

Moses Taylor Hospital in 1900

MOSES TAYLOR HOSPITAL STAFF DEVELOPMENT/CLINICAL EDUCATION

SAFETY SELF-LEARNING PACKET STUDENT/CONTRACT/AGENCY 2013

Instructions

1. **Read all material included in the packet prior to patient contact. You are responsible for all the information in the packet.**
2. **Complete post-test. Sign the infection control statement sheet.**
3. **AGENCY/CONTRACT - Return post test and infection control statement to the nursing administration office representative who will grade it. STUDENTS – Instructor must grade test prior to turning in to Staff Development.**
4. **Keep the self learning packet as a reference.**

Objectives

LIMITATIONS: This SLP is designed to provide the student/contract/agency personnel with very basic information on safety issues as well as other specific topics. Specific questions must be addressed through the departmental manager or nursing staff member.

PURPOSE: To orient the learner to specific safety issues.

OBJECTIVES:

The learner will:

1. demonstrate the appropriate fire/disaster procedure and emergency procedures at MTH
2. demonstrate an understanding of the basics of accident/incident reporting.
3. demonstrate an understanding of hazardous material safety and safe medical device act and radiation safety.
4. demonstrate basic electrical safety.
5. demonstrate an understanding of the tobacco containment policy at MTH.
3. demonstrate a basic understanding of the infection control standards as they apply to the learner and their specific job responsibilities.
4. demonstrate an understanding of customer relations and confidentiality.
5. demonstrate an understanding with corporate compliance requirements.
6. verbalize understanding with policy on WPV, HIPAA, and other mandatory policies as requirements mandate.
7. demonstrate role in compliance with patient safety goals.

Formulated: 1-92

Revised: 4/00 8/02 1/03 1/04 1/05 11/05 11/06 11/07 11/08 12/09 11/10 11/11 9/12 12/12 2/13

MTH MISSION STATEMENT:

To provide continuously improving quality and cost effective health care that is customer and community focused.

Emergency Codes	What does it mean?	What should happen?	Where should staff report?	How do you know it is over?
CODE BLUE Pediatric Code Blue	Cardio-pulmonary arrest at the paged location.	The Code Team responds to the location to provide resuscitation and advanced cardiac life support.	Unless it is your patient, stay clear of the area and continue normal operations. If it is your patient, stay to provide caregivers the information they may need.	No overhead page given when terminated. The physician-in-charge is responsible for care.
CODE RED NOTE: There is no such thing as a ‘small’ fire in the hospital. <u>ALL fires and smoke conditions must be reported.</u>	Fire, smoke condition or the smell of smoke on a unit, in a department or building.	Monday – Friday, Day Shift: hospital fire brigade responds (Security, Maintenance, Respiratory Care, Transportation, Dietary and Nursing Supervisor) to the location All other times (evening, nights, and all shifts on weekends & holidays): one (1) person from each staffed department reports to the location with an fire extinguisher <u>R.A.C.E.</u> Rescue those in immediate danger if safe to do so. Activate the Fire Alarm (pull fire alarm pull station) and notify the Operator – Dial 5555. Contain the fire by closing all doors. Extinguish the fire if safe to do so. Evacuate. Use an extinguisher to put the fire out as follows: <u>P.A.S.S.</u> <u>P</u> ull the pin on the extinguisher. <u>A</u> im the hose at the base of the fire. <u>S</u> queeze the handle. <u>S</u> weep from side to side.	Return to the department if on break / lunch. Do not use elevators. Follow the instructions of the manager/supervisor.	When “CODE RED All Clear” is paged.

To call in an emergency into the telephone operator – Dial 5555

Emergency Codes	What does it mean?	What should happen?	Where should staff report?	How do you know it is over?
CODE PINK	Attempted or possible infant / child abduction	Follow the direction of the manager of the department. Staff will be looking for a person who may try to conceal an infant or child.	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	When “CODE PINK All Clear” is paged.
CODE WHITE	Security incident involving violent or aggressive individual.	Security Officers and those with <i>Secure</i> training respond to de-escalate the incident.	Continue normal operations and follow the instructions of the departmental manager/supervisor.	An “CODE WHITE All Clear” may be paged or the incident response team will resolve the situation.
CODE BROWN	A credible bomb or terroristic threat was received.	Turn off cell phones, PDAs, pagers and other radio signal emitting devices. *Spectra-link phone can be used.	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	This is a Law Enforcement matter and “CODE BROWN All Clear” is paged when the officer-in-charge determines that it is safe.
CODE YELLOW INTERNAL OR CODE YELLOW EXTERNAL	A disaster in the community or within the hospital or Hazardous Materials Released.	Staff will respond according to hospital policy.	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	When “CODE YELLOW All Clear” is paged.
CODE SILVER	Hostage Incident	Staff will respond according to hospital policy	Return to your department (unless it is the department involved in the code) and follow instructions of the departmental manager/supervisor.	When “CODE SILVER All Clear” is paged.

Emergency Codes	What does it mean?	What should happen?	Where should staff report?	How do you know it is over?
CODE GRAY or CODE BLACK	Severe Weather Watch Severe Weather Warning	Staff will respond according to hospital policy	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	When “CODE GRAY OR CODE BLACK All Clear” is paged.
CODE ORANGE	Activation of the Radiation Plan	Staff will respond according to hospital policy	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	A “CODE ORANGE All Clear” is paged.
CODE PURPLE	Stroke	This applies to certain departments only.		
CODE LAKE (LOCK ALL KNOWN EXITS)	Security Lockdown	Staff will respond according to hospital policy	Report to the department if on break / lunch and follow instructions of the departmental manager/supervisor.	A “CODE LAKE All Clear” is paged.

If you see a Sign for a **NO PASS ZONE**. This means that No employee should pass a room with a call light on. Go in and ask if you can help them, and then get help.

Event Reporting



An event is any happening that is not consistent with the routine operation of the facility or the routine care of a particular patient. This might involve an inpatient, outpatient, visitor, or volunteer. The individual who is most knowledgeable about the incident should complete the EVENT form on the computer. Contact the manager or supervisor for assistance with this. The Departmental Manager or Supervisor must be notified immediately of the event. They will help fill out the computerized form. For a fall - remember to treat the victim, report the event to the manager/supervisor and Security, and complete an event report on line.

