

Required Training for Clinical Students & Faculty

Providence Health & Services requires that clinical students & faculty comply with Oregon Administrative Rule-Chapter 409-Division 30. This rule outlines requirements for Health Profession students & faculty prior to clinical placement. In addition, prior to providing care in Providence facilities, students & faculty are required to participate in education that includes appropriate OSHA, Joint Commission and Centers for Medicare & Medicaid Services regulations.

Students & faculty may complete this education by one of two ways:

1. Nursing students/faculty from Portland area schools may complete the ACEMAPP clinical education modules
2. All other students/faculty must follow this link to complete the various training: [Guidelines for student affiliations](#)
 - a. Complete: "Online Annual Regulatory Requirements (OARR)".
 - i. scroll down to next page to complete training.

ATTESTATION:

I attest that I have completed either the ACEMAPP clinical education modules or the Providence authored clinical education modules contained in this document. I understand the actions required of me in this module and agree to comply with the principles presented on these topics:

- Safety and Emergency Preparedness: reporting an incident or safety concern, emergency codes, hazardous materials, MSDS, chemical emergency response, electrical safety, MRI safety, radiation safety, medical gas safety, emergency roles and responsibilities, fire safety, P.A.S.S., R.E.S.C.U.E, earthquake safety
- Harassment & Inappropriate Behavior: sexual harassment, impaired staff
- Keeping the workplace safe: active shooter, identifying and responding to violent behavior
- Serving the patient in their time of need: identifying and responding to abuse & neglect, patient rights, directives, EMTALA, preferred language of communication, safe surrender
- Cultural Competency
- Infection Prevention: HAI, standard precautions, hand hygiene, preventing exposure, PPE, latex allergies, MDROs, contact precautions, droplet precautions, airborne precautions, exposures, TB
- Specific Patient Populations: age specific

Print name: _____ Date: _____

Signature _____

Instructions:

Student/Faculty: Turn this signed attestation in to your school for filing.

School Administration: Please file this signed document and be prepared to produce it to Providence upon request.

Online Annual Regulatory Requirements (OARR)

Safety & Emergency Preparedness

CONFERENCE ROOM

Safety & Emergency
Preparedness

Keeping the
Workplace Safe

Serving
The Patient

Infection
Prevention

Respect - Compassion - Justice – Excellence - Stewardship

Why this course?

This course plays an important role in our commitment to living the Mission and Values that we hold at our core.

The modules that make up this annual course will serve to equip, inform and remind all of us of the standards of care that guide every interaction with those we serve and those who serve by our side.

Each section includes updates to relevant regulatory policies and procedures.

Click the image of the Sisters to continue.



Online Annual Regulatory Requirements (OARR)

Caring Reliably

All aspects of your daily routine as a caregiver at Providence affords opportunities to integrate these tools. To point out a few:

- Know Why and Comply
- Peer Check
- Speak up for Safety

Patient and family centered care where the 5 Tones apply:

- **Dignity and Respect** - We listen to and honor patient and family perspectives and choices.
- **Information Sharing.** - Sharing complete and unbiased information with patients and families in ways that are affirming and useful.
- **Participation** - Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration** - Patients and families are included in policy and program development, implementation and evaluation.

Click anywhere on this page to continue.



Toolbox for everyone

With our collective commitment to safety and reliability, we serve our mission and achieve our vision.

Our Mission

As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Our Promise

Together, we answer the call of every person we serve: know me, care for me, ease my way.*

Our Vision

Simplify health for everyone

Core Values

Respect, Compassion, Justice, Excellence, Stewardship

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

Tones for respect of others at all times

Smile and greet others; say "Hello"

Introduce using preferred names and explain roles

Listen with empathy and intent to understand

Communicate positive intent of our actions

Provide opportunities for others to ask questions

Universal behaviors and tools



PAY ATTENTION TO DETAIL

- Self-check using STAR (Stop, Think, Act, Review)
- Peer check



HAVE A QUESTIONING ATTITUDE

- Validate and verify
- Know why and comply



COMMUNICATE CLEARLY

- SBAR (Situation, Background, Assessment, Recommendation)
- Three-way repeat-back and read-back
- Phonetic and numeric clarification
- Clarifying questions



OPERATE AS A TEAM

- Brief, execute and debrief



SPEAK UP FOR SAFETY

- Escalation using CUS (Concerned, Uncomfortable, Stop) and chain of command
- Event reporting systems (UOR)



Magnetic Resonance Imaging (MRI)

Safety is Critical and Mandatory!

Static Magnetic Field (Always On!!)

- The field is up to 60,000 times stronger than that of the earth
- The pull of the magnet gets stronger the closer the metal object gets to the scanner



Actual Consequences of Non-Compliance:

- Tearing of brain tissue from movement of an aneurysm clip
- Injury to patient when scissors were pulled out of a nurse's hand and struck a patient
- Patient death when metal oxygen tank accelerated toward the magnet and fractured a patient's skull



Emergency Codes

Emergency Codes and responses vary by region. All caregivers must be familiar with their specific guidelines.

Where can you find your codes?

- On the back of the card with your ID badge
- Depending on facility, it may be found on the Emergency Codes Poster

Click your region to reveal your specific emergency codes.



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SAFETY



Emergency Codes

Oregon Region Employee Action Card FOR ALL CODES: RECOGNIZE, RESPOND, REPORT	
CODE RED	Fire
CODE BLUE	Cardiac/Respiratory Arrest
CODE ORANGE	Hazardous Materials Spill
CODE GRAY	Behavioral/Combative Person
CODE SILVER: AVOID AREA	Weapon/Hostage Situation - AVOID AREA
CODE SILVER: ACTIVE SHOOTER	Active Threat on Campus – RUN, HIDE, FIGHT
CODE AMBER	Missing Infant or Child
EXTERNAL TRIAGE	External Disaster/Mass Casualty
INTERNAL TRIAGE	Internal Disaster/Utility Failure
RAPID RESPONSE TEAM	Declining Medical Condition
CODE NAME ALL CLEAR	Situation Resolved
FOR ALL EMERGENCY CODES CALL "88"	
<small>375292 5/16</small>	

If you wish to *review another location*, click **BACK**.

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Hazardous Materials

Hazmat safety is the type of thing most of us don't think about until something happens. And when it does, the first few seconds are critical.

It's important that we are all familiar with hazardous materials we may encounter each day:

- How to use them safely
- What to do if something goes wrong
- What protective gear you need

Being prepared means knowing how to PREVENT *AND* HOW TO RESPOND TO EMERGENCIES.



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Usage and Protection

Use Chemicals Safely by Following a Few Simple Guidelines

When chemicals are stored, be sure hazardous materials are properly segregated and in the proper cabinet. Refer to the chemical's Safety Data Sheet for more information.

Don't mix chemicals unless specified by the manufacturer.



Always wear appropriate Personal Protective Equipment issued by your department.

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Safety & Emergency Preparedness



Chemical Emergency Response

All our preparation can reduce but not eliminate emergencies.

Response to a Chemical Emergency varies by region/facility caregiver should be able to clean up their own incidental spills.



Chemical Spill Kit

Click the button below that represents your location.

St. Patrick
Hospital
caregivers

Sacred Heart Medical
Center, Holy Family
Hospital, and
Providence Healthcare
Stevens County
caregivers

All Other
caregivers

Incidental spills: Use the departmental spill kit to clean incidental spills. Call a code orange if you need help cleaning the spill.

Large spills: Call a Code Orange immediately (if you do not use a Code Orange, contact Facilities immediately)

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Chemical Spill Response



Remember **S. P. I. L.** when responding to a chemical emergency

S =

Secure the area

Make sure everyone leaves and door is locked

P =

Protect persons

Evacuate area and prevent others from entering

I =

Inform

Report the emergency

L =

Leave the area

If spill is greater than what you have been trained
is safe to clean up, retreat to a safe location

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Electrical Safety

Use Cords and Outlets Properly and Be Observant!

- A hot outlet can be an indication of unsafe wiring
 - Unplug cords from the outlet
 - Report the hazard
- Do not use outlets or cords with exposed wiring
- Report damaged outlets or cords

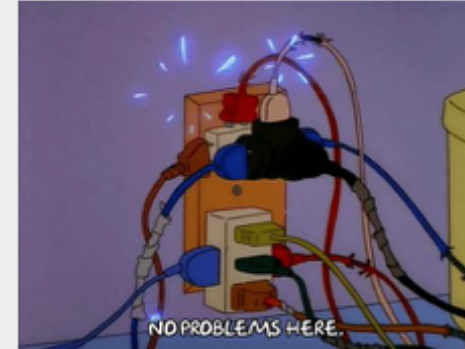




Electrical Safety

Use Cords and Outlets Properly!

- Do not bend, stretch, or kink power cords excessively
- Do not jerk cords from outlets
 - Pull on the plug
- Do not rest equipment on power cords
- Do not use tape on power cords or plug outlets
- All mutli-plugs must be approved by Engineering
- Use only power cords with three-prong plugs, never use:
 - Adapters
 - Two-prong plugs
 - Broken three-prong plugs





Magnetic Resonance Imaging (MRI)

There are many caregivers who may be around an MRI area. These include: someone transporting a patient, Environmental Services Staff or a staff member monitoring a patient to name a few. It has been determined that caregivers need to be aware of some important safety issues when working in or near a MRI treatment area.





Magnetic Resonance Imaging (MRI)

Safety is Critical and Mandatory!

Static Magnetic Field (Always On!!)

- The field is up to 60,000 times stronger than that of the earth
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Actual Consequences of Non-Compliance:

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MRI Produces a Radio Frequency Field (RF)

RF Fields produce heat and interfere with electronic equipment

Hazards:

- RF fields can induce electrical currents in metal implants or cables, which produce heat, resulting in severe burns (i.e. heat from ECG cables, pulse oximeters, etc.)
- Electronic device failure or malfunction due to electromagnetic interference (i.e. pacemaker, deep brain stimulator, Internal Cardiac Defibrillator)





Controlling access to the MRI area supports safety

4 levels of MRI Safety Zones exist

Zones 1 & 2

- Unscreened caregiver/patient

Zones 3

- Screened patients and caregiver

Zones 4

- Screened MRI patients under constant direct supervision of trained MRI staff

Heed the warnings to be safe!



