



2019
WMC Bon Secours
Charity Health System
Annual Education Module
for All Charity Staff – Part 2

This presentation includes the following topics:

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



Falls

Charity promotes safety by:

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



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Definitions

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

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

Identification & Communication of Falls Risk

- A **yellow** fall risk arm band and **yellow** non-skid socks will be placed upon patient
- The fall risk sign will be placed outside of the patients door
- High Fall Risk Banner is displayed in the Electronic Medical Record
- Communication on fall risk & fall prevention interventions should occur during shift-to-shift report, hand-off to another caregiver and with patient transfer hand-off
- Toileting focused rounding



Safe Patient Environmental Assessment for Fall Risks

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

Safe Patient Environmental Assessment for Fall Risks

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

BSHSI Adult Fall Prevention Plan

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

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

HIGH RISK FOR FALLS IDENTIFIERS

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

High Risk Icon on Door




High Risk Wrist Band



Yellow Non-Skid Socks



COMMUNICATION OF FALL RISK

Bedside Schmid Tool	
<p>Name: _____ Date: _____</p>  <p>Bon Secours</p>	<p>A tool has been developed to communicate the patients risk to Healthcare Team members, family and the patient. The tool will be posted in the patient's room next to the whiteboard. Eventually the tool will be incorporated into the whiteboard.</p> <p>The tool also serves as a reminder to patient and family and will assist with education about their Fall Risk.</p> <p>The BEDSIDE SCHMID TOOL is updated when there is a change in assessment of the patient.</p>

Please click "Resources" in the upper right hand corner to refer to your policy

Employee Safety: Fit Testing

Done on hire and annually by the Occupational Health Department



Sharps Safety

Sharps are items that penetrate skin

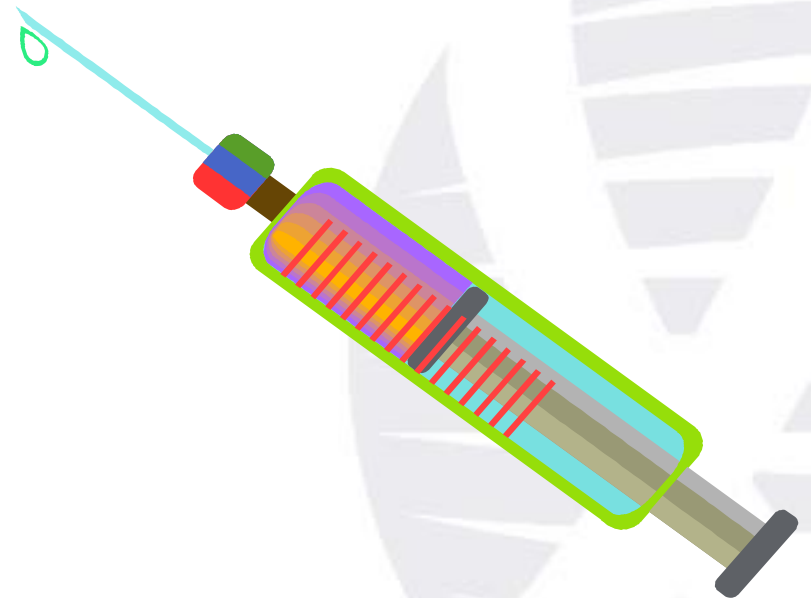
Needles

Scalpels

Pipettes

Lancets

Broken Glass



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THINK Tips

- T** - **TAKE** sharps to sharp container
- H** - **HAVE** sharp containers accessible
- I** - **INSPECT** area after procedure
- N** - **NO** recapping
- K** - **KNOW** sharps protocol



Safety

- Refrain from any unsafe act that might endanger self or other employees.
- Use all safety devices and personal protective equipment provided.
- Report all hazards, incidents, and near-miss occurrences to immediate supervisor regardless of whether or not injury occurred.
- All accidents are preventable!



Employee Safety: Exposure

If an exposure occurs to blood or body fluid:

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

Employee Safety: Exposure

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

Note: Quantros is not used for employee incident reporting



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Employee Safety: Blood Spills

If a blood spill occurs:

- Don appropriate Personal Protective Equipment (PPE) if applicable
- Contain the area
- Call EVS to disinfect the spill site
- **ALWAYS** ensure safety for yourself and others!



