Objectives

At the completion of this learning module, the participant will be able to:

• Identify basic understanding of infection control concepts
• Identify how and when to wash hands
• Outline the types and use of personal protective equipment (PPE)
• Identify different types of isolation and PPE to be worn
• Describe how to don and remove PPE
• Identify bloodborne pathogens
• List the different routes bloodborne pathogens are spread
Objectives (con’t)

At the completion of this learning module, the participant will be able to:

• Identify how to prevent the spread of bloodborne pathogens with standard precautions
• Identify actions to take if directly exposed to bloodborne pathogens
• Identify infectious waste and hazardous pharmaceutical waste
• Identify patient safety concerns
• Recognize your role in assuming patient safety
IMPORTANT REMINDER:

When reading this module, please know that you are accountable for understanding the information that is presented and if you have any questions, you will need to talk to your instructor/school/facility and find out the answer before going any further.
Infection Prevention

- Hand hygiene is the single most effective method to prevent spread of infection
- It is needed before and after every encounter with each patient and patient environment
- All caregivers and providers are required to perform hand hygiene per the Advocate Aurora Health Hand Hygiene Policy
- Policy can be viewed through Epic-Weblinks or Learning Home Dashboard
Infection Prevention: Key Points

Use soap and water:

- When hands are visibly soiled or contaminated with blood/body fluids
- After using the alcohol-based gel/foam approximately 5-10 times due to residue of gel ingredients
- After using the restroom
- For at least 15 seconds
- After caring for patients that have C-diff or Norovirus
When do I use....

<table>
<thead>
<tr>
<th>When to use</th>
<th>Soap and Water</th>
<th>Alcohol-based hand rub</th>
</tr>
</thead>
</table>
| When to use                                           | • Use when hands are visibly dirty, contaminated, soiled  
• After caring for a patient with C-diff or Norovirus                                                                                     | • Use for routinely contaminated hands if hands are not visibly soiled  
• Following soap and water after caring for a patient with C-diff or Norovirus |
| How to use                                            | 1. Wet hands with water, apply soap, rub hands together for at least 15 seconds  
2. Rinse & dry with disposable towel  
3. Use towel to turn off faucet | 1. Apply to palm of one hand, rub hands together, covering all surfaces until dry                                                                                                                                   |

-base hand rub
Infection Prevention: Key Points (con’t)

Use an alcohol-based, waterless gel or foam:
- For routine cleansing of hands
- Before and after your work shift
- Before and after patient contact
- Before and after using gloves
- Before preparing or administering medication (if applicable to role)
- After blowing nose or covering a sneeze (if visibly soiled, wash with soap and water)
- After contact with body fluids as long as not visibly soiled
- After contact with items used for patient care
Infection Prevention: Key Points (con’t)

• Sores or cracks on your hands may be a source of infection for yourself and your patients
  • Use only approved hand lotions
  • Notify Employee Health if you have any problems with your hands including sensitivity to alcohol gel

• Fingernail policy for direct patient care
  • Natural nail tips must be kept less than ¼” long
  • Artificial nails or extenders are not allowed – germs in the adhesives have been linked to patient deaths
  • Nail polish must be intact and unchipped

• View the Caregiver Appearance Policy – through Epic on Weblinks or Learning Home Dashboard
Infection Prevention: Reusable Equipment

• Clean, disinfect, or reprocess reusable/non-disposable equipment before use by another patient

• Examples: glucose meter, automatic blood pressure cuff, O2 saturation monitor, etc.
Infection Prevention: Cleanliness Reminders

- It is everyone’s responsibility to keep the environment clean.
- Commonly used items can be a warehouse for germs.
- Cleaning equipment after every patient contact is extremely important in preventing the spread of infection. In a hospital setting, Environmental Services staff clean daily with an approved disinfectant.
- Everything patients, caregivers & visitors touch must be considered contaminated.
Infection Prevention: Standard Precautions

Use Standard Precautions with every patient, for their safety and yours

- Standard Precautions include:
  - Hand Hygiene
  - Wearing Personal Protective Equipment (PPE) for any anticipated contact with any real or potentially contaminated blood, body fluids, surfaces, or areas
  - Safe injection practices
  - Needlestick and Sharps Injury Prevention
  - Cleaning and Disinfection
  - Respiratory Hygiene (Cough Etiquette)
  - Waste Disposal

When standard precautions are not sufficient for you and your patient’s safety, Transmission-Based Precautions will also be implemented
Infection Prevention: Personal Protective Equipment (PPE)

These may include:
- Gloves
- Masks and goggles, or a face shield
- Fluid resistant gowns
- Resuscitative pocket masks and bag-valve-mask (ambu bag)

You are required to use PPEs to protect yourself and know where PPEs are kept!
Infection Prevention: Gloves