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Access Control

You must have permission to enter EACH TIME you go in the scan room

- Access limited to trained MRI staff
- Patients/visitors/ caregivers are screened and then accompanied by trained caregiver

Removal of All Metallic Objects

Thoroughly screen patients prior to entering MRI Scan Room:

- Name Badges
- Watches
- Keys
- Cell Phones/Pagers
- Scissors
- Stethoscope



- Hearing Aids
- Jewelry
- Coins
- Hair Accessories
- Any Other Metallic Objects

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Safety & Emergency Preparedness



Inspect Prior to Entering the MRI Scan Room

Inspection is **REQUIRED** for objects such as:

- Oxygen Cylinders
- Stretchers
- Monitoring Equipment
- Any Other Similar Devices



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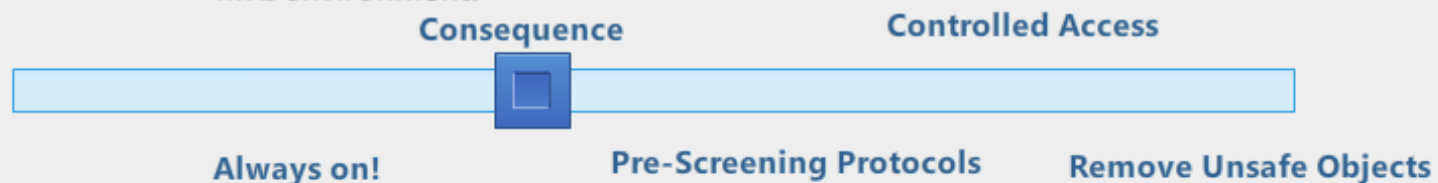


MRI Safety Summary

Click-n-drag the button on the slider to the right to review a summary of MRI Safety.



Injuries / Deaths have occurred as a result of not following safety precautions in the MRI environment.



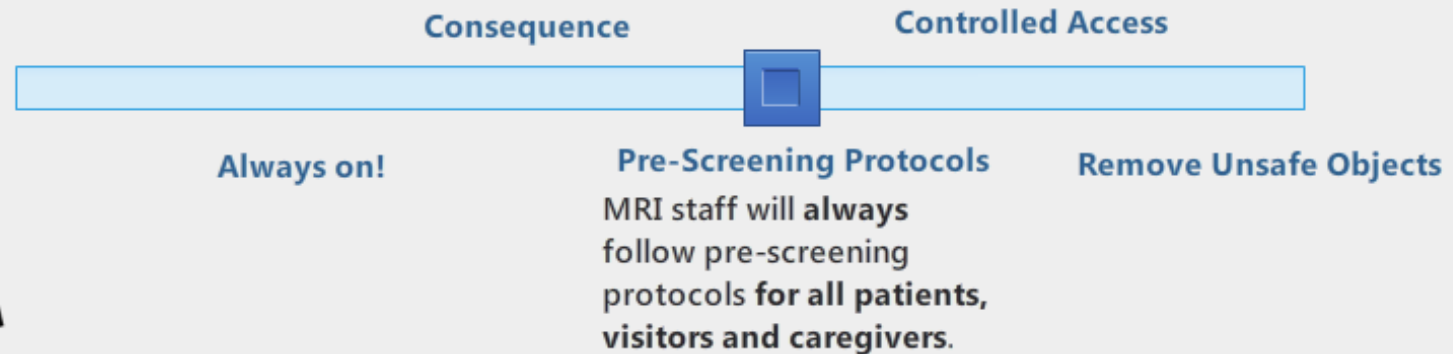
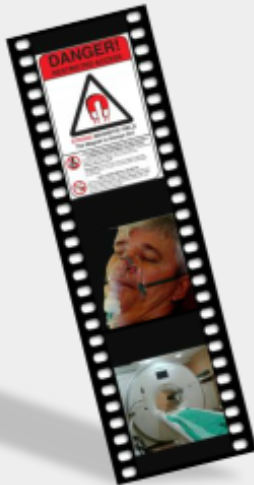
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MRI Safety Summary

Click-n-drag the button on the slider to the right to review a summary of MRI Safety.



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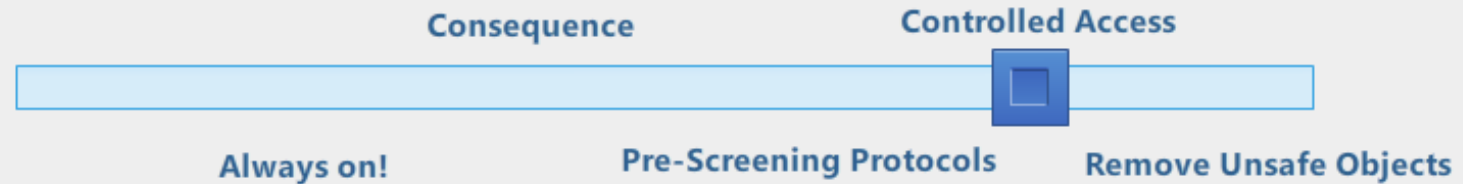


MRI Safety Summary

Click-n-drag the button on the slider to the right to review a summary of MRI Safety.



MRI staff are **empowered to assure 100% safety**. You **must have permission to enter each time** you go into the scan room.



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MRI Safety Summary

Click-n-drag the button on the slider to the right to review a summary of MRI Safety.



Consequence Controlled Access

Always on! Pre-Screening Protocols Remove Unsafe Objects

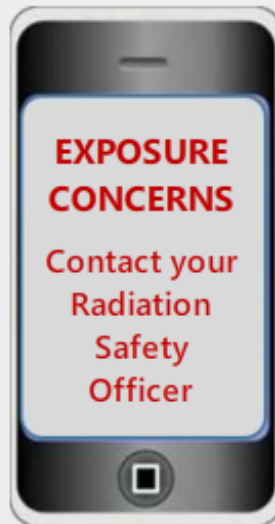
Until approved by a Trained MRI Technologist, **all objects** are **considered unsafe** in the MRI environment.

Additional information available via www.MRISafety.com

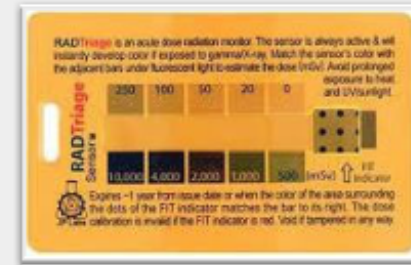


Radiation Safety

Protect Yourself with Time, Distance & Shielding



- Minimize the time you spend near radiation
- Maximize your distance from the source
- Use lead shielding such as aprons or walls
- Wear a dosimeter badge if required when working around radiation



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Radiation Policy - ALARA

It is the policy of Providence Health & Services to maintain occupational radiation exposure levels **As Low As Reasonably Achievable (ALARA)**.

Do Not Enter any area with these signs posted, unless authorized by the Department or Area Manager.

These signs and labels warn of potential radiation exposure in the area.



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Radiation Policy – Protect Others

- Don't fold or crumple lead aprons (causing cracks)
- Alert others to radiation exposure
- Shield
- Use appropriate signage

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NEXT

SAFETY



Medical Gas Safety

RESTRAIN ALL CYLINDERS

All cylinders must be restrained to prevent them from tipping over. A wheeled cart, wall bracket or similar restraint is acceptable. They may not be left lying on beds or standing unsupported!

KEEP FULL CYLINDERS SEPARATE WHILE IN STORAGE

Medical gas cylinder storage areas will be designated as either, '**FULL**', '**PARTIAL**' or '**EMPTY**'

- ❖ **FULL** cylinders are defined as those which have never been opened. Make sure there are no more than **12 FULL** cylinders stored in any smoke compartment.
- ❖ Once the regulator valve has been opened , the cylinder is considered **PARTIAL** and it may no longer be stored in the **FULL** storage area.
- ❖ Users will **reference the built-in pressure gauge** to ensure there is enough medical gas to meet the patient's need in the **PARTIAL** storage area.

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SAFETY



Medical Gas Safety

Label Storage Areas

Signs must be used to designate storage locations.
Cylinders must be separated in different storage racks.

Some departments do not have room for three storage areas and may choose to have two storage areas:

- 'FULL'
- 'EMPTY/PARTIALLY FULL'



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SAFETY



Medical Gas Safety

ONLY CYLINDERS IN STORAGE NEED TO BE SEPARATED AND LABELED

Single E cylinders on 2-wheeled carts; cylinders which are attached to a piece of medical equipment, a bed, stretcher or wheelchair; or cylinders available to a patient for use in their room are considered to be “in-use” even if the valve is not connected and gas is not actively being used at the moment.

“In-use” cylinders, like this E-cylinder on a 2-wheeled cart does not need to be labeled nor does it count toward your total amount of cylinders in a suite.

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Emergency Preparedness



Emergency Preparedness – Roles & Responsibilities

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!



Emergency Preparedness is Everyone's Responsibility!

Ever observe a planned fire drill? Everyone calmly evacuates, stays together and meets in the designated area.

Ever seen a news report of a fire where everyone is running from the building, screaming?

In any emergency, muscle memory takes over and we respond the way we've trained. So, practice safety procedures frequently.

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Emergency Preparedness



Emergency Preparedness – How Can You Help?

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!



BEFORE an Emergency – At Work

- Be familiar with the **Hospital Incident Command System (HICS)**
- Know your unit's specific disaster plan, and the Facility's Overall Disaster Plan
- Know your escape routes, gathering place and patient evacuation priorities
- Know the location of your department's disaster equipment and supplies

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Emergency Preparedness



Emergency Preparedness – How Can You Help?

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!

