St. John Providence Health System

2014 Safety Education
Objectives

You will learn about:

• Emergencies
• Medical Equipment & Electrical Safety
• National Patient Safety Goals
• Reducing the Risk of Healthcare Associated Infections
• Pain Management and Palliative Care
• Patient Safety
• Prevention of Work Related Injuries
• Patient Rights
EMERGENCIES
(Emergency Codes and Weather Emergencies)
Emergency Phone Numbers

- At most hospitals in the St. John Providence Health System, dial **611** for all emergencies.

- At Providence Park Hospital, dial **611** for medical emergencies or dial **5555** for non-medical emergencies.

- If you are at any other SJPHS satellite offices or medical centers, dial **911** for all emergencies.
Who needs to be familiar with the alarm codes?

All associates need to know the alarm codes, what they denote, and the appropriate response to each code based on their jobs and their assigned departments. The hospital has badge cards that list all codes and their meanings. If you do not have a badge card and do not know all the codes, please obtain one from your manager or the Worklife Services Department.

**Note:** Providence & Providence Park badge cards are in the security badging office.

What are the alarm codes?

Alarm codes are nationally standardized color codes that designate various risks or disasters that require associate involvement to insure that we continue to appropriately care for our patients. Alarm codes are paged overhead by the operator for all associates to hear.
How do you report a Code situation?

Situations requiring the overhead alert are reported to the operator by dialing your site’s emergency alarm number. Providence & Providence Park associates report codes by calling 611 or 5555.

When are the alarm codes called?

Alarm codes are called as soon as the operator is notified of a situation requiring associate support to insure the safety of our patients and staff.

The appropriate color code is called along with a location when appropriate, then repeated.

An example of a code call would be “CODE GRAY, Emergency department, CODE GRAY, Emergency department.”
How do I respond to an alarm code?

Each department has specific responsibilities for each code call. It is the responsibility of each associate to be familiar with his/her department's procedures during a situation that necessitates a code. This information may be found in the Emergency Preparedness Safety Manual or Emergency Trifold located on your unit or in your department.

When do you need to respond?

All associates need to respond to fire alarms according to their department fire plan. Associates are all responsible for the safety of our patients and co-workers and are expected to act accordingly. Any patient in danger will be removed from danger by the first person on the scene who can do so safely. The order to evacuate patients may be made by the highest ranking person at the scene. This may be a Safety Officer, Administrator, Charge Nurse, Department Head, Manager or Supervisor.
Why was the Alarm Code system developed?

The Alarm Code system was developed to notify our staff of situations requiring their assistance without upsetting our patients unnecessarily.

How can I learn more?

Your department supervisor, manager, or director can provide you with answers to your questions, or you can contact appropriate managers in other areas. For instance, Security can provide you with answers to your questions about Security. Finally, the hospital's Safety Officer can find answers to your questions.
National Standardized Codes

- **RED**  Fire
- **BLUE**  Adult Cardiac or Respiratory Arrest
- **WHITE**  Pediatric Medical Emergency
- **YELLOW**  Bomb Threat
- **GRAY**  Combative Person
- **SILVER**  Person with weapon or hostage situation
- **PINK**  Infant Abduction
- **PURPLE**  Child Abduction
- **ORANGE**  Hazardous Material Spill

**CODE TRIAGE INTERNAL** - Internal Disaster
**CODE TRIAGE EXTERNAL** - External Disaster
Fire can get out of control in a very short time.

**ALL** associates have a role during a Code Red.

- Know where the *fire extinguishers* are in your department.
- Know where the *fire pull stations* are in your department.
- Know where the *medical gas shut off valves* are in your department.
R.A.C.E.

- **Rescue** anyone in immediate danger
- **Alarm** by **A**ctivating the fire alarm pull station or calling your site’s emergency telephone number (611, 5555, or 911)
- **Contain** the fire by **C**losing doors and windows
- **Extinguish** fire, if safe to do so, or **Evacuate** beyond the fire doors or into a stairwell.

P.A.S.S.

- **Pull** the pin
- **Aim** the nozzle at base of fire keeping back a safe distance from the fire
- **Squeeze** the handle
- **Sweep** nozzle from side to side at base of fire
Fire and Oxygen - Medical Gases Safety Tips

• Know location of shut off valves, and who is authorized to shut off O₂.

• Do not turn off O₂ and other medical gases in the immediate area of a fire unless you are authorized to do so.

• Treat compressed gas cylinders with care (due to their potential for becoming an uncontrolled projectile or an explosive fire).

• Always secure tanks to a rigid stand.

• Use extreme caution with compressed gas. Follow your facility’s policy and procedure.
If you discover an adult who appears to be unconscious, you should:

1. Note the time.
2. Call for help and dial the appropriate emergency alarm phone number for your site ("611" or "911").
3. Initiate CPR, if trained or remain at the person’s side until trained personnel arrive.
4. Send someone for an automated external defibrillator (AED), if available.
Automatic External Defibrillators (AEDs) are strategically placed throughout the St. John Providence Health System. AEDs may be utilized prior to the arrival of the Code Team or Emergency Medical Services (EMS).

When the box holding the AED is opened, an alarm will sound. This alarm does NOT transmit to any other location for assistance. There is still need to make a call for help.

A call to activate an emergency response should be placed immediately as appropriate for your setting.
If you discover an infant or child who appears to be unconscious and does not appear to be breathing, you should:

– Note the time.
– Call for help and dial the emergency alarm phone number for your site (“611” or “911”).
– Initiate CPR, if trained or remain at the person’s side until trained personnel arrive.
– Send someone for an automated external defibrillator (AED), if available.
Code Yellow – Bomb Threat

- Call your site’s emergency alarm number.
- Search work sites.
- Look for and report suspicious packages.
- **DO NOT** touch or move anything suspicious, report it to security!
Call your site’s emergency alarm number if you are confronted with or witness a combative person.
Key Techniques for De-Escalation: Responding to Warning Signs

Be alert for physical warning signs, such as:
1. Pacing nervously, being restless,
2. Clenching fists or jaw, gripping objects tightly,
3. Throwing, pounding or breaking objects,
4. Looking angry, staring.

