Dear Employee,

Congratulations on your upcoming anniversary with Colquitt Regional Medical Center. The attached workbook has been designed to keep you current on general safety procedures at the hospital. Some of the sections will serve as a refresher, while other portions will bring you up-to-date on recent changes. Your safety and the safety of those around you depends on your knowledge of how to properly handle emergency situations.

After reviewing the contents of this workbook, please log into the web site and complete the annual safety test. If you have any special needs, please call us at (229) 890-3548.

Remember, **safety is everybody's business.**

COLQUITT REGIONAL MEDICAL CENTER

GENERAL SAFETY STUDY GUIDE

2012

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COLQUITT REGIONAL MEDICAL CENTER
EMERGENCY CODES

All employees are expected to be familiar with the overall hospital plan for emergencies. You should know what your specific duties are within your department. If you are unsure about any of the following information, ask your department head to clarify it for you.

*MAKE SURE YOU KNOW WHERE OUR DEPARTMENT'S SAFETY MANAGEMENT PLAN IS LOCATED****MAKE SURE YOU KNOW YOUR RESPONSIBILITY IN ANY OF THESE EMERGENCIES**

Dial "67" to page overhead.

Code Red - Initiates Fire

You may have a specific role such as: Removing patients/visitors to safe areas behind fire doors, closing doors, or taking a fire extinguisher to the site of the fire.

Code Red Clear - Clears Fire

Code Triage - Disaster Plan Activation

A crisis that overloads the present staff in the Emergency Department (i.e. automobile accidents, excessive injuries from a tornado, etc.) You may be called back to the hospital to assist with such items as: Calling in staff to assist, controlling upset visitors, or tagging incoming patients.

Code Triage Clear - Clears the Disaster

Code Orange - Hazardous Materials Release

Code Pink - Infant/Child Abduction
You will need to be sure all exits are monitored. Do not let people with children or large boxes, bags, etc. leave the hospital until they have been cleared or the infant/child has been located.

Code Gray - Indicates a Security Problem

Alerts security of the potential/existing problem. Only designated personnel should respond to the area requesting assistance. All other staff should temporarily avoid this area.

Code Silver - Security Duress Code

Any staff member who encounters or suspects a person is brandishing a weapon, an act of violence, or a hostage (or potential hostage) should not attempt to intervene or negotiate but dial 0 and report to the switchboard operator providing as much information as possible:

a. Location of incident (building, floor and room)
b. The number of armed persons and their behavior
c. The number of hostages, if applicable
d. Type of weapon(s) involved (handgun, long gun, knife, bomb, etc.)
e. Injuries sustained (if any)

Employees may also dial 67 and page Code Silver.

Code Blue - Patient in Respiratory/Cardiac Arrest

Paging Number for Code Blue is (4444). This will automatically let the switchboard operator know the location of the code.

Bomb Threat: No Paging Code.

Departments will quietly be notified by phone.

If you should receive the phone call:

a. Keep individual talking as long as possible.
b. Get someone's attention and alert them to the threat (write message while you continue talking with the caller).
c. Listen to the callers voice. This may help you identify the caller.
d. Listen for background noises that may tell you where the caller is located.

e. Ask the caller where the bomb can be located and what time it is expected to blow up. (Try to determine if the caller knows the lay-out of the hospital without directly asking them.)
f. Once the caller has hung up, notify your Department Head, Nursing Supervisor, or Administration if this has not already been done.

Severe Weather "Watch" - Conditions are Favorable
Severe Weather "Warning" - Conditions are Present

These codes indicate hazardous weather in our area. You may be assigned to shut doors, close blinds, take any objects away from windows that could pose a potential hazard. Always know in advance the safest areas that you could go to if the weather should get too severe. NEVER LEAVE YOUR PATIENT UNATTENDED.

FIRE SAFETY

If a fire starts in your area, follow the RACE procedure.
In fire safety RACE stands for:

Rescue - Rescue patients who are in immediate danger of smoke and flames.
Alarm - Alarm other staff to fire's location by pulling the fire alarm and paging "Code Red" and giving location.
Confine - Confine the fire and smoke by closing the door to the room that has the fire.
Evacuate - Evacuate the area horizontally behind the nearest fire door.

*Fight the fire only if it is small and contained (like in a wastebasket), and if you know how to operate a portable fire extinguisher. Before fighting even a small fire, be sure that the area has been evacuated and the fire has been reported.

Class of fire		Type extinguisher to use
Class "A"	Wood, paper, cloth	Water
Class "B"	Flammable liquids (oil, grease, gas)	Dry Chemical - Halon
Class "C"	Electrical	Dry Chemical - Halon

NEVER USE WATER TO EXTINGUISH A CLASS "B" OR CLASS "C" FIRE! TO DO SO COULD RESULT IN ELECTROCUTION AND DEATH.

An "ABC" fire extinguisher can be used for wood, paper, cloth, flammable liquid and electrical fires.

IMPORTANT: Depending on the type and size of extinguisher you are using, you may have only 8 to 60 seconds before your extinguisher is empty.
MAKE THEM COUNT!

To **operate a fire extinguisher**, think **PASS:**

Pull - Pull the pin out of the extinguisher.
Aim - Aim the hose at the base of the fire.
Squeeze - Squeeze the handle of the extinguisher.
Sweep - Sweep the hose back and forth to put out the fire.

TO **ENTER A ROOM** IN WHICH A FIRE IS SUSPECTED:

1. Feel the door carefully to determine if the door is HOT. If the door is too hot to maintain contact with - **DO NOT ATTEMPT TO OPEN IT**. Obviously, if the door is that hot, whatever is inside the room has already been destroyed. To open the door would create a "flashover" and the result would be injury to you.

2. If the door is NOT HOT, stand to the side of the door and gently push it open. **NEVER STAND DIRECTLY IN FRONT OF THE DOOR.**

3. Count to 15 before entering the room. You have introduced fresh air into the room and a flash up or explosion is possible.

4. Go in low and stay below level of smoke when attempting rescues.

When attempting **to rescue a victim**, follow these guidelines:

If the victim's clothing or bedding is on fire SMOTHER THE FIRE:

a. Cover the patient/victim from the side with a blanket, mattress pad, etc. placing the covering directly on top of the victim will trap air and allow the fire to continue burning).

b. Smooth away air trapped beneath the covering. Air is often trapped between the arms and the body and between the legs.
c. Remove the patient from the bed to an area of safety.
d. Be sure to close the door behind you when you exit the room. This will keep the fire from spreading to other areas.