BEFORE an Emergency – Work and Home

- Be prepared! Have emergency kits at home, work and in your car
- Make a plan for those you love including children, the elderly, and your pets
- Get first aid/safety training (refer to your previous safety training for the specifics)
- Have a week's worth of medications ready for you and your family
- Have a 3-day food and water supply
- Ensure fire extinguisher is in your home



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Emergency Preparedness



FIRE Preparedness – How Can You Help?

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!

BEFORE an Emergency – **Keep hallways clear at all times**

Smoking

- Adhere to the PHS Policy which states:

“The use of tobacco, in any form, is prohibited in or on any property owned or leased by Providence.”

Electrical Malfunction

- Remove damaged or faulty equipment from service
- Tag and submit malfunctioning equipment for repair

Equipment Misuse

- Do not use any piece of equipment that you have not been trained to use



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Assembly Points:

- Know where you're going
- Account for everyone evacuated
- Return for anyone missing and needed medical equipment when safe



Safety & Emergency
Preparedness



REMINDER: Patient Care Units
Perform a horizontal evacuation,
moving past the nearest set of Smoke
Compartment doors in a fire event.

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Response – How Can You Help?

Remember R.A.C.E.R.

RACER Protocol:

- When you hear the fire alarm, you may not know if it's a drill or an actual fire.
- **ALWAYS** treat the alarm as if it were a true emergency!
- Wait for the incident commander to coordinate evacuation efforts.
- If the fire is outside your work area and you hear the alarm...defend in place.
- Evacuate patients outside as a last resort.

- R** RESCUE
- A** ALARM
- C** CONTAIN
- E** EXTINGUISH
- R** RELOCATE

If you wish to review another location,
click the PREVIOUS. Otherwise click NEXT.

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Fire Preparedness – How Can You Help?

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!

DURING an Emergency

- Protect yourself, triage self & area, report problems, provide assistance
- Follow the Hospital Incident Command System (HICS)
- Follow your unit's specific disaster plan, and the Facility's Overall Disaster Plan
- Be aware of your surroundings and ready for further directions from the overhead paging system



In case of emergency

**KEEP
CALM
AND
FOLLOW
PROCEDURE**

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Earthquake Safety

Know Your Roles and Responsibilities...

... BEFORE, DURING and AFTER an Event!

DURING an Earthquake

- Protect yourself: Drop, Cover and Hold On
- Use your voice to direct others
- Use your voice to instruct patients to remain where they are and protect their heads



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Online Annual Regulatory Requirements (OARR)

Keeping the Workplace Safe



Zero Tolerance – It's Our Policy!

Providence Health & Services Has a Zero Tolerance Policy Toward Harassment

Providence Health & Services is committed to creating and maintaining a ministry in which all persons can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation.



Every employee should be aware that sexual harassment is prohibited both by law and Providence Health & Services policy.



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It's the Law!

Summary of Title VII – Definition of Sexual Harassment



Caregiver Deb

Sexual Harassment actions

- Sexual advances
- Request for sexual favors
- Other sexual conduct (verbal, written or physical)

Caregiver Jean

When these actions are unwelcome and...

- Affect job status
- Interfere with work performance
- Create a hostile work environment



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Keeping the
Workplace Safe



Employee Responsibility

Click-n-drag the button on the slider to review the employee responsibility.



Report Harassment

No Retaliation for Cooperation

Immediately Investigated

Report Potential Harassment

All allegations of discrimination, harassment, or disruptive behavior will be immediately investigated.

A horizontal slider bar with a circular knob. The knob is currently positioned on the left side of the bar, indicating that the 'Immediately Investigated' option is selected.

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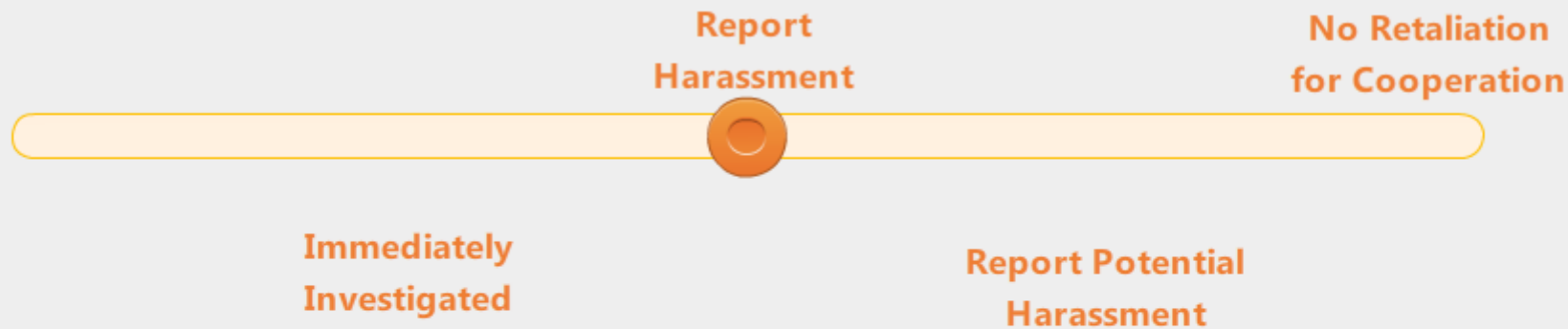


Employee Responsibility

Click-n-drag the button on the slider to review the employee responsibility.



Report harassment to your manager or the Human Resources department.
Confidentiality will be maintained as much as possible consistent with legal obligations.



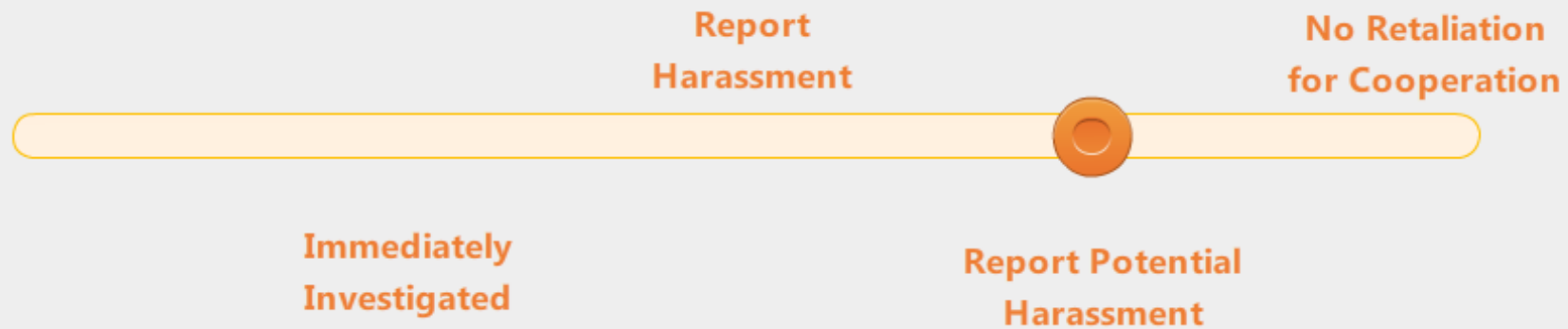
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Employee Responsibility

Click-n-drag the button on the slider to review the employee responsibility.



All employees who become aware of potential sexual harassment, to themselves or to others, are required to report that harassment to management or Human Resources.

**Keeping the
Workplace Safe**

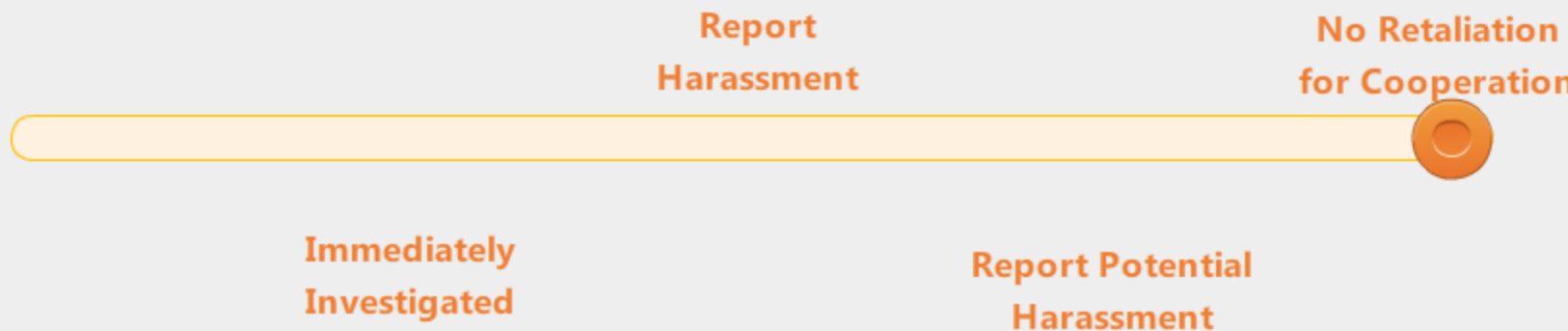


Employee Responsibility

Click-n-drag the button on the slider to review the employee responsibility.



Employees who report, or cooperate in an investigation in good faith, of an alleged harassment will not suffer retaliation for cooperating.



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Impaired Professional Staff



It is everyone's duty to keep our patients and caregivers safe. If you suspect a coworker is impaired, report immediately to the Nursing Supervisor or house/administrative supervisor who will implement the appropriate response as identified in ministry policies.

Signs of Impairment:

- Slurred/incoherent speech
- Uncharacteristic moodiness
- Undue aggressiveness or disruptive conduct
- Lack of dexterity
- Dizziness
- Alcohol on breath



Workplace Violence

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Workplace Violence – A Serious Issue!

It is so serious the CDC (Centers for Disease Control & Prevention) considers it to be an EPIDEMIC!

- Incidents of workplace violence have been on the rise over the years, yet they remain severely under-reported
- To encourage reporting, Providence Health & Services maintains a firm policy against retaliation for reporting or cooperating in the investigation of a workplace violence incident
- Incidents of workplace violence can be prevented, and prevention is everyone's responsibility
- Together, we can create and maintain a safe environment for our patients, our visitors and, our co-workers

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Expectations of All Employees



The safety of employees, patients and all of those we serve is our first and foremost responsibility!