• Disposable gloves
• Use when you are handling blood or body fluids or touching unclean surfaces or objects
• Use hand hygiene before donning PPE and after removing any PPE
PPE Key Tips

Before entering the room, put on PPE in this order:
1. Hand Hygiene first!
2. Yellow gown – tie at the waist, and use thumb holes
3. Gloves – should cover cuffs & thumb holes of gown
PPE Key Tips (con’t)

Before leaving the room, remove PPE in this order:

(Rationale: the most contaminated item is removed first)

1. Grab the gown on both sides of the waist and pull forward to break the back of the gown
2. Roll the gown down and away from the body, off of the arms (one arm at a time)
3. Remove gloves with gown. Keep gloves inside gown as you roll the gown down & away from the body
4. Discard gown and gloves – place in linen bag inside room
5. Perform appropriate hand hygiene
6. Exit the room
Infection Prevention Policies

• Online manuals can be found through Epic or Epic Training environment
• Go to Weblinks and click on Policies and Procedures

OR

• Learning Home Dashboard and click on Policies and Procedures
• Found under Infection Prevention
Isolation Precautions

• Sometimes patients enter into our facilities with a contagious disease that can easily be spread to other patients or caregivers
• With these infections, we take measures in addition to Standard Precautions to prevent the spread of germs
Isolation Precautions (con’t)

• There are 3 kinds of isolation precautions:
  ✓ Contact
  ✓ Droplet
  ✓ Airborne

• Each facility will provide instructions to remind you what PPE to put on, based on the precaution, prior to entering the room

• Each facility may have other precautions that are patient specific (i.e. chemo, etc)
Isolation Precautions: Contact

• Contact precautions reduce the risk of transmission of microorganisms by direct or indirect contact
• Example: Clostridium difficile (C-diff), scabies, multidrug-resistant organisms
• Wear gown and gloves for all patient care and when entering the patient’s environment
• Some facilities will place patients with resistant organisms into isolation. Refer to each facility for guidance
• Example: Methicillin-resistant Staphylococcus Aureus (MRSA)
Isolation Precautions: Contact PPE

Before entering the room:
1. Perform hand hygiene
2. Put on PPE in this order: yellow gown, tie at waist
3. Gloves – should cover cuffs of gown

Before leaving the room:
1. Remove disposable yellow gown – grab gown at waist & pull forward to break the back of the gown
2. Carefully remove gown & gloves
3. Discard gown & gloves – place in trash inside of room
4. Perform hand hygiene upon exiting the room
Clostridium difficile (C-diff)/Norovirus

- Norovirus is a very contagious virus that causes vomiting and diarrhea
- Norovirus if NOT killed by alcohol-based hand gel
- C-diff is a bacteria that causes severe diarrheal illness
- C-diff bacteria produces spores, the spores are NOT killed by alcohol-based hand gel
Clostridium difficile (C-diff)/Norovirus (con’t)

• You must do both soap & water hand washing and then use the alcohol gel whenever you have direct patient contact, or contact with the patient’s environment (such as entering a patient’s room to clean or answer a call light)

• In a hospital setting, this sign will be hung outside the door on any patient with known or suspected C-diff or Norovirus

• Anyone entering or exiting a room with this sign must follow the instructions posted
Isolation Precautions: Droplet

• Droplet precautions prevent the spread of large droplet respiratory tract secretions during close contact with the patient. Large droplet respiratory tract secretions can travel in the air for about 3 feet and are spread when the patient talks, sneezes, or coughs.

• Examples: Influenza, meningitis

• Masks are worn for Droplet precautions upon entering the room

• Hand hygiene is essential to avoid the spreading of germs
Isolation Precautions: Droplet PPE

Before entering the room:
1. Perform hand hygiene
2. Put on surgical mask

Before leaving the room remove PPE in this order:
1. Remove surgical mask, discard in wastebasket in room
2. Sanitize hands with alcohol hand rub or wash with soap & water
Isolation Precautions: Airborne

- Airborne Precautions are used when the germs are spread long distances on tiny particles of air
- Examples: Measles, Chicken Pox, active or suspected Tuberculosis
- N95 Respirator masks (specially fitted) or PAPRs are worn for Airborne Precautions
Isolation Precautions: Airborne PPE

• Positive Air Pressure Respirator or “PAPR” is a special air filtering pack that can be worn for airborne precautions
• The PAPR does not require special fitting
• A negative pressure room, or HEPA filtration is required with Airborne Precautions
• Nursing students are not fit tested and are excluded from entering an Airborne Precaution room
Respiratory Hygiene

• The Centers for Disease Control (CDC) recommends healthcare facilities take the following measures for all individuals with signs or symptoms of a respiratory infection:

Healthcare facilities should advise patients and visitors to:
✓ Cover nose & mouth with tissues when coughing or sneezing to contain respiratory secretions
✓ Dispose of tissues in the nearest waste receptacle
✓ Perform hand hygiene after contact with respiratory secretions & contaminated objects in the environment
Respiratory Hygiene (con’t)

Healthcare facilities should also:

✓ Provide conveniently located tissues, masks, waste receptacles, & alcohol-based hand gel in facility waiting areas

✓ Post visual alerts (signs) at the entrances to all healthcare facilities informing patients and visitors about these respiratory hygiene measures
Multidrug-Resistant Organisms (MDRO)

MDROs are:
- Germs resistant to many life-saving antibiotics
- Spread from patient to patient, usually from unwashed caregiver hands!
- Germs that require transmission-based precautions in addition to standard precautions
  - **Examples include:** Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), Carbapenem-resistant Enterobacteriaceae (CRE)
Hospital Only: EPIC Views and Isolation for MDRO Patients

• Patients with known or history of MDRO, will have an alert entered by Infection Prevention that displays in a COLORED Infection box in the patient banner.

Caregiver TO DOs:
• Put isolation supplies outside the room
• Chart “Isolation” under Daily Cares—Precautions—at least once each shift
• Teach patient & family about isolation any time it is initiated and document teaching—The Joint Commission and State will look for this
Isolation Precautions: Immuno-Suppressed Patients

- Some patients may have an increased chance of acquiring infections.
- Good handwashing is critical.
- Standard Precautions are used.

**Example:** A chemotherapy patient may have low immunity to disease. Using excellent standard precautions and handwashing will help prevent transmission of illness.

**Check with your instructor or staff for additional information.**
Infection Prevention: Sharps

You can prevent injury while handling sharp medical instruments by:
• Using facility approved safety devices.
• Always activating safety devices before disposal.
• NEVER recapping a used needle.
• Immediately disposing of sharps into a sharps container.
Infection Prevention: Sharps (con’t)

• Be alert for improperly disposed of sharps when handling regular or red bag waste.

• Safety devices are REQUIRED by Occupational Safety & Health Administration. (OSHA).
Blood borne Pathogens

• Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.
• There are many different bloodborne pathogens including malaria, syphilis, brucellosis, Hepatitis and HIV.
• Bloodborne diseases spread basically three ways:  
  ✓ Blood to blood contact 
  ✓ Sexually 
  ✓ From infected mother to infant (probably at birth)
Bloodborne Pathogens (con’t)

• **ALL blood and body fluids** are potentially infectious and can cause the spread of the following serious diseases:
  - HIV
  - Hepatitis B
  - Hepatitis C
Bloodborne Pathogens (con’t)

1. Effective use of good infection control and work practices:
   ➢ Hand hygiene
   ➢ Use of safety devices (e.g., self-sheathing needles)
   ➢ Proper handling and disposal of sharps
   ➢ Appropriate Use of PPE

2. Remember: Standard precautions apply to EVERY patient, ALL of the time
How to Safely Clean Up a Blood/Other Potentially Infectious Material Spill

1. **PPE:** Apply gloves and other PPE, as needed.

2. **Contain the spill:** A spill kit may be used, otherwise contain the spill with absorbent material. Dispose of material that is drippable, pourable, or flakeable as biohazardous in a red bag and container.

3. **Clean the area:** Use an EPA-registered disinfectant to clean the area and remove visible contamination.

4. **Disinfect the area:** Once visible contamination is removed, use an EPA-registered disinfectant to disinfect the area following the manufacturer’s instructions for use.

5. **Carefully dispose of all items used to contain and clean the spill.**

6. **Carefully remove PPE and dispose PPE.**

7. **Perform hand hygiene with soap and water.**

**In a facility, call Environmental Services for a large spill or on carpeted area.**
Blood Exposure

What is a blood exposure?

• A cut or needlestick with a sharp item contaminated with blood or body fluid.
• A splash to eyes, nose, or mouth with blood or body fluid.
• A blood contact on broken skin (rash or chapped).
Blood Exposure (con’t)

What if you are exposed to the blood or body fluids of a patient?

What should you do?

Immediately following an exposure to blood:
Wash needlesticks and cuts with soap and water for 5 minutes
Flush splashes to the eyes, nose, mouth, or skin with large amounts of water for 5-10 minutes.