Remember to **NEVER** use an elevator during a fire emergency. The elevator shafts act like a chimney and draw smoke in. There is also the danger of the fire causing a mechanical failure and getting trapped in the elevator.

Familiarize yourself with the location of the fire alarm pull stations and fire extinguishers in your area. Also note the location of smoke compartments.

HAZARDOUS MATERIALS

Information concerning the chemicals used in your area can be found in the Material Safety Data Sheets (MSDS) notebook located in your department. Please ask your supervisor for the location. If you are not familiar with its contents, become aware of the information in this notebook. DO NOT WAIT FOR AN ACCIDENT TO OCCUR! It may be too late to protect yourself.

Labeling: the higher the number, the greater the risk.

4 - Extreme
3 - Serious
2 - Moderate
1 - Slight
0 - Minimal

The alphabet letter on the label indicates the proper safety equipment to be worn when cleaning up the hazardous chemicals.

Each department should have a Hazardous Materials Poster located in that department. This poster indicates which equipment is to be worn with which alphabet letter. If you don't know the location of your poster, please ask your supervisor.

Every employee has the **"Right To Know"** what hazards are associated with their job. If you have any doubts concerning your safety and well-being, always ask your Department Head to explain.

INFORMATION SYSTEMS

All information accessed in the Meditech system must be treated as confidential. An employee may only access patient information when needed to continue the treatment of the patient and/or for billing/chart auditing information. Computer system passwords are used to protect the confidentiality of patients and employees and an employee's password should never be given to another individual to use. Computer passwords expire every 90 days. Computer passwords leave an electronic audit trail and everyone accessing patient information will be held accountable for all information accessed with that password.

PATIENT RIGHTS

1. The patient has the right to considerate and respectful care.

2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know, by name, the physician responsible for coordinating his care.

3. The patient has the right to receive from his physician information necessary to be informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient request information concerning medical alternative, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedure and/or treatment.

4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his actions.

5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examinations, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that, within its capacity, a hospital must make responses to the request of a patient for services. The hospital must provide evaluations, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for the alternative to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

9. The patient has the right to be advised if the hospital proposed to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse participation in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know, in advance, what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

Patient Responsibilities

13. The patient is responsible for providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.

14. The patient is responsible for asking questions when they do not understand what they have been told about the patient's care or what he/she is expected to do.

15. The patient is responsible for following the treatment plan developed with the practioner. He/she should express any concerns he/she has about his/her ability to follow the proposed course of treatment; the hospital, in turn, will make every effort to adapt the treatment plan to the patient's specific needs and limitations. Where such adaptations are not recommended, the patient should understand the consequences of failing to follow the recommended course of treatment, or of using other treatments.

16. The patient is responsible for the outcomes if he/she refused treatment or fails to follow the practitioner's instructions.

17. The patient is responsible for following the hospital's rules and regulations concerning patient care and conduct.

18. The patient is responsible for being considerate for other patients and hospital personnel by not making unnecessary noise, smoking, or causing distractions.

19. The patient is responsible for respecting the property of other persons and that of the hospital.

GENERAL UTILITIES MANAGEMENT PLAN

The General Utilities Management Plan is designed to provide hospital personnel guidance in the response to failures of utility systems that support the patient care environment. Utilities within the hospital setting include systems for medical gases, medical/surgical vacuum, communication systems, and data exchange systems. Each staff member should be knowledgeable in the appropriate action if an essential utility system fails. Employees should refer to the departments policies and procedures for more specific instructions in the area of utility failures as it relates to their respective departmental functions.

1. **Loss of Electrical Power:**

   If normal electrical power is disrupted, the emergency generator should provide electricity to the emergency (Red) outlets. All life support equipment should be plugged into emergency outlets. Should emergency power be lost, appropriate clinical measures should be implemented by the staff to effectively monitor patients status and all disturbances in electrical power. This shall not be limited to total electrical failure.

2. **Loss of Water Pressure:**

   In the event of water loss the Facility Operations should be notified to initiate the emergency water supply.

3. **Medical Gases:**

   Leaking Medical Gases can pose a serious hazard. If leaking medical gases are encountered, the Facility Operations, Respiratory Therapy Department, and person in charge of the respective area should be immediately notified. Measures should be taken to ensure that no electrical sparks or open flames exist in that area. The type and quantity of leaking gas will dictate the appropriate actions.

4. **Loss of Central Medical Gas System:**

   In the event the Central Medical Gas System (oxygen, air, nitrous oxide) fails to operate, the Facility Operations and Respiratory Therapy should be

immediately notified. All patient carriers should identify patients who require the administration of oxygen and notify the Respiratory Therapy Department, so that a portable gas supply can be supplied to those patients and/or areas. The Operating Room must maintain an appropriate level of portable medical gas tanks at all times.

5. Elevator Failure:

The Facility Operations should be notified in the event an elevator ceases to function properly. If an employee is in the elevator and it ceases to function, the employee should notify the switchboard by using the phone located in the elevator. If a patient is on board the dysfunctional elevator, the operator should be informed and asked to call the patients respective nursing station.

6. Communication Failure:

The Tele-Communications Department (Information Systems) should be notified if the phone, paging system, nurses call system, two way radio system, or computer system are not functioning properly. If one communication system is not operational, another system may be utilized to continue normal operations of the department. Example: If the beeper system becomes inoperative, the phone system may be used to orally page individuals, or should the telephone system cease to operate, the EMT service may use the radio system to contact the police, sheriff's department, or surrounding EMT Services who can then appropriately divert calls. There are also cellular phones in place with the operator and the nursing supervisors.

In the event of total communications failure each department should designate individuals to hand carry messages. Communications outside the hospital can be conducted through the EMT Radio Service and the cellular phones. The EMT service can transmit radio messages via their hospital base unit, mobile units, or portable units to the police department, fire department, sheriff's department, or surrounding EMT services.

UTILITIES MANAGEMENT (Cont...)

7. Medical/Surgical Vacuum Failure:

If the Central Vacuum System becomes dysfunctional the portable suction unit should be utilized. These units may be obtained from the Central Sterile Department or the EMS Service.

8. Heating, Ventilating, and Air Condition Failure:

In the event the environmental support system fails, measures such as opening windows, providing additional blankets, etc. should be implemented as a temporary measure. If the Facility Operations Department determines the system failure will be long term, portable equipment may be secured from outside vendors until the central system is operational.

9. Hospital Information System (HIS) Failure:

In the event of a complete hospital failure, regardless of the cause, the hospital staff will perform all previously automated functions by manual means and retain all pertinent hard-copies, while the Information Systems Department puts into action it's formal Disaster Plan. The Disaster Plan will include the removal and replacement of inoperative hardware as needed, and the initiation of off-site data processing for such applications as Payroll, and Billing/Accounts Receivable.