- ◆ Documentation of the event is extremely important. **THE LACK OF DOCUMENTATION IS ALWAYS DETRIMENTAL!**
- ◆ All information contained in any event report should be factual and complete.
- ◆ The medical record should contain a factual and thorough account of the event. **Do not write “ event report completed” in the medical record.**
- ◆ Healthcare workers are required by law and hospital policy to report serious events or incidents within 24 hours of occurrence or discovery. The completed event report is to be reviewed by the Manager and sent via computer to the Risk Management Department (Investigative Analyst).

*** Contact Security for all visitor, family, employee or patient (not in room falls).**

The Security Department’s goal is to provide a safe and secure environment for patients, visitors, employees and staff.

Tips to keep safe:

- Wear the identification badge **at all times** while on property. If you are being paid, the badge should be on.
- Do not wait for a problem to develop. Immediately **contact Security** whenever you have any problem or concern about safety issues.
- Keep personal items and equipment in a secure area. Bring to work only the items you need.

You play a very important role in keeping our facilities safe and secure. Report any suspicious activity or potential security problems right away.

Types of situations to report to Security:

- Disruptive behavior of any type; any suspicious activity;
- Destruction or damage to property; any type of theft or attempted theft;
- Assaults;
- Falls of visitors, employees, and patients not in their room.

Security



Security Tips

Workplace Violence Awareness & Prevention

MTH has a zero tolerance towards workplace violence.

Violence, threats, harassment, intimidation, and other disruptive behavior in our workplace **will not be tolerated**; that is, all reports of incidents will be taken seriously and will be dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm.

Individuals who commit such acts may be removed from the premises, if possible, and may be subject to disciplinary action, criminal penalties, or both.

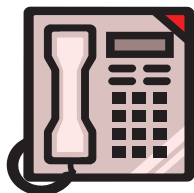
Right-To-Know/ Hazardous Materials Program



Right-To-Know alerts individuals to any hazardous materials they may come in contact with in the workplace. The health and safety depend on knowing the correct way to handle and dispose of chemicals with which you work. A list of all hazardous materials in each department is located in the Department Specific Right to Know Manual or on MISC.

The responsibility begins with carefully reading the important information on all labels and Material Safety Data Sheets (MSDS). The **MSDS** is written information designed to provide you with information on hazardous materials in the workplace.

Utility Management



- Power failure phones will be activated when utilities are disrupted. You do not have to dial 9 for an outside line on the emergency phones.
- Emergency cell phones are available at the telephone operator's desk during a power failure.
- Emergency power outlets are usually red and marked with words "Emergency Power". All critical equipment should be plugged into emergency outlets.
- For computer system failures, the operator will page overhead, "Invision System, Level Zero". Departments with the Invision system have paper based backup processes that utilize universal request forms so that tests and procedures can be ordered and communicated during a computer system failure.

The Departmental Emergency Manual (red) has instructions for all types of emergencies: i.e. gas line break, heat/cold emergencies, water main break, and elevator malfunction.

Electrical Safety



- Inspect electrical equipment before each use. Look for frayed cords, broken or bent prongs, missing "ground" prong, exposed wires, equipment that causes a tingling sensation when plugged in, or other obvious hazards.
- If any equipment has a defect or does not work properly, **DO NOT USE IT!** Notify the instructor or the departmental manager of any defective equipment, so he/she can remove it from the work area.
- Do not use equipment that has an out of order sticker on it.
- Do not use equipment you do not know how to operate.

Safety Tips:

- When unplugging an electrical device, pull the plug, not the cord.
- Never use electrical equipment around a spilled liquid.
- Never use an adapter to plug more than two electrical devices into an outlet. Adapters that allow three-pronged plugs to be used in two-pronged outlets should never be used.

Smoke and Tobacco Containment



This means that smoking is prohibited inside of Moses Taylor as well as all buildings, parking lots, ramps, and hospital owned and leased properties. Smoking is only permitted in the designated smoking areas – behind the new building – between the hospital and the parking garage. This policy applies to employees, patients, students, and visitors. Visitors who are non-compliant with this smoking policy will be referred to Security.

Customer Service AIDET



AIDETSM is a powerful communication tool. When interacting with patients, gaining trust is essential for obtaining patient compliance and improving clinical outcomes. AIDET is a simple acronym that represents how we can gain this trust and communicate with people who are nervous, anxious, and feeling vulnerable.

Acknowledge
Introduce
Duration
Explanation
Thank you

Acknowledge - Greet people with a smile and use their names if you know them. Make eye contact. Attitude is everything. It's about creating a lasting impression.

Introduce - Introduce yourself to patient, family, and visitors politely. Tell them who you are and how you are going to help them.

Duration – Gives the patient a time expectation. Keeps the patient informed as to the amount of time a procedure or process will take. Includes letting them know if there is a wait time; gives time expectation of that wait

Explanation - Tell them what you're doing. We want to keep patients informed by explaining all processes and procedure. Ask them if they have any questions.

Thank You —Say please and thank you frequently. Foster an attitude of gratitude. Ask if there is anything else you can do for them before you leave.

Remember to:

- ✓ Show respect – knock on a door and wait for a response before entering a patient room.
- ✓ Make eye contact.
- ✓ Respect the patient's personal space.
- ✓ LISTEN to what the patient is saying.
- ✓ Display a calm manner.

Corporate Compliance



On February 12, 1998, the Department of Health and Human Services' Office of the Inspector General ("OIG") developed the Corporate Compliance program requirements to assist organizations in developing internal controls to promote adherence to applicable federal and state laws. The nine areas related to the Corporate Compliance Laws are:

1. We must avoid at all times any action, relationship, or situation that could jeopardize or impair the confidence or respect of patients and the general public for the MTH.
2. Employees may not give or receive anything valued \$25.00 or greater to or from any individual or organization associated in a professional relationship with MTH.
3. Every employee must avoid any interest that conflicts with the interests of MTH.
4. No funds or assets of MTH can be used for federal, state, or local political contributions.
5. We shall not discriminate on the basis of race, age, religion, national origin, sex, sexual preferences, handicap, or source of payment in caring for patients.
6. No employee shall disclose confidential information of any type, to anyone, except persons who are properly authorized to know and need to know.
7. All bills rendered to patients, their representatives, or third parties must accurately reflect the services provided and the patient's medical records shall properly and accurately record those services.
8. We must conduct marketing activities in an honest, trustworthy, and ethical manner.
9. All business records, expense accounts, vouchers, payroll, and service records, and all other reports are to be prepared with care and honesty.