Refer to your hospital policy for blood spills

Material Safety Data sheet (MSDS)

List of commonly found hazards employees could come in contact with while in the work environment

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES •

SDS
SAFETY DATA SHEETS

24 HOURS A DAY 7 DAYS A WEEK 365 DAYS A YEAR

www.3EOnline.com
YOU WILL NEED YOUR USER NAME & PASSWORD TO LOG IN
User Name is: BSCH
Password is: MSDS

800-451-8346
or **760-602-8703**

Scan this QR code to visit our 3E Mobile site
<http://3eonline.com/m>

3E
COMPANY
A Vertek Analytics Company

3207 Gray Hawk Court, Suite 200, Carlsbad, CA 92010
T: 760-602-8700 F: 760-602-8888

• SPILLS • EXPOSURES • POISONINGS • SPILLS • EXPOSURES •



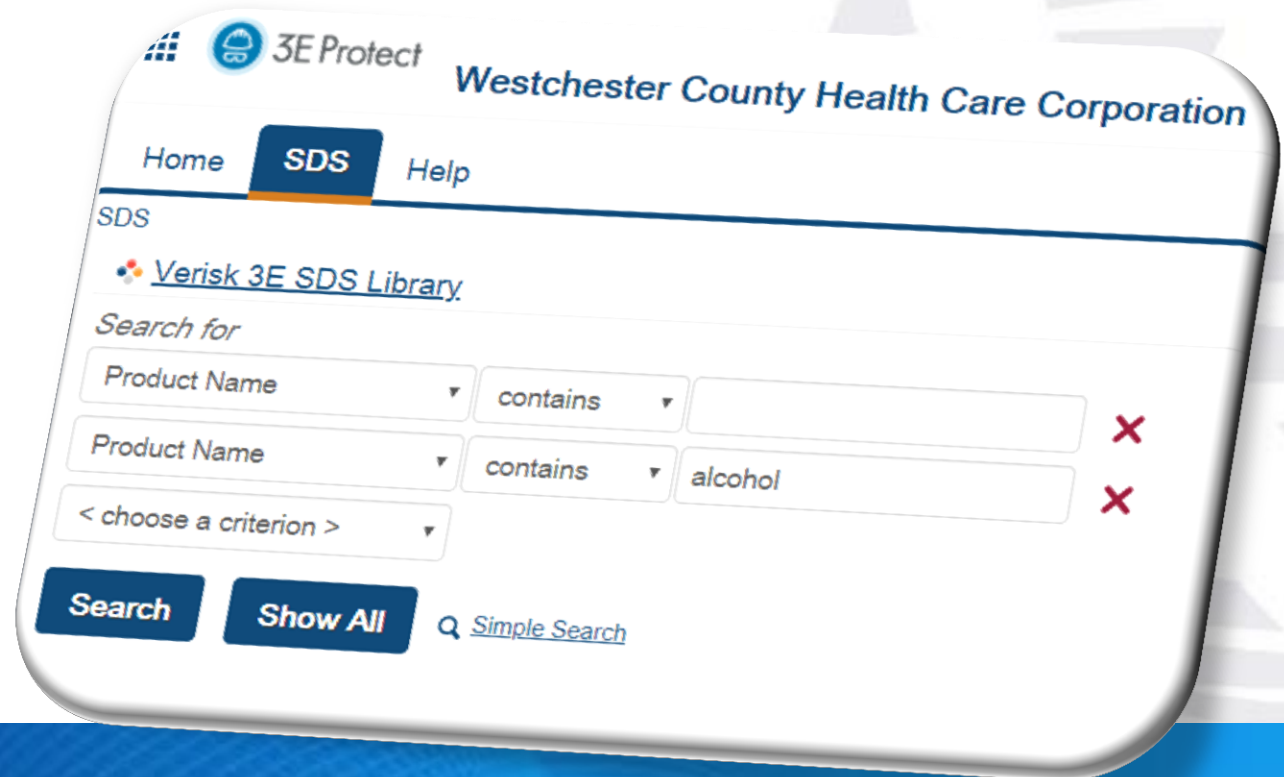
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Accessing Material Safety Data Sheets (MSDS)

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



The screenshot shows the '3E Protect' interface for Westchester County Health Care Corporation. The navigation menu includes 'Home', 'SDS', and 'Help'. The main heading is 'SDS' with a link to 'Verisk 3E SDS Library'. Below this is a search section titled 'Search for' with three search criteria: 'Product Name', 'contains', and a text input field. The second row shows 'Product Name', 'contains', and 'alcohol'. A third row shows '< choose a criterion >'. There are 'Search' and 'Show All' buttons, and a 'Simple Search' link.