Report the exposure promptly to your instructor, the department supervisor, employee health, or infection preventionist at the facility.
Learning Module: Infectious and Pharmaceutical Waste

For Rehabilitation Clinical Students & Instructors

January 2020
Objectives

• Identify infectious waste and hazardous pharmaceutical waste.
• Identify proper disposal procedures for infectious and pharmaceutical waste.
Infectious Waste

Red bag all items containing blood or body fluids that are:

• Drippable
• Pourable
• Squeezable
• Flakeable
Infectious Waste (con’t)

• Examples of high-risk body fluids include:
  ✓ Blood
  ✓ Semen
  ✓ Vaginal secretions
  ✓ Pleural fluid
  ✓ Amniotic fluid
  ✓ Spinal fluid
  ✓ Any other bodily fluid suspected of being infectious
Infectious Waste (con’t)

- Examples of items that do not belong in Red Bag:

  - IV Bags and lines without visible blood
  - Syringes without blood and needles
  - PPE without blood
  - Packaging materials
  - Empty bedpans, emesis basins, wash basins and urinals

  - Empty medication vials
  - Stool blood cards
  - Paper toweling
  - Exam table paper
  - Diapers and underpads only spotted with blood
  - Dressings and bandages only spotted with blood
Hazardous Pharmaceutical Waste

✓ Products used in the health care industry, such as chemotherapy drugs, some pharmaceuticals, etc., can harm the environment and human health if they are not disposed of properly.

✓ The Environmental Protection Agency (EPA) and Department of Natural Resources (DNR) can impose fines on businesses who do not properly manage their wastes.

✓ Check with your instructor or staff on how to dispose of any hazardous pharmaceutical wastes.
Hazardous Pharmaceutical Waste (con’t)

- The EPA (Environmental Protection Agency) has identified various medications as having characteristics of being hazardous, and thus require special disposal.
- These medications are listed on one of three EPA lists specifically designated as D, U, or P.
- In addition to the D, U, or P listed medications, Aurora caregivers will also dispose of any loose tablet/capsule or any container that has some drug remaining in it into this special disposal container.
- Disposal within all Aurora facilities will be into a designated **rigid black container**
Medication Waste

P-Listed Waste

• A very small number of medications have been given an EPA designation as a P-listed waste. In addition to any remaining partial drug, the containers (wrapper, bulk bottle, vial etc.) the drug comes in also requires disposal as a hazardous pharmaceutical waste

• These include:
  ✓ Nicotine empty wrappers (or open unused patches)
  ✓ Warfarin empty blister packaging or open loose tablets or empty manufacturer bottles (used in the retail pharmacy.)
  ✓ Physostigmine empty vials

• P listed drugs and their packaging MUST BE separated from other black box drugs. The drugs and their packaging must be placed in a separate black box designated for P listed drugs.

• Check with appropriate individuals at your site if you are unsure of how your “P” waste is being collected.
Medication Waste (con’t)

Black Container Contents:
✓ Partial Vials, Bottles
✓ Partial IV Bags and Tubing With Medicine Additives (antibiotics, insulin, heparin etc.)
✓ Loose Pills, Tablets, Capsules
✓ Aerosol Inhalers
✓ Creams, Ointments, Shampoos

• Empty Vials/Containers That Held P-Listed Drugs (Nicotine, Physostigmine, Arsenic Trioxide and Warfarin) - Separately labeled Black Containers
• Bulk chemotherapy - separately labeled black container

EXCLUSIONS:
• Trace Chemotherapy agents = Yellow Biohazard containers
• Controlled Substances = sink/toilet (DEA requirements), patches cut and into sharps container
• Plain IVs & Irrigations = Sink & regular trash (bag & tubing)
Hazardous Pharmaceutical Waste – Important Notes

• **NO** needles in the black container! These containers are emptied and sorted by people – help protect their safety.

• If you can ‘swish’ the contents of a vial it has drug in it, the container is **NOT** empty.

• Crimp and secure IV tubing, then wrap around bag before placing into container.

• The containers’ lid/opening is always **CLOSED** when not being used.

• The Hazardous Waste Label must be visible and facing out on the container.

• Black containers must be placed in a secure location and may never be left in a room or area with **unattended** patients or visitors.
Learning Module: Patient Safety
For Rehabilitation Clinical Students & Instructors
January 2020
Objectives

• Identify patient safety concerns.

• Identify appropriate patient safety practices used in caring for patients.

• Recognize role in assuring patient safety.
Patient Safety

Aurora Patient Safety Goals

✓ At Aurora, we are committed to the highest quality of care and safest environment for patients and caregivers

✓ Patient Safety is defined as the prevention of errors and adverse effects to patients that are associated with health care (World Health Organization)

✓ Patient safety is everyone’s job. We ALL contribute to the care and safety of our patients.
Patient Safety (con’t)

✓ Some of the top safety issues identified across the continuum of healthcare continue to be problems with communication.

✓ Information provided when “handing off” (transitioning care) to another person is critical.

