



Basic Safety 2020

Required Topics



- Ergonomics
- Fire Safety
- Electrical Safety
- Emergency Preparedness
- Hazardous Material
- Basic Infection Control
- Patient Rights
- Workplace Violence Prevention



Ergonomics:

- The science and practice of designing jobs or workplaces to match the capabilities and limitations of the human body
- Helps employers identify jobs and tasks in the workplace that may pose a hazard for work related injuries

Refer to the HR Portal (Caregiver.eHR.com) for:

- Accessing resources about ergonomic and patient handling safety; and
- Requesting an ergonomic assessment of your workstation.

What are you and Kadlec doing to prevent worker injury?

Kadlec wants to ensure a safe environment for caregivers as well as patients. This can be accomplished by:

- Being knowledgeable about your own personal strengths and weaknesses
- Being knowledgeable about the equipment options available to facilitate a safe working environment
- Being knowledgeable about what Kadlec is doing behind the scenes to ensure a safe work environment

How can I ensure my own personal safety?

1. Utilize proper body mechanics at all times when lifting, carrying, pushing or pulling.
 - Size up the load; if the object is too heavy, large or awkward, get help
 - Put your feet close to the object and about shoulder width apart
 - Bend your knees, not your back; use your large leg muscles to do the work
 - Keep the object as close to your body as possible
 - It is always recommended that you push, pull, or roll rather than lift (if possible)
 - When lifting, holding, or carrying an object, turn with your feet (don't twist your body)
2. Take time to adjust your work environment to accommodate your own personal needs.
3. Take a stretch break. Studies have shown that rest breaks are more beneficial if they are short and taken more frequently. Stretching can be helpful in maintaining flexibility and warming muscles up so they work more efficiently.
4. Exercise to maintain both strength and flexibility.

You are more likely to injure yourself if you...

1. Attempt to move too much weight.
2. Do a lot of bending and lifting.
3. Twist your body when lifting.
4. Lift and carry in a hurry.
5. Have had a previous injury.
6. Do not adjust the bed to the height you are working.

How to Report a Work Related Injury or Exposure

For Students and Contracted Staff ONLY:

- Notify your Supervisor or the PCC **Immediately**. Administer first aid as needed.
- **Exposure to blood and body fluids:**
 - **Students and Contracted Staff(except Contracted Medical Providers)** shall check in to the Emergency Department for evaluation.
 - **Contracted Medical Providers** shall contact PCC at 727-1060 or assistance with blood or body fluid exposures.
- **Injury sustained on Kadlec property requiring medical treatment may be evaluated by your primary care provider or the emergency department depending upon severity.**
 - **Students** must report injuries to the Student Services Specialist.
 - **Contracted Staff** must report their injury to their supervisor.

Please refer to Kadlec policy 24.35.00 ED/FSED Blood or Body Fluid Exposure; Kadlec Non-Employee for specific details regarding exposures.

How to Report a Work Related Injury or Exposure

For Kadlec Caregivers ONLY:

- Notify your Supervisor or the PCC **Immediately**. Administer first aid as needed.
- **Report** all needle sticks or accidental exposure to blood or body fluids **immediately** to assess risk and the need for post-exposure prophylaxis then obtain a red packet from the **HURT box** in your location and follow the instructions within.
- **Report all injuries/exposures** to Sedgwick via the HR Portal>Sedgwick Leaves and Work Injuries.
- **Call Caregiver Health (509) 942-2990 ext 4179** for injury/exposure follow up or assistance.

What Are My Equipment Options for Facilitating A Safe Working Environment?

- **Anti-Fatigue Mat:** Used when standing in one location for long periods of time, they decrease wear on joints.
- **Carts:** Allows objects to be pushed/pulled rather than carried when moving over distances or repeatedly. Consider handle height/position to allow for good posture when pushing or pulling.
- **Motorized Gurneys:** Reduces the effort required when pushing or pulling.
- **Slip Sheets:** Facilitates sliding a patient up in bed or over to a gurney by reducing friction.
- **Sit to Stand Transfer Device:** Facilitates transfer of a patient between a bed and a chair, commode, etc.

Facilitating A Safe Working Environment

(Continued...)

- **Adjustable Keyboard Tray/Ergonomic Keyboards:** Accommodates the needs of a variety of individuals to ensure proper alignment of the wrists/hands.
- **Adjustable Chairs:** Accommodates the needs of a variety of individuals to ensure proper postural alignment of the body, arms, and legs.
- **Ceiling Lifts:** Helps with safe patient transfers with a motorized lift and sling to support the weight of the patient.
- **Portable Motorized Lift:** Helps with safe patient transfers with a motorized lift and sling/straps to support the weight of the patient.
- **A Cardiac Chair:** Transitions from supine to sitting; patient can slide to and from the bed to facilitate safe patient transfers.

Facilitating A Safe Working Environment (Continued...)

Training on the use of the equipment is recommended to ensure the safety of all concerned. Please discuss scheduling a training session with your supervisor as appropriate.



What is Kadlec doing behind the scenes to ensure a safe work environment?

- A Safe Patient Handling Committee, half of whom are direct-patient care providers, is ongoing to keep both patients and care providers safe.
- In compliance with the safe patient handling state law, Kadlec has implemented:
 1. A Kadlec house wide policy for “Patient Movement and Transfers”.
 2. Skills education for moving and lifting.
 3. A lift facilitator to determine the lifting needs of the patients for staff.
 4. An ongoing assessment of the processes and resources in place.
 5. An ongoing assessment of the need for further equipment/resources.

RACE

- Rescue
- Activate
- Contain
- Evacuate/ Extinguish



Fire Discovery (RACE Continued...)

- **Rescue** anyone in the immediate area
- **Activate** the Alarm by pulling the nearest fire alarm pull station and (in-house) **dialing 4444** (from landline)
 - *Off-site locations dial 911*
- **Contain** the fire by closing doors and windows, place damp linen under doors to keep smoke out
- **Evacuate** to the nearest smoke compartment or to the outside for off-site locations
- **Extinguish** the fire if safe to do so – do not open any already closed doors

If fire is located elsewhere...