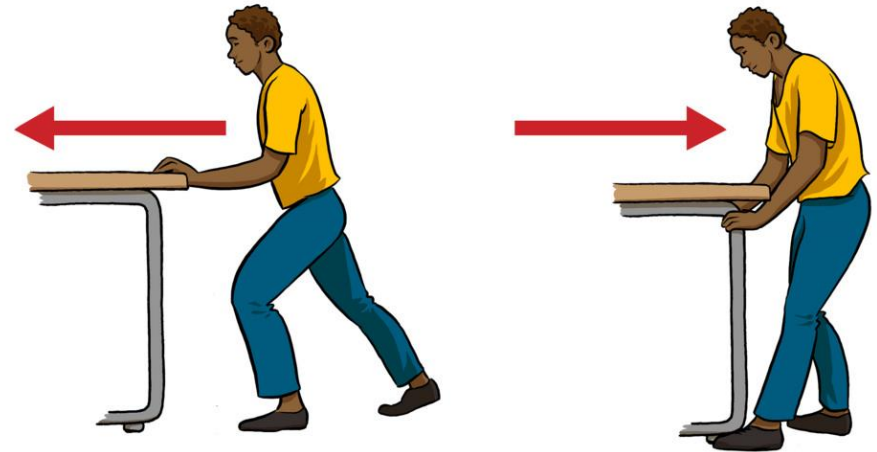
Employee Safety: Work Related Injuries

Rates of Hospital Worker Injuries are High:

- Injury rate for over-exertion in the hospital setting is 2x that of the national average
- Injury rate for nursing home workers is 3x that of the national average
- Bedside caregivers are the most prone to work related injuries

Work Related Injuries Risk Factors

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



Never lift more than 35 pounds!



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New York State Safe Patient Handling Act

- Provides for the protection of patients and patient care providers in patient handling.
- Covers all hospitals, nursing homes, diagnostic treatment centers and clinics licenses under H.R. 2480 Nurse and Health Care Worker Protection Act of 2013.



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Safe Patient Handling

- The Safe Patient Handling (SPH) Policy is in place to ensure that all patient transfers/lifting is done safely and appropriately to protect both the patient care staff and the patient from injury.
- Direct patient care staff should assess patient handling needs in advance to determine the safest way to accomplish the task.



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Safe Patient Handling

- Safe Patient Handling (SPH) provides positive patient outcomes, prevents patient and staff injuries, increases dignity and respect, and provides seamless care within all care environments.
- It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities.



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Employees Are Responsible to:

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



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Employees Are Responsible to:

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

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



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MRI Safety

- It is **IMPERATIVE** that everyone is properly screened by MRI staff prior to entering the MRI suite.
- The magnet is always on regardless of whether or not the patient is being scanned.
- Metallic items are drawn into the magnet with considerable force and can cause great harm to patients.
- Oxygen tanks cannot enter the MRI suite.
- Anyone entering the MRI magnet room will be asked to remove/lock up all belongings such as: wallet, keys, watch, stethoscopes, scalpels, etc.
- A patient is immediately removed from the magnet room during a code and brought to the MRI holding area adjacent to the MRI.

Radiation Safety

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

Facility Radiation Safety Officers

GSH: Shoaib Ahmed

SACH: Steven Leffler

BSCH: Emmanuel Llado



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Radiation Safety

The Radiation Safety Officer can be contacted for:

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

Signs and Symptoms of an Acute Heart Attack

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

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

**Call For HELP!!
Activate Appropriate
Life Safety Code**

Signs and Symptoms of a Stroke

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



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**Call For HELP!!
Activate Appropriate
Life Safety Code**

System Wide Life Safety Codes



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System Wide Life Safety Codes

CODE	MEANING
HICS	Disaster Plan Activated
RED	Fire
GREEN	Evacuation
BLUE	Cardio-Pulmonary Arrest
WHITE	Pediatric Cardio-Pulmonary Arrest
ORANGE	Hazardous Materials Incident
BROWN (Mr. or Mrs.)	Adult Patient Missing or Elopement
TRIAGE	Multiple Casualty Incident
TRAUMA	ED Trauma Team Activated

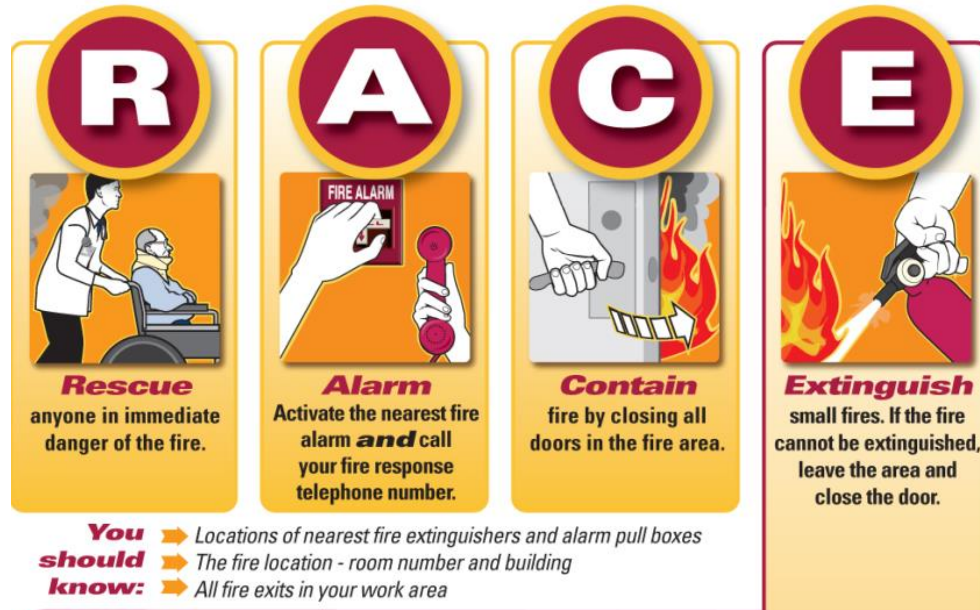
System Wide Life Safety Codes

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

Fire Safety

In Case of Fire:

- Know where your fire extinguishers, pull stations, and exits are located
- Close all doors
- Evacuate horizontally before vertically upon direction of Fire-Marshall



R
Rescue
anyone in immediate danger of the fire.

A
Alarm
Activate the nearest fire alarm **and** call your fire response telephone number.

C
Contain
fire by closing all doors in the fire area.

E
Extinguish
small fires. If the fire cannot be extinguished, leave the area and close the door.

You should know:

- Locations of nearest fire extinguishers and alarm pull boxes
- The fire location - room number and building
- All fire exits in your work area

How to properly operate a Fire Extinguisher



P
Pull
the pin, release a lock latch or press a puncture lever.

A
Aim
the extinguisher at the base of the fire.

S
Squeeze
the handle of the fire extinguisher.

S
Sweep
from side-to-side at the base of the flame.

Emergency Number



Call 4444

Don't Forget:

“Four Fours”

SACH:

*Call Direct: **845-986-5000**
for Police and Fire*



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Emergency Preparedness

- Charity utilizes a Comprehensive Emergency Management Plan (previously called Disaster Plan).
- It is crucial to have an effective emergency response and management plan in place in order to be ready for any and all types of events, incidents or disasters. It features common terminology and reliance on a unified Action Plan and Chain of Command. This system is called Hospital Incident Command System (HICS).
- HICS integrates with our response plan using basic management principles.

Hospital Incident Command Systems (HICS)

- A standardized chain of command
- Allows hospital to function effectively during a disaster
- Universal structure
- All agencies and hospitals responding speak the “same language”



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Activated Emergency Plan

Designated management personnel respond to the following command centers:

Good Samaritan Hospital	Caroline Schwartz Building Computer Training Room (Conference Room #5)
Bon Secours Community Hospital	1 st Floor Conference Room - Atrium
Saint Anthony Community Hospital	3 rd Floor Conference Room

Healthy Workplace Environments

Workplace bullying

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

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



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Healthy Workplace Environments

Incivility

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

(Clark, 2009, p. 1).

*Respect people's
feelings. Even if it does
not mean anything to you,
it could mean everything
to them.*

Workplace Violence

Recognizing Signs of Potential Workplace Violence:

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

If you are concerned please reported the behavior promptly

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

Active Shooter

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

1. Evacuate

- *Have an escape route
- *Leave belongings behind

2. Hide Out

- *Hide in an area out of shooter's view
- *Only when your life is in imminent danger

3. Take Action

- *Keep hands visible
- *Block entry & lock doors
- *Attempt to incapacitate the shooter

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

Medical Waste

Determine the difference between types of medical waste and items belonging in bio-hazardous red bag waste.



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What is Medical Waste?

Regulated Medical Waste includes:

- Cultures
- Human Pathological Waste –tissues, organs, body parts & body fluids removed during surgery, autopsy or other medical procedures; specimens of body fluids and their containers; and discarded materials saturated with body fluids other than urine
- Urine or fecal matter submitted for purpose of diagnosis of infectious diseases only



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What is Medical Waste?

Regulated Medical Waste includes:

- Containers with free flowing blood and materials saturated with flowing blood
- Sharps whether used or unused (dispose in a sharps container)
- Any other waste materials containing infectious agents



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What is NOT Medical Waste ?

Waste NOT for Red Bag disposal:

- **Used personal hygiene products** : Diapers, facial tissues and sanitary napkins, underpads and adult incontinence products
- **When empty**: Urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, hemovacs, and urine specimen cups



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What is NOT Medical Waste ?

Waste NOT for Red Bag disposal:

- Urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinals.
- Items such as Bandages, Gauze, other Absorbent Materials which are NOT saturated, release blood or body fluids in a semi liquid state if compressed or if caked with dried blood or fluids.