PERFORMANCE IMPROVEMENT UPDATE

The Performance Improvement Department is committed to improving our customer service and providing the highest quality of care to our customers through education, coordination and facilitation of performance activities and reviews.

The above is achieved by every employee in every department working together to do the following things:

1) Do the right thing
2) Do the right thing well

We at CRMC have adopted the FOCUS-PDCA performance improvement model that will be used for all performance improvement activities:

F-ind a process to improve
O-rganize a team that has knowledge of the process
C-larify current knowledge or understanding of the process
U-nderstand the root cause of variation in the process
S-elect an intervention to reduce variation or improve the process.

P-lan the improvement
D-o the improvement
C-heck the results & lessons learned
A-ct to standardize & continue the improvement.

In other words, recognize the problem, find out why it is a problem, and find a way to make it not a problem anymore.

Everyone has a responsibility to recognize when a process needs or has room for improvement. Your department director is always looking for ways to improve your department. Please let your director know of any ideas you may have to make things better. When we strive to do this, we also make our patients happier and better satisfied with the care they receive while they are in your area.

Your cooperation on a performance improvement team may be requested by your department director. Consider this request something to be proud of! You will be working with others to make our hospital the very best that it can be!

MAKE SURE YOU KNOW AT LEAST ONE PERFORMANCE IMPROVEMENT PROJECT YOUR DEPARTMENT IS WORKING ON.

BACK CARE AND SAFETY
THE MECHANICS OF LIFTING

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1. Introduction

You may know that back injuries are the most common type of industrial accident. That's because no matter what our jobs, we are constantly using our

backs--to support our bodies, to bend, sit, twist, stand, even to lie down. All of these activities put stress on our backs, but at no time are our backs more vulnerable to injury than when we're lifting. Understanding how your back works while lifting, can help you avoid unnecessary strain and potential injury.

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2. Back Basics

Your back is the **main supporting structure** of your entire body. Along with your muscles and joints, it allows you to move (sit, stand, bend, etc.) and to bear weight. But the back is also a delicate, finely balanced structure that can be easily injured if we don't care for it properly. Knowing the basics of back care can make the difference between a healthy back and an aching one!

a. A Healthy Back

Your back is composed of twenty-four moveable bones (called vertebrae) and cushioned like pads (called discs) between each vertebra. These structures are supported by ligaments and muscles that help keep the back **aligned in three balanced curves**. When any of these various parts becomes diseased, injured or deconditioned, back problems and pain are almost certain to follow.

b. A Balanced Back

A healthy back is a balanced back--your cervical (neck), thoracic (chest) and lumbar (lower back) curves are all properly aligned. (You know your back is aligned properly when your ears, shoulders and hips are "stacked" in a straight line.) When your back's three curves (cervical, thoracic, and lumbar) are not in balance, there is a greater likelihood of both back pain and injury.

c. An Aching Back

A number of physical conditions, such as curvature of the spine (scoliosis), arthritis and herniated (ruptured) discs, can cause back pain, but **the majority of backaches are due to poor posture and weak supporting muscles**. Improper posture places excess stress on the spinal column. Over time, poor posture can lead to sudden and recurrent back pain. Weak muscles contribute to, and are often responsible for, poor posture since they cannot adequately support the spinal column.

d. Preventive Back Care

Once you understand how your back works, and what can go wrong, you're ready to start taking care of your back--for the health of it. By using proper posture (when you sit, stand, lift, recline, and move) and by exercising the muscles that support your back, you can prevent the most common causes of back aches. The result is freedom from back pain, and a stronger, healthier back.

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3. Lifting Mechanics

When you lift, it's important to keep your **back in balance**. If you bend at your waist and extend your upper body to lift an object, you upset your back's alignment and your center of balance. You force your spine to support the weight of your body and the weight of the object you're lifting. This situation is called "overload". You can avoid overloading your back by using good lifting techniques. For example, when you bend at the knees and hug the object close to you as you lift, you keep your back in alignment and let the stronger muscles in your thighs do the ctual "lifting". You do not have to extend your upper body and are able to maintain your center of balance.

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4. Simple Techniques To Protect Your Back

Safe lifting is always important--but it's **critical** when lifting is part of your job or everyday activities. If you've ever "thrown out" your back while doing a seemingly simple lift (moving a crate, lifting a piece of furniture, carrying a file box to the office)--you know how firsthand the importance of safe lifting. **Safe lifting means keeping your back aligned while you lift, maintaining your center of balance, and letting the strong muscles in your legs do the actual lifting**. By using the following techniques, you can learn how to lift safely and save your back from accidental strain and injury.

1. **Visualize the Lift**--The first step in safe lifting is thinking. "Can I lift it by myself?" "Can I hold it close to my body?" If the load is manageable, follow the remaining tips.

2. **Tuck Your Pelvis**--By tightening your stomach muscles, you can "tuck" your pelvis to keep your back's three curves in balance.

3. Bend Your Knees--Bend your knees instead of your waist. Let the large muscles in your legs support your back and carry the weight.

4. "Hug" The Load--Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

5. Avoid Twisting--Twisting while you lift or carry increases the load on your spine and can lead to serious injury. To avoid twisting, be sure that your knees and torso are facing in the same direction when lifting.

TIPS TO REMEMBER:

In addition to these techniques, remember to make sure that your footing is firm when lifting and that your path is clear. And be sure to use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift, so why not play it safe and lift it right?

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5. Back Fitness for People Who Sit

Perhaps you're an office worker, or computer operator, a payroll clerk, or a switchboard operator--you're a person who spends a good portion of each day sitting. So why does your back ache? The fact is, most back trouble is caused by poor posture and weak muscles--two conditions common to people who sit. You can take care of your back and keep it fit, by using good posture and building strength and flexibility--while you sit.

GOOD SITTING POSTURE:

Your back has three curves (remember this) — **cervical (neck), thoracic (chest), and lumbar (lower back)**. All three curves should be aligned to keep your back in balance. Often, we slouch in our chairs or bend forward over our work which throws these curves out of balance. Try these tips to support and balance your back while sitting.

1) Place a pillow (or rolled up towel) at the back of your chair seat to support your lower back.

2) Move your seat as close to your work as possible to keep from bending forward.

3) Angle your work (or computer screen) so you can look straight ahead rather than looking down.

