

Observation/ Shadowing Student Orientation

For Patient Safety and Quality Care



North Alabama
MEDICAL CENTER



North Alabama
SHOALS HOSPITAL

HIPAA & Patient Privacy

Health Insurance Portability and Accountability Act (HIPAA) - was enacted in 1996 and made significant changes to the security and privacy of transmitted healthcare information including how we handle Protected Health Information (PHI).

The HIPAA Privacy Rule creates federal standards for maintaining the confidentiality of PHI and governs its “*use and disclosure*”. “Protected health information” includes information, oral, written, and electronic that is created or received if it relates to:

- The past, present, or future physical or mental health or condition of an individual
- The provision of healthcare to an individual
- Future payment for the provision of healthcare to an individual

Other examples of PHI include but are not limited to: name, date of birth, phone number, address, social security numbers, email address, patient diagnosis, prognosis, personal lives, relationships and concerns, family matters, and all information contained in conversations between the patient/student/caregiver/physician. Also included is any descriptive information about the patient that could cause any person to become aware of the identity of a patient (i.e. Tattoos, physical features, etc.).

HIPAA gives patients control of who can receive their information and gives them more rights regarding their medical records.

The law allows for penalties such as fines and/or prison for people caught violating patient privacy. Criminal fines of up to \$50,000 and/or imprisonment for up to 1 year may be enforced against any person who knowingly obtains or discloses PHI in violation of HIPAA. If such offenses are committed under false pretenses, the penalty increased up to \$100,000 and up to 5 years. If the offense is committed with the intent to sell, transfer, or use PHI for commercial advantage, personal gain, or malicious harm, the penalty may increase to \$250,000 and/or imprisonment up to 10 years.

Disclosed PHI Examples:

- Medical records left open and unattended,
- Printed information posted in public places,
- Computer monitors that can be seen by people passing by,
- Waste material that contains personal information such as used IV bag with a patient label,
- Information sent from one place to another by computer, fax, and email, phone or voice mail,
- Information spoken out loud while talking to or about a patient.
- Descriptive information about a patient that could cause someone to become aware of the patient’s identity (tattoos, physical features, etc.)



Be aware of where PHI can be heard or seen by others and report concerns that you have.

Contacts Regarding Patient Privacy:

Director of Compliance, Risk Management & Patient Safety

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Facility Privacy Officer

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HIPAA & Patient Privacy

Reminders

- If you have a friend, relative, or acquaintance in the hospital, you may personally ask the individual about their condition. It's their choice as to what info they share with you. You must also ask for the patient's permission to share information with another friend, relative, or acquaintance. You should never share information without the patient's permission.
- Always direct questions about admission to the Switch Board Operator who only gives out information about patients who are non-confidential.
- Employees **cannot** access their own medical information or the medical information of their spouse, children, other family members or friends. A Release of Medical Information form can be obtained through Medical Records.
- Looking at a patient census to see if you know anyone is a violation of HIPAA laws and hospital policy.
- Leave all patient information where it belongs - in the hospital.
- Saying **anything** about a patient to someone other than a direct care provider with a "need to know" is saying too much.
- If you see any misuse of Protected Health Information, breach of patient confidentiality, or if you identify a process that needs to be improved regarding confidentiality, contact the Facility Privacy Officer.
- It is everyone's responsibility to protect the privacy of our patient's information.



Cell Phone Usage

- Use common sense and discretion when choosing to use their cell phone at work.
- Please remember, that cell phones should not be used at the nurses' desk, in the hallway, on elevators, or when patients, visitors, or others may perceive that it is interfering with our work and the services we are providing.
- Employees/Students should not use cell phones or other personal devices to take pictures or videos within the facility.



Email & Social Networking Sites

- You are responsible for what you write in online e-mail communications and on social network sites. Exercise common sense and good judgment. Comments may reflect upon you both personally and as a representative of the hospital, whether the comments are work related or not.
- Do NOT:
- Share protected patient information,
- Share anonymous patient information that could be deemed negative, insulting or identifiable by the patient or family,
- Share confidential information about NAMC/Shoals Hospital that would be useful to our competitors,
- Post a photo of your work space that has patient information visible in the background.
- Comment on a patient's posts in a way that confirms if he/she was a patient: "I always have such a wonderful time taking care of you, Bob!"
- Friend/follow people you meet through the patient-caregiver relationship (some exceptions for preexisting relationships)
- Share PHI...that you might not realize is PHI: "Celebrated a patient's 103rd birthday today!"
"or "Took care of the victim of a car crash today, so heartbreaking."
- Sharing confidential or proprietary information online will put you in the risk as possibly a defendant in a lawsuit.