APPROPRIATE PHARMACEUTICAL WASTE SEGREGATION

	MEDICATION LEFT IN IV, VIAL, ETC.	← Labeled / Identified Hazardous by Pharmacy →			← NOT Labeled/Identified →		
CONTAINER							
RCRA CODE	No Code	BKC or PBKC	SP, SPO, SPC	DW	CHEMOTHERAPY Rx WASTE		No Code
WASTE CLASS	NON-HAZARDOUS Rx WASTE 92%	HAZARDOUS Rx WASTE	INCOMPATIBLE HAZARDOUS	POTENTIALLY INFECTIOUS & HAZARDOUS Rx WASTE	BULK	TRACE	MAINTENANCE IV SOLUTIONS
DESCRIPTION OF WASTES	<p>All Rx Waste without a waste code default to blue container. Any waste with the potential to leak must be in a recloseable bag. It is not permitted by the DOT to transport free flowing liquids.</p> <p>Examples of Non-RCRA waste:</p> <ul style="list-style-type: none"> • Antibiotics • Tylenol • Aspirin • IV with medication left. Keep tubing attached and place in recloseable bag • Creams and ointments capped or in recloseable bag • Med soaked sponges or paper towels place in recloseable bag • Pills and Tablets • Vials with Medication 	<p>BKC</p> <ul style="list-style-type: none"> • Allergenic • Antiseptics • IV and Other Compounded Solutions • Lotions, Creams, Ointments and Pastes • Medicinal Liquids and Shampoos • Pills and Tablets • Transdermal Patches • Unidentified Medications • Vials <p>PBKC – Optional (for SQGs)</p> <ul style="list-style-type: none"> • Nicotine / Nicotrol • Coumadin / Warfarin <p>2 Gallon Black Sharps</p> <ul style="list-style-type: none"> • Syringe or ampoule with medication left in bulk that has not come into direct patient contact (infectious) and is not a controlled substance. <p>If Hospital is capturing P-listed waste to determine generator status, please contact pharmacy for disposal.</p>	<p>Rx Waste requires segregation to satisfy DOT, safety and disposal facility requirements. These wastes must be sent to the pharmacy in recloseable bags for proper disposal. Incompatible.</p> <p>Aerosols</p> <ul style="list-style-type: none"> • Inhalers <p>Corrosives (examples)</p> <ul style="list-style-type: none"> • Glacial Acetic Acid • Glycopyrrolate • Sodium Hydroxide <p>Oxidizers (examples)</p> <ul style="list-style-type: none"> • Potassium Permanganate • Unused Silver Nitrate <p>Place in recloseable bag and send back to pharmacy.</p>	<p>The following pharmaceuticals are identified as hazardous Rx Waste (BKC) by the pharmacy. After use, both are hazardous and potentially infectious waste.</p> <p>Syringe with medication left has come into direct patient contact, (infectious) and is RCRA Hazardous.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Non-Empty IV or Syringe with Hazardous Rx Waste & Blood Borne Pathogens • Syringe with Live Vaccine • IV containing Blood Backup with Hazardous Rx Waste • Bloody Hazardous Gauze 	<ul style="list-style-type: none"> • Chemo Agents • IV with Residual Chemo Agent • Chemo Spill Cleanup Debris • Container with Residual Chemo Agent • Tablets 	<ul style="list-style-type: none"> • Empty Vial • Empty Syringe • Gown • Gloves • Goggles • Wipes • Empty IV / Tubing 	<p>Items that can be disposed of and poured down the drain.</p> <p>Plain down the drain</p> <ul style="list-style-type: none"> • Maintenance IV Solutions Containing: <ul style="list-style-type: none"> - Potassium Chloride - Potassium Phosphate - Sodium Phosphate - Calcium - Sodium Bicarbonate - Dextrose - Saline

NO CONTROLLED SUBSTANCES

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

CONTROLLED SUBSTANCE WASTE DISPOSAL

CsRx Container & Bracket Guide

The CsRx system uses both a 1 gallon and/or 3 gallon container to capture controlled substance waste. The large container can be used for high volume waste areas such as operating rooms while the smaller 1 gallon container is appropriate for anticipated small volume areas. The wall mount bracket and locks, for securing your containers while in use, are included in the CsRx system price. The same bracket fits both the 1 and 3 gallon containers.

1 Gallon CsRx Containers
8.5" H x 5.3" D x 9.1" W



3 Gallon CsRx Containers
19.5" H x 5.3" D x 9.1" W



Wall Mounted Brackets
5.5" H x 4.2" D x 5" W



Wall Mount Bracket Installation Recommendations

- ✓ Containers, when full with liquids, can weigh as much as 30 lbs. We recommend, at minimum, that 50 lb. anchors (not included) be used to secure brackets to the wall.

For more information about the CsRx System, please call 866-338-5120.

Controlled Waste Disposal

Regular Controlled Substance Waste Boxes

- Partial or unused tablets, contents of partial dose vials and patches (NO packaging)

RCRA Controlled Substance Waste Boxes

- Diazepam Injection and rectal gel, Phenobarbital Elixir and Promethazine with Codeine Syrup

Patient Safety:

2019 National Patient Safety Goals

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



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Patient Safety: 2019 National Patient Safety Goals

Our Safety Net for Practice:

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

**Please click “Resources” in the upper right hand corner to review the
2019 National Patient Safety Goals**



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Goal 1: Identify Patients Correctly

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

Name and the Date of Birth.