Be alert for verbal signs, such as:
1. Using angry or threatening tone of voice,
2. Shouting, screaming, cursing,
3. Challenging rules or authority,
4. Making unreasonable demands,
5. Expressing irrational thinking.

Alert Security and other staff.
Stay calm and alert.
For Managing the Escalating/Violent Person

DO the following:

<table>
<thead>
<tr>
<th>VERBAL</th>
<th>NON-VERBAL</th>
<th>ENVIRONMENTAL</th>
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</thead>
<tbody>
<tr>
<td>Try not to respond emotionally to the person's statements.</td>
<td>Know that you may experience fright, frustration, anger, feelings of helplessness, and denial.</td>
<td>Move, if possible to a safe and private room.</td>
</tr>
<tr>
<td>Sound calm, confident and competent.</td>
<td>Use correct stance and distance.</td>
<td>Allow room for person to pace, to burn off energy.</td>
</tr>
<tr>
<td>Be honest and consistent in what you say.</td>
<td>Look interested.</td>
<td>Clear area.</td>
</tr>
<tr>
<td>Speak in simple, clear terms. Repetition is helpful.</td>
<td>Listen actively.</td>
<td>Offer choices to maintain the dignity of the person, e.g., “Would you like to sit here?”</td>
</tr>
<tr>
<td>Lower the tone and pace of your voice.</td>
<td>Proceed slowly.</td>
<td>Always have others with you.</td>
</tr>
<tr>
<td>Explain what is being done in a matter-of-fact tone.</td>
<td></td>
<td>Minimize extra stimulation.</td>
</tr>
<tr>
<td>Remember that firmness and control are often calming.</td>
<td></td>
<td>You may consider having someone of the opposite sex talk with the individual, as it may have a calming effect on them.</td>
</tr>
</tbody>
</table>
For Managing the Escalating/Violent Person

Do **NOT** do the following:

<table>
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<tr>
<th>VERBAL</th>
<th>NON-VERBAL</th>
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</thead>
<tbody>
<tr>
<td>Don’t talk too much.</td>
<td>Don’t touch the person.</td>
<td>Don’t be alone with the person.</td>
</tr>
<tr>
<td>Don’t shout, argue, challenge or react with anger.</td>
<td>Don’t allow your feelings to interfere with your perceptions, judgment and actions.</td>
<td>Don’t place yourself or the person in a small confined area or back into a corner.</td>
</tr>
<tr>
<td>Don’t agree or disagree with distortions of reality.</td>
<td>Don’t leave the person alone.</td>
<td>Don’t choose an area which contains anything that may be used as a weapon.</td>
</tr>
<tr>
<td>Don’t sound condescending.</td>
<td>Don’t turn your back on the person.</td>
<td></td>
</tr>
<tr>
<td>Don’t become involved in a power struggle.</td>
<td>Don’t stare, or avoid eye contact altogether.</td>
<td></td>
</tr>
<tr>
<td>Don’t make promises you can’t keep or have no power over.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. **Call the Emergency Alarm Phone Number for your site.**

2. **Provide the following information:**
   - Location of incident
   - Describe what is happening
   - Describe the subject involved
Call your site’s Emergency Alarm Phone number, and request the code to be called overhead.

Begin searching for missing infant/child in your areas.

Request all suspicious persons to remain and call Security.
Code Orange – Hazardous Material Spill or Release

• Evacuate the area immediately!

• Limit access to the area/warn others

• Call your site’s Emergency Alarm Phone number to report:
  – Location of spill or release
  – Type of material spilled or released
  – Size of spill or release
Every associate, everywhere, has the right to know the hazards that exist in their workplace and to expect that their employer will take reasonable precautions to protect them from those hazards.
To know if a chemical is hazardous, each product comes with a Safety Data Sheet known as a SDS (formerly MSDS), which contains very detailed information about the chemical.

- SDS will explain how to contain a spill
- SDS will describe what protective equipment to use for a spill
- SDS will provide basic first aid instruction for an exposure

Make sure all containers are properly labeled with the correct chemical and know how to safely use it and spill clean up procedures.
Your Supervisor/Manager is responsible to ensure you have been trained on the chemicals that you will be working with. **SDSs are located on-line.**

You may also call the local Poison Control Number at 1-800-222-1222.
Globally Harmonized System (GHS)

OSHA has adopted the United Nations GHS of the classification and labeling of hazardous chemicals

There are 3 major changes
1. Designated pictograms required on all chemicals and reagent labels will require these new pictograms
2. Standardized SDS with 16 sections required
3. All chemicals fall into only two ‘alert’ classes; DANGER and WARNING
GHS – Hazard Communication Standard

HCS Pictograms and Hazards

Health Hazard
- Gas Cylinder
- Flame Over Circle

Flame
- Corrosion
- Environment (Non-Mandatory)

Exclamation Mark
- Exploding Bomb
- Skull and Crossbones
CODE TRIAGE – Internal or External

When a “Code Triage Internal” or “Code Triage External” is announced, associates on duty are to immediately return to their departments, unless otherwise prearranged by their departmental plan, or requested to report elsewhere to respond to the emergency.

- Hospital associates, by law, are ‘emergency responders’ and may not leave the hospital without approval from their supervisors.
- Each department is to follow the unit-specific disaster plan to support the overall plan.
- The Incident Command Center / Emergency Operations Center may be opened and the associates assigned to staff these areas should report there.
NIMS is an incident management system, which employs a logical management structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders.
Weather Emergencies

For weather emergencies, we use the same designations as the National Weather Service.