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6. Moving Patients and Equipment

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a. Transporting patients and equipment requires good body mechanics and lifting techniques.

b. Pushing and pulling large objects, such as trash bins, as well as, patients can be just as hard on your back as heavy lifting. Remember to:

* stay close to the load (patient/equipment), don't lean forward.
* whenever possible, **push rather than pull** (you can push twice as much as you can pull without strain).
* use both arms.
* tighten your stomach muscles when pushing.

c. Reaching for supplies, especially in high places, can cause injury to your back, if you stretch too far or try to lift too much weight. Be sure to:

* reach only as high as comfortable, but don't stretch; use a stool or step ladder if needed.
* test the weight of the load before lifting by pushing up on one corner.
* let your arms and legs do the work--not your back.
* Tighten your stomach muscles as you lift.

d. Safety for the patient, as well as yourself, is always an important factor when moving patients in wheelchairs or on stretchers.

1) Stretchers

* Always remember to use two attendants unless the patient is conscious, alert and has no attachments (IV's, etc.)
* Push feet first, side rail up and the patient's arms inside the rails
* Use the safety strap

2) Wheelchairs

* Always use your safety straps and keep the patient's arms inside the chair.
* Open Doors and check traffic, then back the chair through the doorway
* Pull on and off of elevators to avoid front wheels catching in the door grooves and the chair turning over

3) Use caution when approaching doorways, hallway intersections and rounding corners with both stretchers and wheelchairs.

CUSTOMER SERVICE

CRMC makes Customer Service **FIRST** . . . . . .

Friendly
* Make eye contact and smile
* Wear badge visibly

Initiate
* Greet and use name
* Offer assistance first

Respond
* Quickly
* To every customer request

Serve
* Be attentive
* Go the extra mile

Thank

* At every opportunity invite back
* Follow up if needed

A restaurant, hotel and a hospital all have one thing in common.....a must for excellent customer service.

Customer Service is one of the most important aspects to our day to day business. Excellent customer service assures "customer return".

Everyone has a choice on where to have his or her healthcare needs met. We hope they choose Colquitt Regional Medical Center. By providing quality service, compassionate care, courtesy and respect to every patient, family member, and guest, we can ensure a pleasant visit so they will choose CRMC again in the future.

It is up to **ALL OF US**, whether you are the Physician, Nurse, Financial Consultant, Housekeeper, Purchaser, or Therapist to work toward our customer service goal.

REMEMBER TO MAKE CUSTOMER SERVICE FIRST!

AIDET: **A -** **A**cknowledge (Knock on door, make eye contact, call by name, smile, be sincere)
I - **I**ntroduce (Always introduce yourself - name, department, title, purpose
D - **D**uration (How long?...medication, wait, procedure)
E - **E**xplanation (For everything you do - explain)
T - **T**hank you! (Thank the patient and family anytime you can)

10 & 5 - Make eye contact with someone within 10 feet of you and speak to someone who is within 5 feet of you.

When ending a conversation with someone you should always say:
"Is there anything else I can do for you?"

CUSTOMER SERVICE
STANDARDS OF PERFORMANCE

Colquitt Regional Medical Center employees believe in the following Standards of Performance:

Attitude - We will send a positive attitude by our appearance, body language, and sound of voice.

Appearance - Our grooming and dress will present an image of respect for our customers.

Communication - Listening to and understanding our customers is top priority.

Etiquette - We will display polite behavior with manners and courtesy.

Response - We will respond to customers in a manner that demonstrates the care, courtesy, and respect they deserve.

Team Respect - Our co-workers are our teammates and deserve our respect.

Fairness/Honesty - We will be fair and honest in all dealings with our coworkers, visitors, and physicians.

Privacy/Confidentiality - We will ensure our customer's right to privacy and modesty by maintaining a secure and trusting environment.

Safety Awareness - It is the responsibility of all employees to ensure an accident-free environment.

EFFECTIVE COMMUNICATION

Communication is a Standard of Performance at CRMC and is key in any good relationship. We at CRMC have a relationship with our patients, our guests, and our fellow employees. Therefore, GOOD communication is essential to our organization in not only making our customers happy but our employees as well.

Tips on Effective Communication:

* Choose your words with care: Be polite. Use clear, simple terms.

* Introduce yourself.

* Use an appropriate tone of voice. Be sincere.

* Pay attention. **LISTEN**. Show interest in what is being said. Don't interrupt.

* Watch your body language. Smile. Make eye contact.

* Get it straight. Summarize back to the person what has been said, to be sure you completely understand.

* Be aware of factors that may affect communication:

  Language or cultural differences
  Patient's age
  Disabilities or health conditions

* If you are having difficulty, ask for help from a staff member.

* Always end on a positive note.

<u>Diversity</u>

Diversity means that we are all unique individuals and have differences.

Differences among individuals include:

  Religion
  Nationality
  Gender
  Social Status

MRI (Magnetic Resonance Imaging) SAFETY:

The MRI machine is a high powered magnet. The magnet is capable of pulling metal objects into its core as fast as 40 MPH causing damage to the magnet or patients. Some of the possible objects could be wheelchairs, stretchers, oxygen tanks, fire extinguishers, IV poles, heart monitors, scissors, charts, stethoscopes, pocket knives, hairpins, keys, paper clips, metal fragments, hearing aids, watches, and even patient charts.

NO ONE should ever enter the magnet room without filling out a consent and history of metal questionnaire first. It is very important that the MRI technologist is aware if a person or patient has a pacemaker. If any person or patient has been recently implanted with metal from surgery, they must be 8 weeks post op before a study can be performed. This can be staples, sutures, or stents.

All hospital personnel should be educated about the safety factors and effects of the static magnetic field, especially in high field super conductive magnets.

If a patient should code while in the magnet, they will be moved out of the magnet room for resuscitation. Housekeeping personnel should never be allowed in the magnet room for theirs and the magnets safety. Metal mops, buckets and brooms can fly to the magnet.

If a patient comes for an MRI, they should wear clothing without any metal. If any metal is suspected, the patient will be changed into a total cloth hospital gown. They will also be told that during the examination, a warm or hot sensation may be felt due to the radio-signals being sent through the body.

Safety is the main reason the magnet room door is locked at night and on the weekends, because the magnet is always on. It never sleeps.