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

Patient Identification

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

Looks like three of a kind.

Two patient IDs is vital for care givers to give the right care at the right time.



SpeakUp™



 The Joint Commission

The patient's room number or physical location
CANNOT be an identifier!

Do You Know?

- An unidentified patient will be entered into the computer as “John or Jane Doe” and will receive a unique medical record number and patient ID band.
- Once patient’s identity is known, Patient Access will issue a new ID band.

The healthcare provider is responsible for replacing the ID band with the corrected patient information.



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Do You Know?

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



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Specimen Labeling Key Points

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

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

Label specimens in presence of patient: Verify **Name** and **Date of Birth** by having person state it.



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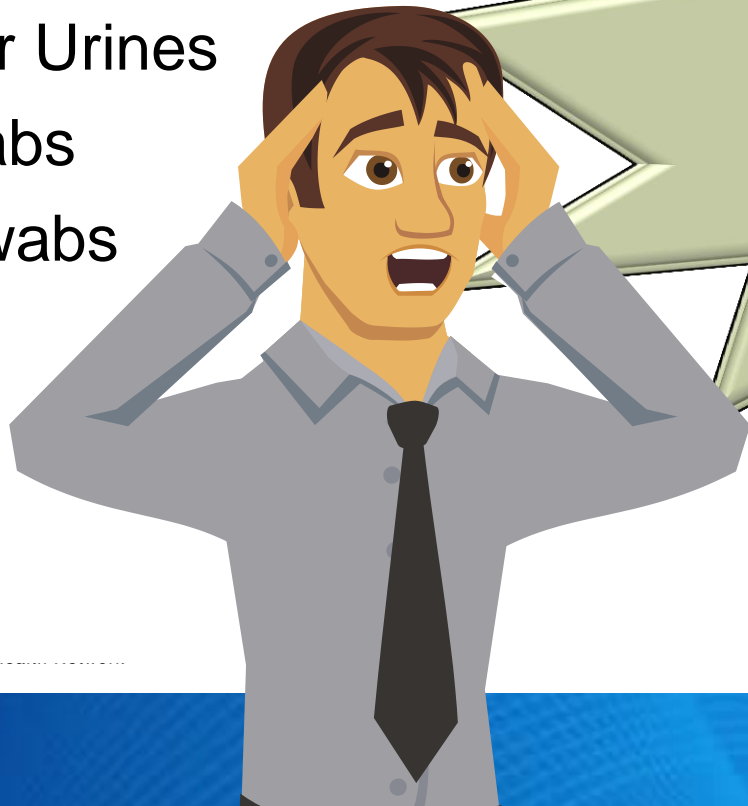
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Sending Specimens to the Lab

ICE specimens before transport for:

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



**DO NOT USE
PNEUMATIC TUBES
FOR STOOL
SPECIMENS**

C. difficile Essentials

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



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Clostridioides (C. diff) Validation Form

No Repeat Test within 7 days!
No Test for Cure!

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

Patient Sticker

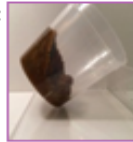
STEP 1

SCREEN for COMMUNITY ACQUIRED DIARRHEA (PRESENT on ADMISSION)

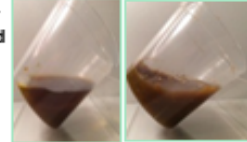
Does the patient have watery or unformed stools in the FIRST 48 HOURS of admission to inpatient unit?

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

Formed or Not Watery/liquid DO NOT SEND



Unformed or Watery/liquid OK to SEND



STOP

Do Not Send Specimen for Testing
(Discard form)

GO

Obtain C. diff order from Provider
Send Stool with this completed form
Order and initiate Enteric Precautions

STEP 2

SCREEN FOR POTENTIAL HOSPITAL ONSET (Assess for the presence of diarrheal causing agents)

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

- Laxatives or stool softeners
- Enteral Feedings
- Bowel Prep
- Lactulose
- YES, move to **STOP**
- NO, move to **STEP 3**

Provider informed criteria not met, but still requests test.

Name of provider: _____
Date/Time of communication: _____

STEP 3

ASSESS FOR SIGNS & SYMPTOMS OF C. DIFF INFECTION

Question 1

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

- 3 or MORE visualized watery/liquid or unformed stools in the PAST 24 HOURS
- OR**
- ≥600 mL of rectal or colostomy output in the PAST 24 HOURS
- YES, move to Question 2
- NO, move to **STOP**

Question 2

Does the patient have AT LEAST 1 of the following?