Patient Safety

Everyone has a role in making health care safe - including physicians, non-direct patient care staff, students, and volunteers.

How do I report a patient safety or quality of care concern?

If you identify a patient safety risk or quality of care concern you should discuss your concerns with:

- A Manager/Supervisor
- The Patient Safety Officer/Risk Manager → Lynn Joiner ext. 1993 jerri.joyner@namccares.com
- The Joint Commission
- Website: www.jointcommission.org
- Fax: 630-792-5636
- Phone: 1-800-994-6610.

Illness and Impairment Issues

To protect patients, staff, and others from harm, if you identify or have concerns regarding illness and/or impairment issues of staff members, physicians, or other Licensed Independent Practitioners you should report those concerns to Hospital Administration, Chief of Staff, or the Physician Advisor. Confidentiality will be maintained for both the LIP and for the reporting individual.

Recognition of at-risk criteria may include but is not limited to:

- | | |
|--|---|
| <ul style="list-style-type: none">• Changes in practice patterns or behaviors• Changes in personality or behavior• Slurred speech• Hand/eye coordination• Unsteady gait/stumbling/recent falls• Decreased problem solving ability | <ul style="list-style-type: none">• Changes in communication patterns• Parkinson-like movements• Symptoms of infections• Open wounds/sores• Impaired hearing or vision• Signs of Alzheimer's disease or dementia |
|--|---|

Drug or alcohol impairment

- | | |
|---|---|
| <ul style="list-style-type: none">• Alcohol odor on breath• Stumbling, staggering, difficulty balancing, acts in an uncoordinated manner• Behaves in an unpredictable manner; behaves erratically• Appears sedated, sleepy, over relaxed; droopy eyelids, slurred speech• Appears disoriented, confused; seems "spaced out", paranoid; anxious• Acts violently, aggressively• Late or absent from work duties• Extreme mood swings | <ul style="list-style-type: none">• Slow respiration rate• Poor concentration, difficulty focusing• Marijuana odor on clothes/hair• Nervous, agitated, fidgety (tapping feet, hands), impaired fine motor skills• Fresh needle marks on body• Scars or tracks over veins in inner arm• Overactive, overly excitable; overly talkative• Small, constricted pupils• Large, dilated pupils• Slow, decreased reactions |
|---|---|

Patient Safety is Everyone's Responsibility! Patient Safety Takes Priority!

Dress Code

The personal appearance of employees, students, vendors, etc. shall reflect the professional standards of NAMC and Shoals Hospital.

Things to remember:

- Hair shall be kept clean and neat.
- Beards and mustaches must be clean and neatly trimmed.
- Fingernails must be kept neat and clean. If polish is used, it should be in good repair and not chipped. Polishes that are not permitted include extremely bold or bright colors such as black, blue, neon and multi-color. Charms or decals on fingernails are not permitted in any area of the hospital. Artificial nail tips, gels, glue-ons, and acrylic overlays are not permitted for any employee or student who has tactile contact with patients or for employees or students in the Food Service Department. Natural fingernail length must be kept at no more than one-fourth of an inch beyond the fingertip. Artificial nails are discouraged in non-patient care departments, however, they are allowed as long as they are in compliance with this policy.
- Colognes, perfumes or other strong fragrances are not to be worn.
- Denim clothing is acceptable with the exception of blue jeans which should not be worn.
- Sleeveless apparel is not acceptable.
- Shoes should be comfortable, quiet and protective. Sandals or other open toed shoes may not be worn in clinical areas.
- Appropriate jewelry may be worn. This includes watches, professional pins, wedding rings, engagement rings and small earrings. Jewelry worn on the face is not acceptable.
- Chewing gum is prohibited.

Identification Badge

Observation/shadowing students must wear identification badges while observing in our facilities. This badge may be a school badge or a badge issued by the hospital in which they are completing their observation hours. The badge will be displayed in the chest area so that it can be easily seen.

Hospital issued identification badges MUST be returned to Education or Human Resources upon completion of observation/shadowing hours.

Parking

- At NAMC and Shoals Hospital, we value our patients and visitors by providing parking convenient to the services that they may need at each facility.
- Observation students should park in the front of the hospitals in the spaces farthest from the entrance.



Patient Rights

Patients have the right to...