INFECTION PREVENTION/CONTROL STAFF UPDATE

PROGRAM PURPOSE:

To provide knowledge and understanding of:

1. Infection Prevention and Control principles/employment hazards

2. Employee/Employer role in Infection Prevention and Control

3. Hand hygiene technique and importance

4. Infection Prevention/Control policies/Isolation precautions

5. Bloodborne Pathogens

6. Tuberculosis

7. Multi-drug Resistant Organisms (MDROs)/Miscellaneous

PROGRAM OBJECTIVES:

The participant will be able to:

* state the purpose of the program
* recall the infectious process ("chain of transmission")
* perform adequate hand hygiene
* identify isolation categories and indications
* identify blood borne pathogens and protective measures
* identify tuberculosis and protective measures
* identify the healthcare worker role in infection prevention and control
* identify employment hazards
* respond appropriately to an exposure/injury
* identify/use personal protective equipment

INFECTION PREVENTION/CONTROL

I. Introduction

INFECTION PREVENTION - doing everything possible to prevent infections in patients, healthcare workers, and visitors. Prevention of infections is the goal.

II. Infectious Disease Transmission

A. Chain of Infections - "each link of the chain" must be present for the infection to occur. Our goal is to keep this process from occurring "breaking a link in the chain" or preventing the infection.

1st link: GERM - Bacteria, virus, fungus that can cause illness in humans.

2nd link: RESERVOIR or CARRIER - One who harbors or carries the germ. This can be a patient, healthcare worker, or visitor.

3rd link: PORTAL OF EXIT - How the germ leaves one's body (i.e. – coughing, wound drainage.

4th link: TRANSMISSION - How the germ is spread. Germs can be spread by:

DIRECT CONTACT - Actually touching "germ-laden", "dirty", or contaminated items.

INDIRECT CONTACT - Germs spread by indirect route (i.e. improperly cleaned/sterilized items)

DROPLETS - Germs are spread via the respiratory tract. They travel out approximately three feet and fall to the floor. The immediate patient's environment is "dirty".

AIRBORNE - Germs travel in air currents or dust particles.

COMMON VEHICLE - Germs are spread by a common source to many people (i.e. - restaurant serves tainted food and several people get sick)

VECTORBORNE - Germs are spread by vectors (i.e. – ticks can cause Lyme Disease, mosquitoes can cause Malaria)

5th link: PORTAL OF ENTRY - How the germ enters another person's body (i.e. – breathing in germs; being stuck with a dirty needle)

6th link: SUSCEPTIBLE HOST - Someone whose immunity is decreased and/or they are in contact with enough of the germ they become infected.

III. BREAKING THE CHAIN OF INFECTION

1. HANDHYGIENE - the single most important way to prevent infection.
2. ASEPSIS - be cautious how you perform tasks and the technique used
3. EMPLOYEE HEALTH -
   A. report any illness, exposures (from work or home) that may be contagious (i.e. - TB, chickenpox, fever, respiratory tract infection, gastro-intestinal infection,etc.Report any signs/symptoms of TB immediately to your supervisor, Infection Prevention Coordinator, Employee Health Nurse. These signs/symptoms include: cough (prolonged lasting 3 weeks or more and/or coughing up blood; unplanned weight loss; night sweats; decreased appetite; swollen, painful lymph nodes; fever (may be low grade); fatigue, malaise
   B. Bathe/shower daily
   C. Wear clean clothes/uniform daily
   D. Keep jewelry to a minimum (i.e. - simple wedding band; avoid fancy filigree type designs)
   E. Maintain healthy nails and good manicure. Avoid artificial nails, overlays, cracked/chipped polish, etc.
4. DISINFECTION/STERILIZATION - items must be free of visible matter prior to disinfection/sterilization. Mix cleaning chemicals correctly. Use only hospital approved cleaning products. Return reprocessible items to Central Sterile in between patient use (i.e. – IV pumps, instruments, etc.)
5. STANDARD PRECAUTIONS - means treating ALL PATIENTS as if they are infected with a bloodborne disease. These precautions are used to protect you.

IV. BLOODBORNE DISEASES (see bloodborne pathogen definitions)

The two most common bloodborne diseases in the United States are HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B virus). Bloodborne pathogens are microorganisms (germs) such as viruses or bacteria that are carried in blood and can cause disease in humans. There are many different bloodborne pathogens including malaria, syphilis, and Hepatitis C virus, but Hepatitis B and the Human Immuno Deficiency Virus (HBV) are the two diseases specifically addressed by the OSHA Bloodborne Pathogen Standard.

Hepatitis B (HBV)

In the United States, approximately 700,000-1.4 million people are estimated to be infected with HBV and are unaware of this infection. In 2009 in Georgia 2,098 people were chronically infected with Hepatitis B virus.

"Hepatitis" means "inflammation of the liver", and Hepatitis B is a virus that infects the liver. While there are several different types of Hepatitis, Hepatitis B is transmitted primarily through "blood to blood" contact and contact with infectious body fluids. Hepatitis B initially causes inflammation of the liver, but it can lead to more serious conditions such as cirrhosis and liver cancer.

There is a vaccine to protect against HBV.

There is no "cure" for HBV. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type of hepatitis.

The Hepatitis B virus is very durable, and it can survive in dried blood for up to seven days. For this reason, this virus is a primary concern for all healthcare employees who may come in contact with blood or other potentially infectious materials.

Symptoms:

The symptoms of HBV are very much like a mild "flu". Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and darkened urine may occur. However, people who are infected with HBV will often show no symptoms for some time. After exposure it can take several months before symptoms become noticeable.

Human Immunodeficiency Virus (HIV)

AIDS, or acquired immune deficiency syndrome, is caused by a virus called the human immunodeficiency virus, or HIV. Once a person has been infected with HIV, it may be many years before the AIDS actually develops. HIV attacks

the body's immune system, weakening it so that it cannot fight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure or vaccine.

Estimates on the number of people infected with HIV vary. Many people who are infected with HIV may be completely unaware of it. Georgia ranked 9th highest in the nation for its estimated rates of adult cases living with AIDS. 2009 HIV/AIDS cases in GA=2250; 2000-2009 Deaths=4904, avg = 490.4/yr. In 2009 there were 410.3 HIV/AIDS cases/100,000 persons living with HIV/AIDS in Georgia. The HIV virus is very fragile and will not survive very long outside of the human body. It is a primary concern for all healthcare employees who may come in contact with blood or other potentially infectious materials. It is estimated that the chances of contracting HIV due to percutaneous exposure (i.e.- needle stick) t HIV infected blood is 0.3%. However, because it is such a devastating disease, all precautions must be taken to avoid exposure.

Symptoms:

Symptoms of HIV infection can vary, but often include weakness, fever, sore throat, and nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands.

If you believe you have been exposed to HBV or HIV, especially if you have experienced any of the signs or symptoms of these diseases, you should consult your physician/health care provider as soon as possible.