- **Tornado Watch/Thunderstorm Warning** – weather conditions are favorable for a tornado or severe thunderstorm
- **Tornado Warning** – a tornado has been sighted
Tornado Warning

Associates need to:

- Close window blinds
- Keep ambulatory patients and visitors away from windows
- Draw drapes around non-ambulatory patients, cover with extra linen, move them into halls when possible
Evacuation Alert

Should the need to evacuate patients occur:

• Dial your site’s Emergency Alarm Phone number and give the location of the evacuation. The Incident Command Center / Emergency Operations Center will provide direction using NIMS protocol.
• Available associates will respond to assist in the evacuation of the unit affected.
• Never evacuate patients, visitors, or staff to the basement.
Evacuations

There are 3 levels of evacuation:

• **Area Evacuation** (move horizontally to safety within the building).

• **Floor Evacuation** (move vertically to safety within the building).

• **Total Evacuation** (all patients, visitors and associates will exit the building) at the direction of the Command Center.
Medical Equipment and Electrical Safety
Medical Equipment & Electrical Safety

- All electrical medical equipment, including loaner and demonstration equipment, must be inspected and labeled by Biomedical Services.

- Commercial grade, three-pronged, grounded plugs must be used on all equipment that is not double insulated.

- Always check for and **never** use equipment with frayed or damaged cords. Please place a green “**HOLD For Maintenance/Biomedical Services**” tag on all questionable equipment.

- If you see smoke coming from an electrical device, unplug it immediately!

- Remove all plugs from the wall outlets by holding the plug, not the cord.
Medical Equipment & Electrical Safety

How do we ensure electrical safety?

It is the responsibility of all associates to follow safe procedures when using any electrical equipment. If you discover a piece of equipment in need of repair, it is YOUR responsibility to see that it is pulled out of use and sent for repair. Do not wait for someone else to request repair.

Where can I get information about the medical equipment on my unit?

Every patient care area should have an equipment operator manual on the unit, containing instructions for use. Additional information is available from Biomedical Services.
How do I obtain service?

For clinical equipment, call Biomedical Services (see back of HOLD tag for phone number specific to your site).

Where do I place a piece of equipment in need of repair?

Equipment that is malfunctioning or in need of repair should be tagged with a green ‘HOLD For Maintenance/Biomedical Services’ tag, and placed where it will not be used by another associate.
Power Outage

- In case of power outage, be sure all critical equipment is plugged into red outlets!

- The red outlets identify those circuits connected to the emergency generator. They should be used for critical equipment only.

- Contact your manager/supervisor to obtain supplies, as needed (water, flashlights, fans)
Safe Use of Microwaves

• Microwaves are meant to warm food only.

• They are not to be used for warming anything that will be used in caring for the patient (i.e. towels, IV fluids).

• Microwaves heat unevenly, so there is no way to regulate the temperature of the item. This presents a risk for burn injuries.
Refrigerators

• Refrigerators are used for specific types of storage (blood, tissue, specimens, medications, food for patients/associates) and should be labeled with the appropriate purpose.

• Temperature of all refrigerators are to be checked each business day and logged in the designated temperature log.

• Freezers should also be checked daily for possible loss of power.

• Any refrigerator/freezer temperature that is out of range should be reported to the maintenance department.
Clinical alarms are those alarms that affect patient care and patient safety from the moment a patient enters the hospital to the moment the patient is discharged.

It is the responsibility of all associates, when working with equipment that alarms to ensure the following:

- Alarm functionality should be assessed upon application of medical device.
- Audible alarm should remain "on" while equipment is in use.
- If alarms are malfunctioning, associates are responsible to report and follow the Safe Medical Device Act (SMDA).
- All associates are responsible to respond to equipment and/or environmental alarms and should report alarms to appropriate personnel.
What should I do if a patient is injured by a medical device or equipment?

- Provide appropriate medical treatment for the patient FIRST!
- Remove equipment from service as soon as possible, sequester everything involved including all packaging, & tag the equipment to prevent its use by others.
  - Do not turn off, reset or change any settings
  - Do not remove lines or peripheral attachments if possible
- Contact TriMedx to remove the equipment.
- Contact Risk Management in the event of patient death, or serious injury. After office hours or on weekends, notify the risk manager on call available through the hospital switchboard.
- Complete an online SafER system occurrence report while the details are still fresh in your mind.
- Do NOT remove or release medical equipment or medical supplies from the facility.
- Do NOT notify or report to the manufacturer or any external agency.
National Patient Safety Goals
National Patient Safety Goals (NPSG)

- Updated by The Joint Commission annually
  - (there are gaps in numbering as new goals are added and old goals retire)
- Highlight problematic areas in healthcare
- Describe evidence / expert based solutions
- Promote specific improvements in patient safety
National Patient Safety Goals (NPSG)

- Identify patients correctly
- Improve staff communication
- Use medications safely
- Prevent infection
- Identify patient safety risks
- Prevent mistakes in surgery

These NPSGs will be reviewed in detail in following slides
NPSG #1: Improve the accuracy of patient identification

• Provide at least 2 patient identifiers:
  – Ask the patient to state his/her name and birth date, while verifying by looking at the ID band, whenever administering medications, taking specimens for clinical testing, transporting patients, or providing any treatments or procedures.
  – Label containers used for blood and other specimens in the presence of the patient.
  – Never use a patient’s room number as an identifier!

• Before initiating blood transfusion, the patient is positively identified during a two person bedside verification process
NPSG #2: Improve the effectiveness of communication between caregivers

- The overwhelming majority of untoward events involve communication failures

- **Hear** the order/test results, **Write** down the order/test results and then **Read** back the order/test result to the individual providing the order/test result

- Don’t use dangerous abbreviations that could be misinterpreted

- Write legibly!!