- Care that is considerate and respectful
- Have complete information about their illness and treatments in words that the patient can understand so they can make informed decisions about their care, treatment and services
- Consent to or refuse treatment or services after receiving information to help make that decision
- Expect that we will ask for permission before recording or filming their care and treatment for any reason other than identification, diagnosis or treatment
- Receive adequate information about those responsible for the delivery of care, treatment and services
- Refuse care, treatment or services that are in conflict with religious, cultural or personal beliefs unless state or federal law requires otherwise
- Have their wishes about care at the end of life addressed and respected
- Be told about outcomes of care or treatment, including things that might be unexpected
- Express concerns or complaints about their care or treatment. The patient may speak with the nurse, doctor or the patient representative.
- If we cannot satisfy the patients concerns, they may contact the Alabama Department of Public Health at (800) 356-9596 or the Joint Commission at (800) 994-6610
- Be cared for in a safe and secure environment and be free from neglect, exploitation and verbal, mental, physical or sexual abuse
- Be communicated to in a way that is appropriate for their age and in a language that they can understand
- Privacy during treatment and care and the assurance that information about their health and health care will be kept in confidence by those caring for them
- An environment that preserves their dignity and contributes to a positive image of themselves
- Have pain assessed and managed appropriately
- Help finding protective and advocacy services
- Get information about charges they will have because of treatment.



Disruptive Behavior

- It is hospital policy that employees/students and their work environment shall be free from all forms of disruptive behavior, including harassment, intimidation, and sexual harassment.
- No form of disruptive behavior will be tolerated.
- Any inappropriate or disruptive behavior by an employee, supervisor, manager, physician, visitor or person doing business with the organization that tends to create an intimidating, hostile or offensive work environment is strictly prohibited.
- Disruptive behavior is characterized by intimidation, ridicule, and condescension.
- Any employee/student who believes he/she has been the subject of disruptive behavior, or harassment should report the alleged act immediately to his/her supervisor, department manager, Human Resources or Administration in a written report.
- Supervisors should make every effort to insure that complaints of this nature are resolved promptly and effectively.
- Any supervisor who receives a complaint from an employee/student should immediately report it to the Director of Human Resources for investigation.



FIRE SAFETY

Fire Safety

It is critical that staff be familiar with proper fire safety procedures.

All staff members should be able to verbalize and/or demonstrate:

- proper steps to follow in the event they discover a fire,
- proper steps in using a fire extinguisher,
- the extension to call to report a fire,
- the number of and location of all fire alarm pull stations on their unit., and the number of and location of all fire extinguishers on their unit.



Discovering a Fire!

If you discover a fire...use the acronym **RACE** to remember the correct procedures to follow:

1. **R**escue or **R**emove those in immediate danger.
2. **A**larm - pull the fire alarm and call the emergency extension to give location of fire.
3. **C**ontain the fire by closing doors and windows.
4. **E**xtinguish the fire if possible or **E**vacuate.



Sounding the Alarm!

Know where the nearest fire pull stations are located in your department. Did you know pull stations are generally located near stairwell exits?



Fire Drills

Fire drills provide practice and critique of our Fire Systems and staff response in the event of a real fire emergency. Fire drills are unannounced and occur in different departments and on different shifts. They require full participation from staff.

Fire Extinguishers

Use the acronym **PASS** to remember the correct steps in using a Fire Extinguisher.



1. **P**ull the pin in the handle.
2. **A**im the nozzle at the base of the fire.
3. **S**queeze the handles together.
4. **S**weep back and forth at the base of the fire.

Fire extinguishers are located so you will not have to travel more than 75 feet in any direction to find one.

Access to fire extinguishers should remain unobstructed.

Fire Doors

Fire doors are located at any portal which is continuous with a fire wall and is of heavy metal construction which provides two-hour fire protection. In the event of a fire, the fire doors close automatically and are intended to contain fire and smoke. All fire doors should not be opened except for necessary access or egress. Never prop or block fire doors from closing properly.

Reminder

When the operator announces a “**Code Red**”. Never assume it’s only a drill. Always follow proper fire safety procedures until the “**Code Green - All Clear**” announcement is made.

Emergency Extension

Call the Emergency Extension in conjunction with pulling a fire alarm and give the location of the fire.

NAMC - ext. 5555

Shoals - ext. 1500



Safety/Security Codes

CODE	CONDITION
Code Green	All Clear (applies to all codes)
Code Amber (with age & location)	Infant/Child Abduction
Code Blue	Cardiopulmonary Arrest
Code Pink	Infant/Child Cardiopulmonary Arrest
Code Red	Fire Disaster
Code Silver	Display or use of weapon inside facility
Code Grey	Wandering Patient/Elopement
Code 99	Visitor, Employee, Patient or Security Emergency
Code D	Disaster Plan
Code 4	Bomb Threat
CARE Team	Decline in patient, visitor, or employee condition
Dr. Armstrong	Staff need assistance in lifting or moving a patient.
Code __ Evac	Evacuate Patients to code
ED Code 50	Emergency Department somewhat overcrowded
ED Code 100	Emergency Department overcrowded