It is the duty of everyone in MTH to raise issues of concern by reporting any activity by a colleague, physician, independent contractor, vendor, etc. that violates any corporate compliance regulations. Refer to the Administrative Manual Policy for more details on this program as well as the reporting methods for non-compliance issues.

Abuse Spousal, Elder, Child



SPOUSE/PARTNER ABUSE

It is the policy of MTH to report all cases of suspected abuse to the Manager/Supervisor who will report it to Medical Social Work department so that they can assess the situation and contact the appropriate social service agency.

ELDER ABUSE

Any healthcare worker who suspects a case of elder abuse should report his/her suspicions to the manager/supervisor who will then contact the Medical Social Work Dept. or the social worker on call. They will then assist in evaluating the situation and contacting the appropriate state agency.

CHILD ABUSE

State law requires that all persons, who, in the course of their employment, occupation, or profession are in contact with children, must report a suspected case of child abuse. Any person willfully failing to report a suspected case of child abuse could be subject to imprisonment and/or monetary penalties. Any employee of MTH who suspects a case of child abuse should report his/her suspicions to the manager/supervisor who will then contact the Medical Social Work Dept. or the social worker on call. They will then assist in evaluating the situation and contacting the appropriate state agency.

HIPAA

HIPAA stands for The Health Insurance Portability & Accountability Act of 1996 that is a multifaceted piece of legislature.

1. Ensure the confidentiality, integrity and availability of all electronic PHI (Protected Health Information) that it creates, receives, maintains or transmits.
2. Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.
3. Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under the privacy rules.
4. Ensure compliance with the security rule by the workforce.

The one that involves all of us includes the Privacy and Confidentiality Standards - This means that patients have a right to control who will see their protected, identifiable health information. That communications with or about patients involving patient health information will be private and limited to those who need the information in order to provide treatment or payment.

Each day we have information about patients, the hospital, and perhaps, employees. This information is only to be shared on a **need-to-know-basis**.

Elevators, corridors, cafeterias and hallways are not the best place to talk about confidential subjects. Consider finding a **quiet, out-of-the-way area** to talk about these subjects. Always ask yourself if you can be overheard.

Also consider where you are and what you say when answering a phone. Are others close enough to overhear confidential information? Is the caller asking questions that are confidential?

We must think about:

- The information we share;
- Where we are discussing it, and;
- If the person we are giving it to has the right to have it.

In hospitals, radiation is used in patient diagnosis and treatment in numerous ways: x-rays, nuclear medicine, and radiation therapy. Although radiation is helpful in health care, proper safety precautions are necessary to prevent harmful effects. Remember these important factors:

TIME - Keep time exposure as short as possible.

DISTANCE - Try to stand at least 6 feet from a portable x-ray machine during use.

SHIELDING - Use shielding material between the self and the source of radiation

Any room that contains an x-ray unit or where radioactive materials are stored will have a yellow sign with a radiation symbol on the door.

The MRI has a powerful magnetic field that will always be on. THE MRI suite will be a **RESTRICTED AREA** and **No ENTRY by any INDIVIDUAL** will be permitted without being authorized and accompanied by an MRI staff member.

Confidentiality



Radiation Safety



Pain Management



How do we manage pain at MTH?

- ◆ Assess each patient's pain initially and on an ongoing basis.
- ◆ Use pain relief methods or combination of methods that work best
- ◆ Educate patients and families about the importance of reporting pain promptly

So, this is how you can help...

- ◆ If you are around patients, be on the look out for patients in pain
 - ◆ LISTEN! Some may tell you... Can you tell the nurse I need something for pain? Then notify the nurse immediately
 - ◆ LOOK! Others won't tell you....Look for restlessness, sweats, tense muscles, not eating
 - ◆ ASK! It's the only way to know for sure. Then notify the nurse immediately.
- SEE NURSING POLICY ON PAIN MANAGEMENT FOR SPECIFICS**

Does Something Not Look Right to You?
NOTIFY THE CHARGE NURSE!!!

Back Safety



Apply these safety tips to the job to prevent common ergonomic injuries.

LIFTING AND MOVING THINGS SAFELY

Remember to:

- ◆ Bend by getting down on one knee, then lean with the knees and hips, not the back.
- ◆ Reach with the arms and legs, not the back. Never reach above the shoulders.
- ◆ Lift with feet apart, knees bent, and maintaining the back's natural curves. Let the legs do the work and keep the object close to the body.
- ◆ When lifting patients, get help from a co-worker or use a mechanical device such as a **transfer board or a hoist lift**.

PUSHING AND PULLING

- ◆ When you have a choice between pushing and pulling, PUSH!
- ◆ Pulling often requires bending at the waist in order to get leverage; pushing is much easier on the back.

SITTING

- ◆ Adjust the chair height and backrest. Feet should be flat on floor, knees level with hips, and lower back supported. Use a footrest and cushion or pillow if necessary.
- ◆ Sit at least an arm's length away from the computer screen. Keep wrists straight and elbows at right angles. Reduce the glare by changing the screen position or lighting, or by using a glare filter.
- ◆ Adjust the position and stretch regularly throughout the day.

STANDING

- ◆ When standing for long periods of time, shift weight often or keep one foot up on a small stool or other object.
- ◆ Work at a comfortable height.
- ◆ Wear supportive, low heeled shoes.

2013 National Patient Safety Goals

Goal 1 – a) Improve Accuracy of Patient Identification

Must use at least 2 patient identifiers whenever giving medication, blood, clinical testing, or providing at any treatment or procedure.

Identifiers can be:

- Name and Date of Birth **against** ID Band
 - ID Band information and confirmation by family
 - ID Band information and Chart form/medical record number/test request
 - Secondary Identifiers can be Address, Photo ID
- b) Eliminate transfusion errors. See nursing policy on details on transfusion process.

Goal 2 - Improve Communication between caregivers.

- a) Report critical results of tests, diagnostic procedures in timely manner

Goal 3 - Improve safety of using medications

- a) Label anything with medication i.e. syringes, cups, containers if transferred out of original packaging to another container.
- b) Reduce harm from anticoagulant therapy – only unit dose, prefilled syringes, or premixed IV bags used. Protocols used for anticoagulation therapy, INR daily, dietary notified if patient on warfarin, IV heparin given on dose mode, patient and staff educated on anticoagulation therapy.
- c) Maintain and communicate accurate patient medication information.