Safety of everyone is very important! Let's look at some key items to keep in mind.

- Take threats seriously and report them
- Be aware of your environment and any possible dangers
- Stay alert and observe what goes on around you and with your co-workers
- Report any concerns (even hunches or gut feelings) immediately!
- Know the hospital codes and expectations surrounding each
- BE SAFE!

Sacred Heart Medical Center, Holy Family Hospital,
and Providence Healthcare Stevens County Caregivers
[Click here](#)

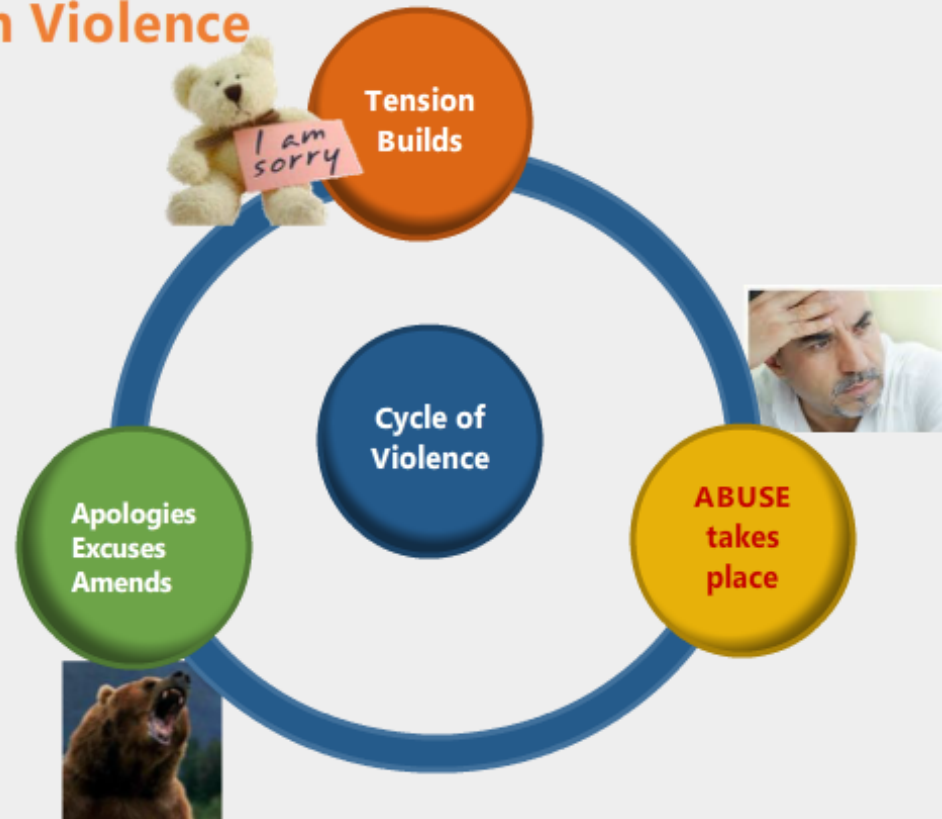
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How to Protect Yourself From Violence

- Listen empathetically to your clients and recognize their anxiety
- Assess client's behavior from the Cycle of Violence



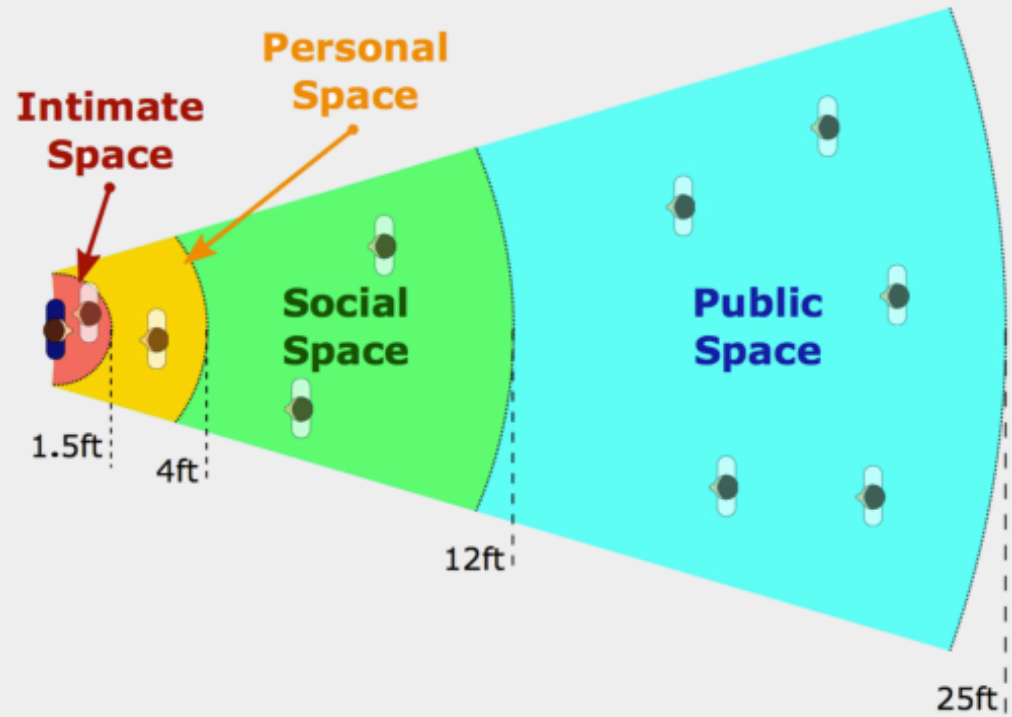
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How to Protect Yourself From Violence

Respect client's personal space, and **stay outside of the 4-foot reactionary zone** when someone is becoming aggressive.





How to Protect Yourself From Violence

Plan... Identify... Act...

PLAN

Mentally prepare yourself for different types of situations. Having a plan of action in advance allows you to respond automatically and appropriately.



ACT

Respond non-verbally, verbally or physically to people who are upset, verbally aggressive and/or physically assaultive.



IDENTIFY

Recognize non-verbal signals of anxiety, aggression and imminent attack.

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Steps to Deal with Upset / Aggressive People



We learned the importance of Plan Identify and act. However there are more steps to keep in mind when dealing with upset, aggressive people.

- ❖ Plan, Identify, Act
- ❖ Be Prepared
- ❖ Respond Appropriately
- ❖ Communicate Effectively
- ❖ Keep a Safe Distance
- ❖ Eliminate External/Internal Distractions
- ❖ Manage Your Own Anxiety
- ❖ Prevent Injury
- ❖ Recognize Behaviors that Signal Imminent Danger
- ❖ Use a Diversion So You Can Escape

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Warning Signs of Violent Behavior Early Signs

One (or more) of these signs doesn't necessarily mean that an individual will be violent, however, they should cause you to increase your attention to the situation.

- ❖ Depression/Withdrawal
- ❖ Desperation/Hopelessness
- ❖ Paranoia
- ❖ Significant Decrease in Appearance/Hygiene
- ❖ Misuse of Alcohol/Drugs
- ❖ Harassing behavior or stalking
- ❖ Pre-Occupation With Weapons
- ❖ Frequent Use of Abusive Language
- ❖ Threatening Gestures
- ❖ History of Violent Behavior
- ❖ Agitated Behavior
- ❖ Irrational or uncontrollable anger, rage
- ❖ Other dramatic behavior changes



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Surviving an Active Shooter in a Healthcare Environment What if There Aren't Any Signs?

Sometimes unexpected events happen, so it's even more important to be prepared and know what to do. What if there aren't any signs? Sadly shootings can happen any time, any place. Most victims are targeted at random. That means we **ALL** have to be prepared.

Homeland Security has produced a video on how to be prepared and react to an active shooter situation: **Surviving an Active Shooter in Healthcare Environment**. Pay close attention to Homeland Security's recommendation to: **RUN...HIDE...FIGHT...**

NOTE regarding the video:

- **Do not drag the control bar**, it must complete on it's own for the course to recognize you viewed the entire video.
- **Confirm** your speakers/headset are turned on, then **click the media room door** to enter the media room when you are ready to watch the video.



Online Annual Regulatory Requirements (OARR)

Serving the Patient



Serving the Patient in Their Time of Need

[BACK](#)

[NEXT](#)



Freedom From Abuse



All healthcare staff must be able to identify abuse or neglect as well as the extent and circumstance of abuse in order to give the appropriate care.

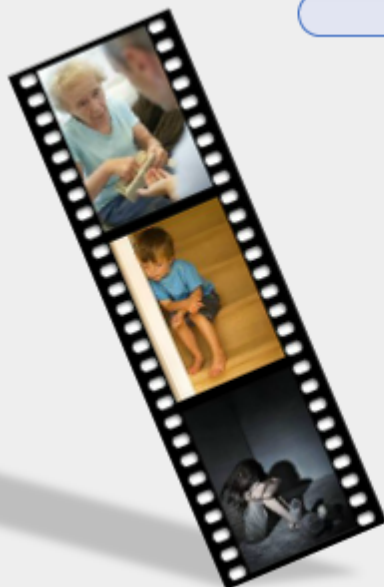
It is the policy of Providence to:

- Identify victims of abuse
- Report known or suspected abuse to the proper authorities, per legal mandate
- Care for and refer for protective services
- Prevent abuse whenever possible



What Does Abuse Look Like?

Click-n-drag the button on the slider to the right to review the types of abuse.



Financial

Patient Assault

Psychological

Neglect

Domestic

Verbal harassment, intimidation, denigration and isolation are types of psychological abuse.