Emergency Preparedness

CODE AMBER - INFANT/CHILD ABDUCTION

In the event of an infant/child abduction, staff will take the following actions:

- Call the Emergency Extension and report “Code Amber” and give the age of the child and location. The operator will announce the following three times over the paging system: **“May I have your attention, a Code Amber Alert is in effect, a _____ (age, sex), is missing from the _____ (location)”**. The code will then be paged every minute for 5 minutes then once every 5 minutes until the “All Clear” is paged.
- The PBX Operator will call 911 and notify police of infant/child abduction.
- Each department will monitor all department/unit exits. Two staff members should monitor the exits whenever possible.
- Anyone attempting to leave the building should be asked to wait until the “All Clear” is paged.
- All containers, boxes, bags, carts, etc. should be checked by those staff members guarding the exits. Explain to the visitor or employee that a drill is in progress and that their bags need to be checked. If anyone refuses to allow a bag, box, container, etc. to be searched, notify Security to handle the situation before the person leaves the building. If person leaves without having the package searched, follow behind at a safe distance. Call the Emergency Extension and 911 to relay any information such as description of person, type of car, tag number, direction traveled, etc.
- Reference the **Infant or Child Abduction policy** for directions for administrative/auxiliary personnel, Maternal Child Care Nurses, and departmental assignments for exits (NAMC).



CODE 99

For assistance in dealing with an actual or potential behavioral emergency which exceeds or is expected to exceed the management capacity of the staff or if an individual, visitor, or employee poses a threat to the general population of the facility, the following should occur:

- Staff will call the emergency extension, report a Code 99 and give location.
- The switchboard operator will announce the following three times over the paging system **“Code 99 (with location)”**
- Security staff and all available personnel in the hospital that are trained in advanced crisis prevention intervention shall respond.
- In any situation posing potential danger, other patients and visitors at risk will be escorted from the immediate area.
- In the event that the behavioral emergency is a family member or visitor, Security will assist in defusing the situation and/or escorting the family or visitor off the premises. The city police are to be contacted if need arises.
- The following will be announced three times over the paging system when the danger has passed: **“Code Green, All Clear”**



NAMC Cloud Campus

- Personnel will dial *48 and page three times: **“Code 99 (with location)”** All male employees will respond to the area.
- Support personnel will be requested as the situation demands. Call 911.



Emergency Preparedness

Severe Weather

Tornado Watch/Warning

- When the weather radio alarms, the switchboard operator will announce two times over the paging system: **“A Tornado Watch/Warning is now in effect.”**
- In the event of a Tornado Watch, Departments will continue routine duties but be on alert to weather conditions – have flashlights and other necessary supplies available or knowledge of where to locate them.
- The following will be announced three times over the paging system when the danger has passed: **“Code Green, All Clear”**



In the event of a Tornado Warning:

- Housekeeping staff should report to patient care units to assist with patients that may need to be moved. Other units needed assistance should contact the Administrative Supervisor for additional staff deployment to that area.
- Close all doors and windows. Close all shades and drapes.
- Lower beds to lowest position. Ensure patients have their nurse call button.
- Provide all patients with blankets which may be used to protect them if necessary and pillows to cover their heads if needed.
- Staff should assist with removal of visitors from windowed areas. Any staff member who observes a visitor in an area with windows should direct the visitor to another location.
- Close all blinds, shades and drapes.
- Remove loose objects from desk and counter tops and window sills.
- Secure all wheeled carts in your work area.

Non-Patient Areas

- Move beds as far away from windows as possible to prevent injury from flying glass.
- Move all rolling items out of hallways into a room.
- Discourage active patient discharges until the warning has been lifted.
- Prepare to move ambulatory patients and visitors into the corridor if conditions warrant.
- Advise and reassure patients that the above precautions are taken whenever there is a severe weather warning.
- Refer to the Disaster Plan if the situation warrants (internal/external casualties).

NAMC Cloyd Campus/Clinics

Patients, staff, visitors and employees should move to the inside hallways and the dining room, away from windows, for safety.

CODE D -

Disaster (Internal/External)

In the event of a disaster, either external or internal, the Emergency Department physician and Administration or designee will activate the organization disaster plan.

The individual activating the Disaster Plan will call the Emergency Extension. The operator will announce the following:



“Attention Employees and Medical Staff, Code D is now in effect.”

Upon activation of “Code D”:

- One person from each department will respond to the Incident Command Center to receive information on the type and magnitude of the disaster.
- **Incident Command Center Location: Administration Boardroom (1st floor)**
- Employees working in departments with specific roles should immediately begin carrying out their designated assignments.
- Employees working in departments with no specific roles during the emergency are to remain in their department and continue normal operation until needed.
- Your employee ID badge is required upon entering the facility during a disaster.