- Include and/or request an indication for all written and/or phone orders for PRN medications

- When handing off care of a patient to another provider, communicate pertinent information, and allow the opportunity to ask and respond to questions

- The ideal hand off is at the patient bedside and face-to-face

- Use the SBAR format in as many arenas as possible, but especially when communicating critical information
SBAR is a structured communication tool that has been implemented to create an environment that minimizes communication failures that hurt patients and providers.

- **SBAR** is an acronym that stands for:
  - Situation
  - Background
  - Assessment
  - Recommendation

- The basic premise of SBAR is to convey critical information in 30-60 seconds, and in an organized manner.

- SBAR can be used for physician to nurse, nurse to nurse, and physician to physician communication – and between just about any other combination of associates you can think of!
Universal Protocol

Universal Protocol (UP) is a process for eliminating wrong site, wrong procedure, wrong person surgery or appropriate invasive procedures performed at the bedside. The UP consists of 3 steps:

1. Pre-procedure verification
2. Marking the procedural site
3. “Time out” must be performed immediately prior to invasive procedure (contains these elements):
   - Correct patient
   - Correct procedure
   - Correct side/site and site marking (as appropriate)
   - Correct patient position (as appropriate)
   - Availability of special equipment (implants)/correct images (diagnostic imaging films)
   - The need to administer antibiotics or fluids for irrigation purposes
   - Safety precautions based on patient history or medication use

The completed components of the Universal protocol and Time Out are to be clearly documented.
NPSG #3: Improve the safety of using medications

Steps you can take to comply with this goal are:

• Double check heparin drips, PCA and epidural pump settings
  - We continue to see errors reported involving heparin that should have been caught during a double check

• Label all medications, medication containers (e.g. syringes, medicine cups, basins) or other solutions on and off the sterile field in peri-operative and other procedural settings

• Discard any medication or solution that is found unlabeled

• Take extra care with patients who take anticoagulant medications to “thin” their blood
  - Use approved protocols for initiation/maintenance of anticoagulants
  - Use IV pumps to administer anticoagulants
  - Provide education to patients who are on anticoagulants
NPSG #3: Improve the safety of using medications (continued)

Maintain and communicate accurate patient medication information

- Record and pass along correct information about a patient’s medication
- Find out what medicines the patient is taking
- Compare those medications to the new medicines given to the patient
- Make sure the patient knows which medicines to take when they are at home
- Tell the patient it is important to bring their “up to date” list of medicines every time they visit their doctor or come to the hospital.
- Ensure the Medication Reconciliation document is completed
NPSG #7: Reduce the Risk of Healthcare Associated Infections

07.01.01 Hand Hygiene

Wash your hands before and after removing gloves, before and after contact with the patient or their immediate surroundings.

Set goals for improving compliance with hand hygiene guidelines.

Become familiar with the hand hygiene products available on your unit including hand soap, alcohol-based products and hand lotion that is compatible with our hand soap.
NPSG #7: Reduce the Risk of Healthcare Associated Infections

07.03.01 Prevent healthcare-associated infections related to multi-drug resistant organisms (MDROs)

07.04.01 Prevent central line-associated bloodstream infections (CLABSIs)

07.05.01 Prevent surgical site infections (SSIs)

07.06.01 Prevent indwelling catheter-associated urinary tract infections (CAUTIs)
NPSG #15: Identify patients at risk for suicide

• Requirement applies only to psychiatric hospitals and patients being treated for emotional and behavioral disorders in general hospitals
  
  – Upon entry to an organization, we should perform a risk assessment to identify specific patient characteristics or environmental features that may increase or decrease the risk of suicide
  
  – Address patient’s safety needs and place in the most appropriate setting for the patient
  
  – Provide suicide prevention information (like crisis prevention hotline) to patients who are at risk of suicide when they leave the hospital
Chest Pain
Since several SJPHS Hospitals have received accreditation status from the Society of Chest Pain Centers, associates need to be informed about Acute Coronary Syndrome.

Cardiovascular disease remains the biggest death toll on our society. Every year more than a million Americans have a Heart Attack.

How to recognize a Heart Attack also called Acute Coronary Syndrome (ACS):

- Chest pain or pressure, tightness, (L) sided shoulder, neck, jaw, or arm pain, numbness, or tingling.
- Diaphoresis/sweating
- Lightheadedness
- Nausea and vomiting
Acute Coronary Syndrome (ACS)

3 different types:
• Unstable Angina (USA)
• Non ST elevation Myocardial Infarction (NSTEMI)
• ST elevation Myocardial Infarction (STEMI)

Important Treatment for patient’s care:
• STAT ECG
• Cardiology Consult
• Oxygen, ASA – Aspirin, Nitroglycerin
Acute Heart Failure

Currently more than 5 million people in the United States are affected with Heart failure

Most common discharge diagnosis for hospital patients over the age of 65

More MediCare dollars spent for Heart Failure than any other diagnosis
– Cost estimated at $37,200,000,000
Acute Heart Failure – Signs & Symptoms

- Weight gain (especially sudden)
- Shortness of breath (with rest or exertion, while lying flat)
- Increase in swelling of the lower limbs
- Frequent cough
- Rapid or irregular heartbeat/palpitations
- Increased fatigue or weakness
- Trouble sleeping (waking up short of breath, using more pillows)
- Previous history of heart failure
Reducing the Risk of Healthcare Associated Infections
Healthcare Associated Infections

• The #1 way infection is spread is through the hands of healthcare workers

• Each year, over 90,000 hospitalized patients die as a result of contracting an infection while being treated for other conditions

• Unanticipated deaths or permanent loss of function related to a health care-associated infection is considered a sentinel event!
Hand hygiene can be performed using soap and water