Some examples are:

- Threats of physical harm
- Repeated threats of abandonment
- Social isolation

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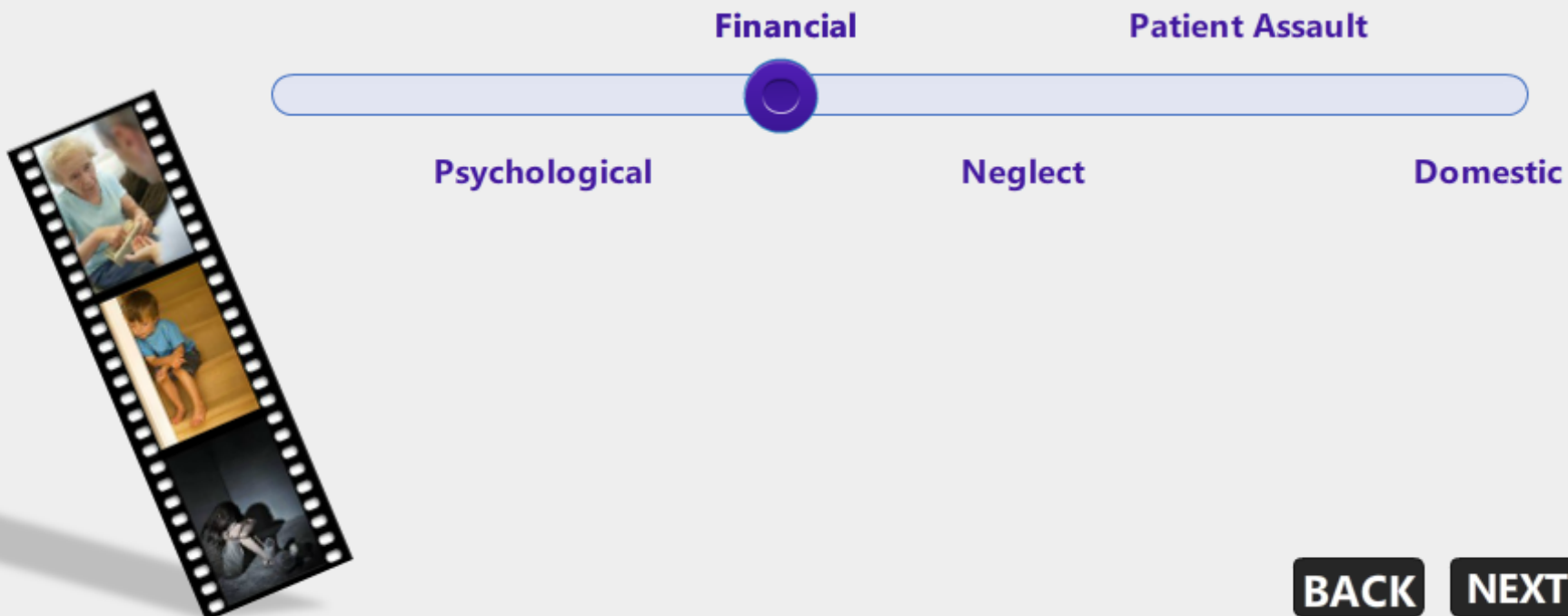


What Does Abuse Look Like?

Improper, unauthorized removal of a person's funds, property, or possessions.

Examples include:

- Cleaning out bank accounts
- Selling off possessions
- Improper use of power of attorney or guardianship
- Forcing a vulnerable adult to work against his/her wishes



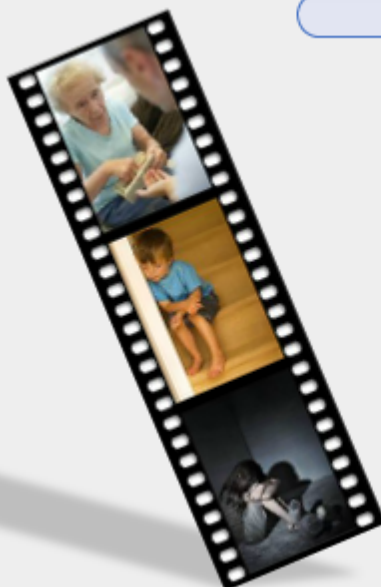
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What Does Abuse Look Like?

Click-n-drag the button on the slider to the right to review the types of abuse.



Financial

Patient Assault

Psychological

Neglect

Domestic

Failure of a caretaker to provide the goods and services or care necessary to maintain the health or safety of a vulnerable child or adult.

Examples are:

- Abandonment
- Imprisonment in the home
- Failure to feed a dependent person
- Conduct that endangers the person's physical or psychological well-being
- Leaving a person sitting or lying in urine or stool

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What Does Abuse Look Like?

Click-n-drag the button on the slider to the right to review the types of abuse.

Patient abuse by a healthcare provider is a breach of medical ethics. Assault and abuse are also crimes, punishable by jail time and fines.

Financial

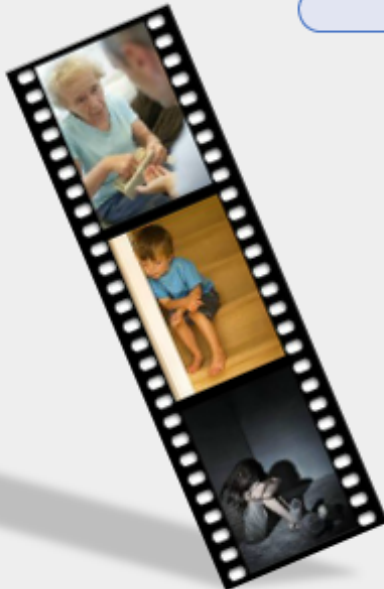
Patient Assault



Psychological

Neglect

Domestic



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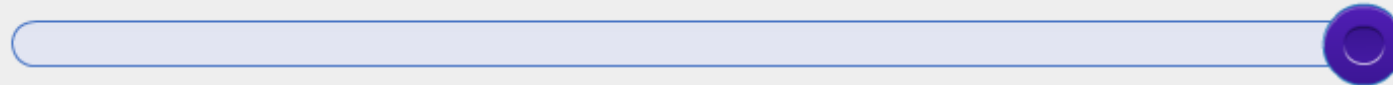


What Does Abuse Look Like?

Click-n-drag the button on the slider to the right to review the types of abuse.

Financial

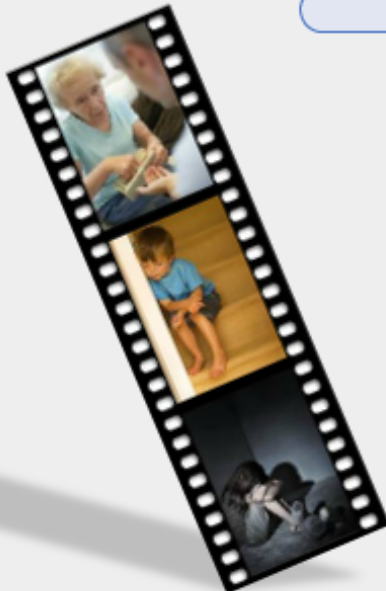
Patient Assault



Psychological

Neglect

Domestic



A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks. Economic coercion that adults or adolescents use against their intimate partners is another example.

Indicators include:

- Overly solicitous partner
- Delay in seeking medical care
- Multiple abrasions/bruises in various stages of healing
- Inconsistent description of how injuries occurred
- Emergent presentation for medically insignificant trauma

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Mandated Reporting



ALL employees are required to report cases of known or suspected abuse of vulnerable adults and children. In addition to the mandatory requirement to report to the appropriate protective agency, the employee will report to their supervisor or to a nurse supervisor.

Prior to reporting to a protective agency, it may be necessary to collaborate with other members of the healthcare team to determine if suspicion of abuse exists.

Reporting Protocol:

1. Notify person in charge
2. Call Clinical Social Worker
3. Complete report for Adult Protective Services or Child Protective Services

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Patient / Patient Visitation Rights

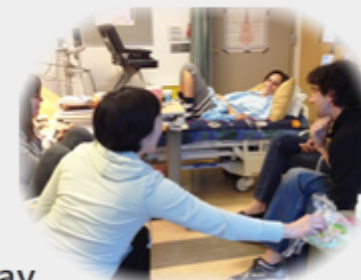
Providence Health & Services respects the right of the patient...



Providence also recognizes that each person is an individual with unique health care needs. Which include their rights as a patient and visitation rights.

Patient Rights

- Patients or their surrogate decision maker have the right to refuse treatment
- Even if a patient has signed a consent for treatment, they may revoke that consent at any time
- If the patient or their surrogate decision maker refuses treatment, document it in their medical record



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Patient / Patient Visitation Rights

Providence Health & Services respects the right of the patient...



Patient Visitation Rights

- Visitor policy specifies that every patient has the right to determine who may and may not visit them
- Children are welcome with adult supervision
- The patient has the right to select a support person
- We will not restrict or deny visitation privileges on the basis of race, color, national origin, culture, language, physical or mental disability, religion, sex, sexual orientation, gender identify, or on any other criteria disallowed under the law

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Respects the Rights of the Patient - Points to Remember...

Full and equal visitation shall be offered to people who are designated by a patient as a support person, consistent with the patient's references or wishes. These visitors may include but are not limited to spouse, domestic partner (including same sex domestic partner), family member, or friend.

1

2

Patients also have a right to request their visitors, including family members, be restricted.

4

Visiting restrictions will be explained to patients upon request.

The hospital may restrict visitor access based on the clinical needs of the patient, communicable disease of the patient or visitor, failure of the visitor to adhere to laws and regulations and inappropriate behavior while on the premise.

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Directives, Acts and Preferred Language

Advance Healthcare Directives



- Federal and state law requires that patients be informed about their right to formulate Advance Healthcare Directives upon being admitted to the hospital.
- An Advance Directive is a document that allows a person to make their health care wishes known if they are unable to speak for themselves or have designated someone else to speak for them.
- It is important for the healthcare provider to review the advance directive with patient when the patient has decision making capacity (or surrogate if not) to be sure the document reflects patient's current wishes.
- Advance Directive forms are available on the Providence Advance Directives website or from the patient's medical record.