✓ **Examples include**: shift to shift report, report to diagnostic staff and transferring to another unit.
Patient Safety (con’t)

Examples of Safety Practices Include:

• Always correctly identifying patients using two identifiers.
• Complete documentation.
• Performing the right procedure, or giving the right medication to the right patient.

(Just to name a few...)
Patient Safety (con’t)

Other patient safety concerns or risks may include:

✓ Risk for falls
✓ Risk for skin breakdown
✓ Risk for infection caused by healthcare workers
✓ Risk for the wrong dose of medication

We all need to work toward preventing these safety risks.
Patient Safety (con’t)

What patient safety events to report:

✓ **Report** any event that resulted in harm/injury to a person or has the potential to do so.
  - Examples: Equipment failures, falls, IV infiltrates, medication errors, and decubitus ulcers.

✓ **Report** near misses, or those errors that are caught before reaching the patient.
  - Examples: Specimen mislabeled but caught before being tested or results reported, wrong x-ray tested ordered on patient.

✓ Drug administration errors that must be reported to MD.
Patient Safety (con’t)

- *Single dose and single use vials are for single patient use only!*
- Single-dose/Single-use labeled vials should be used for a single patient and/or a single case/procedure/injection.
- Insulin Pens are **single patient use only**.
- Even if a single-dose or single-use vial appears to contain multiple doses or contains more medication than is needed for a single patient, that vial should not be used for more than one patient nor stored for future use on the same patient.
Patient Safety (con’t)

• Concerns
  ✓ Anyone who has concerns about the safety or quality of care provided in the hospital that are not adequately addressed within Advocate Aurora Health may report these concerns to the Joint Commission via the ‘Report a Complaint’ link at www.jointcommission.org or via email to complaint@jointcommission.org
Patient Safety (con’t)

- **What about Multi-dose Vials?**
  - Multi-dose vials should be dedicated to a single patient whenever possible.
  - If multi-dose vials must be used for more than one patient, they should be kept or accessed in the **medication preparation area**.
  - If a multi-dose vial enters the immediate patient treatment area, it should be dedicated to that **patient only** and **discarded** after use.
  - **Always use a new syringe and needle/cannula when entering a vial**
Patient Safety (con’t)

➢ The Joint Commission has identified several “National Patient Safety Goals”.

➢ Patient safety is a significant concern for all healthcare workforce members!
Joint Commission National Patient Safety Goals

- Identify patients correctly
  - Use two ways to identify patients (i.e. patient’s name and date of birth)
  - Make sure patients get the correct blood during transfusions

- Improve caregiver communication
  - Report test results timely

- Use medicines safely
  - Label medicines
  - Be careful with medicines that thin blood
  - Reconcile medicines

- Prevent infections
  - Wash your hands
  - Use safe practices to prevent infections from central lines, urinary tract catheters, after surgery
Joint Commission National Patient Safety Goals (con’t)

- Identify patient safety risks
  - Special attention to patients at risk for suicide

- Prevent errors in surgery
  - Assure correct patient and surgical site
  - Take a “time out” before starting a procedure

- Clinical Alarms
  - Respond to alarm signals, do not tune them out or ignore them
Fall/Skin Prevention

- Falls should be prevented – watch for safe environments (cords, etc), use low beds, observation, bed alarms etc. per care plan.

- No hospital/skilled nursing facility should have acquired skin breakdown occur.

- Immediately report to staff any skin redness or changes in skin integrity
Compressed Gas Cylinder is the Law

Did you know that it is a state violation to leave a cylinder unsecured?

- All compressed gas cylinders must be secured in an approved cart or holder. Full oxygen cylinders should be separated from empty cylinders and labeled as ‘Full’ and ‘Empty’.

- Cylinders that are dropped or are left unsecured and tip over can become a moving object with the force and speed similar to a torpedo.

- According to federal regulations, no more than 12 Full E-cylinder oxygen cylinders should be kept in a smoke compartment. (A smoke compartment is a building space enclosed by smoke barriers on all sides, top and bottom.)
Compressed Gas Cylinder Safety Considerations

- Oxygen is **NOT FLAMMABLE** in itself. However, it does support combustion.
  - Keep away from heat, open flames, ungrounded electrical equipment
  - Keep away from flammable materials such as oil based ointments, Vaseline, lip balm or hairspray
  - No smoking

- **Transport Safety Precautions:**
  - Cylinders should be stable and secured in an approved carrier for transport
  - Transport in a trolley, wheeled cart, and bedside or wheelchair carrier
  - Never place a cylinder between a patient’s legs in a wheelchair or on the foot rests of a wheelchair
  - Never place a cylinder in a patient’s bed
  - Handle cylinders carefully; Avoid tipping the cylinder over.
  - Never attach a ‘Grab n Go’ cylinder by its carrying handle to a wheelchair or bed
Oxygen Cylinder Safety

- Oxygen cylinders are frequently used by patients when they are being transported throughout our medical centers. Often they are left on the holder on the wheelchair for the next patient who may or may not need them.