- Wet hands
- Apply soap
- Rub hands to form lather
- Scrub for 15 seconds – include areas around nails and thumbs
- Pat dry with paper towel
- Turn off faucet with paper towel
Hand hygiene can also be performed using alcohol based hand sanitizer, unless hands are visibly soiled

- Located in patient rooms and hallways
- Apply just enough product to coat hands
- Rub hands until product dries
- Excellent agent against bacteria and viruses
- **Use soap and water if hands are visibly soiled, and after using the restroom**
Any healthcare worker who touches a patient must wash/sanitize his/her hands:

- Before & after contact
- After removal of gloves
- Keep nails short & clean (No artificial nails)
Your 5 moments for Hand Hygiene

1. BEFORE PATIENT CONTACT
2. BEFORE ASEPTIC TASK
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER PATIENT CONTACT
5. AFTER CONTACT WITH PATIENT SURROUNDINGS & AFTER GLOVE REMOVAL
### Your 5 moments for Hand Hygiene

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<thead>
<tr>
<th>Step</th>
<th>Before Patient Contact</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clean your hands before touching a patient when approaching him or her</td>
<td>To protect the patient against harmful germs carried on your hands</td>
</tr>
<tr>
<td>2</td>
<td>Clean your hands immediately before any aseptic task</td>
<td>To protect the patient against harmful germs, including the patient’s own germs, entering his or her body</td>
</tr>
<tr>
<td>3</td>
<td>Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</td>
<td>To protect yourself and the health-care environment from harmful patient germs</td>
</tr>
<tr>
<td>4</td>
<td>Clean your hands after touching a patient and his or her immediate surroundings when leaving</td>
<td>To protect yourself and the health-care environment from harmful patient germs</td>
</tr>
<tr>
<td>5</td>
<td>Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving - even without touching the patient</td>
<td>To protect yourself and the health-care environment from harmful patient germs</td>
</tr>
</tbody>
</table>
Bloodborne Pathogens

Associates need to know patients can carry these viruses in their blood and Other Potentially Infectious Material (OPIM)*:

* HIV
* Hepatitis B
* Hepatitis C

*Other Potentially Infectious Material: Semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, etc.*
Bloodborne Pathogens: Modes of Transmission

It is important to know the ways exposure and transmission may occur in your work area:

- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids
- HBV can survive outside the body at least 7 days & be capable of causing infection
800,000 - 1.4 million chronically infected in U.S.

Clinical Features:
Jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting

Complications:
Cirrhosis (scarring), liver cancer, liver failure, and death*
*620,000 worldwide die from HBV related liver disease each year
Hepatitis B Transmission

**Blood to Blood**
- IV Needle sharing
- Blood products including transfusion
- Healthcare worker exposure to blood & body fluids

**Sexual contact**

**Perinatal transmission**
HIV

1.2 million persons infected in the US

- Attacks immune system and may eventually lead to AIDS
- Symptoms of HIV infection may begin like flu-like illness
- No vaccine available
HIV Transmission

• Sexual Contact

• Mother to Infant

• Blood Contact
  – IV needle sharing
  – Blood products including transfusion
  – Healthcare worker exposure to blood and body fluid
Factors that may influence greater risk of conversion to HIV:

- Hollow bore needle
- Deep Needle-stick Puncture
- Advanced HIV stage of source patient
- Gloves not worn
- Volume of exposure
- Type of body fluid with blood
- Lack of post-exposure prophylaxis
Hepatitis C

3.9 million chronically infected in US; most common chronic bloodborne infection

- Milder clinical presentation than HBV
- Persistent infection with progression to chronic liver disease common
- Leading indication for liver transplantation
Hepatitis C Transmission
Blood-to-Blood

Primarily bloodborne

50-60% of cases are associated with IV drug use

HCW risk through occupational exposure to infected blood 1-2%
Consider all people potentially infectious

If it’s wet and it’s not yours, do **not** touch it without gloves.
Personal Protective Equipment

Gloves:
Should be worn if you anticipate contact with BLOOD or OPIM

Gown:
Worn if potential of splashing onto clothing

Mask and Eye Protection:
Should be worn for procedures likely to generate splashes
Example of Safe Donning and Removal of Personal Protective Equipment (PPE)

**DONNING PPE**

**GOWN**
- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist

**MASK OR RESPIRATOR**
- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

**GOOGLES/FACE SHIELD**
- Put on face and adjust to fit

**GLOVES**
- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown

**SAFE WORK PRACTICES**
- Keep hands away from face
- Work from clean to dirty
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene
REMOVING PPE
Remove PPE at doorway before leaving patient room or in anteroom

GLOVES
- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist

GOGGLES/FACE SHIELD
- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

GOWN
- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

MASK OR RESPIRATOR
- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp ONLY bottom then top ties/elastic and remove
- Discard in waste container

HAND HYGIENE
Perform hand hygiene immediately after removing all PPE!
Engineering Controls

1. Activate safety feature when procedure is complete
   • Safety needles (self-sheathing)
   • Needle-less IV system

2. Dispose of in a sharps container
Work Practice Controls

• Hand hygiene

• No food/drink or medications in refrigerators with blood or other potentially infectious materials

• Do not drink, eat, apply cosmetics/lip balm, or handle contact lenses in areas where blood/body fluids may be present

• Keep work area clean and decontaminated
Multi-Drug Resistant Organisms (MDRO)

**Definition**
Multi-drug resistant organisms (MDROs) are resistant to one or more classes of antibiotics.

**Examples**
Methicillin-Resistant *Staphylococcus aureus* (MRSA)
Vancomycin-Resistant *Enterococcus* (VRE)
*Clostridium difficile*
Certain gram negative bacteria such as:
- *Acinetobacter baumannii*
- *Stenotrophomonas maltophilia*
- *Klebsiella pneumoniae*
and others

**Clinical Importance**
Options for treating patients with MDRO infections are extremely limited. MDROs can be transmitted from patient to patient if proper prevention strategies are not used.
Multi-Drug Resistant Organisms (MDRO)

What can I do to prevent the spread of MDROs?