EMTALA

Emergency Medical Treatment and Active Labor Act



The Emergency Medical Treatment and Active Labor Act (EMTALA) is commonly known as the Patient Anti-Dumping Statute. This Statute requires Medicare Hospitals to provide emergency services to all patients, whether or not the patient can pay.

Violation of this statute can result in substantial hospital fines.

Hospitals are required to:

- Screen patients who may have an emergency condition
- Stabilize patients who have an emergency condition
- Transferring patients who are protected under EMTALA requires informed consent, the documentation of acceptance by a receiving practitioner, and other key requirements that are outlined in your ministry specific policies

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Directives, Acts and Preferred Language

Preferred Language of Communication



The heart of all human interactions is the ability to communicate effectively. To ensure safe, high quality care, Providence will offer free interpretive services to all patients and/or their companions where it is necessary to accurately communicate medical information.

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Directives, Acts and Preferred Language Preferred Language of Communication

To ensure safe, high quality care, Providence will offer free interpretive services to all patients and/or their companions where it is necessary to accurately communicate medical information.



Interpretation must be:

- Performed by a QUALIFIED or CERTIFIED professional healthcare interpreter
 - It is not appropriate to use family or friends for medical interpretation.
 - If a patient declines interpreter services in lieu of a companion, caregiver should still engage either a telephonic or video remote interpreter (VRI) to ensure that the caregivers and providers are receiving accurate communication.
 - IT IS NEVER APPROPRIATE TO USE MINORS FOR MEDICAL INTERPRETATION.
- Made available regardless of the interaction and time of day (e.g. if the patient is present or on the phone)



Directives, Acts and Preferred Language Preferred Language of Communication



Interpretation must be:

- Provided in the requestors preferred medium if available and reasonable.
 - For Deaf patients, an in-person interpreter should be scheduled and caregivers should use the VRI until in-person interpreter arrives.
 - For Deaf-blind patients, an in-person interpreter is always required.
 - Check your local hospital/regional policies and resources for regionally approved in-person, telephonic, and /or video remote interpreter (VRI) services.

- For Caregivers:
 - Documentation is required in the Epic Language/Communication flowsheet for each interpretive services the encounter.
 - Bilingual caregivers may or may not provide interpretive services in accordance with your hospital's policy.

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Safe Surrender – Safe Place Program

General Information

This program allows mothers of newborns to surrender their baby to a peace officer, firefighter, or medical person without legal consequences of abandonment.

Any employee or medical staff member on duty at the hospital must accept an infant up to 72 hours old that is surrendered by a person having lawful custody. In other words, take the baby. If it turns out the infant is more than 72 hours old, the state protective agency can help with placement.



What to Do - if Approached

What to Do - Refuse to go to ED

BACK

NEXT



Safe Surrender – Safe Place Program

General Information

What to Do - if Approached

If you are approached by someone who wants to surrender their newborn, ask them to walk with you to the Emergency Department.

The Emergency Department caregiver is trained for these situations and has all the paperwork that needs to be completed by the person surrendering an infant.



What to Do - Refuse to go to ED

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Safe Surrender – Safe Place Program

General Information

What to Do - if Approached

What to Do - Refuse to go to ED

If the person surrendering an infant refuses to go to the ED with you but still wants to leave the baby, you can take the baby to the emergency room. If you are unsure and need help, you can contact the Emergency Department, Clinical Social Work, or the House Supervisor for assistance. If possible ask about newborn's family medical history.



The person surrendering newborn is not required to stay and cannot be held for questioning. Do offer to provide support through Chaplaincy or Clinical Social Worker.

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Responding to Victims

Treating A Victim

Treating a Victim of Abuse or Suspected Abuse

When treating a victim of abuse or suspected abuse, it is important to create an environment where they can feel safe. Have visitors wait in waiting areas, use a calm voice, ask questions without placing blame or judgment, and reassure them that help is available. Obtain appropriate consultation from members of the health care team.



Domestic Violence / Partner Abuse

Patient Assault and Abuse

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Responding to Victims

Treating A Victim

Domestic Violence / Partner Abuse

Domestic Violence / Partner Abuse

If you believe the patient is a vulnerable adult, please contact a social service clinician, charge nurse or house supervisor to discuss the reporting process.

- Interview in private
- Express concern for safety and well being
- No one deserves to be abused, beaten
- Refer to clinical social worker
- Report as appropriate for vulnerable patients (those who do not have decision making capacity and patients under age of 18 years)
- If a report of harm is made due to the patient's vulnerability, please discuss with social work/house supervisor and ensure a discussion is had with the patient about the report
- Address patient safety in the discharge plan. This may include letting them know about appropriate community resources from which they could benefit.



Patient Assault and Abuse

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Responding to Victims

Treating A Victim

Domestic Violence / Partner Abuse

Patient Assault and Abuse

Patient Assault and Abuse: Protecting Patients

- Be aware of the warning signs of abuse
- Report suspected abuse immediately to a manager or supervisor
- Manage your own stress properly so that you do not risk taking anger and frustration out on patients



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Age-Specific Care

People grow and develop in stages that are related to their age and share certain qualities at each stage. Certain populations and specific categories of patients require unique needs and interventions as well.



Meet Unique Needs of Age Group

In order to assure that each patient's care meets his or her unique needs, caregiver who interact with patients as part of their job must develop skills and competencies for delivering age appropriate communication, care and interventions.

By adhering to the guidelines for each specific age group, caregiver can build a sense of trust and rapport with patients and meet their psychological needs as well.

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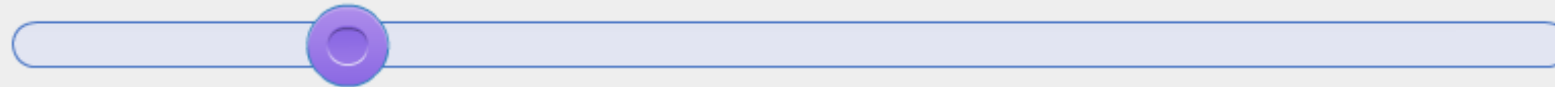
Age Specific Care Guidelines

Click-n-drag the button on the slider to the right to review age specific information.



Pediatrics
1 to 12 Years Old

Adults
18 to 64 Years Old



Infants
30 Days to 1 Year Old

Adolescents
13 to 17 Years Old

Older Adult
65 Years and Older

- Developing trust is important during infancy; keep baby safe, fed, warm and loved
- Hold infants especially when they are crying or upset. Offer bottle or pacifier as appropriate
- Provide safe environment (e.g. side rails up, model safe sleep)
- Keep the family in the infant's line of vision (rationale: may be extended family not just parents)
- Engage the family in care

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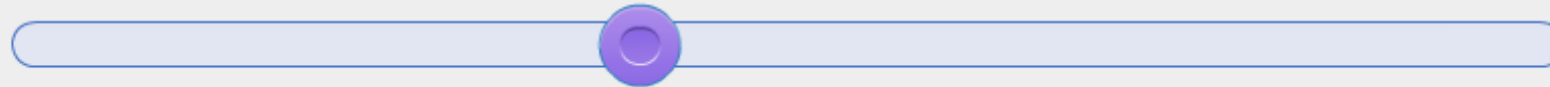
Age Specific Care Guidelines



- Give praise, rewards and clear rules
 - Encourage the child to ask questions
 - Use toys and games to teach the child and reduce fear
- Always explain what you will do before you start using developmentally appropriate words
 - Involve the child and family in care

Pediatrics
1 to 12 Years Old

Adults
18 to 64 Years Old



Infants
30 Days to 1 Year Old

Adolescents
13 to 17 Years Old

Older Adult
65 Years and Older

- Offer choices when available
- Encourage positive choices and behaviors
- Older children seek privacy (offer to close curtains/doors)

School age child fears loss of body control and mutilation; encourage child to express fears

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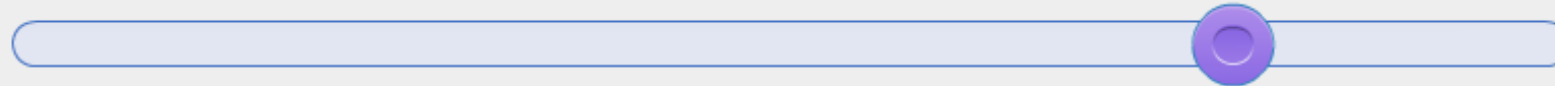
Age Specific Care Guidelines



- Educate about healthy lifestyle, stress management, weight management, and chronic illness. Educate about procedures and safe use of medications.
- Encourage as much self-care as possible. Involve patient and close family in decisions about care.
- Start teaching about advanced medical directives and durable POA.

Pediatrics
1 to 12 Years Old

Adults
18 to 64 Years Old



Infants
30 Days to 1 Year Old

Adolescents
13 to 17 Years Old

Older Adult
65 Years and Older

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Age Specific Care Guidelines

Click-n-drag the button on the slider to the right to review age specific information.



Pediatrics
1 to 12 Years Old

Adults
18 to 64 Years Old

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13 to 17 Years Old

Older Adult
65 Years and Older

- Allow for frequent rest periods
- Avoid making assumptions about loss of abilities, provide support for coping with any impairments
- Prevent isolation; promote physical, mental and social activity, and encourage reminiscing
- Ensure safety measures to prevent falls. Educate about home safety and safe medication use
- Provide information to promote safety

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Culture is...

...related to interactions, roles, relationships and expected behaviors of a racial, ethnic, religious, or political group.



...an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies and rituals.

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Customs, Beliefs and Healthcare

Our job is to respect each difference while providing competent care. Our patients deserve to be in an environment that is free of prejudice regarding their beliefs.

Our caregiver and patients have a multitude of different cultures, beliefs, rituals and languages. Supporting patients in their spiritual and cultural beliefs is good for their health and healing.



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Increasing Cultural Awareness and Sensitivity

What Does Awareness and Sensitivity Look Like in Action?



How can we increase our cultural awareness and sensitivity in the busy healthcare environment in which we practice every day?

By developing general skill sets based on knowledge and respect.

What does awareness and sensitivity look like in action?