Goal 7 - Reduce risk of healthcare associated infections

- a) Handwashing is vital!
- b) Hand Hygiene policy – artificial nails prohibited, no nail jewelry
- c) MDRO is prevented by education and monitoring.
- d) Preventing central line associated infections
Time out sheet for central line insertions, maximum barrier precautions are used, chlorhexidine is used for skin prep, catheter hubs and injection ports are properly disinfected.
- e) Prevent surgical infections – Antimicrobials 1 hour before incision, discontinue 24 hours post op. Use of clippers – no shaving preop.
- f) Prevent catheter associated urinary tract infections.

Goal 15 - The organization identifies safety risks inherent in its patient population. The organization identifies patients at risk for suicide.

UNIVERSAL PROTOCOLS

Preprocedure verification, marking the procedure site, performing a time out for all percutaneous punctures or insertions and incisions.

ASK THE MANAGER OR STAFF MEMBER FOR DETAILS.

DO NOT USE ABBREVIATIONS

IU – International Units

Q.D. - daily

Nitro” drip - Nitroglycerine/Nitroprusside/NTG

u or U – units

x3d - for 3 days

Zero after decimal point- do not use terminal zeros i.e. 1.0 which could look like 10

Zero before decimal point – always use a zero before a decimal when the dose is less than a whole number i.e. 0.5 0.5 could look like 5 without the 0 before the decimal point.

A/A - Abuterol/Atrovent

Q.O.D. - every other day

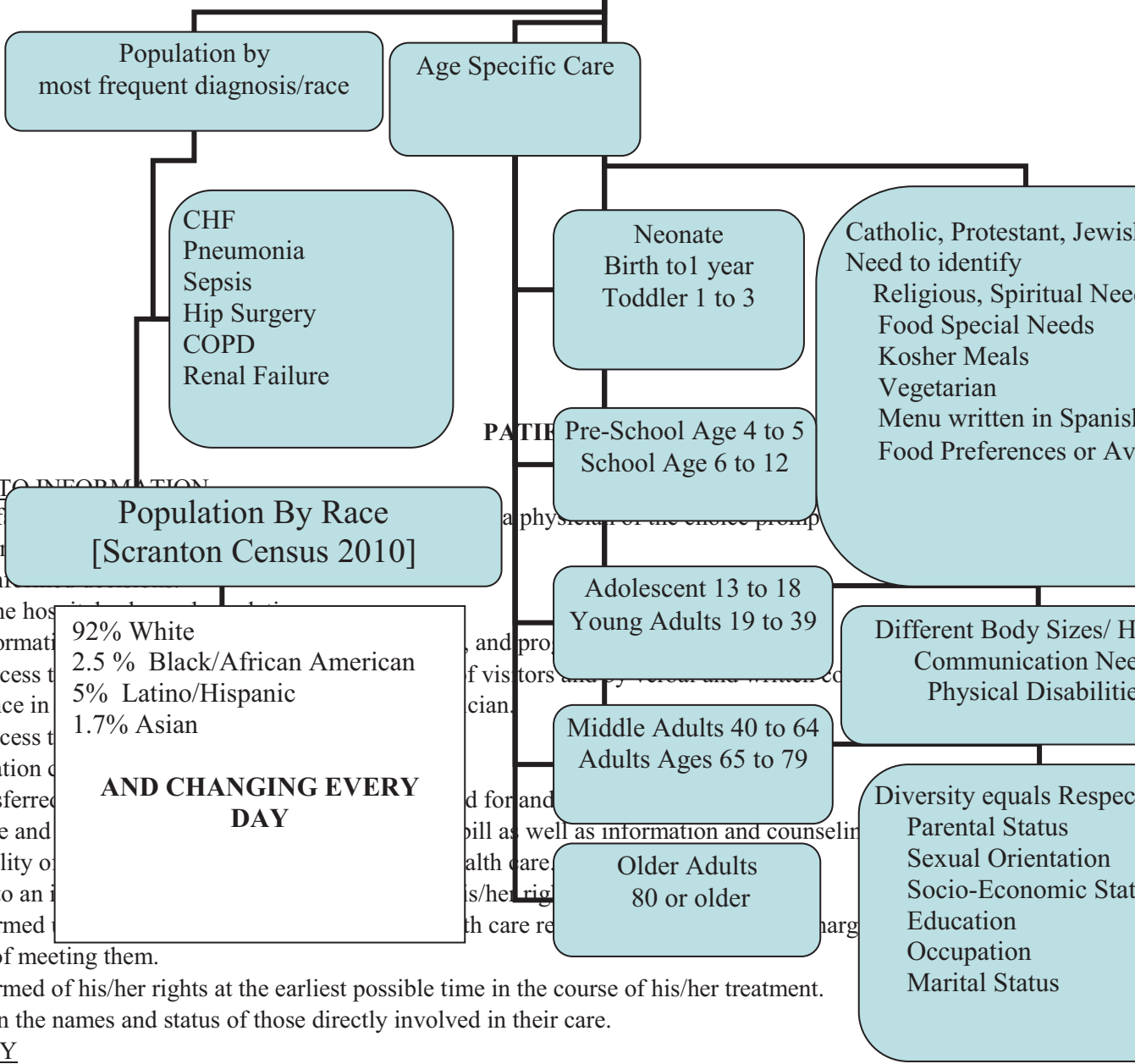
MS, MSO4 – Morphine Sulfate

MgSO4 – Magnesium Sulfate

Approved Abbreviation List is available on MISC. In addition, the Nursing Policy and Procedure Manual, Administrative Policy Manual, and numerous reference sources are available on the departments.

Consult the departmental manager regarding any questions you may have.