- The in-house hospital operator will announce “Code Red”
- Please remain in your present location
- DO NOT use the elevators
- DO NOT go through closed doors labeled as a fire door unless instructed to do so

Electrical Safety



- If you have a electrical Safety Concern please contact Facilities
- Ask Facilities department to check any equipment being brought in from outside the hospital

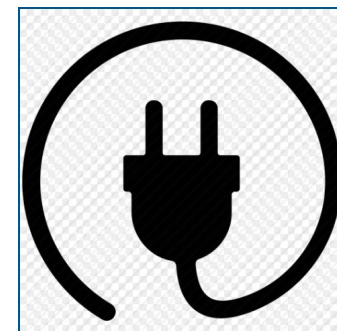


Electrical Safety

- Please report any damaged electrical cords and plug-ins to Facility Services and/or through KWeb Maintenance Request (online)
- **Red outlets** (regardless of plate color) located throughout the hospital indicates power fail outlets
- All life sustaining equipment must be plugged into **red outlets**

Electrical Safety

- Only approved power strips can be used
 - Power strips cannot be used for patient care equipment
- Extension cords are not permitted
- Cords must not be in the way of foot traffic
- Do not overload outlets
- Use the plug end part of the cord to unplug any appliance



Emergency Preparedness



Kadlec maintains a written plan to deal with emergency situations that may arise. There are plans in place for Internal Disasters as well as External Disasters.

Each department maintains a current copy of their unit Standard Operating Procedures (SOP) manual with Annexes A-U. They can also be found on the Kadlec Intranet in PolicyStat.

Emergency Preparedness

- When an emergency occurs (which requires assistance):
 - ❑ In-house please **dial 4444** (from landline); state “the emergency” and “location”
 - ❑ Off-site please **dial 911**
- If the emergency plan is activated the in-house operator will announce the “Annex” that applies to the emergency
 - *Off-site locations will receive notification of the Annex and will respond according to their SOP*

Code Blue and Pediatric Code Blue

Code Blue: An adult who is not breathing and/or pulseless (respiratory and/or cardiac arrest)

Pediatric Code Blue: A child (up to age 12) who is not breathing and/or pulseless (respiratory and/or cardiac arrest)

- To activate an in-house Code Blues:
 - Push the Blue Code button in the room
 - Dial 4444 (from landline)
- To activate off-site emergencies:
 - Dial 911

Annex's

- A. Fire or Smoke Identified**
- B. Mass Casualty Incident**
- C. Hazardous Material Incident**
- D. Radiation Incident**
- E. Medical Gas (incl O2) Shortage**
- F. Electrical Power Outage**
- G. Telephone Outage**
- H. Natural Gas Outage**
- I. Loss of Water Supply**
- J. Domestic Sewer Outage**
- K. Information System Failure**
- L. Bomb or Suspicious Device Located**
- M. Evacuation**
- N. Weapons of Mass Destruction (Terrorist Attack)**
- O. Explosion**
- P. Earthquake**
- Q. Severe Weather or Storm**
- R. Dignitary**
- S. Volcanic Ash**
- T. Other Emergency Situation**
- U. Unannounced Survey**

Emergency Preparedness

There are 7 other emergency situations that do not fall under an annex. These can also be found in PolicyStat

1. Amber Alert (Infant/Child Abduction)
2. Code Black (Bomb Threat)
3. Decontamination Team Activation
4. Code Gray (Disruptive Patient or Visitor)
5. Code Violet (Controlled Access)
6. Code Violet (Controlled Access ED)
7. Code Silver (Active Assailant/Hostage)

Amber Alert

- In the event of a missing infant or child (in-house) **dial 4444** (from landline) and an “**Amber Alert**” will be called.
 - *Off-site locations will dial 911.*
- The hospital and off-site locations will go into “Controlled Access”. All exits in all areas are to be secured by caregivers closest to that exit.
- All caregivers are to search their work areas for any suspicious individual(s) who may not belong.

Amber Alert

Any individual(s) who are acting strange and who may be carrying anything that may conceal an infant or child (i.e. backpack, large coat, box, gym bag or tool box):

- Attempt to detain the individual and/or contact Security immediately
- If you work near an exit, stand in front of the exit to prevent anyone from leaving the hospital (the Richland Police may want to speak with everyone in the hospital)
- Search until the “All Clear” is called

Bomb Threat

- In the event of a bomb threat a “**Code Black**” will be called
- If you identify anything suspicious (i.e. abandoned backpack, briefcase, box or gym bag) **DO NOT** touch or move
- If a suspicious device is located in-house **dial 4444** (from landline) and report
 - *Off-site locations **dial 911** and evacuate the building*

Bomb Threat

If you receive a “**Bomb Threat**”

- Remain calm
- Keep caller on the line as long as possible
- Listen for distinguishing background noises
- Listen for distinguishing voice characteristics
- Try to get an in-house co-worker to **dial 4444** to report
 - *Off-site (Kadlec) locations will dial 911*

Decontamination Team Activation

The KRMC Decontamination Team is activated *only if* we receive word that a patient is being sent to our Emergency Department (ED) in need of decontamination.

1. No code will be called for this.
2. Only the ED Physician or the Patient Care Coordinator (PCC) can activate the decontamination team.
3. Patient is decontaminated in a controlled location before entering patient care areas.

Code Gray Disruptive Pt or Visitor (In-house)

- **Who can call a Code Gray?**
 - Any caregiver by **dialing 4444** (from landline), stating “**Code Gray**”, and giving location.
- **When do I call a Code Gray (but not limited to)?**
 - A patient who is confused and combative for any reason.
 - A person who is assaulting or threatening another person.
 - A visitor who refuses to vacate the premises when requested.
- **What Happens?**
 - Operator pages overhead “**Code Gray** (location)”.
 - All available personnel from several departments respond immediately to the scene (a show of support for those threatened).
 - Security or the PCC is in charge; they will direct and release people as appropriate.