• Hand Hygiene

• Standard and Contact Precautions
  • private room, gowns and gloves for contact with the patient or items in the room

• Cleaning and disinfection of the environment and patient care equipment

• Removal of invasive devices, i.e. urinary and vascular catheters, when no longer needed
Exposure Prevention: Training and Work Practices

Infection Prevention & Control Resource Manual

- Includes Infection Prevention & Control Policies, Bloodborne Pathogen Exposure Control Plan, TB Control Plan
- Is available on the intranet
- Includes department-specific training
- MIOSHA Bloodborne Infectious Disease Standard
- Contact Infection Prevention & Control Services to obtain a copy
Blood & Body Fluid Exposures

- Immediate cleansing of affected area
- Fill out DOERS Online Associate Work Injury Report
- Follow up with Occupational Health or ER immediately
- Per Employee Exposure Protocol:
  - HBsAg, Anti HepC, and HIV will be ordered on the patient
- Post Exposure Prophylaxis may be started
- Hepatitis B vaccine is available

Relative risk of acquiring infection after an exposure:
- HIV ~ 0.3%
- Hep C ~1.8%
- Hep B ~30%
Hepatitis B Vaccine

Offered at no charge to all employees who have potential exposure to another person’s blood or body fluids

• Safe & Effective
  – 95% decline in HBV seroconversion among HCW since 1990

• Contact Occupational Health
  See your local site for business hours
Biohazard Waste Labels

- Warning labels need to be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials.

- These labels are fluorescent orange, red, or orange-red, and they are available from Environmental Services.
• Bags used to dispose of regulated waste must be red or orange red, and they, too, must have the biohazard symbol readily visible upon them

• **Regulated waste refers to**
  – Liquid or semi-liquid blood or body fluids (Except urine or stool)
  – Items saturated or dripping with blood or body fluids
  – Sharps & Syringes, including syringes with no needles attached
  – Pathological or microbiological waste
Tuberculosis (TB) Control Plan

• **Tuberculosis (TB)** is a disease that is spread by airborne droplets that are coughed up from the lungs of persons with active disease

• Early identification and isolation is key to preventing spread in the healthcare setting

• Suspected cases should be placed on Airborne Precautions
Respiratory Protection for TB

- A properly fitted respirator provides adequate protection for healthcare workers

- Patients should be placed in a Negative Pressure Isolation room until TB is ruled out
TB Skin Testing

PPD skin testing is done:

• Upon Hire
• All associates annually
• After an exposure to a TB patient
Influenza is a respiratory infection

- Causes ~200,000 hospitalizations & 36,000 deaths in the United States each year
- Spread via respiratory secretions & droplets when persons cough/sneeze
- Stay home if you are ill or have a fever
- Cover your cough (cough into your elbow or a disposable tissue)
- Perform frequent Hand Hygiene
- Get vaccinated!
Influenza Vaccination Program

Influenza Vaccination is **required** each year for all SJPHS associates

- Influenza vaccination is the most significant action to reduce infection/transmission
- Annual Influenza Vaccination Program designed to promote Patient Safety
- Provided by Occupational Health
- No cost to associate
- May request exemption for medical or religious reasons

DON’T GET THE FLU. DON’T SPREAD THE FLU.

cdc.gov/flu
Latex Allergies are increasing in healthcare workers and in our patient population due to increased glove usage and implementation of standard precautions. Latex is contained in a variety of household items such as rubber bands, baby toys, infant soothers, balloon and condoms.

Allergic Reactions range from local skin irritation and itching to life-threatening episodes of anaphylactic shock. It is our responsibility to protect ourselves, our co-workers, and our patients from unnecessary exposure to latex.
Latex Guidelines

• Ask patients about all allergies, including latex. Certain food allergies may indicate a possible latex sensitivity. (i.e. kiwi, bananas, papaya, etc.)

• Providence Park Hospital is a latex light facility – no specific precautions are necessary

• Use latex free products. The OR, PACU and PICU locations have latex-free supplies/carts specifically designed for their unit

• Keep all latex products (including gloves) from allergic patients and staff

• FDA regulations require manufactures to label packages containing latex or natural rubber products

• If you are not sure about the latex content of a particular product, please contact your supervisor, materials management or purchasing
Latex Guidelines

- **Never** wear latex gloves when caring for a patient with a latex allergy. Wear a synthetic glove such as vinyl or nitrile.

- Always wash hands thoroughly after removing gloves.

- If you suspect a latex allergy, contact Occupational Health for an appointment.
Pain Management and Palliative Care
Pain Management

• **Patients have a right to pain management**

• Unrelieved pain has **adverse physical and psychological effects**

• The hospital plans, supports, and coordinates activities to ensure that pain is recognized and addressed appropriately by:
  
  – Assessing for pain
  – Educating providers about pain management
  – Educating patients/families about their roles in managing pain
Pain Management

- The identification and treatment of pain is an important component of the plan of care
- A comprehensive pain assessment is conducted at the onset of the patient’s care
- Regular reassessments and follow-up must occur
It is important to ensure that all patients in pain get adequate treatment.

**Older Adults** – Use pain scales, as appropriate. Words such as “ache” or “sore” instead of “pain” may be used.

**Children** – Use appropriate pain scales for children, as appropriate. Watch for non-verbal cues such as grimace, guarding, moaning, crying, noisy breathing.
Palliative Care Services

Definition of Palliative Care

Palliative care is a medical specialty focusing on the care of patients with chronic or advanced illness. It treats the whole person by offering medical, emotional, spiritual, and social support. The goal of palliative care is to ease discomfort and help patients and their families achieve the highest quality of life. It offers guidance and compassionate support to patients and families in understanding and making medical decisions.