Bloodborne Pathogens

A. MODES OF TRANSMISSION - Bloodborne pathogens such as HBV and HIV can be spread through contact with infected human blood and other potentially infectious body fluids such as:
   -Semen
   -Vaginal secretions
   -Cerebrospinal fluid
   -Synovial fluid
   -Pleural fluid
   -Pericardial fluid
   -Peritoneal fluid

-Amniotic fluid
-Saliva (in dental procedures), and
-Any body fluid that is visibly contaminated with blood.
-Any HIV/HBV culture media
-Unfixed tissue or organs (other than intact skin) from a human, living or dead

It is important to know the ways exposure and transmission are most likely to occur in your particular situation.

HBV and HIV are most commonly spread by:

-Sexual Contact
-Sharing of hypodermic needles
-From mothers to their babies at/before birth
-Accidental puncture from contaminated needles, broken glass, or other sharps
-Contact between broken or damaged skin and infected body fluids
-Contact between mucous membranes and infected body fluids

In most healthcare settings, transmission is most likely to occur because of accidentally puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example, if someone infected with HBV cut their finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible that you could contract the disease. When there is blood to blood contact with infected blood or body fluids, there is potential for transmission.

Intact skin forms a barrier against bloodborne pathogens. However, infected blood can enter your system through:

-Open sores
-Cuts
-Abrasions
-Damaged or broken skin

Bloodborne pathogens may also be spread through the mucous membranes of the eyes, nose and mouth.

For example, a splash of contaminated blood to your eye, nose or mouth could result in spread of the infection.

B. RISK GROUPS - health care workers, intravenous drug users, men having sex with men, heterosexual contact.

C. DISEASE PROCESS - HIV attacks the body's immune system. The person infected with HIV usually dies from a secondary infection or complication of the illness. Hepatitis B virus attacks the liver. This infection can lead to scarring or swelling of the liver. Liver cancer can also develop which is usually fatal.

D. HEALTHCARE WORKER RISK/PREVENTION - A healthcare worker has a higher risk of exposure to HIV and HBV the more patient contact they have; the more they handle dirty items, or items soiled with blood/body fluids, or specimens. Category I employees have the greatest risk of occupational exposure. Risks to bloodborne pathogens can be decreased by using personal protective equipment (PPE) appropriately, avoiding exposures, proper sharps use/disposal, taking the Hepatitis B vaccine and using standard precautions routinely. Category I employees work with blood/body fluids daily or products of procedures daily. Category II employees may assist Category I employees and are less likely to perform tasks that involve blood or body fluids. Category III employees do not have occupational risk to bloodborne pathogens.

V. EXPOSURE CONTROL PLAN

A. The BLOODBORNE PATHOGENS STANDARD was developed by the Occupational Safety and Health Administration to protect health care workers. Health care workers should know the risks they may encounter on a job. They should contact their supervisor for any questions or concerns. An Exposure Control Plan explaining about HIV and HBV and precautions to be taken are available in the worker's department. Tasks should be assessed for potential exposure prior to beginning them.

B. INFECTIOUS DISEASE EXPOSURE REPORT - The health care worker should report any injury, exposure, unusual occurrence, etc. to the supervisor immediately.

Medications may be available to help you. Steps to follow after an exposure (i.e. needle stick; blood/body fluid splash, spray or skin contact)

1. WASH THE AREA; FLUSH EYES WITH WATER
2. REPORT THE INCIDENT TO THE SUPERVISOR
3. COMPLETE AN INCIDENT REPORT FORM
4. GO TO THE EMERGENCY ROOM FOR EVALUATION

VI. HEPATITIS B VACCINATION

The Hepatitis B virus (HBV) vaccine is available at no charge to employees who may have job related exposure to HBV. Contact the Employee Health Nurse, Nancy Simmons for questions, concerns, etc. at 891-9253 or via e-mail. You may decline the vaccine at any time, but the vaccine is still available to you at any time during your employment if you are at risk for job related exposure. The vaccine is not usually indicated if you have: 1) previously received the vaccine series, 2) antibody testing has revealed you are immune, 3) the vaccine is contraindicated for medical reasons. This is administered intramuscularly at designated dosing intervals. All 3 doses are necessary for vaccine effectiveness. The vaccine has been effective in protecting individuals against HBV. The benefits of the vaccine must be considered with potential for side effects, which are usually minimal.

VII. STANDARD PRECAUTIONS

A. WHY? Purpose of standard precautions is to decrease disease transmission.

B. HOW? Treat all patients as if they are infected with a disease of the blood spread by humans - primarily HIV and HBV.

C. WHEN? Use personal protective equipment (PPE) prior to anticipated exposures. With each task you perform, ask yourself "Will I be doing anything to generate blood/body fluids? "Could I be splashed/sprayed in my

face (esp. eyes, nose, mouth)?" "Could I get blood/body fluids on my hands, skin, clothes?" "Is it a facility policy that I use personal protective equipment for a certain job task?" If you answer "yes" to any of these questions or are unsure, then use protective equipment to cover/protect that particular area.

D. Standard precautions include:
Hand washing - wash hands vigorously with soap and running water for 15 seconds before and after patient contact, upon removing gloves, and per protocol. (see hand washing technique attachment)

VIII. PPE, WORK PRACTICES AND ENGINEERING CONTROLS

It is extremely important to use personal protective equipment and work practice controls to protect yourself from bloodborne pathogens.

"Standard Precautions" is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens; you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials are possible. This also means that certain engineering and work practice controls shall always be utilized in situation where exposure may occur.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing the appropriate personal protective equipment PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. To protect yourself, it is essential to have a barrier between you and the potentially infectious material. "Dress for the occasion" by using the appropriate PPE. Be protected before an exposure occurs.

Rules to follow:

-Know where PPE is located.
-Always wear personal protective equipment in potential exposure situations or per policy
-Remove PPE that is torn or punctured, or has lost its ability to function as a barrier to bloodborne pathogens.
-Replace PPE that is torn or punctured.
-Remove PPE before leaving the work area. Dispose of properly.
-Report any problems with PPE to your supervisor or appropriate personnel.

If you work in an area with routine exposure to blood or potentially infectious materials, the necessary PPE should be readily accessible. Contaminated gloves, clothing, PPE, or other materials should be placed in appropriately labeled bags or containers until it is disposed of, decontaminated, or laundered. It is important to find out where these bags or containers are located in your area before beginning your work.

GLOVES

Gloves should be made of latex, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves. You should always inspect your gloves for tears or punctures before putting them on. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them, either. Decontaminate your hands after gloves are removed.

GOGGLES

Anytime there is a risk of splashing or vaporization of contaminated fluids, goggles and/or other eye protection should be used to protect your eyes.