Code Gray Disruptive Pt or Visitor (Off-Campus)

- **Code Gray Off-site** locations will call **911**
- Activate duress alarm if you cannot safely contact **911**
 - Report the need for Police assistance
 - Meet Police when they arrive
 - Follow instructions

Code Violet (Controlled Access)

To secure the hospital when there is a threat to life or health from outside the facility. **Policy 1322**

- **KRMC Staff Responsibility**
- Secure their immediate work area.
- Report anyone in their area who may not belong, get the best possible description, i.e., gender, race, age, height, weight, hair color, clothing, vehicle, license number, color, make, model, etc.. Call the operator (**4444**) who will notify Security and Law Enforcement

Code Violet (Controlled Access ED)

To control access of the Emergency Department (ED) and Free Standing Emergency Department (FSED) when there is a perceived threat to life or health to KRMC staff, patients or visitors from outside the department.

- **Kadlec Emergency Dept. ED/FSED Staff Responsibility**
- Refer to Policy 1321: **Response to a "Code Violet" Emergency Department**

Code Silver

A Code Silver is activated when there is an active assailant “shooter” in the hospital or a hostage situation.

- If an “active shooter” or threat of violence is identified, ensure your personal safety by utilizing the run-hide-fight concept.
- Once your personal safety is secured call **911** and report threat of violence.
 - If on campus, call **4444** (from landline) to report to the hospital operator.

Patient Precaution Magnet Definitions

(Main Campus Only)

- Placed on the bottom of the patient room sign
(main campus only)
- Precaution signs are for the safety of caregivers and patients so that they are well versed on what these cautionary visual aids represent

Patient Precaution Magnet Definitions (Main Campus Only)

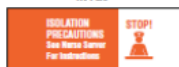


See the unit nurse before entering
STOP AND SEE THE NURSE

Applies to: ALL STAFF



MAG5



Precautions are in place for safety

Please check the precaution sheet posted on the nurse server door for instructions on what personal protective equipment is required *before* entering room.

Applies to: ALL STAFF



MAG22



At risk of falling

Patient will need physical/stand-by assistance when up on their feet. *If you see this patient moving without assistance please alert unit staff immediately.*

Applies to: ALL STAFF



MAG1



MAG18

At risk for a suicide

Check-in with unit staff if you have questions. *Do not leave any objects in the room that a patient could use to harm themselves or others.*

Applies to: ALL STAFF



MAG13



MAG20

Outside visitors are NOT allowed

Check-in with the unit team if you have an urgent need to meet with the patient.

Applies to: ALL STAFF



MAG14



MAG21

Outside visitors are LIMITED

You may go about your regular business with this patient. If unsure, please check-in with the unit staff for direction.

Applies to: ALL STAFF



MAG1



Registered Bloodless Medicine Patient

Check for specific information in the patient's chart about their preferences related to the use of blood products and derivatives.

Applies to: All clinical staff



MAG10



Nothing to eat or drink

Do not give patient any food or fluids.

Applies to: ALL STAFF

Patient Precaution Magnet Definitions (Main Campus Only)



MAG2

Potentially violent or disruptive

Check-in with the unit staff before entering. Caution should be taken when approaching patient for the safety of all.

Applies to: ALL STAFF



MAG3

Patient is deceased, still in room

Check-in with the unit staff before entering.

Applies to: ALL STAFF



MAG10

Low vision or is blind

Be mindful to provide good verbal communication. Take care not to startle the patient. Start by knocking, wait for a reply, introduce yourself and communicate at an appropriate speed.

Applies to: ALL STAFF



MAG9

Has limited hearing or is deaf

Additional assistance is needed to communicate. Check-in with the unit staff for resources.

Applies to: ALL STAFF



MAG11

Requires an interpreter

Interpreter is needed for all CLINICAL conversations. Check-in with the unit staff to learn what is needed. To reach in-house interpreters dial 415# from any house phone.

Applies to: Clinical staff



MAG7

Requires a quiet environment

Please be quiet in the hallway and when entering/exiting the patient's room.

Applies to: ALL STAFF



MAG16

Fluids are restricted

Do not give this patient fluids, including ice, without first checking with nurse.

Applies to: ALL STAFF



MAG17

Specific dietary needs

Check with unit staff before delivering food.

Applies to: ALL STAFF

Patient Precaution Magnet Definitions

(Main Campus Only)



MAG15

Issues with swallowing

Please check with nurse before delivering a food tray or liquids as the patient will need assistance.

Applies to: ALL STAFF



At risk for skin breakdown

This signals nursing staff to put preventative measures in place.

Applies to: Clinical staff



MAG12

Lab draws and blood pressures may not be performed on an arm

Before drawing labs or taking a blood pressure consult with unit staff.

Applies to: Clinical Staff



MAG8

Sensitive or allergic to latex

NO latex products should be used on or near the patient.

Applies to: ALL STAFF

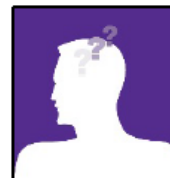


MAG6

Patient has an open skull area

Extra caution should be taken when providing care. Be aware of the critical nature of the patient

Applies to: ALL STAFF



Patient is confused

Patient is challenged with a cognitive change or has memory loss.

Applies to: ALL STAFF

Patient Precaution Magnet Definitions (Main Campus Only)

The STOP sign (***with the gray ribbon***) should alert caregivers to STOP before entering a room.

A Behavioral Plan is in place and the caregiver(s) should go to the front of the chart and find out how to proceed. The plan is kept in a gray folder on the front of the chart.