Population Specific Care Moses Taylor Facility
AVOID STEROTYPING



ACCESS TO INFORMATION

- ◆ have a full understanding of their condition and the care they will receive
- ◆ make informed decisions about their care
- ◆ know the hospital's policies and procedures
- ◆ full information about their condition and the care they will receive
- ◆ have access to the information they need to make decisions about their care
- ◆ assistance in understanding the information they need to make decisions about their care
- ◆ have access to the information they need to make decisions about their care
- ◆ information about the hospital's policies and procedures
- ◆ be transferred to another hospital if necessary
- ◆ examine and discuss the information they need to make decisions about their care
- ◆ availability of the information they need to make decisions about their care
- ◆ access to an interpreter if needed
- ◆ be informed of their rights and the consequences of their decisions

Population By Race
[Scranton Census 2010]

92% White
 2.5 % Black/African American
 5% Latino/Hispanic
 1.7% Asian

AND CHANGING EVERY DAY

PRIVACY

- ◆ respect for the patient's privacy
- ◆ every effort to protect the patient's privacy
- ◆ confidentiality of the patient's information
- ◆ be examined by a qualified health care professional
- ◆ have sole control over their own body

CONSENT

- ◆ full information about the care they will receive
- ◆ informed consent
- ◆ refuse or withdraw consent at any time
- ◆ informed consent

Population specific competencies means focusing on the specific needs of a particular population and the influence of these needs on the care, treatment, and services provided. It describes how care is modified to meet the needs of a person in a specific population. Finally, it means considering the populations served by the hospital and individual departments when assessing and validating the knowledge, skills, and abilities of the staff members to perform their duties

QUALITY OF SERVICES

- ◆ be free from the fear of pain and the pain itself within the limits of professional capabilities.
- ◆ be free from restraints or seclusion unless medically necessary or in an emergency situation to protect them or others from harm.
- ◆ expect emergency procedures to be implemented without unnecessary delay.
- ◆ expect quality care and professional standards.
- ◆ expect good management techniques considering effective use of the patient's time.
- ◆ expect reasonable safety insofar as hospital practices and environment.
- ◆ access to medical and nursing services and accommodations without discrimination based upon his/her race, color, religion, sex, sexual preference, national origin or source of payment.
- ◆ voice complaints and have those complaints reviewed, and when possible, resolved.
- ◆ formulate an advance directive.

RAPID RESPONSE TEAM

Criteria for Calling the Rapid Response Team (RRT):

1. When the care unit Nurse is “worried” about the patient or when Nurse is “concerned” about deteriorating patient condition.
2. Acute change in heart rate < 40 or > 130 bpm or an increase of 30-40 bpm, and symptomatic.
3. Acute change in systolic BP < 90 or > 40 mmHg and symptomatic.
4. Acute change in respiratory (ventilatory) rate < 8 or > 30 / min.
5. Acute change in O₂ saturation < 90% despite supplemental O₂, or acute increase in O₂ requirements, when measured against patient’s baseline condition & requirements.
6. Acute change in level of consciousness.
7. Seizure activity.
8. Uncontrolled bleeding.
9. Decrease in Urinary output i.e. <50 cc/hr in 4 hours
10. Critical value that had been called into the physician every 10 minutes x3 with no response.

Notification and Response RRT:

Dial #5555 and request the switchboard operator to page the Rapid Response Team.

IDENTIFY THE PATIENT, IDENTIFY YOURSELF

- When answering the call system on the patient care floors, identify yourself by name and ask, “May I help you?”
- When answering the phone, identify the dept, the name, the title, and ask, “May I help you?”
- When approaching a patient for the first time and at least once a shift, hold the badge up so they know you have identification on and tell the patient the name and that you are their nurse/caregiver for the day.
- When approaching a patient/visitor/family, identify yourself and ask, “May I help you?”

UPON LEAVING THE PATIENT ASK “IS THERE ANYTHING ELSE I CAN DO FOR YOU?”

ALWAYS WEAR THE ID BADGE

RESTRAINTS

- It is the policy of Moses Taylor Hospital to provide patients with the least restrictive setting within the facility necessary to accomplish treatment goals.
- All patients must be assessed and contraindications for restraints considered prior to initiation.
- Restraint alternatives must be attempted and found to be ineffective or non-viable prior to the application of restraints, and included in the documentation of the patient's care.

Restraints Application

If you need to deal with restraints, you must contact the manager or supervisor for appropriate documentation requirements and to ensure compliance with the policy.

1. If a patient requires a restraint while he/she is off the nursing unit (i.e. radiology, physical therapy, etc.), a call must be placed to the nursing unit unless a physician is present.
2. When patients present to ancillary departments with restraints intact, questions regarding restraints should be directed to the nursing unit.

Application of Wrist Restraints:

1. Place soft side of restraint against skin. Pass strap through slot on cuff.
2. Bring other strap around and pass through loop on cuff. Tie both straps together in a knot.
3. Do not tie cuff too tight, as it will occlude patient circulation. You should be able to slip two fingers between the cuff and the patient. Secure to part of bed frame/springs that moves when the mattress is raised or lowered. ***Never tie to side rails.** Use a bow that can be released quickly and easily in an emergency. ***Never tie a knot to secure the straps.** Leave one to two inches of slack in the straps to allow room for movement.

**** **Never restrain a patient in the prone position.** This position limits his field of vision, increase feelings of helplessness and vulnerability, and makes maintaining an airway difficult especially if the patient has been sedated. Positional asphyxia, also known as postural asphyxia, is a form of asphyxia which occurs when someone's position prevents them from breathing adequately. Patients who are more prone to this often exhibit extreme levels of physical resistance against the restraint for a prolonged period of time. It is important to assess the patient's tolerance to the restraint, any difficulty breathing or other symptoms of distress and report them immediately.

Steps to prevent an escalating situation include:

- ♦ Assess the situation before taking action.
- ♦ Have a plan of approach in mind. Approach should balance the need to act quickly with the need to be organized.
- ♦ Present self in a calm, relaxed and non-judgmental manner, using an open and accepting approach.
- ♦ Speak in a slow, calm, soft, low voice and repeat patiently as necessary.
- ♦ Use non-threatening, relaxed posture, with hands and arms down.
- ♦ Listen to the patient's concerns and hear their perception, validate their feelings.
- ♦ Avoid responding defensively, condescending responses, sarcasm or anger, authoritative approach or creating a power struggle, or overstimulation.
- ♦ Maintain a respectful and professional attitude.

When the patient is agitated:

- **Stand back, listen, and give the patient space and time to calm down.**
- **Do not confront, be gentle and consistent, remove stressors and stimuli.**

Moses Taylor Hospital Infection Control

Exposure Categories

You will be categorized according to the likelihood of exposure to blood, body fluids, or tissues.

Category 1 – Tasks that involve exposure to blood, body fluid, or tissues.

Category 2 – Tasks that involve no exposure to blood, body fluid, or tissues but employment may require performing unplanned category 1 tasks.

Category 3 – Tasks that involve no exposure to blood, body fluid, or tissues and are not a condition of employment.

Standard Precautions and Transmission-Based Precautions

Introduction:

Transmission of infection requires three elements:

- A source of infecting microorganisms
- A means of transmission of the organisms
- A susceptible host

In order to prevent transmission of infections there are two tiers of infection control measures and precautions – Standard Precautions and Transmission Based Precautions.