Again, blood borne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning up a spill, during laboratory procedures, while providing first aid or medical assistance providing first aid or medical assistance, or during procedures. Prescription eyewear with side shields may be worn as eye protection.

FACE SHIELDS

Face shields may be worn to provide face protection. A face shield will protect against splashes to the eyes, nose and mouth. This shield should be chin length.

GOWNS

Gowns may be worn to protect your clothing and to keep blood or other contaminated fluids from soaking through to your skin.

Normal clothing that becomes contaminated with blood should be removed as soon as possible because fluids can seep through the cloth to come into contact with skin. Contaminated laundry should be handled as little as possible, and it should be placed in an appropriately labeled bag or container until it is decontaminated, disposed of, or laundered.

RESUSCITATIVE DEVICES

Resuscitative devices (i.e. face shields, pocket mask, ambu bags, etc.) are available for use for those properly trained.

Remember to use standard universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment.

If you find yourself in a situation where you have to come in contact with blood or other fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact.

Hygiene Practices

Hand washing is one of the most important (and easiest) practices used to prevent spread of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use antibacterial soap, if possible. Avoid harsh abrasive soaps, as these may open fragile scabs or other sores.

Hand hygiene should be performed (or as soon as feasible) after removal of gloves or other personal protective equipment.

Because hand hygiene is so important, you should familiarize yourself with the location of the handhygiene facilities near you. If you are working in an area without access to such facilities, you may use an antiseptic cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as feasible.

If you are working in an area where there is reasonable likelihood of exposure, you should never:

- -Eat
- -Drink
- -Smoke
- -Apply cosmetics or lip balm
- -Handle contact lenses

You should also try to minimize the amount of splashing, spraying, splattering, and generation of droplets when performing any procedures involving blood or potentially infectious materials, and you should NEVER pipette or suction these materials by mouth.

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back to use. The manufacturer may have specific guidelines.

Decontamination should be accomplished by using:

- A solution of 5.25% sodium hypo chlorite (household bleach/Clorox) diluted 1:10 with water.
- EPA registered disinfectant.

In the event of a spill of blood or other potentially infectious fluid, call Housekeeping if it is a large amount. For small amounts, put on clean gloves, obtain a blotter such as paper towels or rags. Wipe up the spill to remove the visible matter. Clean area thoroughly with disinfecting agent. Allow to air dry.

If you are decontaminating equipment or other objects (be it scalpels, microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave your disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, reusable gloves, buckets, pails, etc.

Sharps

It is especially important to handle and dispose of all carefully in order to protect yourself as well as others. Be dedicated to the use of the item and pay close attention to the task.

Needles/sharps must be disposed of in designated sharps containers where they are used "point-of-use" disposal. Improperly disposed needles/sharps can injure housekeepers, custodians, and other people.

Needles

-Needles should never be recapped. If recapping is necessary, use the one-handed scoop technique.
-Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dustpan.

-Never break or shear needles.
-Needles shall be disposed of in labeled sharps containers only.
-Sharps containers shall be closable, puncture-resistant, leakproof on sides and bottom, and must be labeled or color-coded.
-When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
-Fill sharps container 3/4 full or to designated "Full" line.

Broken Glassware

-Broken glassware that has been visibly contaminated with blood must be disinfected using an approved disinfectant solution before it is disturbed or cleaned up.
-Glassware that has been decontaminated may be disposed of in an appropriate sharps container: i.e. closable, puncture-resistant, leakproof on sides and bottom, with appropriate labels.
-Broken glassware will not be picked up directly with the hands. Sweep or brush the material into a dustpan.
-Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

By using Standard Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of bloodborne pathogens.

IX. SIGNS, LABELS, AND COLOR CODING

Warning labels need to be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials. These labels are fluorescent orange, red, or orange-red. Bags used to dispose of regulated waste must be red or orange red, and they, too, may have the biohazard symbol readily visible upon them. Double bag the waste if the original is torn, punctured or contaminated on the outside.

Regulated waste refers to

-Any liquid or semi-liquid blood or other potentially infectious materials
-Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
-Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
-Contaminated sharps
-Pathological and microbiological wastes containing blood or other potentially infectious materials
-Any item containing visible blood

All regulated waste must be disposed in properly labeled containers or red biohazard bags. A waste hauler is contracted for off-site incineration. Custodial staff pick-up this waste and package it for disposal.

X. EMERGENCY PROCEDURES

In an emergency situation involving blood or potentially infectious materials, you should always use Standard Precautions and try to minimize your exposure by wearing gloves, face protection, gowns and using resuscitative and other barrier devices.

If you are exposed, however, you should:

1. Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap if possible.
   -If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes. Remove contact lenses.
2. Report the exposure to your supervisor as soon as possible.
3. Fill out an incident report form.
4. Go to the Emergency Room to be evaluated.

XI. PRECAUTIONS SUPPLEMENTARY TO STANDARD PRECAUTIONS

A. Transmission based precautions in addition to Standard Precautions are utilized for isolation. Patient isolation is indicated for those patients with a known or suspected infection: i.e. - Tuberculosis, wound drainage,

infectious diarrhea, Meningitis. We cannot control the patients we treat; the germs we encounter; we can control the spread (transmission) of germs. Preventing the spread of germs is the primary focus.

An Isolation Precautions manual is available in the department listing common types of infections, isolation category, and the duration of isolation. Follow the precautions listed on the patient's door. Check with the nurse before entering.

The categories of isolation include contact (regular and drug resistant (red sign); droplet, airborne, and protective. Patients in isolation need their own equipment and supplies to avoid spreading the germs.

Isolation Practices

- "Standard Precautions" - treat all patients as if they are infected with bloodborne illness such as HIV and Hepatitis B
- "TRANSMISSION BASED PRECAUTIONS" are used to prevent infections:
  CONTACT, DROPLET, and AIRBORNE are used in addition to Standard Precautions. The nurse may order isolation if the physician does not.

Contact Precautions (Yellow Sign) (Red Sign for Drug-Resistant Bacteria)

- Contact spread is the most common way germs are spread. Use for patients known or suspected to have serious illness easily transmitted by direct patient contact or by contact with items in the patient's environment.
- Examples: Gastrointestinal, respiratory, skin, or wound infections or colonization with multi-drug resistant bacteria (MRSA, VRE) respiratory syncytial virus (RSV), scabies, impetigo, clostridium difficle toxin (CDT).
- Use gloves, gowns, dedicated equipment plus Standard

Droplet Precautions (Orange Sign)

- The patient's immediate surrounding (three feet diameter) may contain infectious germs. Use for patients with known or suspected infections transmitted by large particle droplets.
- Examples: Meningococcal meningitis, pneumonia and sepsis; pertussis, streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children. Use masks, private room, transport patient with surgical mask (if possible) plus Standard Precautions.