- Kadlec recognizes the potential threat that hazardous material and waste poses to human health and the environment
- Employees need to adhere to all Hazard Communication Program Policies and Procedures



MaxCom SDS (Safety Data Sheets)

- Located on Kadlec Intranet (online)
- Information included on MaxCom SDS:
 - Name of product
 - Appearance of Product
 - Emergency and First Aid procedures
 - Personal Protection Equipment (PPE) needed
 - Special precautions and spill/leak procedure

MaxCom SDS (Safety Data Sheets)

The screenshot displays the MaxCom GHS web application interface. At the top left is the MaxCom GHS logo. The top right shows the current location as 'Providence Health System' with buttons for 'Select Location' and 'Change Language'. A left-hand navigation menu includes links for 'Chemical List', 'Emergency Contacts', 'Safe Use Guides', 'Definitions', 'Training', 'Environment of Care', 'Emergency Plans', 'Request New Chemical', 'FAX On Demand', 'MSDS on the Web', 'Email Tech Support', 'Help', 'Administrator Login', and 'Logout'. Below the menu is the MaxCom Services logo, identifying it as a division of Haas Group International.

The main content area is titled 'Chemical List - Providence Health System' and features a search bar with the term 'bleach' entered. Search options include 'Search', 'Reset', 'Advanced Search', and 'Advanced Search Reset'. The results are presented in a table with columns for 'Product Name' and 'Manufacturer Name'. Each row includes buttons for 'Summary', 'SDS/MSDS', and 'Safe Use Guide', along with a hazard pictogram and associated hazard text.

Product Name	Manufacturer Name	Hazard Pictogram	Hazard Text
1 GL: Germicidal Ultra Bleach	WAXIE Sanitary Supply	168	DANGER - Eye Damage/Irritation Category 1
2.75% Citrus Bleach	KIK CUSTOM PRODUCTS	49	DANGER - Oxidizing (Category 3) and Toxic Liquid
2.75% Mountain Bleach	KIK CUSTOM PRODUCTS	158	General Use Chemicals
Activate 10:1 Institutional Bleach Concentrate 5.25% SODIUM HYPOCHLORITE SOLUTION	Take 5	121	DANGER - Acutely Toxic (Category 3) and Corrosive Substances

At the bottom of the interface, there is a footer bar containing navigation controls (Page 1 of 6, Records Per Page 25), utility buttons (Export, EHS Snapshot, Print List), and a status indicator 'Displaying 1 - 25 of 141'.

Infection Prevention Objectives



- Understand colonization vs. infection
- Understand the chain of infection and how to break it
- Understand basic infection control principles
- Understand Blood Borne Pathogens and Isolation

Basic Infection Prevention

- Everyone is an Infection Preventionist
- Think about infection prevention with every task
- Infection prevention interventions protect:
 - yourself
 - patients
 - visitors
 - other staff



Basic Infection Prevention (Continued...)

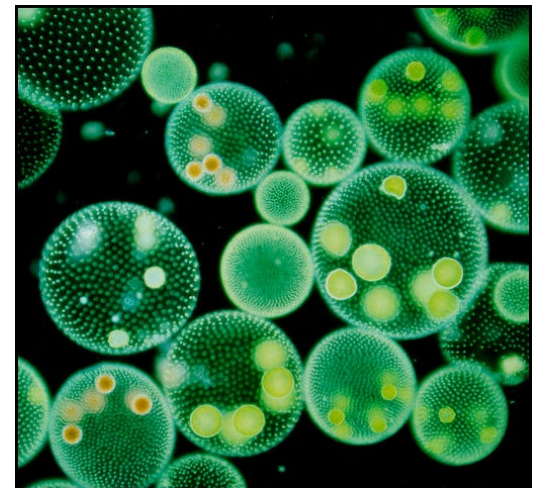
- Follow the policies in PolicyStat
- *For example:*
 - Isolation precautions
 - Care and cleaning of equipment between each patient use
- Think about how & what you do that affects those around you



Colonization vs. Infection

Colonization:

- Germs that are on or in the body that are not currently making you sick
- They can be germs capable of making you sick (such as MRSA)
- Germs that could be beneficial



Colonization vs. Infection (Continued...)

Infection:

- Occurs when any organisms invade the body and overwhelm its defenses. They can come from outside the body, or inside the body.

Signs and symptoms of infection:

- Redness
- Swelling
- Drainage
- Fever



Source of Infections

Bacteria may enter the body through:

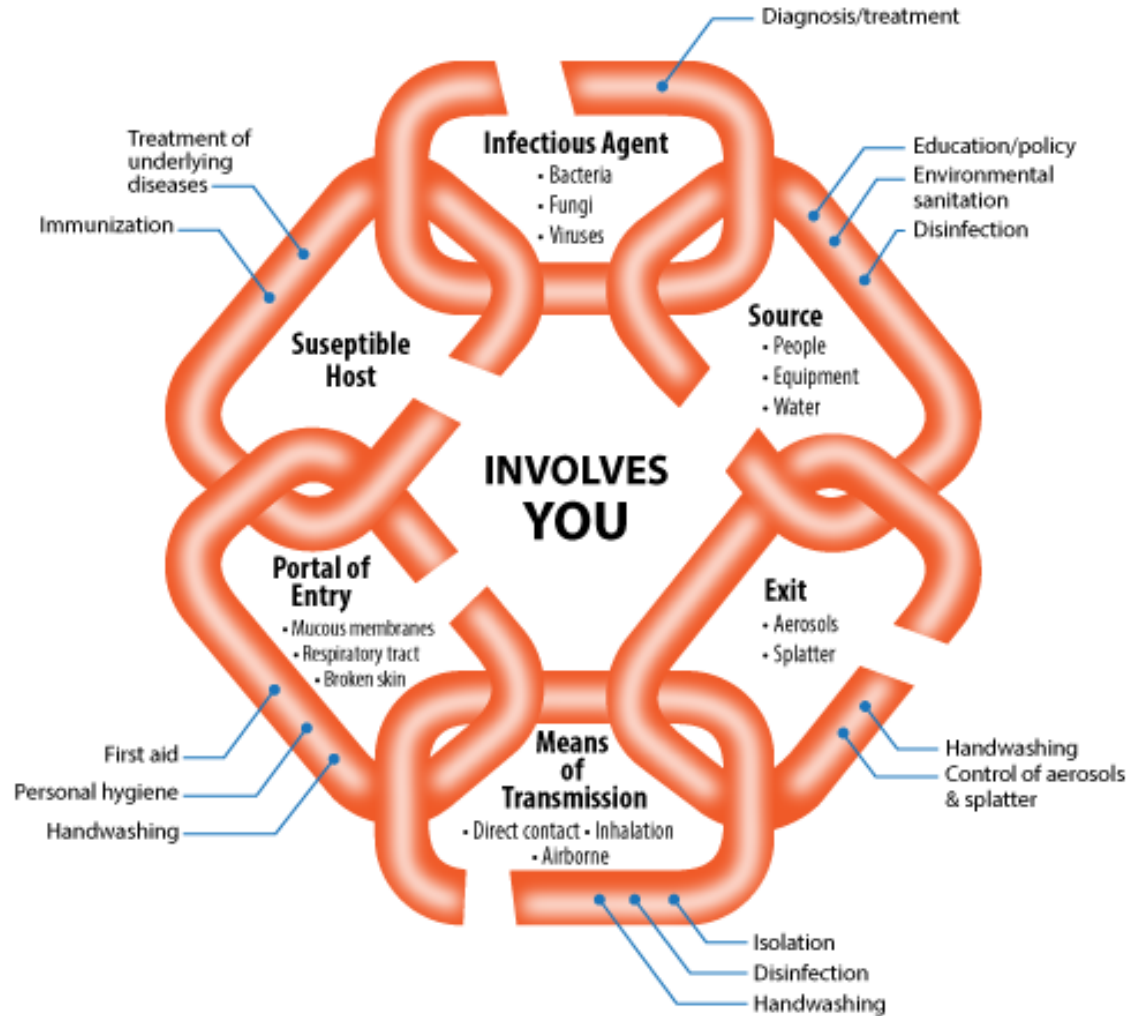
- A break in the skin.
- Mucous membranes (nose, mouth, eyes).