Employees SHOULD NOT call the hospital switchboard or Administrative Supervisor for information or to verify the disaster.



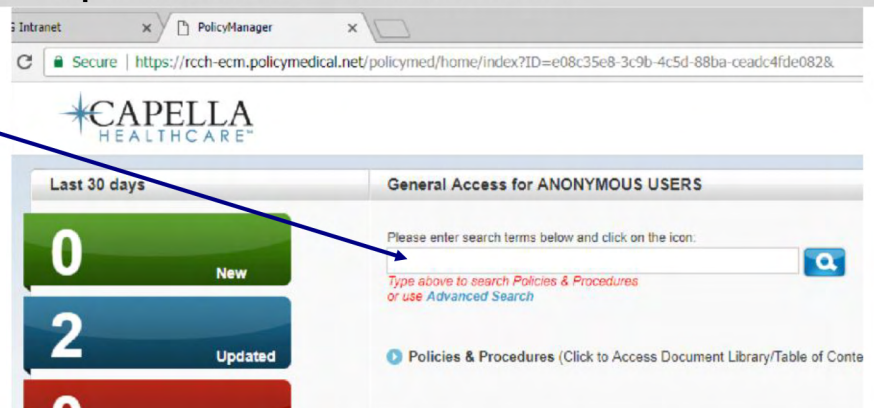
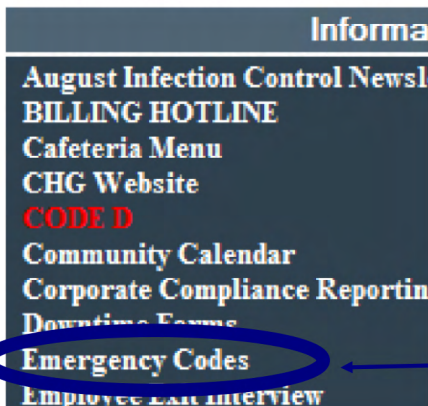
NAMC Cloyd Campus will not receive disaster victims. Staff will stand by as needed.

The following will be announced three times over the paging system when the danger has passed:

“Code Green, All Clear”

Emergency Preparedness - Resources

- Search Policies by keyword through the Policies & Procedures link on the Intranet.



The **Emergency Codes** are also available through the Intranet under the Information Column.



Emergency Extension - 5555



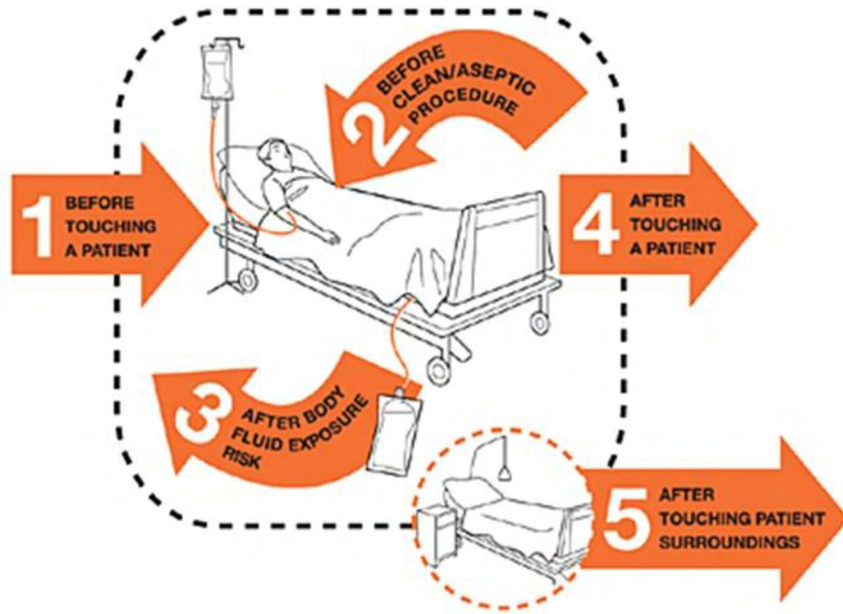
-----Infection Control-----

Question: What is the easiest way to protect our patients?

Answer: WASH YOUR HANDS!!

WHEN?

WHO?



EVERYONE!!

ALL employees, physicians, volunteers, students, contract workers, & vendors are expected to perform hand hygiene before & after contact with patients OR their surroundings.

The World Health Organization (WHO) identified 5 Hand Hygiene Moments

HOW?

SOAP & WATER vs. HAND SANITIZER

- Hands are visibly soiled.
- After caring for patients on ENTERIC Contact Isolation.
- After using the restroom.
- Before preparing food.