Standard Precautions

- Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids and secretions (except sweat) may contain transmissible infectious agents.
- Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel.

Transmission-Based Precautions

- Are used for patients who are known or suspected to be colonized or infected with infectious agents, or certain epidemiologically important pathogens which require additional control measures to effectively prevent transmission.

The following are Transmission-Based Precautions:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

They may be combined together for diseases that have multiple routes of transmission and are to be used in addition to Standard Precautions.

Policy: Standard precautions are to be applied by all personnel in the care of all patients in all healthcare settings regardless of a diagnosis or presumed infection status.

Compliance with Standard and Transmission-Based Precautions

Healthcare workers (HCW) are expected to use appropriate personal protective equipment for situations where exposure is likely and as specified in this policy. Exceptions to use of personal protective equipment are allowed under rare/ extraordinary circumstances when the HCW determines that the use of PPE would have prevented the delivery of essential healthcare or would pose an increased hazard to the safety of the HCW.

SPECIFIC REQUIREMENTS

Hand Hygiene

During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. When hands are visibly dirty, contaminated with proteinaceous material or visibly soiled with blood or body fluids, wash hands with soap and water. For instances when hands are not visibly soiled, the preferred method of hand hygiene is to use alcohol-based hand rub, but soap and water can also be used.

Perform Hand Hygiene

- Before having contact with patients
- After contact with blood, body fluids, excretions, mucous membranes, non-intact skin or wound dressings.
- After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).
- If hands will be moving from a contaminated-body site to a clean-body site during patient care.
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- After removing gloves.
- Wash hands with soap and water when caring for patients with *C. difficile*. The physical action of washing and rinsing hands is recommended as alcohol-based agents have poor activity against spores.
- **Rub hands together using friction for at least 15 seconds**

Artificial Fingernails

- Acrylic fingernails, overlays, decals, extenders or any other artificial lengthening agent is prohibited in employees having contact with patients or in those employees coming in contact with medical equipment, supplies, food or pharmaceuticals that will reach the patient.

Personal Protective Equipment (PPE)

Wear PPE when there is anticipated contact with blood or body fluids. Prevent contamination of clothing and skin during the process of removing PPE. Before leaving the patients' room or cubicle, remove and discard PPE in an appropriately designated container for washing, decontamination or disposal.

Gloves

- Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., a person incontinent of stool or urine) could occur.
- Wear gloves with fit and durability for the task.
- Wear disposable medical gloves for providing direct patient contact.
- Wear disposable medical gloves for cleaning the environment or medical equipment.
- Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.
- Do not wear the same pair of gloves for the care of more than one patient.
- Do not re-use or wash gloves.

- Change gloves during patient care if moving from a contaminated site (e.g., perineal areas) to clean-body site (e.g., face).

Isolation Gowns

- Wear a gown to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions or excretions is anticipated.
- Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
- Remove gown and perform hand hygiene before leaving the patient's room/environment.
- Do not reuse gowns, even for repeated contacts with the same patient.

Face Protection: Masks, Goggles, Face Shields

- Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
- During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract (if not using in-line suction catheters), endotracheal intubation) wear one of the following: a face shield that fully covers the front and sides of the face; a mask with attached shield; or a mask and goggles (in addition to the gloves and gowns).
- Reusable eye protection should be cleaned after use.

Respiratory Hygiene/Cough Etiquette

It is important to implement measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of respiratory infection, beginning at the initial point of entry/encounter in a healthcare setting (e.g., triage, reception, waiting areas in emergency departments and outpatient areas).

- Signs with “Cover Your Cough” instructions are placed in waiting areas in emergency department and out-patient areas.
- Alcohol based hand cleaner is available for use.
- Disposable tissues and waste receptacles are available.
- During periods of increased prevalence of respiratory infection in the community, offer masks to coughing patients and other symptomatic accompanying persons upon entry into the facility.
- Spatial separation of about 3 feet in waiting areas is recommended if there is not a special waiting area for patients with respiratory symptoms.

Patient Placement

Include the potential for transmission of infectious agents in patient placement decisions. Place patients who pose a risk for transmission to others in a private room when available.

Determine patient placement based on the following principles:

- Routes of transmission of the known or suspected infectious agent.
- Risk factors for transmission in the infected patient.
- Risk factors for adverse outcomes resulting from a hospital acquired infection in other patients in the area or room being considered for patient-placement.
- Availability of single-patient rooms.
- Patient options for room sharing (e.g., cohorting patients with the same infection).

Environmental Cleaning

Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables and frequently touched surfaces. In the patient environment (e.g., door knobs, surfaces in and surrounding toilets in patient rooms).

Clean and disinfect electronic equipment used by patients, used in the delivery of care, and mobile devices that are moved in and out of patient rooms frequently.

Laundry

- Handle dirty linen with minimal agitation and hold away from body to prevent contamination of air, surfaces and persons.

Safe Injection Practices

The following recommendations apply to the use of needles, cannulas that replace needles, and where applicable, intravenous delivery systems:

- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle on the syringe is changed. Needles, cannulas, and syringes are sterile, single use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
 - Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous bag or administration set.
 - Use single-dose vials for parenteral medications whenever possible.
 - Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
 - If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.
 - Do not keep multi-dose vials in the immediate patient treatment area and store in accordance with the manufacturers recommendations; discard if sterility is compromised or questionable.
 - Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

Lumbar Puncture Procedures

- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia).

Worker Safety

Adhere to federal and state requirements for protection of healthcare workers to bloodborne pathogens. See Exposure Control Plan

CONTACT PRECAUTIONS

Elements of Transmission Based Precautions (TBP)

Use Standard Precautions for all patients, but in addition, use Transmission-Based Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically-important pathogens which are spread by direct or indirect contact with the patient or his environment.

Refer to Appendix A in Infection Control Manual for Type and Duration of Precautions needed for selected infections and conditions.

Contact Precautions

For conditions transmitted by direct or indirect contact such as inpatients with resistant organisms, excessive wound drainage, fecal incontinence or other body discharges that would cause contamination of the environment making transmission likely

- A single patient room should be used when a single room is unavailable, apply the following principles for making decisions on patient placement.
 - Prioritize patients with conditions that may facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.
 - Place together in the same room (cohort) patients who are infected or colonized with the same pathogen and are suitable roommates.
 - If it becomes necessary to place a patient who requires Contact Precautions in a room with a patient who is not infected or colonized with the same infectious agent.
 - Avoid placing patients on Contact Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome with infection or that may facilitate transmission (e.g., those who are immune-compromised, have open wounds, or have anticipated prolonged lengths of stay).
 - Ensure that patients are physically separated (i.e., > 3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.)
 - Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one or both patients are on Contact Precautions.