OR

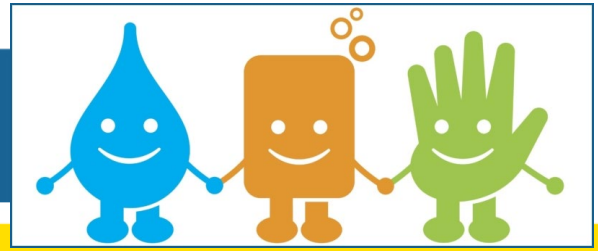
Infection may occur from normal flora:

- Bacteria live in the human body in large numbers. Most of the time the bacteria has a specific purpose that is essential to survival. When bacteria move from their normal location to a different part of the body, they may cause a life-threatening infection.

Chain of Infection



Goal of Infection Prevention



Break the Chain of Infection by:

- Meticulous Hand Washing
 - Simplest, cheapest and most effective means to prevent infection
 - Never miss an opportunity
 - Dirty to clean...foam in between
- Keep surfaces clean and disinfected
- Disinfect all patient care items between patient uses
- Stay home when you are sick

How “Back to the Basics” can we get?



- If hands aren't visibly soiled, it doesn't mean they are clean!
- Use an **alcohol-based rub** for routinely decontaminating hands.
- When hands are visibly dirty, contaminated, or soiled, wash with **soap & water!!!**

“Back to Basics”

Recommended Hand Hygiene Technique

Hand washing

- Wet hands with water, apply soap, rub hands together for at least 15 seconds.
- Rinse and dry with disposable towel.
- Use towel to turn off faucet.



Alcohol-Based Sanitizer

- Apply to palm of one hand, rub hands together covering all surfaces until dry.
- Use all the foam that is dispensed!

Breaking the Chain of Infection

(Continued...)

- **Personal Hygiene:**
 - Shower daily
 - Keep hair clean and tied back
 - Artificial nails are not allowed for direct-patient care
- Keep vaccinations (HBV, Flu, MMR, Tdap) up to date
- Don't work when you are sick
- Follow transmission-based precautions
- Wear PAPR (Powered Air Purifying Respirator) correctly
- Annual TB tests are given to clinical lab employees and may be requested by other departments

Transmission Based Precautions Signs

MRSA, ESBL, CRE
& other MDRO's

Diarrhea Illnesses
(i.e. C. difficile)



CONTACT PRECAUTIONS



(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.

-  You **MUST** wash/sanitize hands upon entering room.
-  Gown and gloves when entering room. 
- 
 - Use patient dedicated or disposable equipment
 - Clean and disinfect shared equipment.

Patient Transport
Limit transport and movement of patients to medically-necessary purposes.
Ensure that infected or colonized areas of the patient's body are contained and covered.
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.





CONTACT ENTERIC PRECAUTIONS



(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.

-  You **MUST** wash/sanitize hands upon entering room.
-  Gown and gloves when entering room. 
- 
 - Use patient dedicated or disposable equipment
 - Clean and disinfect shared equipment.

Patient Transport
Limit transport and movement of patients to medically-necessary purposes.
Ensure that infected or colonized areas of the patient's body are contained and covered.
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.



Transmission Based Precautions Signs

Influenza, Pertussis,
and Parainfluenza

Tuberculosis
Chickenpox, **disseminated** shingles,
Measles, Special Pathogens



DROPLET PRECAUTIONS



(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.



You **MUST** wash/sanitize hands upon entering room.



- Wear mask
- Wear eye protection if splash/spray to eyes likely



If contact with body fluids likely, use gown, glove, mask and eye protection





Patient Transport
Limit transport and movement of patients to **medically-necessary purposes**.
If transport or movement in any healthcare setting is necessary, instruct patient to **wear a mask** and follow Respiratory Hygiene/Cough Etiquette.
No mask is required for persons transporting patients on Droplet Precautions.



AIRBORNE PRECAUTIONS



(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.



You **MUST** wash/sanitize hands upon entering room.



Wear PAPR prior to entering room.



Airborne Infection Isolation Room required
(negative pressure)



Patient Transport
Limit transport and movement of patients to medically-necessary purposes.
If transport or movement outside an APR isolation is necessary, instruct patients to wear a **surgical mask**, if possible, and observe Respiratory Hygiene/Cough Etiquette



Keep door closed



VISITORS: Wear N95 respirator prior to entering room.