- Facilitating language - appropriate use of interpreters, providing clear information so the patient can understand their care plan
- Negotiating the family environment
- Understanding patient beliefs and experiences
- Compassionately respecting patient and human rights



Being Sensitive to Others

Bariatric Sensitivity



In society and even healthcare, obese persons are often blamed for their own conditions. They can be targets of discrimination and not afforded the same consideration as others who suffer from a disability.

Obese people often shy away from doctors and hospitals because they are afraid of being embarrassed, chided or humiliated by medical workers or their surroundings.

As a Healthcare Provider, Be Sensitive.

What does bariatric sensitivity look like in action?

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NEXT



What Does Bariatric Sensitivity Look Like in Action?

Label

Avoid identifications that indicate obesity to others.

As a Healthcare Provider
be sensitive.

Special Needs

Caregivers must be aware of the bariatric patients' special needs for equipment:

- Sturdiness/weight limits
- Accessibility to such equipment

Safe Effective Care

Understanding the challenges of bariatric patients is the key to providing them safe and effective care.



Lower Anxiety

A dedicated caregiver can make the bariatric patient less stressed and anxious.

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Online Annual Regulatory Requirements (OARR)

Infection Prevention

School Outreach Education

Online Annual Regulatory Requirements (OARR)

Infection
Prevention



Best Practices – Hand Hygiene

Hand Hygiene Is the Single Most Effective Method to Prevent the Spread of Infection

Beginning with “When”, *click each block* below to review best practices for hand hygiene.

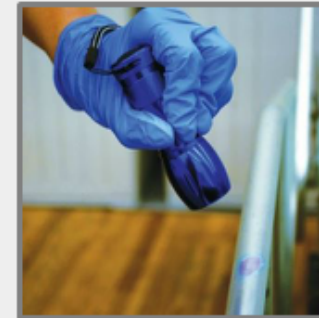
When

Protocol

General

Hand hygiene should be performed before and after all patient contact or contact with the patient environment. Which includes after the removal of gloves and when moving from a dirty body site (like changing a diaper) to a clean body site (like tending to an IV).

Microorganisms can survive for weeks on patient care equipment and other surfaces such as bed rails, IV pumps, and computer keyboards.



Practice hand hygiene before you enter and after you leave the room. Even if you only touched patient care equipment or other surfaces. Even if you don't recall touching anything, cleanse your hands.

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Online Annual Regulatory Requirements (OARR)

Infection
Prevention



Best Practices – Hand Hygiene

Hand Hygiene Is the Single Most Effective Method to Prevent the Spread of Infection

Beginning with “When”, *click each block* below to review best practices for hand hygiene.

When

Protocol

General

ALCOHOL HAND RUBS

May be used for routine decontamination when hands are **not** visibly soiled, before and after patient contact and before and after procedures

SOAP AND WATER

Use soap and water when hands are visibly soiled or contaminated with bodily fluids, before and after using the bathroom and/or eating and when caring for patients with for C-Diff, Norovirus, and Rotovirus .



When
are they
appropriate?

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Best Practices – Hand Hygiene

Hand Hygiene Is the Single Most Effective Method to Prevent the Spread of Infection

Beginning with “When”, *click each block* below to review best practices for hand hygiene.

When

Protocol

General

ALCOHOL HAND RUBS

Apply sanitizer covering all surfaces of hands and fingers and rub until dry,



SOAP AND WATER

- Wet, rub lathered hands, covering all surfaces of hands and fingers for 15-20 seconds before rinsing.
- Use paper towel to turn off the faucet
- The entire procedure through turning water off should take 40-60 seconds.

Protocol

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Best Practices – Hand Hygiene

Hand Hygiene Is the Single Most Effective Method to Prevent the Spread of Infection

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When

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Prevention



More Best Practices



Acrylic Nails

- Artificial fingernails, enhancements or extenders are not to be worn by any providers of direct patient care
- Natural nails are to be less than 1/4 inches long

Personal Hand Lotion

- Personal hand lotions should not be used
 - They may interfere with glove integrity



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Preventing Exposure

To Prevent Exposure, Be Mindful of the Following Controls

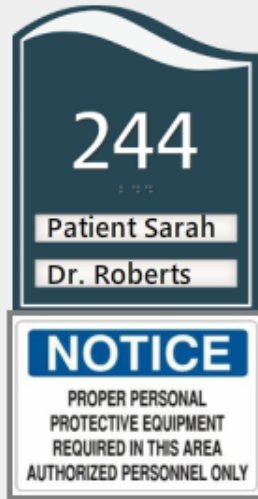


- Wear PPE
- No food/drink in patient care areas
- Promptly clean contaminated surfaces
- Handle and dispose of sharps safely:
 - Use sharps safety devices and designated sharps boxes
- Use protective devices such as CPR or ventilation masks





Preventing Exposure Personal Protective Equipment (PPE)



PPE should be used whenever an exposure to blood and body fluids is anticipated. You should know where PPE is kept in your department and how to put it on and remove/dispose of correctly.

Your employer is responsible for providing the proper PPE, and you are responsible to wear it appropriately and to report if PPE is damaged or not functional.



Personal Protective Equipment (PPE)

PPE is used when exposure to blood, body fluids, excretions, secretions (except sweat), to mucous membranes, or non-intact skin is anticipated.

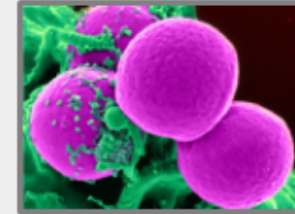
Examples of PPE are:

- Wear gloves when touching non-intact skin or when there is a potential for contact with body fluids
- Masks with Eye Protection or Eye Goggles: for potential face or eye splashing
- Face Shields: for potential face or eye splashing
- Gowns: for body exposure
- Respirators: PAPR or N95: for airborne precautions





Transmission-based Precautions Multi-Drug Resistant Organisms (MDRO)



The prevention and control of MDROs is a national priority

MDROs are microorganisms that are resistant to one or more classes of antibiotics.

Most common MDROs seen in hospitals:

- MRSA (Methicillin Resistant Staphylococcus Aureus)
- ESBL (Extended Spectrum Beta Lactamase Producing)
- VRE (Vancomycin Resistant Enterococci)

CRE (Carbapenem Resistant Enterobacteriaceae) is an MDRO that is not as common in the United States, but present and worrisome.

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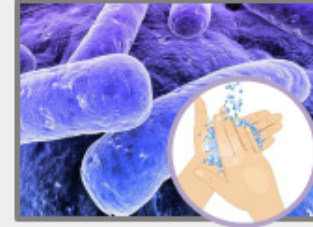
School Outreach Education

Online Annual Regulatory Requirements (OARR)

Infection
Prevention



Preventing the Spread of MDROs



Implement a hand-hygiene program

Implement MDRO monitoring and alerting system

Implement bundle strategies to prevent device associated and surgical site infections

Implement protocol for cleaning and disinfection of equipment and the environment

Educate the patient and family and document the education

Ensure administration and discontinuation of antimicrobial agents in a timely fashion

A nursing order is placed in the Epic EMR to initiate the appropriate precautions and displays in the patient header

Communicate MDRO/precautions status when transporting or transferring a patient to another department or facility

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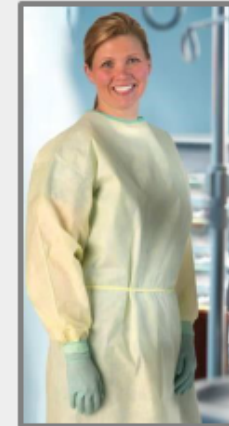
Precautions – Contact

Gown and gloves indications:

- Multi-drug resistant organisms
examples not limited to: MRSA, VRE, ESBL, CRE
- Scabies and lice

PPE Needed

- Required: Gloves and Gown
- If needed: Mask and eye protection





Precautions – Contact Enteric



Gown and gloves indications:

- C difficile
- Clean with bleach and/or sporicidal agent
- Soap and water hand hygiene

PPE Needed

- Required: Gloves and Gown
- If needed: Mask and eye protection



Precautions - Droplet

Surgical Mask indications

- Influenza
- Meningitis–Neisseria meningitidis or undetermined
- Pertussis (Whooping cough)
- Atypical pneumonias (Mycoplasma)

PPE Needed

- Mask upon room entry
- Eye protection is needed if contact with secretions is likely
- Patient wears surgical mask when outside room





Precautions – Airborne - Respirator

AIRBORNE RESPIRATOR PRECAUTIONS
(In addition to Standard Precautions)

STOP Families and Visitors need approval before entering room. Follow instructions from information sheet. (If you have questions, go to Nurse Station)

STOP

Everyone must:

- Clean hands (soap and water or alcohol) when entering and leaving the room
- Wear PPR or fitted N95 mask prior to entering room
- Airborne Infection Isolation Room required (negative pressure) Keep door closed

Washington State Hospital Association
Washington Hospitals - Collaborating to Keep Our Patients Safe

Indications

- Pulmonary Tuberculosis and Rule Out Pulmonary Tuberculosis

Interventions needed

- Place the patient in a Negative Pressure Room
- Patient needs to wear a surgical mask when outside room
- Respirators for all Caregivers who enter patient room
 - PAPR
 - or
 - N95
- Keep door closed

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Precautions – Airborne Contact

Indications:

- Chicken pox
- Disseminated zoster
- Herpes zoster (shingles) in immunocompromised patients

Interventions needed:

- Negative Pressure room
- Gown/glove
- Keep door closed
- Only those immune can enter room

AIRBORNE CONTACT PRECAUTIONS
ENTER ONLY IF IMMUNE

Families and Visitors follow instructions from information sheet.
(If you have questions, go to Nurse Station)

Everyone Must:

- Clean hands (soap and water or alcohol) when entering and leaving the room
- Airborne Infection Isolation Room required (negative pressure)
Keep door closed
- Gown and glove at door

Washington State Hospital Association
Washington Hospitals - Collaborating to Keep Our Patients Safe
Revised: 12/2019
Last revised 12/2019



Precautions – Airborne Respirator Contact

AIRBORNE RESPIRATOR/CONTACT PRECAUTIONS
(In addition to Standard Precautions)
Restricted Visitation – See Nurse

***Immunity requirement* (see back)**

All Staff must use below precautions when entering:

Hand Hygiene, gown, mask, and gloves when entering the room

AND

Put on PAPR or fit tested N95 mask and eye protection prior to entering room

Patient Placement:

Airborne Infection Isolation Room required (negative pressure)
Keep door(s) closed

Washington Hospitals – Collaborating to Keep Our Patients Safe
4.3.2015

Indications:

- Measles

Interventions/PPE:

- Place patient in Negative Pressure room
- PAPR or N95 and Eye Protection
- Gown and gloves upon entering
- Only those who are immune can enter room



Bloodborne Pathogens



Biohazard/ Infectious

Bloodborne pathogens are microorganisms that are present in human blood and body fluids and can infect and cause disease in people who are exposed.