- Oxygen cylinders should be removed from wheelchairs when approved use during transport is complete. Many different modalities utilize cylinders in the care of patients, but despite reminders, fail to remove them. Any caregiver can remove a cylinder and deliver it to a patient care area for storage in an approved holder and room.
Site Specific Emergency Numbers

Aurora Inpatient
- Aurora BayCare Medical Center 8-911
- Aurora Lakeland Medical Center 22
- Aurora Medical Center Grafton 5-911
- Aurora Medical Center Hartford 41
- Aurora Medical Center Kenosha 22

Aurora Medical Center Manitowoc County 5-911
- Aurora Medical Center Oshkosh 5-911
- Aurora Medical Center Summit 5-911
- Aurora Memorial Hospital of Burlington 22
- Aurora St. Luke's Medical Center 22
- Aurora St. Luke's South Shore 22
- Aurora Sheboygan Mem. Medical Center 5-911
- Aurora Sinai Medical Center 3-911
- Aurora West Allis Medical Center 55 or 44

Emergency Telephone Numbers are found in your Emergency Preparedness Resources (flipchart, poster, card, manual or portfolio)
Fire: Alarm

➢ “Fire Alarm” is announced whenever there is a fire in the facility or the system is being tested.
➢ Fire doors will close in the building where the fire alarm is triggered.
➢ Fire doors prevent the spread of smoke and flame from one part of the building to another. Never block open a fire door.
➢ Make sure hallways are kept open and not blocked by equipment or supplies.
Fire (con’t)

Learn the location of your unit’s fire exits, alarms, and extinguishers Identified in your department specific plan

Never block open a fire door!
Medical Emergency

There are different names for **Medical Emergency** depending on where you work

<table>
<thead>
<tr>
<th>Cardiac Arrest</th>
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<tbody>
<tr>
<td>Aurora Medical Center – Grafton</td>
</tr>
<tr>
<td>Aurora Medical Center – Washington County</td>
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<tr>
<td>Aurora Medical Center - Summit</td>
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</tbody>
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<tr>
<th>Code 4</th>
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<tbody>
<tr>
<td>Aurora Lakeland Medical Center</td>
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<tr>
<td>Aurora Medical Center – Kenosha</td>
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<tr>
<td>Aurora Memorial Hospital of Burlington</td>
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<tr>
<td>Aurora St. Luke’s Medical Center</td>
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<tr>
<td>Aurora St. Luke’s South Shore</td>
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<tr>
<td>Aurora Sinai Medical Center</td>
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<tr>
<td>Aurora West Allis Medical Center</td>
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<tr>
<td>Aurora Medical Groups (AMG)</td>
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<th>Code Blue</th>
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<tbody>
<tr>
<td>Aurora Sheboygan Memorial Medical Center</td>
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<tr>
<td>Aurora Medical Center Manitowoc County</td>
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<tr>
<td>Aurora BayCare Medical Center</td>
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<tr>
<td>Aurora Advanced HealthCare (AAH)</td>
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<tr>
<td>Aurora Medical Center- Oshkosh</td>
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</tbody>
</table>
Medical Emergency (con’t)

- Call for immediate assistance
- Check for respirations
- Call your workplace emergency number to get additional assistance; State your location
- Initiate CPR if you have been trained
- Provide support to the emergency team
Signs & Symptoms of Stroke

• Time is brain!
• Every Minute Counts so act F.A.S.T.!
• Stroke is a medical emergency. Not all warning signs occur in every stroke. If some start to occur, don’t wait. Get help immediately - the longer the wait the less chance for a good recovery.
• Knowing about stroke allows us to give better patient care
• The Joint Commission requires that all caregivers in stroke certified facilities know the signs and symptoms of stroke and how to respond if they witness anyone in the hospital with these symptoms.
Signs & Symptoms of Stroke

- Activate your facility Rapid Response Team (RRT). Information for site specific phone numbers is outlined in your emergency preparedness flipcharts/posters or manual depending on your area.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>F</td>
<td>Ask the Person to smile. Does one side of the <strong>face</strong> droop?</td>
</tr>
<tr>
<td>A</td>
<td>Ask the Person to raise both arms. Does one <strong>arm</strong> drift downward?</td>
</tr>
<tr>
<td>S</td>
<td>Ask the Person to repeat a simple sentence. Is their <strong>speech</strong> slurred?</td>
</tr>
<tr>
<td>T</td>
<td>If you observe any of these signs, then it’s <strong>time</strong> to call Rapid Response Team (RRT)</td>
</tr>
</tbody>
</table>
Severe Weather