Breaking the Chain of Infection (Continued...)

- Standard Precautions always apply!
 - Protect yourself from body fluids
 - Wear appropriate **P**ersonal **P**rotective **E**quipment (**PPE**): gowns, gloves, goggles, and mask as needed
 - Use good respiratory hygiene and cover your cough
- Educate patients, families and visitors!



Blood-Borne Pathogens (BBP)

...and the law

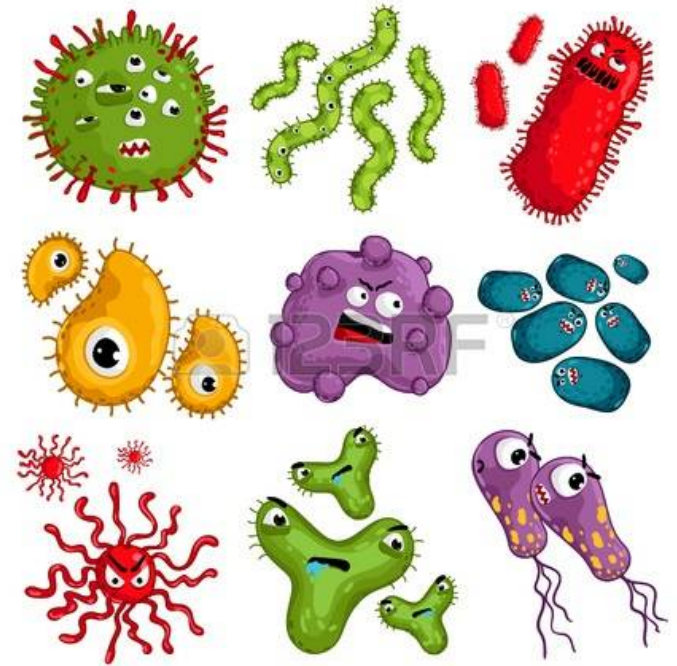
- OSHA \ WSHA
- Enacted in 1991
- Standardizes how Core Leaders are to protect their caregivers
- Standardizes how caregivers are to protect themselves
- Standardizes how exposures should be handled



Kadlec's Blood-borne Exposure Control Plan is available on PolicyStat

What Are Blood-Borne Pathogens (BBP)?

- BBP are infectious microorganisms sometimes found in human blood/body fluid that can cause disease in humans
- BBP include but are not limited to
 - HIV
 - Hepatitis B (HBV)
 - Hepatitis C (HCV)



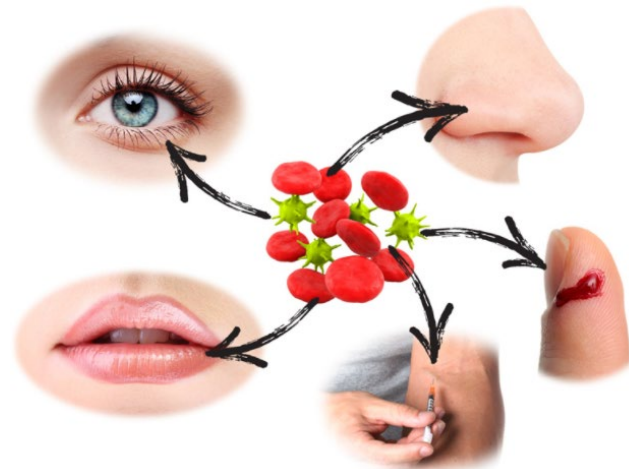
How Does Exposure Occur?

- Direct/Indirect Contact with:
 - Non-intact skin
 - Contaminated Surfaces
 - Mucous Membranes - mouth, nose, eyes
- Sharing needles / IV drug use
- Sexual contact with infected persons



How Does Exposure Occur? (Continued...)

- Sharps Injuries:
 - Needle sticks
 - Other sharp items
- Splash or Aerosol Exposures to:
 - Eyes
 - Nose
 - Mouth
 - Non-intact skin
- Human bites



How Do I Protect Myself and Others?

...yes this is a repeat...it must be important!

- **Use safe work practices...slow...down...**
 - **Never** recap needles
 - Properly dispose of contaminated objects
- **Frequent Hand Hygiene**
- **Remember Standard Precautions apply, so wear appropriate PPE (Personal Protective Equipment) when indicated:**
 - Gloves and fluid resistant gowns
 - Goggles and masks
- **Get vaccinated - HBV/TDap/MMR/Influenza**
- **Follow Isolation Signs**
- **If unsure, ask questions**



What do I do if I get exposed?

- **Perform First Aid**
 - Cleanse the wound with soap and water immediately
 - Flush areas of skin, nose or mouth that are exposed to bodily fluids with running water
 - Irrigate eyes with clean water, saline or sterile irrigants; know where your eye wash station is located
- **Immediately report** all accidental exposures to blood or body fluids including needle sticks and splash injuries to assess risk and the need for post-exposure prophylaxis
 - **Students:** Blood and Body Fluid Exposures will be evaluated in the **Emergency Department**
 - **Contracted Staff:** Please see your Kadlec Supervisor to know the Policies and Procedures to report an injury/exposure.
- Report a Work related injury or exposure by notifying your Supervisor or the **PCC Immediately**



- Advance Directives (AD)
- Informed Consent
- Privacy and Confidentiality
- Participation in ethical discussions arising from their care
- Considerate and Respectful Care
- Communication

Patient and/or Pediatric Patient Rights & Responsibilities information is given to patients on admission.