- Fever > 100.4 in the PAST 48 HOURS
- Abdominal pain/tenderness in PAST 48 HOURS
- WBC >15,000 or <4,000 in PAST 48 HOURS
- YES, move to **GO**
- NO, move to **STOP**

Refer to Management of Clostridium Difficile Policy for more information

Date Specimen Collected: _____

Submitting RN (Print name): _____

Accepting Lab Associate: _____

C. difficile Validation Form

- If the patient does not meet criteria, but the LIP still wants the test completed, document the LIP name and time on C-diff Validation Form.
- Complete the small text box at the bottom of the form.
- Send the form with the specimen to lab.
- Place the patients sticker in the top right hand corner of the form to confirm patient stool identification.
- Remember the form is **not** part of the medical record.

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

Goal Two: Improve Staff Communication

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

- For verbal or telephone orders and reporting of critical test results
 - Verify the complete order and/or test result
 - Receiving person must document and “read-back” complete order and/or test
- Use SBAR (Situation, Background, Assessment, Recommendation) for standardized handoff communications

Improve Patient Communication

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

[Click here to learn more about the National CLAS Standards](#)



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Goal Three: Use Medicines Safely

Bon Secours Charity's program for medication safety:

- Medication labeling on and off the sterile field in procedural areas
- Take extra care with patients on medications to thin their blood—anticoagulation education, order sets, and policy
- Bar-Coding – co-signatures, hard stops, allergy and dosing alerts
- Medication Reconciliation – compare home medications, including OTCs and herbals, to hospital medications and verify medications with patient to take at home upon discharge, bring updated list to all doctor appointments

Goal Three: Use Medicines Safely

Medication reconciliation **MUST** occur across the continuum of care

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

Goal Six: Use Alarms Safely

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



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Goal Seven: Prevent Infection

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

Use proven guidelines to:

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



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Hand Washing



- Hands must be cleansed before, and after, each patient encounter.
- Hands must be cleansed every time we change gloves.

World Health Organization and the CDC state:

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



Infection Control

- Hand hygiene is known to reduce patient morbidity and mortality from health-care acquired (HAI) infections. When performed properly, there is a significant decrease in the carriage of potential pathogens on the hands. Acceptable agents are: soap and alcohol-based waterless products.
- **Exception:** when hands are visibly soiled, and if patient has C-difficile, traditional hand washing using soap and water must be performed.







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Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

AIRBORNE PRECAUTIONS

BEFORE ENTERING ROOM:



			
<p>If transport of patient is necessary, place a surgical/procedure mask on patient</p>	<p>#1 Perform HAND HYGIENE</p>	<p>#2 Put On N95 or HEPA Respirator to Enter</p>	<p>Negative Air Pressure Keep Door Closed</p>

*NOTE: Reverse order when leaving room, remove Respirator **after** door is closed*

Family Members/Visitors wear Surgical/procedure mask

Visitors: Report to Nurses' Station Before Entering Room

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



Westchester Medical Center Health Network

Airborne Precautions

- Small particles that remain suspended in air
 - Examples: TB, Measles, SARS
- In addition to using Standard Precautions wear N95 respirator mask. You must be test fitted and medically cleared for this type of mask.
- Patient wears mask any time they leave their room and during transport.



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Measles

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



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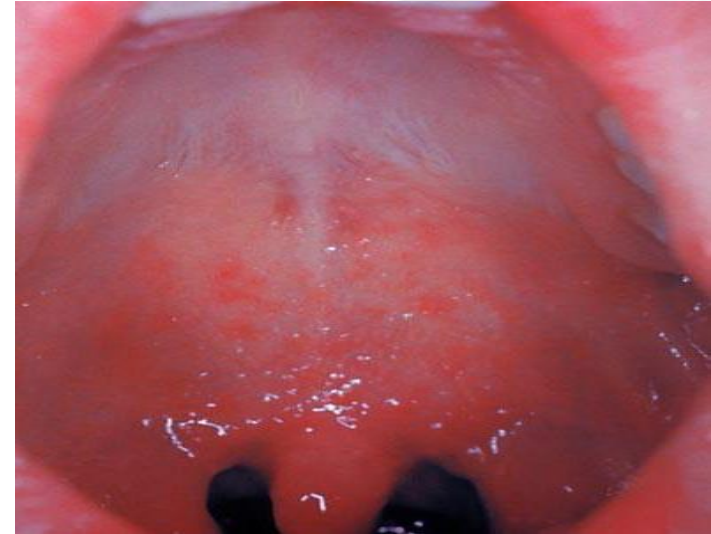
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Measles

Measles is an acute viral respiratory illness.