Be sure to scrub for at least 20 seconds paying attention to crevices, & underneath finger-nails!

- Before patient contact.
- Before donning PPE.
- After contact with patient surroundings.

Rub hands together vigorously covering ALL surfaces. Allow sanitizer to dry completely.



-----Infection Control-----

Hand Lotion

~Only use hospital-supplied hand lotion!

Rationale: Personal lotion can:

- ▶ Make antimicrobials less effective
- ▶ Lead to breakdown of gloves
- ▶ Contaminated with time

~Personal hand lotion is **PROHIBITED**.



Artificial Nails

~Artificial nails & gel polish including Shellac are **PROHIBITED** in all areas of the hospital.

Rationale:

- ▶ Increased pathogens when compared to natural nails
- ▶ Increased risk of transmission from healthcare worker to patient

~Natural nails must be ¼ inch in length.

~Nail polish is acceptable, but must be unchipped.



Clean & Disinfect

Question: Who's Responsible?

Answer: EVERYBODY!!

If you USE IT...you CLEAN IT!!

...Glucometer...your HANDS...Wheelchair...Vital Signs Machine...Bladder Scanner...your HANDS...Pens... Walkers...Carts...Hands...Thermometer...Oximeter...your HANDS...Radiology Equipment...Stethoscope... Computers on Wheels

Super Sani-Cloths (purple top): contact or kill time is 2 minutes—must stay wet 2 minutes to effectively kill most pathogens. Does not kill spores.

Sani-Cloths AF or AF3 (clear or grey top used in Nursery/Radiology and are alcohol free): contact or kill time is 3 minutes—must stay wet 3 minutes to effectively kill most pathogens (as listed on the label). Does not kill spores.

Sani-Cloths Bleach (orange top): contact or kill time is 4 minutes and is used to kill spores (e.g. C. Diff).



Infection Control

Isolation

- **Standard Precautions** refer to precautions that assume that every direct contact with blood and body fluids are potentially infectious. These precautions are used when handling blood, body fluids, non-intact skin, and mucous membranes. Never go from room to room with the same gloves on! Standard precautions are used for all patients.
- **Airborne Precautions** are used when a patient is known or suspected to have Tuberculosis and/or other airborne diseases (chicken pox/measles). The patient is placed in a negative pressure isolation room. The patient's door must remain closed at all times, and staff/visitors must enter thru the ante-room. All employees must wash hands and don a N-95 respirator mask prior to entering the patient room. Employees are fit tested upon hire and yearly for N-95 respirator masks. Family members and visitors must wear regular surgical masks when entering the patient's room. When leaving the room, discard PPE and wash hands in the ante-room. If the patient leaves their room for diagnostic testing, the patient must wear a regular surgical mask.
- **Droplet Precautions** are used when patients have infections transmitted from large droplets that can be sprayed and spread from sneezing or coughing. Examples: bacterial meningitis and flu. Patient on droplet precautions are placed in a private room. All employees/students must wash hands and don a mask prior to entering the patient room. The door to the room should remain closed. Before exiting the room, remove of PPE and wash hands. If the patient leaves their room for diagnostic testing, the patient must wear a regular surgical mask.
- **Contact Precautions** are used for patients known or suspected to have serious illnesses easily transmitted by direct and/or indirect patient contact (by contact with items in the patient's environment). Examples: MRSA, VRE, ESBL. Patient on contact precautions are placed in a private room. All employees/students must wash hands and don PPE (gloves and gown) prior to entering the patient room. Prior to exiting the patient room, remove PPE and wash hands. If transportation outside the room is required, the following should be followed:
 1. Cover infected or colonized areas of the body using barriers such as surgical masks for respiratory conditions, and impervious dressings for wounds
 2. Place a clean gown on the patient and have patient wash hands before transport
 3. Cover the wheelchair or stretcher with a clean sheet
 4. Staff will remove/dispose of contaminated PPE and wash hands prior to patient transport. PPE is not to be worn by staff during transport unless holding the patient (e.g. pediatric patient).
 5. Staff shall put on clean PPE to handle the patient at the transport destinationNote: The patient cannot hold the chart during transport, place chart in a plastic bag prior to transport.
- **Contact Precautions (Special Enteric)** are used for patients known or suspected to have serious illnesses easily transmitted by direct and/or indirect patient contact (by contact with items in the patient's environment). Examples: C-Diff. Follow all instructions above for contact precautions, except use soap and water to wash hands after patient contact because alcohol based products are less effective in killing spores.



Doors to rooms of patients rooms requiring isolation should remain closed at all times. Post signs on patient doors who require Isolation Precautions (excluding Standard Precautions).