• You may be directed to assist with closing drapes, doors, and moving patients into the halls
Facility Emergency

Power Outage
✓ Generally a generator will kick in within 10 seconds
✓ Be sure all necessary equipment is plugged into red outlets

Medical Gas
✓ Be sure patients who are on oxygen receive portable oxygen tanks/hookups.
✓ Portable suction machines should be obtained – GI or chest tube.
Abduction/Missing Child/Infant

✓ Follow site specific information found on Emergency Preparedness flip chart
✓ Report the abduction or missing adult/child to staff member or instructor
✓ Notify Loss Prevention Services
✓ Provide Description of missing person
Security Alert

1. If you receive a bomb threat, try to keep the caller talking. Call Loss Prevention. Do not touch or move suspicious objects.

2. Violent person: Call Security, try to keep a safe distance from the patient/visitor while protecting other patients until security arrives. Keep your voice calm and low.
Active Shooter

As we’ve seen in many venues across the nation, an armed individual could come onto the property with the intent to commit great bodily harm or death. We must be prepared to protect ourselves and those in our care. Watch the six-minute Run. Hide. Fight Surviving an Active Shooter Event video.

Follow the “RUN-HIDE-FIGHT” response in any order as safely as possible:

• **RUN** – If there is an accessible escape path, attempt to evacuate the premises.
  • Have an escape route and plan in mind
  • Evacuate regardless of whether others agree to follow
  • Leave your belongings behind

• **HIDE** – If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
  • Your hiding place should be out of the active shooter’s view.
  • Provide protection if shots are fired in your direction.
  • Your hiding place should not trap you or restrict your options for movement.

• **FIGHT** – As a last resort and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.
  • Act with physical aggression.
  • Throw items and improvise weapons.
  • Shout.
  • Commit to your actions.
Active Shooter (con’t)

Local Law Enforcement will respond and work directly with hospital Loss Prevention Security Services.

✓ If you are responsible for patient(s), if time allows you will:
  • Close patient(s) room doors.
  • Block door(s) with heavy furniture.
  • If patient is able to move, place them in the restroom in the patient room and close the door.
  • If shooter is not located in your unit, lock down and barricade your unit if possible.

✓ When law enforcement arrives, remember:
  • Remain calm and follow officer’s instructions.
  • Put down any items in your hands (i.e. bags, jackets).
  • Immediately raise hands and spread fingers.
  • Keep hands visible at all time.
  • Avoid making quick movements towards officers.
  • Avoid pointing, screaming and or yelling.
  • Do no stop to ask officers for help or directions. Proceed in the direction from which officers are entering the premises.
Injury

- Any patient, visitor, staff, or student who is injured at the facility should immediately report the injury, receive appropriate care, and follow facility specific documentation procedures.

- Follow school-specific procedures for reporting to instructor.
Safe Medical Device Act

• Should any piece of equipment fail, it must be reported to a staff member.
Workplace Environment

• Advocate Aurora Health has Zero tolerance for **ALL** violence-verbal and physical
  ✓ Harassment, verbal or physical altercations are never tolerated between staff, students, patients, and/or visitors
  ✓ Report concerns to instructor
Child and Elder Abuse

If child or elder abuse is suspected:
✓ Ensure the safety of the individual
✓ Any child or elder abuse must be immediately reported to nurse, supervisor, and/or instructor.
✓ This could be abuse by patient’s family, staff, students, other visitors
Domestic Violence

If you hear someone speaking of domestic violence at home, report this immediately to the nurse, supervisor, or instructor.
Safe Haven Law

• The law allows an individual to give a newborn baby to a hospital staff, EMT or law enforcement officer if they are unable to care for the baby.

• If one is handed to you, go directly to the ER with the baby.

• There is a packet of information available for the individual
Ergonomics/Back Safety

• Use appropriate lift equipment and/or technique per facility to protect the patient and yourself

• Instruction and approval by your instructor is necessary prior to using lift equipment
Workplace Safety

Hazardous Materials and Chemicals

• The likelihood of an adverse health effect occurring and the severity of the effects, is dependent upon:
  ✓ Toxicity of the hazardous substance
  ✓ Nature and extent of exposure to the hazardous substance
  ✓ Route of exposure

• Safety Data Sheets tell you how to protect yourself from hazardous materials. Ask the manager or caregiver to access this information for you on Caregiver Connect.
Radiation Safety