Clinical Features:

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



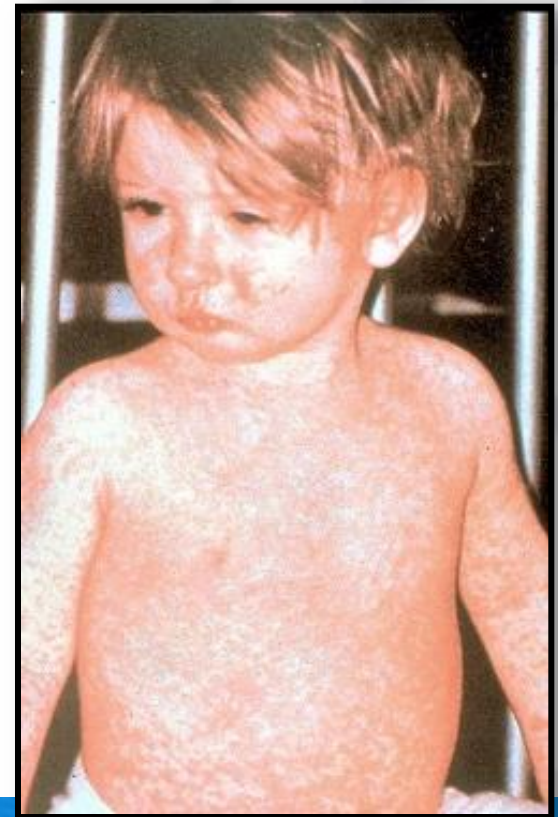
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Measles

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



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Scripting for Measles

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

- All visitors under the age of 18 are **RESTRICTED** from entering the hospital.
- This does not apply to those seeking treatment.



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Scripting for Measles

Anyone requesting to enter the building should be asked:

- "With the current measles outbreak, we are trying to keep all patients safe. Would you mind taking a minute to fill out the following questions?"
- **For clinical questions, concerns, and decisions please contact the Nursing Supervisor and they will coordinate with infection control.**



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Screening Questions

Do you currently have a rash or have you had a rash in the past 7 days?

- Yes
- No

In the last 21 days, have you been around someone who had a rash?

- Yes
- No

In the last 7 days, have you had any of the following symptoms:

- Fever
- Cough
- Runny nose
- Watery or red eyes

- Yes
- No

In the last 21 days, have you been around someone who has the measles?

- Yes
- No

Screening Questions

Were you born in 1956 or before?

- Yes
- No

Have you ever received vaccination against the measles (MMR vaccine)?

- Yes
- No

If you received the measles vaccine in the past, was your immunity checked by a blood test?

- Yes
- No



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Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

CONTACT PRECAUTIONS

BEFORE ENTERING ROOM:



1 Perform
HAND HYGIENE



2 Put on
GOWN



3 Put on
GLOVES

NOTE: *Reverse order when leaving room*

Visitors: Report to Nurses' Station Before Entering Room

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

Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

CONTACT PRECAUTIONS

BEFORE ENTERING ROOM:



Only use **BLEACH** based products for disinfection



1 Perform **HAND HYGIENE**



2 Put on **GOWN**



3 Put on **GLOVES**



Must wash hands with soap and water

NOTE: Reverse order when leaving room

Visitors: Report to Nurses' Station Before Entering Room

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



**Bon Secours
Community Hospital**
Westchester Medical Center Health Network

Stop! Please Check for Signs Before Entering Patient Rooms & Follow Directions

DROPLET PRECAUTIONS

BEFORE ENTERING ROOM:



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



#1 Perform
HAND HYGIENE



#2 Put on
SURGICAL/PROCEDURE MASK

NOTE:
Reverse order when leaving room

Visitors: Report to Nurses' Station Before Entering Room

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



Westchester Medical Center Health Network

Droplet Precautions

Large particles do not stay in air for long

- Examples: Influenza, Bacterial Meningitis, Pertussis, Rubella

In addition to using Standard Precautions

- Place patient in private room
- Wear regular mask entering room
- Have patient wear regular mask when transported
- Educate visitors to use mask in presence of patient



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Goal 15: Identify Patient Safety Risks

- Our organization has adopted the Columbia-Suicide Severity Rating Scale Risk Assessment Tool.
- All patients are screened for signs of suicidal ideations at triage in the ED and upon admission to the hospital.
- Patients whose scoring indicates moderate to high risk will be further evaluated by a LIP and placed on 1:1. Further evaluation will be done for transfer if applicable.



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Goal 15: Identify Patient Safety Risks

- Patients whose scoring indicates low risk or presenting with an emotional/behavioral disorder will be placed on constant observation at the discretion of the LIP.
- Outpatient mental health referral information will be provided for any patient who screens at risk and is discharged from the ED.

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



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Universal Protocol: Prevent Errors in Surgery

Make sure that the correct surgery is done on the correct patient and on the correct site/side on the patient's body.



Follow the Universal Protocol:

- Mark the correct place on the patient's body where the surgery is to be done—to be done by the LIP performing the procedure.
- Conduct a “Time Out” immediately before surgery. Everyone pauses and correct patient, procedure, site and side are confirmed.
- Checklist is followed for the elements included in each “Time Out”.
- All activities cease during the “Time Out”.
- Time Outs are documented in EHR.