Students who are observing/shadowing should not enter a patient room if the patient is in isolation unless authorized by the caregiver/physician you are observing/shadowing. The caregiver/physician must explain the necessary precautions. Students should always observe the signage on the patient door.

-----Infection Control-----

Transmission Based Precautions Signage

STOP

CONTACT PRECAUTIONS

PRECAUCIONES DE CONTACTO

ALTO

To prevent the spread of infection, ANYONE ENTERING THIS ROOM **MUST:***

Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS QUE ENTRAN EN ESTA HABITACION TIENEN QUE USAR:*

Hand Hygiene ✓

Higiene De Manos

Gloves ✓

Guantes

Gown ✓

Delantal

Applies whether or not contact with the patient or the patient's environment is anticipated.

** Patient visitors must wash their hands upon entering and leaving this room, and must wear gloves and a gown while in the room.*

Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage, secretions, excretions.

Isolation shall not be discontinued without the approval of Infection Prevention & Control at extension 8537 or 8122.

STOP

AIRBORNE PRECAUTIONS

PRECAUCIONES CONTRA ORGANISMOS QUE SE MANTIENEN EN EL AIRE

ALTO

To prevent the spread of infection, ANYONE ENTERING THIS ROOM **MUST:***

Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS QUE ENTRAN EN ESTA HABITACION TIENEN QUE USAR:*

Hand Hygiene ✓

Higiene De Manos

N-95 Respirator ✓

Respirador N-95

Ensure that the door to the patient's room remains closed at all times.

** Patient visitors must wash their hands upon entering and leaving this room, and must wear a surgical mask while in the room. Check with the RN for assistance.*

Patient Transport: Limit transport to medically necessary purposes. Place a surgical mask on the patient for transport.

Isolation shall not be discontinued without the approval of Infection Prevention & Control at extension 8537 or 8122.

IF YOU SEE
1 OF THESE
SIGNS...

DO NOT ENTER
THE ROOM.

STOP

DROPLET PRECAUTIONS

PRECAUCIONES CONTRA PARTICULAS O GOTITAS

ALTO

To prevent the spread of infection, ANYONE ENTERING THIS ROOM **MUST:***

Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS QUE ENTRAN EN ESTA HABITACION TIENEN QUE USAR:*

Hand Hygiene ✓

Higiene De Manos

Surgical Mask ✓

Mascara Quirurgica

Ensure that the door to the patient's room remains closed at all times.

** Patient visitors must wash their hands upon entering and leaving this room, and must wear a surgical mask while in the room. Check with the RN for assistance.*

Patient Transport: Limit transport to medically necessary purposes. Place a surgical mask on the patient for transport.

Isolation shall not be discontinued without the approval of Infection Prevention & Control at extension 8537 or 8122.

STOP

ENTERIC CONTACT PRECAUTIONS

PRECAUCIONES DE CONTACTO

ALTO

To prevent the spread of infection, ANYONE ENTERING THIS ROOM **MUST:***

Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS QUE ENTRAN EN ESTA HABITACION TIENEN QUE USAR:*

Hand Hygiene ✓

Higiene De Manos

Gloves ✓

Guantes

Gown ✓

Delantal

SPECIAL ENTERIC
Perform hand hygiene before entering room AND wash hands with soap and water before leaving room.
PRECAUCION OROGASTROINTESTINAL
Lávese las manos antes de entrar al cuarto y lávese las manos con agua y jabón cuando salga del cuarto.

SPECIAL CLEANING DISINFECTION INDICATED

Applies whether or not contact with the patient or the patient's environment is anticipated.

** Patient visitors must wash their hands upon entering and leaving this room, and must wear gloves and a gown while in the room.*

Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage, secretions, excretions.

Isolation shall not be discontinued without the approval of Infection Prevention & Control at extension 8537 or 8122.

Environmental Services (EVS) will remove sign (and return to nursing station) AFTER room is cleaned.

- Rationale:**
1. EVS staff needs to wear PPE
 2. Cleaning supplies may vary

Students who are observing/shadowing **SHOULD NOT** enter a patient room if the patient is in isolation unless authorized by the caregiver/ physician you are observing/shadowing. The caregiver/physician must explain the necessary precautions. Students should always observe the signage on the patient door.

-----Infection Control-----

What is PPE?

Improve personnel safety in the healthcare environment through appropriate use of PPE.

- **Gloves** (Touching body fluids, contaminated items, mucus membranes, non-intact skin)
- **Gown** (when contact of clothing/exposed skin with body fluids is a risk related to procedure or activity)
- **Mask**
- **Goggles** (risk of splash or body fluids spray)
- **Face Shield**
- **N-95 Respirator**

Donning aka putting on PPE

- Gown first
- Mask/respirator
- Goggles/face shield

Doffing aka removing PPE

Think about what is

- 'CLEAN' inside
- 'CONTAMINATED' outside
- Gloves
- Face shield/goggles
- Gown
- Mask

Why is it important?