Blood-borne pathogens can be transmitted through contact with contaminated blood and body fluids via direct contact with broken skin or mucous membranes; or needle or instrument puncture.

Pathogens include:

- Hepatitis B virus (HBV)
- Human immunodeficiency virus (HIV)
- Hepatitis C virus (HCV)

Click the image on the left to review some pathogen facts.

School Outreach Education

Online Annual Regulatory Requirements (OARR)

Infection
Prevention



Common Bloodborne Pathogens Facts

HIV	Hepatitis B (HBV)	Hepatitis C (HCV)
Most fragile of three viruses	Most easily transmitted of three	Most common reason for liver transplant
Attacks immune system	May cause liver cancer	Most common chronic blood borne infection in US
Symptoms may start in 1-6 weeks: swollen glands, fever, fatigue, rash	Symptoms: jaundice, fatigue, abdominal or joint pain, nausea/vomiting	Symptoms: jaundice, fatigue, abdominal or joint pain, nausea/vomiting
Treatment can delay onset; no cure, no vaccine	Safe and effective vaccine available	No vaccine available




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Online Annual Regulatory Requirements (OARR)

Infection Prevention 

Bloodborne Pathogens

Bloodborne pathogens are microorganisms that are present in disease in

ntact with
with broken
uncture.



Biohazard/ Infectious

The Bloodborne Pathogens are transmitted the same ways:

- ✓ Sharing of needles or syringes
- ✓ Unprotected sexual contact
- ✓ Mother-to-baby transmission
- ✓ Sharp injury, needle sticks

- Human immunodeficiency virus (HIV)
- Hepatitis C virus (HCV)

Click the image on the left to review some pathogen facts.

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Online Annual Regulatory Requirements (OARR)

Infection
Prevention



Protect Yourself - Minimize Exposure Risk

To protect you, OSHA regulations and the OSHA Bloodborne Pathogens Standard, contain the elements that are needed to minimize the risk of exposure.

Your facility must have a Bloodborne Pathogens Exposure Control Plan. Ask your supervisor, Infection Prevention staff, or Safety staff where it is located.

Another protection is the availability, free of charge to employees, of Hepatitis B Vaccine. HBV vaccine is 95% protective after the 3 dose series of immunizations. Ask your supervisor or Employee Health how to receive the vaccine.



OSHA[®] Occupational
Safety and Health
Administration

Reference: Reg
#29CFR1910.1030

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Infection
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Report Exposures - Minimize Exposure Risk

If you are exposed to blood or body fluid, report immediately. Do not wait until the end of your shift. Follow the exposure process according to your facility; this usually means reporting to Caregiver Health. Medical treatment and follow up will be provided.



What if I am accidentally exposed to blood or other body fluids?

1) Take action immediately!

- ✓ Gently wash wounds and skin with soap and water
- ✓ Flush splashes to the nose, mouth, or skin with water
- ✓ Irrigate eyes with clean water, saline, or sterile irrigant



2) Report incident to your supervisor



3) Follow Blood and Body Fluid Caregiver Instructions to determine if exposure requires testing and actions to take.

If you have questions, contact your supervisor, manager, or Caregiver Health.

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Safe Infectious Waste Handling and Clean Up

Practice Safe Infectious Waste Handling / Clean Up



1. Wear PPE appropriate to spill
2. Pickup broken glass or sharps with a dust pan and scraper or forceps (not hands) and place in sharps container
3. Wipe up the spill with paper towels (**not** linen)
4. Clean area with approved disinfectant
5. Repeat with second application of disinfectant and allow to air dry
6. Place all items saturated (dripping/flaking) with blood in the red bag or biohazard waste container
7. Perform hand hygiene after removing gown and gloves

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Safe Infectious Waste Handling and Clean Up

What is regulated waste and what do I do with it?



- ✓ Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed
- ✓ Pathological and microbiological waste must be disposed of in red biohazard bag, tied and disposed in biohazard container (e.g. saturated dressings, chest tube drainage device)
- ✓ Dispose of liquids down the toilet or hamper, or add a solidifier

NOTE: lightly soiled dressings or soiled diapers would not drip body fluids and can go into a clear plastic bag.

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Handling Sharps & Biohazard Labels

Handling Sharps

- Always dispose in blue containers, designed for contaminated sharps, syringes, vials and carpucts
- Sharps containers need replacement when 3/4 full if no full line designated

NOTE: Follow your facility policy for getting sharps containers replaced.



Biohazard Label



Biohazard Labels

In addition to sharps containers, these items also must be labeled:

- Containers of regulated waste
- Refrigerators/freezers containing blood or OPIM
- Containers used to store, transport, or ship blood or OPIM

NOTE: Locate where these are in your work site.

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Laundry Reminders

- All linens should be considered as potentially hazardous
- *Reusable* linen are placed in designated hampers and are cleaned by the hospital's contracted laundry service




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TB – Overview

Transmission
Inhalation of droplet nuclei from infectious person

Risk Factors
Foreign born, drug/alcohol use, homeless, incarceration

Symptoms
Fever, cough (more than 3 weeks), night sweats, weight loss, blood in sputum

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TB – Diagnosis

- Sputum AFB smear and culture X 3
- NAAT sputum test for Mycobacterium tuberculosis
- A skin test (PPD) or in some ministries a blood test (Quantiferon Gold) maybe used
- A positive test alone is not an indication for Airborne Precautions.
- A positive test only demonstrates that exposure has occurred (latent disease is not infectious)
- Airborne precautions are indicated when
 - Signs or symptoms consistent with or suspicious for infectious (active) pulmonary tuberculosis

or

 - If patient has documented infectious TB and has not completed treatment



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TB – Control Measures

Administrative

- TB exposure control plan for each facility
- Annual TB risk assessment
- Annual training and early isolation

Engineering

- Airborne isolation (negative pressure rooms)
- Patient wears a regular mask if transport out of the room is necessary

Respiratory Protection

- Caregivers are trained yearly in the use of a PAPR or fit test for N 95 respirators



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Antimicrobial Resistance & Stewardship

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Antimicrobial Resistance *Click each arrow* below to review resistance information.



<https://www.cdc.gov/drugresistance/index.html>

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Antimicrobial Resistance *Click each arrow* below to review resistance information.

The CDC estimates that each year in the United States:

- At least 2 million people become infected with organisms resistant to antimicrobials
- At least 23,000 people die as a direct result of these infections



<https://www.cdc.gov/drugresistance/index.html>

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Antimicrobial Resistance

Antibiotic resistant bacteria seen in healthcare settings include:

- Methicillin resistant *Staphylococcus aureus* (MRSA)
- Vancomycin resistant *Enterococcus* (VRE)
- Extended spectrum beta-lactamase (ESBL) producing bacteria



<https://www.cdc.gov/drugresistance/index.html>

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Antimicrobial Resistance Click each arrow below to review resistance information.



Hospital acquired infections can be caused by resistant organisms, making them more difficult to treat. These infections include:

- Central line associated bloodstream infection (CLABSI)
- Catheter associated urinary tract infection (CAUTI)
- Hospital acquired pneumonia (HAP)

<https://www.cdc.gov/drugresistance/index.html>

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Appropriate Use of Antibiotics

Optimal antibiotic therapy is chosen using the “5 D’s of antimicrobial stewardship”:

Diagnosis – A diagnosis is made and correctly matches the patient’s clinical syndrome. Antibiotics should only be given for conditions which require their use.

Drug – The treatment is appropriate for the given diagnosis, provides coverage of suspected pathogens, minimizes adverse events, and is cost effective.

Dose – The chosen antibiotic is dosed in a manner appropriate for the diagnosis and accounts for patient comorbidities (i.e. renal or hepatic dysfunction).

De-escalation – Antibiotic therapy is adjusted to the best possible regimen based on microbiologic culture results.

Duration of therapy– Antibiotics are continued for the shortest duration possible in order to provide appropriate therapy for the given diagnosis.



Antimicrobial Stewardship

The practice of optimizing antimicrobial therapy in order to improve patient outcomes, reduce unintended consequences of antimicrobials, and ensure cost-effective therapy.

Primary Strategies

- Prospective chart audit and feedback
 - Review of individual regimens, by someone trained in antimicrobial stewardship practices, with the intent on providing specific feedback to prescribers regarding antimicrobial use.
- Formulary management
 - Includes: Restriction policies and/or appropriate use guidelines.
 - Specific antimicrobials may first be approved by pharmacy, an infectious diseases physician, or other entity prior to utilization.

Secondary Strategies

- De-escalation (streamlining)
 - Narrowing antimicrobial therapy in response to culture results.
- Local guidelines/clinical pathways
 - Providing local recommendations for the management of commonly encountered infections.
- Dose optimization
 - Assuring antimicrobial doses are appropriate for a given patient's indication for use and comorbidities.
- IV to oral formulation conversions
- Antimicrobial order sets
- Education

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Conclusion of Infection Prevention

Great Job!

You've completed Infection Prevention.

*Click **NEXT*** to return Home and receive credit
for completing this section of the OARR.

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