Personal Protective Equipment

Gloves

- Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to patients (e.g., medical equipment, bed rails.
- Don gloves upon entry into the room or cubicle.

Gowns

- Don gown upon entry into room or cubicle.
- Remove gown and observe hand hygiene before leaving patient room or cubicle.
- After gown removal, ensure that clothing and skin do not contact potentially contaminated environment surfaces that could result in possible transfer of microorganisms to other patients or environmental surfaces.

Patient Transport

Limit transport and movement of patients outside of room to medically-necessary purposes.

- When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered.
- Patient may attend therapies (e.g., group, physical, occupational, inpatient or rehab) if patient feels well enough to participate and all drainage (i.e., wound, diarrhea, etc.) is covered and contained.
- Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.
- Don clean PPE to handle the patient at the transport destination.

Patient Care Equipment and Instruments/Devices

Handle patient-care equipment and instruments/devices according to Standard Precautions.

- Use disposable non-critical patient-care equipment (e.g., blood pressure cuffs) or if not available dedicate those items for use only in that one patient.
- If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

Environmental Cleaning

Ensure that rooms of patients on Contact Precautions are prioritized for daily cleaning and disinfection with a focus on frequently touched surfaces (e.g., bed rails, over bed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment in the immediate vicinity of the patient.

DROPLET PRECAUTIONS

In addition to Standard Precautions, use Droplet Precautions as recommended in Appendix A for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing or talking.

Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. Infectious agents spread by droplets include B. pertussis, influenza virus and N. Meningitis.

- A single patient room should be used. When a single room is unavailable, apply the following principles for making decisions on patient placement.
- Prioritize patients who have excessive cough and sputum production for single-patient room placement.
- Place together in the same room (cohort) patients who are infected the same pathogen and are suitable roommates.
- If it becomes necessary to place patients who require Droplet Precautions in a room with patient who does not have the same infection.
- Avoid placing patients on Droplet Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immune-compromised, have or have anticipated prolonged lengths of stay).
- Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for close contact.
- Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one patient or both patients are on Droplet Precautions.

Use of PPE

- Don a mask upon entry to room or cubicle.
- If splash or cough directly into face is anticipated consider eye protection such as goggles or face shield in addition to mask.
- For patients with suspected or proven SARS, influenza, notify Infection Prevention Services.

Patient Transport

- Limit transport and movement of patients outside of the room for medically-necessary purposes.
- If transport or movement is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.
- No mask is required for person transporting patients on droplet precautions.

AIRBORNE PRECAUTIONS

In addition to Standard Precautions, use Airborne Precautions as recommended in Appendix A for patients known to be infected with infectious agents transmitted person-to person by the airborne route (e.g., M. tuberculosis, measles, chickenpox, disseminated herpes zoster).

- A negative-pressure isolation room should be used.
- Negative pressure rooms provide at least six air exchanges per hour and air is exhausted to the outside and not re-circulated.
- Negative pressure rooms are under continual monitoring by Engineering Services.
- Negative pressure room doors must be kept closed at all times to maintain negative pressure.

In the event of an outbreak or exposure involving large numbers of patients who require Airborne Precautions: Consult Infection Prevention Services before patient placement to determine the safety of alternative room that do not meet engineering requirements for negative pressure.

- Place together (cohort) patients who are presumed to have the same infection (based on clinical presentation and diagnosis when known) in areas of the facility that are away from other patients, especially patients who are at increased risk for infection (e.g., immunocompromised patients).
- Use temporary portable solutions to create a negative pressure environment in the converted area of the facility.
- Air from converted areas must be exhausted through HEPA filters before return to occupied spaces.

In ambulatory settings develop systems (e.g., triage, signage) to identify patients with known or suspected infections that require Airborne Precautions upon entry into ambulatory settings.

- Place the patient in a negative pressure room. If a negative pressure room is not available, place a surgical mask on the patient and place him/her in an examination room. Once the patient leaves, the room should remain vacant for the appropriate time, generally one hour, to allow for a full exchange of air.
- Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once in a negative pressure room the mask may be removed; the mask should remain on if the patient is not in a negative pressure room.

Personnel with Susceptibility to Select Infections

Restrict susceptible healthcare personnel from entering the rooms of patients known or suspected to have measles (rubeola), varicella (chickenpox), disseminated zoster, or smallpox if other immune healthcare personnel are available.

Use of PPE

- Wear a fit-tested NIOSH-approved N95 or higher respirator for respiratory protection when entering the room or home of a patient when the following diseases are suspected or confirmed:
 - Infectious pulmonary or laryngeal tuberculosis or when infectious tuberculosis skin lesions are present and procedures that would aerosolize viable organisms (e.g., irrigation, incision and drainage, whirlpool treatments) are performed.
 - Smallpox (vaccinated and unvaccinated). Respiratory protection is recommended for all healthcare personnel, including those with a documented “take” after smallpox vaccination due to the risk of a genetically engineered virus against which the vaccine may not provide protection, or of exposure to a very large viral load (e.g., from high-risk aerosol-generating procedures, immuno-compromised patients, hemorrhagic or flat smallpox).
- Healthcare personnel who are presumed to be immune to measles (rubeola) or varicella-zoster based on history of disease, vaccine, or serologic testing do not need to wear respiratory protection when caring for an individual with known or suspected measles, chickenpox or disseminated zoster. Important: Communicate to others who may enter a negative pressure room that they need to be immune to enter the negative pressure room.
- For susceptible healthcare personnel, when immune personnel are not available and contact with patients with known or suspected measles, chickenpox or disseminated herpes zoster cannot be avoided, wear an N95 or higher level respirator plus put on gown and gloves prior to entering the negative pressure room.

Patient Transport

- Limit transport and movement of patients outside of the room to medically necessary purposes.
- If transport or movement outside a negative pressure room is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette.
- For patients with skin lesions associated with varicella or smallpox or draining skin lesions caused by *M. tuberculosis*, cover the affected areas to prevent aerosolization or contact with the infectious agent in skin lesions.
- Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

Exposure Management

Unprotected contact to a patient with measles, varicella or smallpox should be reported immediately to the Infection Prevention Service or Employee Health Service.

