fitted and medically cleared for this type of mask.

• Patient wears mask any time they leave their room and during transport.
Measles

- Measles is one of the most contagious of all infectious diseases.
- The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes.
- Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.
Measles

Measles is an acute viral respiratory illness.

Clinical Features:
- fever (as high as 105°F)
- malaise
- cough
- runny nose (coryza)
- red, watery eyes (conjunctivitis)
- pathognomonic enanthema (Koplik spots)
- maculopapular rash
Measles

• The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.
Scripting for Measles

“We are sorry for your inconvenience, for the protection of our patients and visitors we have limited our visiting hours from 10am to 8pm. Thank you for your cooperation.”

• All visitors under the age of 18 are RESTRICTED from entering the hospital.

• This does not apply to those seeking treatment.
Scripting for Measles

Anyone requesting to enter the building should be asked:

• "With the current measles outbreak, we are trying to keep all patients safe. Would you mind taking a minute to fill out the following questions?“

• For clinical questions, concerns, and decisions please contact the Nursing Supervisor and they will coordinate with infection control.
## Screening Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Do you currently have a rash or have you had a rash in the past 7 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 21 days, have you been around someone who had a rash?</td>
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<tr>
<td>In the last 7 days, have you had any of the following symptoms:</td>
<td></td>
<td></td>
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<tr>
<td>• Fever</td>
<td></td>
<td></td>
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<tr>
<td>• Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Runny nose</td>
<td></td>
<td></td>
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<tr>
<td>• Watery or red eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last 21 days, have you been around someone who has the measles?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Screening Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you born in 1956 or before?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever received vaccination against the measles (MMR vaccine)?</td>
<td></td>
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<tr>
<td>If you received the measles vaccine in the past, was your immunity</td>
<td></td>
<td></td>
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<tr>
<td>checked by a blood test?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

CONTACT PRECAUTIONS
BEFORE ENTERING ROOM:

STOP

# 1 Perform HAND HYGIENE
# 2 Put on GOWN
# 3 Put on GLOVES

NOTE: Reverse order when leaving room

Visitors: Report to Nurses’ Station Before Entering Room

Visitantes: Favor de Presentarse a La Sala De Enfermeras antes Entrar al Cuarto
Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

**CONTACT PRECAUTIONS**

**BEFORE ENTERING ROOM:**

1. Perform **HAND HYGIENE**
2. Put on **GOWN**
3. Put on **GLOVES**

*NOTE: Reverse order when leaving room*

**Visitors:** Report to Nurses’ Station Before Entering Room

**Visitantes:** Favor de Presentarse a La Sala De Enfermeras antes Entrar al Cuarto

*Must wash hands with soap and water*
Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

**DROPLET PRECAUTIONS**

**BEFORE ENTERING ROOM:**

STOP

If transport of patient is necessary, place a surgical/procedure mask on patient.

#1 Perform HAND HYGIENE

#2 Put on SURGICAL/PROCEDURE MASK

NOTE: Reverse order when leaving room.

**Visitors:** Report to Nurses’ Station Before Entering Room

**Visitantes:** Favor de Presentarse a La Sala De Enfermeras antes Entrar al Cuarto
Droplet Precautions

Large particles do not stay in air for long
  - Examples: Influenza, Bacterial Meningitis, Pertussis, Rubella

In addition to using Standard Precautions
  - Place patient in private room
  - Wear regular mask entering room
  - Have patient wear regular mask when transported
  - Educate visitors to use mask in presence of patient
Goal 15: Identify Patient Safety Risks

• Our organization has adopted the Columbia-Suicide Severity Rating Scale Risk Assessment Tool.

• All patients are screened for signs of suicidal ideations at triage in the ED and upon admission to the hospital.

• Patients whose scoring indicates moderate to high risk will be further evaluated by a LIP and placed on 1:1. Further evaluation will be done for transfer if applicable.
Goal 15: Identify Patient Safety Risks

• Patients whose scoring indicates low risk or presenting with an emotional/behavioral disorder will be placed on constant observation at the discretion of the LIP.

• Outpatient mental health referral information will be provided for any patient who screens at risk and is discharged from the ED.

Please click “Resources” in the upper right hand corner to refer to your policy
Universal Protocol: Prevent Errors in Surgery

Make sure that the correct surgery is done on the correct patient and on the correct site/side on the patient’s body.
Follow the Universal Protocol:

• Mark the correct place on the patient’s body where the surgery is to be done—to be done by the LIP performing the procedure.

• Conduct a “Time Out” immediately before surgery. Everyone pauses and correct patient, procedure, site and side are confirmed.

• Checklist is followed for the elements included in each “Time Out”.

• All activities cease during the “Time Out”.

• Time Outs are documented in EHR.