- The risks of radiation exposure include, cancer, cataracts, and genetic effects.
- Keep yourself safe by knowing the three basic rules of radiation safety:
  ✓ Time
  ✓ Distance
  ✓ Shielding
- The risk of harm increases with increased exposure. Spend the least time possible in an area where a diagnostic test is done.
- Stay at least 6 feet away from radioactive material and any x-ray machines - the further the better.
- Wear lead protective garments or stand behind a lead shield if you must be close to an x-ray procedure.
- Ensure that the radioactive material is shielded anytime you are working in the presence of radioactive materials.
- Contact your site Radiation Safety Officer for questions.
Radiation Safety (con’t)

• The signs and symbols pictured below warn us of the hazards of radiation
• If you come across a package bearing these signs, notify your Radiation Safety Officer or the Nuclear Medicine Department for further instructions. Do not touch the item.
• Contact your Radiation Safety Officer for any radiation accidents or spills
MRI Safety

• MRI stands for Magnetic Resonance Imaging.
• MRI uses a very powerful magnetic field to create images. This intense magnetic field is always on.
• Metal objects become deadly projectiles if taken into the magnetic field.
• Medical implants (pacemakers and defibrillators) are adversely affected by a magnetic field.
• Some medication patches may cause injury if worn during an MRI.
• Never enter the scan room without consulting an MRI technologist or supervisor of imaging.
• All people entering a scan room MUST be screened for potential hazards.
MRI Safety (con’t)

**MRI Zone I** consists of all areas freely accessible to the general public. This zone includes the entrance to the MRI facility and the magnet poses no hazards in these areas.

**MRI Zone II** is a semi-restricted area where patients are under the general supervision of MRI personnel. It may include the reception area, dressing room & interview room.

**MRI Zone III** - only approved MRI personnel and screened individuals are allowed inside this zone. The MRI control room and/or computer room are included.

**MRI Zone IV** is the area within the walls of the MRI scanner room, sometimes called the magnet room. A warning sign indicates the presence of a high magnetic field.

**MRI Zone III & IV** are restricted areas and only trained personnel are allowed access.
Laundry Safety

• Needles and sharps in the laundry are dangerous
• Other items such as patient care monitors and remote controls have been found in linens
• Be part of the solution!
• Use care when removing linens
• Check pockets of lab coats, scrubs and patient gowns
• Look before you launder or place linens in a bag
Healthcare Associated Infection (HAI)

- An HAI is an unexpected infection developed while staying in a healthcare setting.
- Each year over **2 million** patients develop HAIs causing discomfort and longer stays and **99,000** patients actually die from them!
- Most HAIs are passed to the patient from the **hands** of healthcare workers or the healthcare environment.
- Patients are at risk of developing HAI from devices they are exposed to in the healthcare setting:
  - 32% are urinary tract infections
  - 22% are surgical site infections
  - 15% are pneumonia (lung infections)
  - 14% are bloodstream infections
- In addition, hospitals will no longer be reimbursed for many HAIs.
- Want to see how expensive an HAI is? Click here for more information: [HAIs are Costly](#).
Patient Experience

• Aurora is committed to service and diversity
  ✓ We have access to interpreter services
  ✓ Contact the department or house supervisor if you need their services

• We offer many complementary services in the hospital
  ✓ Healing garden
  ✓ Massage therapy
  ✓ Pet therapy
  ✓ 24/7 family visitation
  ✓ Special dietary requests
  ✓ And more
Patient Experience is Important!

Please Remember AIDET:

• **A**cknowledge the patient by knocking first, saying hello
• **I**ntroduce yourself and your role as a student
• **D**uration: discuss how long a procedure, an interaction, assessment, a test, or results may take
• **E**xplain the purpose of your visit and what you will be doing
• **T**hank the patient for their time and close with “is there anything else I can do or get for you?”
Patient Experiencing – Information Sharing

• If you are providing information to patients, please remember the following tips:
  ✓ Keep information simple
  ✓ Use plain language (avoid medical jargon or abbreviations)
  ✓ Have the patient or family member “teach back” or tell you/show you what you just told /showed them
  ✓ Do not say, “do you have any questions”…..
  ✓ Instead, ask them to...
    • “Tell me what you know about....”
    • “Tell me what your doctor told you”, then clarify the information as needed
    • “How will you do this or take this when you get home?”
Completing Your Online Orientation Modules

- After completing both learning modules (Infection Prevention, Bloodborne Pathogens and Safety) **AND** (HIPAA/Compliance/Professionalism), you are responsible for comprehending the information.

- Your instructor will guide you through further orientation material. Upon completion of all orientation material you will sign an Orientation checklist form to confirm your completion of orientation to the clinical site.

- If you have questions on any material covered, or future questions while on the unit, please talk with your instructor or staff member for assistance.
References

- CDC - Bloodborne Pathogen Protection
- CDC - Infection Control Guidelines
- CDC - Guidelines for Isolation Precautions
- CDC - Exposure to Blood

Thank you for completing this module!