Advanced Directives

- Refer to oral or written instructions about future medical care in the event that the patient is unable to express their medical wishes



Two Types of Advance Directives:

- Healthcare Directive (Living Will)- does not require a notary
- Durable Power of Attorney-Healthcare – does not require a notary but is highly recommended

Healthcare Directive (Living Will)

- Provides information to the caregiver about life-sustaining care the patient would want if he or she has a terminal condition and life-sustaining treatment would only artificially prolong the process of dying (OR) the patient is in an irreversible coma with no hope of recovery (certified by two physicians) and is unable to express their medical wishes.
- Must be signed by the patient and two unrelated witnesses

Durable Power of Attorney (DPOA) - Healthcare

- A legal document allowing the patient to appoint a health care proxy - someone to represent their wishes, including consenting to, stopping, or refusing care based on their wishes, if the patient is unable
 - The document does not have to be notarized but is highly recommended

Advance Directives (AD) - Patient Rights

- Patients have the right to expect that their directives will be followed
- Information about AD is provided to all patients 18 years or above on admission
- If the patient already has an AD, but not on file, request to provide one on their next visit
- If the patient would like to establish an AD the attending physician is notified
- The patient may change or revoke the health directive at any time (verbally or in writing)
- Presence or absence of one does not impact routine healthcare

Washington State POLST Form –

What do you do with this form?

The Green POLST Form

(Physician Orders for Life Sustaining Treatment)

- The Green POLST Form is a WA State Form sanctioned by the Department of Health that outlines a patient's wishes for End of Life Care and is intended for use by emergency medical personnel when called to the site of an injury or illness
- When patients arrive at Kadlec with a Green POLST, it is designed to facilitate conversation with the patient to establish their wishes
- The Green POLST is for use in the community...the RN needs to notify the provider immediately so that they can address code status
- The Green POLST can be utilized for up to 24 hours

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Other Contact Information (Optional)			
Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number	
Name of Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

Completing POLST

- Must be completed by a health care professional based on patient preferences and medical indications.
- POLST must be signed by a physician, nurse practitioner or PA-C to be valid. Verbal orders are acceptable with follow-up signature by physician or nurse practitioner in accordance with facility/community policy.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

Using POLST

- Any section of POLST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation."
- Oral fluids and nutrition must always be offered if medically feasible.
- When comfort cannot be achieved in the current setting, the person, including someone with "comfort measures only," should be transferred to a setting able to provide comfort (e.g., pinning of a hip fracture).
- A person who chooses either "comfort measures only" or "limited additional interventions" should not be entered into a Level I trauma system.
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."
- A person with capacity or the surrogate (if patient lacks capacity) can revoke the POLST at any time and request alternative treatment.

Reviewing POLST


This POLST should be reviewed periodically and a new POLST completed if necessary when:

- (1) The person is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters.

Review of this POLST Form			
Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

WashingtonStateMedicalAssociation  Revised November 2004

Kadlec Inpatient code status

- All order sets in EPIC have a hard stop for provider to address code status. If a provider chooses to bypass an order set, then it will not trigger for the code status to be addressed.
- ALL PATIENTS that are admitted to in-patient Kadlec (*excluding Maternal Child and Pediatrics*) will have the code status addressed.
- Expectations of the primary RN is to address documentation of the code status with the provider if it is not addressed on admit.
- Refer to the PolicyStat for further information.

Informed Consent

- Includes two parts:
 - An explanation of the treatment options
 - Permission or refusal of treatment by the patient
- The patient's physician is responsible for discussing the purpose, risks, benefits and alternatives to treatment with the patient prior to the patient giving or refusing consent

Privacy and Confidentiality

- Patients expect all communications and records to remain confidential
- Patients also expect visual, auditory and personal privacy



Privacy Tips

- Patient information should only be shared with those involved in the patients care
- Doors must be closed and privacy curtains drawn during treatments
- Treat patients with respect by:
 - Knocking before entering room
 - Asking permission to open closets etc.



Ethical Discussions

When people become ill, they are often faced with the difficulty of having to make healthcare choices. These choices may sometimes lead to an ethical dilemma*.

Examples of Dilemmas:

- Patient has a living will. The patient is asking for comfort care. The family is voicing do everything possible for the patient's care.
 - What is the dilemma? Who do we, as caregivers, listen to?
- Debating the issue of quality of life when the patient's prognosis is poor.
 - What is the dilemma? Do we as healthcare providers do everything for the patient or only comfort care?

*Patients have the right to discuss these dilemmas with the Ethical Discernment Access Team (EDAT).

Considerate and Respectful Care

- Each patient deserves considerate and respectful care. This level of care recognizes and maintains his personal dignity.
- In maintaining patient dignity, remember to allow personal expression and to attend to cultural, emotional, social and spiritual needs of the patient and family.

Communication

Individuals with *limited* English Proficiency will be offered meaningful access to healthcare services at no cost during all hours of operation in a timely fashion.



Language & Cultural Services

For Interpreter Services Call

1(509) 727-4103

Available Resources Include:

- In-House, In-person Spanish Interpreter Available 24/7.
- Video Remote Interpreting (Stratus also known as InDemand).
- Telephone Interpreting – Phones that plug into patient wall jack; corded and cordless versions available; instructions on phone.
- Dial out Interpreter number can be used on Nextel phones; Hospital 1-866-739-3047 and Clinic 1866-739-3737
- Devices Available for Hearing Impaired Patients:
 - Pocketaiders with Headphones and Neckloop (to use with Hearing Aids that have a Telecoil), Dry Erase Boards, Specialty Phones (Amplifier & TTY phones).
- Devices Available for Vision Impaired Patients:
 - Magnifiers, Large Print Items, Signature Guides, Specialty Phone (Big Button/Braille, TTY).
- Deaf/American Sign Language – Call for Interpreter Services for scheduling assistance.
 - Federal regulations mandate that we must attempt to secure a live, in-person Interpreter for American Sign Language patients before using a Video Interpreting Device. This attempt must be documented in the Language & Communication Flowsheet of the Patient Chart. Request the Large Touchscreen Video Interpreting Machine for ASL patients (use smaller SurfacePro if Large Touchscreen not available). Call Interpreter Services to bring you one.
- Agency Interpreters. Well-Spoken and Universal Language Services

Language & Cultural Services

DO's & DON'TS

Do use resources listed (in previous slide) as they provide ***Certified*** Medical Interpreters for medical encounters.

Don't use family, friends, untrained caregivers. Even if the patient refuses the Interpreter, the Physician can keep our Interpreter so he/she is aware of the communication that is occurring between the patient and their ad hoc interpreter.