Evaluation and follow-up of exposures will be conducted per appropriate CDC protocols.

Needlestick

KNOWN HIV (AIDS) -POSITIVE SOURCE

1. Wash affected area with soap and water. DO NOT SQUEEZE OR TRY TO ENCOURAGE BLEEDING.
2. Report incident to any employee or manager, supervisor, or Department Head. Infection Control should also be called.
3. GO DIRECTLY TO THE ER for immediate evaluation and treatment. Complete an event report by the computer system.

ALL OTHER NEEDLESTICKS

1. Wash affected area with soap and water. DO NOT SQUEEZE OR TRY TO ENCOURAGE BLEEDING. Complete an event report via RL solutions on line.
2. Report incident to Manager, Supervisor, or Department Head (and Instructor if a student).
3. Call Infection Control to report incident and for evaluation of needlestick.

Cleaning and Decontamination

Blood spills on hard surfaces are cleaned with a dilute bleach solution (1 part chlorine to 10 parts water). Bleach solution is made fresh as the need arises and is not in an aerosol bottle.

Blood spills on carpeting are to be kept moist with a cloth or towel, and housekeeping notified so that the spill can be cleaned. If the spill on the carpeting is excessive or covers a large area, the area should be cordoned off and Housekeeping called immediately.

Contaminated work areas must be decontaminated after completion of procedures, immediately or as soon as feasible when surfaces are visibly contaminated, or after any spill of blood or other potentially infection materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

DECONTAMINATION OF EQUIPMENT – SANI-CLOTHS

The wipes should be used for routine cleaning of stretchers, wheelchairs, other medical equipment and hard surfaces in between patient use. Large amounts of soiling must be removed and cleaned up before decontamination can be achieved with these wipes. You must wear gloves when using the wipes.

For the product to work for the product to work to kill the germs, there must be a 2 minute contact time of the disinfectant on the wipes with the object. Simply, wipe the object on all surfaces using the wipe and allow it to remain wet for 2 minutes. It does not mean that you must scrub it for 2 minutes.

Handling and discarding contaminated sharps:

Contaminated sharps and needles will be discarded in approved, puncture resistant, closable, leakproof containers. Placement will be easily accessible to personnel and located as close as possible to area of use. Needles are not to be bent, broken or manipulated in any way by hand.

Containers are replaced when they are 2/3 full.

Waste Disposal

A. Contaminated Materials

Dressings, tissues and other items soiled with blood or body fluids must be discarded in impervious red infectious waste bags for disposal.

B. Non-Infectious Waste

All other materials not contaminated with blood or body fluids are placed in regular plastic bags for removal.

Laundry:

All contaminated laundry is handled using universal precautions, therefore, no additional labeling is necessary.

Contaminated linen must be handled as little as possible with a minimum of agitation. Used linen should be bagged at the location of use.

If used linen is wet and presents a reasonable likelihood of soak through or leakage in the container, it should be placed in additional bag which will prevent leakage.

Post Exposure Evaluation and followup:

Individuals sustaining exposure to blood or body fluids must report the exposure to their manager immediately and complete an incident report.

A confidential medical follow-up will be provided through the Infection Control department.

Investigation of the exposure and circumstances of the exposure will be done as well as a search for the identity of the source patient will be conducted. Testing will be done in accordance with the Pa HIV confidentiality Act 148.

I have read and understood the above infection control information.

Signature of Individual _____ Date _____

**IF STUDENT, CORRECTED BY INSTRUCTOR PRIOR TO SENDING TO STAFF
DEVELOPMENT/CLINICAL EDUCATION!**

GRADE:

**MOSES TAYLOR HOSPITAL STAFF DEVELOPMENT/CLINICAL EDUCATION
STUDENT/CONTRACT/AGENCY SAFETY SLP POST TEST**

NAME Amogh Karnik TITLE _____ DEPT _____

DATE 4/14/2014

If student, Name of School TCMC

Name of Clinical Instructor _____

If student, Name of Nursing Department where clinical is being done. _____

1. What are the four steps in RACE?
 - a. Rescue those in immediate danger if safe
 - b. Activate fire alarm
 - c. Contain fire by closing doors
 - d. Extinguish fire if safe, and evacuate
2. You splash a hazardous material in your eyes. The MSDS is written information designed to provide you with valuable information on that hazardous material.
3. You should always wash your hands before putting gloves on and after removing them.

☒ True or ☐ False

4. Identification badges should be worn at all times in a visible location. ☒ True or False ☐

5. The acronym P.A.S.S stands for:
- a. ☐ Pull, Alert, Secure, Save
 - b. ☐ Push, Alarm, Secure, Sweep
 - c. ☒ Pull, Aim, Squeeze, Sweep
 - d. ☐ Pull, Aim, Save, Secure

6. What are the code words for fire, disaster, and cardiac arrest in the Hospital?

FIRE Red DISASTER Yellow Internal

CHILD ABDUCTION Pink CARDIAC ARREST Blue

7. What do you do if you hear any of the emergency codes called (except CODE BLUE) i.e. Code Red or Code Yellow and you are at break? Go back to the department and follow supervisor's instructions

8. What is the phone number you use to report an emergency at MTH? 5555

9. What are four things you should do if you see a visitor fall in the hallway?

Contact security, document the event, report the event to the Risk Management Department

10. Patient health information is only to be shared on a **need-to-know-basis** ☒ True or False ☐

11. When dealing with a patient, what are the usual 2 identifiers that you should use to ensure you have the right patient?

Name and date of birth

12. Population specific competencies means focusing on the specific needs of a particular population and the influence of these needs on the care, treatment, and services provided.

☒ True or False ☐

13. When washing your hands, you must wash them for a minimum of 15 seconds.

14. Standard Precautions – including Hand Hygiene, have an essential role in preventing MDRO transmission.

☒ True or False ☐

15. Which statement/s is/are true regarding restraints?

- ☐ a. Never restrain a patient in the prone position
- ☐ b. Always use the least restrictive restraint option.
- ☐ c. A complete assessment and evaluation of contraindications is required prior to the initiation of restraints.
- ☐ d. Never tie a knot to secure a restraint
- ☒ e. All of the above

16. What does A stand for in the AIDET customer relations principles?

Acknowledge

**** You are responsible to know all material in the safety packet even if you don't have a question on a topic. Please read all material.**

Thank you and WELCOME TO MOSES TAYLOR HOSPITAL!