What is the difference between palliative care and hospice?

Palliative care and hospice are NOT the same. Palliative care is appropriate at any time during a patient’s illness. Palliative care can be provided at the same time the patient is receiving curative treatment. Hospice provides care to patients who have a terminal illness with a life expectancy of about six months or less, and are no longer seeking life-prolonging treatment.
Palliative Care Services

Who provides Palliative Care?
Care continues to be provided by the patient’s attending doctor with the addition of the palliative care team. The palliative care team consists of: Board Certified Palliative Care Physicians, Advanced Practice Nurses, Social Workers, Spiritual Care Providers, Pharmacists, Nutritionists, Physical and Occupational Therapists, and Music and Massage Therapists

Why is the integration of Spiritual Care & Palliative Care Important?

- Often, during times of illness people may find they have more spiritual distress or their spiritual needs increase
- Patients (and their families) with advanced, chronic, or life-threatening illnesses often get strength and hope from their spiritual or religious beliefs
- Spirituality is an ongoing journey and not something to be addressed one time or last minute
- Attention to spiritual needs can increase quality of life for some patients and families
Patient Safety
Why Do Associates Need to Know About Safety?

It is the responsibility of every associate to keep all areas of the hospital safe for our patients, visitors, and co-workers.
Patient Safety

Three Safety Behaviors that all associates are accountable for:

- *I will be personally responsible for professional, accurate, clear, and timely verbal and written communications.*

- *I will pay attention to details.*

- *I will have a questioning attitude that demonstrates a personal and co-worker (200%) commitment to safety.*
Patient Safety

3 Ways Errors Occur

1. *Not paying attention to the task at hand.*
   - 25% of errors occur by not paying attention

2. *We don’t follow the rule, policy or protocol*
   - 60% of errors occur because we take shortcuts
   - STOP TAKING SHORT CUTS!!

3. *We don’t have the skills to perform the task*
ARCC is a Safety Phrase you can use to help keep your patients safe ~ “I have a concern…”

Ask a question
Make a Request
Voice a Concern

If no success…

Use Chain of Command

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Patient Safety

Another good safety technique is the use of STAR

Stop
  Pause for 1 to 2 seconds to focus our attention on the task at hand

Think
  Consider the action you’re about to take

Act
  Concentrate and carry out the task

Review
  Check to make sure that the task was done correctly and that you got the correct result

STOP is the most important step. It gives the brain a chance to catch up with what the hands are preparing to do.
Patient Safety

And Always Trust Your Gut

In the face of uncertainty…

If you are uncertain about what you are about to do…

If you have questions…

If someone raises a concern or question…

Trust Your Gut
Patient Safety

Teamwork Is…

100% Accountability for ME + 100% Accountability for YOU = 200% Accountability for PATIENT
Patient Safety

When you see this sign it means:

I

Require

Intense

Surveillance

Teamwork can help us reduce the risk of falls. We are all accountable to keep our patients safe!

Patient’s identified at risk for a fall have an “IRIS” sign outside their room, yellow “Fall Risk” armband, and yellow non-skid slippers.

Patients at risk for a fall should not be up walking around without help. Keep rooms clear of clutter and environmental hazards. Make sure the call light is within reach when you leave the patient’s room.
Patient Safety – Reporting a Safety Concern

Associates who have a safety or quality of care concern have a variety of methods to voice that concern in a confidential, non-punitive manner.

Some of these methods include:

1. Report to immediate Supervisor/Manager
2. SafERSystem (On-line Event Reporting Tool)
3. Environment of Care (EoC)/Safety Rounds
4. Clinical Safety Risk Management Department
5. Patient Safety Culture Survey
6. Executive Walk Rounds™
7. Values Line – notification to Corporate Responsibility Officer (Can report anonymously)
8. Daily Safety Huddles
Patient Safety – Reporting a Safety Concern

Additional resources for reporting safety concerns:

No disciplinary action will be taken because an associate reports a safety or quality of care concern:

- Ascension Health Values Line: 1-800-707-2198
  Available 24 hours/day - 7 days/week
- Corporate Responsibility Office: 586-753-1171
- Worklife Services
- Clinical Safety Risk Management
- Legal Services: 586-753-0476
Prevention of Work Related Injuries
What is a Work Related Injury/Illness?

A work related injury/illness is an injury/illness that occurs to an associate when the associate is involved in a work related task and is the major contributing cause for which medical treatment is sought.
Reporting a Work-Related Injury/Illness

• **Immediately report to Supervisor/Manager!**

• Fill out DOERS Online *Associate Work Injury Report* (Located on the Worklife Services Home Page)

• Give completed *Associate Incident Report* to department manager/supervisor

• Receive Evaluation from Occupational Health (use the Emergency Department after normal business hours)

• Receive follow-up care from Occupational Health
Preventing Injury: Through Proper Body Mechanics

Use Good Body Mechanics

- Keep feet apart for balance
- Keep loads close to body
- Bend knees and hips
- Keep back straight
- Lift with legs & buttocks
- Don’t twist or bend waist
- Push, rather than pull

When appropriate, use patient lifting equipment
Preventing Injury: Through Proper Body Mechanics

Prepare for Patient Transfer:
- Use good body mechanics
- Request help
- Explain and give clear direction to patient
- Position/adjust equipment: raise bed, lock wheels of bed/wheelchair/stretcher
Assessment of the patient is essential, and includes the following:

- What is the patient’s condition?
- Is patient strong and flexible enough to help?
- How much does patient weigh?
- Can patient bear weight?
- Can patient follow directions?
- Is patient combative?
- Does patient have proper footwear?
Prevention of Repetitive Motion Disorders

- Repetitive motion disorders are subtle injuries that can affect muscles, tendons, and nerves, especially hands, wrists, elbows, shoulders, neck, back, and knees.