Do use Spanish translated forms (when appropriate):

- On Kadlec Intranet under “Forms”.

Do use Translated medical information:

- On Kadlec Intranet - “Electronic Library” or “Krames on Demand”.
- Providence “Electronic Library Portal”.

Do document in the Language & Communication Flowsheet for the PATIENT AND PATIENT COMPANION.

Do check out available resources on “Kadlec Intranet” under “Interpreter Services”.

Remember...You *must* offer & document all Interpreter Services to the Patient & Patient Companion in the Language & Communication Flowsheet.

Workplace Violence Prevention



1. Define workplace violence.
2. Introduce Kadlec's Plan to prevent WPV.
3. Recognize risk factors & warning signs.
4. Discuss actions designed to prevent harm.
5. Define Reporting Procedure.

What is Workplace Violence?

Workplace Violence is:

“Any act or threat of physical assault, harassment, intimidation, verbal assault, or any other threatening or disruptive behavior, occurring at the worksite.”

What is Workplace Violence?

Violence Escalation Cycle

Triggering Event: a stress producing event



Escalation: body prepares for conflict



Crisis: violent behavior



Recovery: process of regaining control



Depression: return to baseline

Assaults

- Verbal Assault
 - Verbal Threats
 - Profanity
 - Furious, intense; or hostile statements



- Physical Assault
 - Any form of physical harm

Threatening Behavior

- **Verbal, Non-verbal, Written**
 - Gestures
 - Bringing weapons on the worksite
 - Throwing or pushing objects
 - Punching walls
 - Slamming doors
 - Harassment- Sexual, Racial
 - Any behavior intended to trouble, worry, or potentially harm another



Workplace Violence can be categorized into Four Different Types

- **TYPE 1: VIOLENCE BY STRANGERS**

A PERSON WHO HAS NO LEGITIMATE BUSINESS RELATIONSHIP TO THE WORKPLACE

- **TYPE 2: VIOLENCE BY CUSTOMERS OR CLIENTS**

A PERSON WHO EITHER RECEIVES SERVICES FROM OR IS UNDER THE CUSTODIAL SUPERVISION OF THE AFFECTED WORKPLACE OR THE VICTIM

- **TYPE 3: VIOLENCE BY CO-WORKERS**

A PERSON WHO HAS SOME EMPLOYMENT - RELATED INVOLVEMENT WITH THE WORKPLACE

- **TYPE 4: VIOLENCE BY PERSONAL RELATIONS**

A PERSON WHO, IN THE WORKPLACE, CONFRONTS AN INDIVIDUAL WITH WHOM HE OR SHE HAS OR HAD A PERSONAL RELATIONSHIP OUTSIDE OF WORK



**Kadlec's Workplace Violence Prevention
Policy (*found on the HR Portal*)**

**“Kadlec is committed to providing a
safe environment for our
caregivers, patients and visitors.
Violence in the workplace will not
be tolerated and actions will be
taken to prevent violent incidents
from occurring.”**



Kadlec's PLAN

- **Recognition:**
 - Recognize current risks and problems through assessment, analysis and concerns
- **Policy:**
 - Address needs and goals delineating a clear message of prevention
- **Training:**
 - Familiarization with policy and prevention measures
- **Commitment:**
 - Dedication to prevention and prompt action in support of policies

Examples of Warning Signs of Workplace Violence

- Physical
 - Intimidating Presence
 - Harassment of any nature
 - Deliberate destruction of workplace equipment; sabotage
 - Displays emotions inconsistent with the situation
 - Has trouble coping with stress, uses intimidation to control situation
- Communication
 - Threats of physical violence or bodily harm
 - Hints at “getting even” states “no way out” of problem
 - Obscene phone calls
 - Written messages of violent intent
 - Challenges authority

If you see these signs...

- **Ask** – *if safe and appropriate*
- **Contact** your Supervisor
- **Contact** Security
- **Let** your co-workers know your concerns
- **Don't** ignore the problem

Strategies to Prevent Harm

Kadlec Efforts

- Security
- Closed Circuit TV
- Limited Access Control
- Employee Assistance Program
- Weapons Control
 - Zero tolerance policy
- Workplace Violence Prevention Program

Personal Safety

- Be alert for warning signs
- Report all unusual behavior and incidents of violence
- Know what to do in an emergency
- Work in teams whenever possible
- Avoid working late alone, leave in groups or escorted by security

Responding To Violence

1. **STAY CALM** – Be part of the solution, not the problem.
2. **GO To A Safe Area** – Remove yourself and others from the danger.
3. **Contact Security** – You or designee use the appropriate method.
 - You or your designee may call a Code Gray for immediate assistance
 - You or your designee may contact 911 if necessary
4. **Seek Treatment** – Go to the Emergency Department for injuries.
5. **Report** – Notify Supervisor or the PCC if after hours.
6. **Document** – Complete proper forms, QRR (Accident/Injury) on the Kadlec Intranet(online).

Reporting

Why Report?

- All individuals are required to report incidents of violent conduct or potentially violent conduct to their Manager or the Vice President of Human Resources immediately
- Refer to Kadlec policy 1310 Workplace Violence Prevention Management Plan found on the HR Portal & PolicyStat

Who you report to:

- Security Department
AND
- Your immediate Supervisor or Human Resources
- After hours the PCC

How do I document Workplace Violence?

Right Now Complete:

- **Security Incident Report**
 - *For all incidents or near incidents*
 - *Return to Security / Human Resources*
- **Electronic Quality Review Report (QRR) on Kadlec Intranet**
 - *To be completed by the individual or witness (if individual is unable) for all workplace violence incidents involving property loss, injury to patient, visitor, or staff*
- **Employee Injury Report**
 - *If Injury occurred*
 - *Return to your Director/Manager*
- **Police Report**
 - *If necessary*

Recap



- Take a few minutes to familiarize yourself with your area:
 - Fire pull stations
 - Extinguishers
 - Emergency Exits
 - EOP and SOP Manuals
- Please direct any questions to the Department Manager