Removing PPE should be done very carefully & with great attention paid to what is 'contaminated'. The outside of your gown, gloves & mask are the dirtiest...they have been facing the patient (protecting you from splatters). When removing PPE, do not allow the 'outside' of the PPE to touch what's on the 'inside'. You and your clothes should be **clean** underneath the PPE. If necessary, use the **buddy system**. Ask a coworker to watch you remove PPE & help you from contaminating yourself!!

Then...**WASH Your HANDS!**

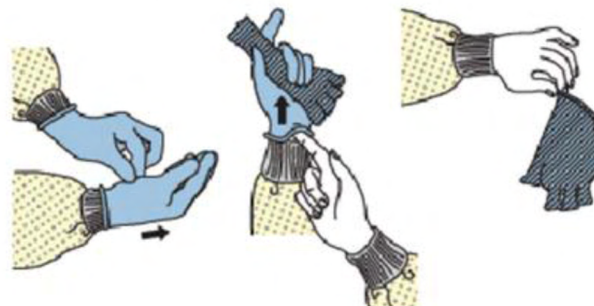
- **The OSHA Standards are intended to protect workers from all known &, as yet, unknown diseases transmitted by blood or body fluids. (Blood borne Pathogens: Hepatitis B, Hepatitis C, HIV)**
- **Assumes blood & body fluid of any patient could be infectious = "Standard Precautions"**
- **Recommends PPE & other infection control practices to prevent transmission of infection**
- **Type of PPE determined by type of interaction with patient**

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

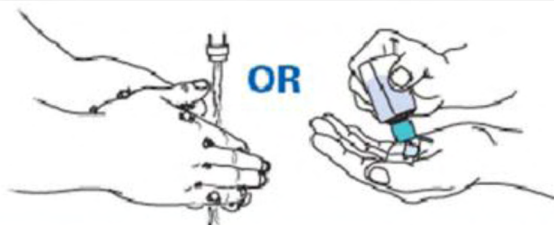


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Hazardous Materials

The **Occupational Safety and Health Administration (OSHA)** has developed legislation on an employer's obligation to report on and distribute information to employees regarding the use of hazardous substances in the workplace.

Hazardous materials include:

- **Chemical waste** - drugs, gases used in anesthesia or for sterilization, solvent and germicides used for cleaning
- **Radioactive waste** - waste that contains or is contaminated with liquid or solid radioactive material. It is not generated by x-rays or other external beam therapy procedures
- **Infectious waste** - blood, body fluids, dressings, etc.



Safety Guidelines:

- **Chemical Waste** - Place chemical wastes in approved containers. DO NOT pour toxic, flammable, foul-smelling, or irritating chemicals down the drain. Know what you're working with and read its safety information on the *Material Safety Data Sheet (MSDS)*.
- **Radioactive Waste** - Clearly label all containers with the radiation sign. Indicate the name and activity of the radionuclide present.
- **Infectious Waste** - Separate infectious waste from other waste. Package infectious waste in red bags so that employees and the public are protected from possible exposure.

General guidelines for disposing of medical waste:

- Medical waste will be segregated from other waste by placing in double disposable red plastic bags which are a minimum of 3 milliliters thick and impervious to moisture.
- Medical waste contained in containers lined with heavy-duty plastic and labeled contaminated waste are closed and secured when filled and stored in a designated area for pick-up and disposal by a licensed contractor.
- Needles and sharps will be contained in disposable rigid puncture-proof containers which are to be closed and replaced when 3/4 full. Do not recap used needles. Discard directly into a sharps container. Sharps containers will be stored in a designated area for pick-up.



Post Exposure Management

If you are exposed to blood or body fluids by a needle stick or other sharps injury, or by a splash to the mucous membranes or non-intact skin, follow the Post Exposure Management Program.

Steps to follow after an exposure are:

- Immediately wash area with soap and water.
- If exposure to eyes or mucous membranes, flush with water for 2-5 minutes.
- Notify supervisor or manager of occurrence.
- Report to the Emergency Room **IMMEDIATELY** following cleaning. **DO NOT DELAY!**
- If the source patient can be identified, the Administrative Supervisor is responsible for assuring the patient has Needlestick Protocol lab work done. In the supervisors' absence, the nurse manager or charge nurse, of the source patient's unit, is to assume this responsibility.
- Employee complete the Employee Injury Report found on the Intranet.
- Follow up with Employee Health, located on the 1st floor at NAMC, within 48 hrs.