- They can occur as a result of strain from performing the same task on a continuous basis.

- They can be prevented by frequently alternating or changing tasks, taking periodic stretch breaks, and by working with proper body alignment at your work station.
Prevention of Repetitive Motion Disorders

While working at your computer:

- Wrists should be in neutral position
- Elbows should be flexed 90 degrees
- Use mouse and wrist rests
- Telephone headsets can alleviate neck strain
- Knees should be at a 90-110 degree angle
- A well adjusted chair improves circulation and helps prevent backache and fatigue
- Feet should be flat on the floor or use footrest if chair height does not allow for feet to be flat on the floor
- Top of computer monitors should be at or below eye level and 18–30 inches from your eyes
Preventing Falls, Slips, Trips: What can I do?

**USE CAUTION:**

- In the parking lot. Watch for black ice, oil spots
- At Entrances/Exits (Rain, Melting Snow)
- Where floor surface changes in level
- In staircases

Use signage and Contact Environmental Services to clean up
Preventing needle-stick/scalpel injuries

- Associate not paying attention
- Associate bumping into objects and getting poked
- Never re-cap needles
- Do not overfill sharps box
- Insert needle in sharps immediately after draw
- Cuts from scalpels
- Report immediately to Occupational Health
Patient Rights
Patient Rights and Ethics

• We respect our patients’ cultural, psychosocial, spiritual, and personal values, beliefs and preferences.

• We support the right of patients to personal dignity.

• We accommodate the right to spiritual care services for patients.
Every patient receives a copy of the “Patient Rights and Responsibilities” handout.

- Upon every contact with the facility
  - Inpatient
  - Outpatient
  - Diagnostic Testing

- Posted throughout facility
Patient Rights: Protecting Privacy

How can we protect patient privacy?

- Do not share computer IDs
- Shred sensitive documents
- Do not discuss patient or hospital business in public areas
- Obtain patient consent for release of information
- Keep chart boxes closed
- When in a room with another patient, speak softly when discussing sensitive information
How can we protect our patients’ rights to dignity and respect?

- Ask our patients how they would like to be addressed (Mr., Mrs., or first name).
- Do not call patients by pet names (honey, sweetie, etc).
- Make sure patients are appropriately covered when in bed or during transport
- Explain what care is being provided
Patient Rights: Informed Consent

What is informed consent?

- Our patients receive relevant and understandable information from the physician regarding procedures, diagnosis, treatments/alternative treatments and prognosis.

- Patients are entitled to receive information related to risks, benefits, alternatives and consequences of treatment and no treatment to assist in their decision-making process.
Patient Rights: Advance Directives

• An Advance Directive is a written instruction prepared by a competent adult related to desired medical treatment.

• It is used if/when the individual no longer has decision making capacity.

• It appoints a Patient Advocate to act on behalf of the patient to carry out their wishes.

• Upon admission, staff should ask if a patient has an Advance Directive and place it on the chart.

• If the patient does not have an Advance Directive, provide information if desired.
Patient Rights: Filing a Complaint

How can we assist a patient with a complaint?

• The immediate caregiver should make every attempt to resolve the patient’s concern.

• The Department Manager should be notified if associate is unable to resolve the issue.

• The Patient Relations department should be notified if assistance is needed or if the patient would like to file a grievance.

• If SJPHS is unable to resolve the concern, Patient Relations can provide information on how to file a complaint with the State of Michigan or The Joint Commission.
Associate Responsibility to Protect Patient Rights

• Patients and families may talk about things with associates who are not their direct care givers.

• You may receive reports of abuse or neglect from patients or families.

• You have a responsibility to the patient to report those allegations to a manager so the patient can be protected and an investigation can be conducted.
Scenario:

The issue:
A patient alleges they were inappropriately touched by an associate during the night.

What should you do?
Scenario Answer:

Patients are a vulnerable population and must be protected.

• You should immediately notify the manager of the clinical unit or the Patient Relations Department.

• If it is a weekend or an off-shift, notify the Nurse Administrative Manager (NAM).

• The nurse manager and/or Patient Relations will take steps to protect the patient and investigate the allegation.
Complex ethical questions often arise in the health care environment. The Ethics Committee (EC) was formed to support patients, families and care givers as they work together to find solutions to these difficult challenges.

The purpose of the EC is to foster awareness of ethical principles and issues and to provide a forum for the discussion of ethical questions as they arise.
Any associate may initiate an Ethics Consult by contacting the Hospital Operator.
Patient-Family Centered Communication
It is the policy of SJPHS to offer and provide appropriate auxiliary aids and interpretive services, at no cost, to persons who are deaf, hearing impaired, or limited-English proficient to assure that medical information is relayed accurately.
Interpretive services are provided 24 hours/day, 7 days/week, by contacting operator services.
Patient-Family Centered Communication

It is required that **certified interpreters** be present when obtaining:

- Medical History
- Informed Consent
- Medical Plan of Care (including, but not limited to):
  - Diagnosis
  - Treatment
  - Medications
  - Prognosis
  - D/C Instructions
Tobacco-Free Environment

• To support SJPHS mission to sustain and improve health of individuals in our community, including our associates, SJH&MC has adopted a **tobacco-free policy**

• This policy **prohibits the use of tobacco products anywhere on the campus**

• It is important to be good neighbors, therefore **the use of tobacco products on our neighbor’s property is prohibited**!

**SMOKING IS NOT ALLOWED IN:**

– Private Offices
– Bathrooms
– Stairwells
– Conference Rooms
– Lounges
– Cafeterias
– Waiting Areas
– Parking Lots
– Cars in Parking Lots
Congratulations!

You have completed the

2014 Safety Education Course