Airborne Precautions (Blue Sign)

- The germs are spread through the air currents or on dust particles.
- Examples: Measles, varicella (chicken pox), tuberculosis.
- Use private room, mask, and transport patient with a surgical mask plus Standard Precautions.

When using the HEPA unit (negative pressure), the doors should be closed at all times. When patient is discharged, keep the doors closed and run the HEPA unit two hours then the room can be cleaned and released for reuse.

Post the appropriate isolation sign(s) according to the symptoms/illness the patient has. Housekeeping personnel will remove the isolation sign and return it to the nurse.

The Red Isolation Trash can is to be placed inside the patient's room or in the anteroom.

Patients placed in isolation precautions need their own equipment, supplies, etc. (i.e. stethoscope, thermometer, B/P cuff, bedside commode). If the patient cannot have their own equipment (i.e. IV tray, glucose meter, etc.) the item must be disinfected before it is used with another patient. Use Foaming Disinfectant product, germicidal, or manufacturer's recommendations.

Patients with infections or colonization due to drug-resistant bacteria must be cared for extra carefully to prevent the spread of these germs. Good hand hygiene is extremely important! Strict adherence to isolation practices is very important.

XII. TUBERCULOSIS (TB)

Tuberculosis is an infectious, contagious disease when it affects the lungs and voice box. When the infected patient coughs, sneezes, speaks, etc, infectious germs leave the respiratory tract and travel in air currents.

Signs and Symptoms of TB include:

- Cough (prolonged, lasting 3 weeks or more and/or coughing up blood
- Fever

- Unplanned weight loss
- Night sweats
- Decreased appetite
- Fatigue, malaise
- Lymph nodes - inflamed, painful

Be alert for patients presenting with signs/symptoms of TB. These patients need to be isolated promptly (Airborne). Wear your N95 particulate respirator in the room with any known/suspected TB patient. Remember to "fit check" the mask prior to entering the room.

Colquitt Regional Medical Center is considered a low-risk facility.

Think TB! Be alert to signs and symptoms of TB.

Isolate known or suspected TB patients promptly in negative pressure room (ER 5, ICU-3, 417, 418, 518, 107) (Airborne Precautions).
- Keep the door to the room closed. The nurse may order the isolation.
- Transport the patient with a surgical mask if the patient must leave the room.
- Expedite the process - call ahead and notify the appropriate department.
- Always were a TB mask (N95) before entering the TB patient's room.
- Fit check this mask (N95) EACH TIME you put it on.
- Do not enter the TB area if you have not been fit tested for a TB mask or have been instructed to enter the area. Notify your Department Head.

I. HAND HYGIENE POLICY:

Hand hygiene is absolutely essential in the prevention of and control of health care associated disease. Hand washing facilities shall be available to all personnel along with alcohol based hand rub products.

II. PURPOSE:

To prevent the spread of infection.

III. RESPONSIBILITY:

All healthcare workers.

IV. SCOPE:

Healthcare workers, patients, visitors.

V. PROCEDURE:

HANDWASHING TECHNIQUE:
Hands should be washed with soap and water:

1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids.
2. Before eating.
3. After the personal use of the toilet.
4. Any exposure to Bacillus anthracis (Anthrax) is suspected or proven.
5. After 5-10 applications of alcohol based hand rub, if necessary.

Hands must be washed, before and after patient contact, with an anti-microbal soap.

A. Wet hands, apply soap, lather and rub hands together vigorously for a minimum of 15 seconds covering all surfaces of the hands and fingers and nails.
B. Rinse hands under running water.
C. Dry hands well with paper towel.
D. Turn off the faucet using a paper towel. All faucets are considered contaminated.
D. Apply hand cream liberally after frequent hand washings. Use to prevent skin irritation and breakdown and subsequent infection. Avoid petroleum based skin care products or those containing petrolatum.

ALCOHOL BASED HAND RUB TECHNIQUE
When decontaminating the hands with an alcohol-based hand rub:

A. Apply product to palm of one hand
B. Rub hands together, covering all surfaces of the hands and fingers, until hands are dry. Manufactures' recommendations will be followed regarding the volume of product to use.

****ALLOW HANDS TO DRY WELL BEFORE TOUCHING ANYTHING.*****

Hands may be decontaminated with alcohol-based hand rub:

1. When hands are not visibly soiled with proteinaceous material or blood, body fluids.
2. Before having direct contact with patients.
3. Before donning sterile gloves when inserting sterile catheters (ie-central intravascular, indwelling urinary, peripheral vascular, or other invasive devices that do not require a surgical procedure.
4. After contact with a patient's intact skin (ie - taking a pulse, B/P, or lifting patient)
5. After contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
6. After contact with inanimate objects (including medical equipment) in the immediate patient vicinity.
7. After removing gloves.
8. If moving from a contaminated-body site to a clean-body site during patient care.

HAND HYGIENE IS INDICATED:

1. When coming on duty.
2. When hands are obviously soiled.
3. Between handling of individual patients.
4. Before contact about the face and mouth of a patient.
5. After personal use of the toilet.
6. After blowing or wiping the nose or coughing.
7. On leaving an isolation area, any patient care area.
8. After handling used dressings, used sputum containers, soiled urinals, catheters, and bedpans, used item or equipment.
9. Before eating.
10. On completion of duty.
11. Before direct patient contact.
12. After removing gloves.

In the event of loss of water, an alcohol based hand rub, gloves, and bottled water will be utilized.

Wash your hands with soap and water as soon as you possibly can.

BLOODBORNE PATHOGENS DEFINITIONS

SUBJECT: Definitions utilized in the Colquitt Regional Medical Center Policy/Procedure Guide for Occupational Exposure to Bloodborne Pathogens: Infection Prevention Plan

TERM:	DEFINITION:
Blood:	Human blood, human blood components and products made from human blood.
Bloodborne Pathogens:	Pathogenic (harmful) microorganisms (germs) that are present in human blood and can cause disease in humans. These germs include, but are not limited to: Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
Contaminated:	The presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface "germ laden".
Contaminated Laundry:	Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps. Bag linen where used.
Contaminated Sharps:	Any contaminated object that can penetrate the skin including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination:	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point that they are no longer capable of transferring infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Engineering Controls:	Control (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incidents:	A specific eye, mouth, other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from performance of an employee's duties.
Occupational Exposure:	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employee's duties.
Other Potentially Infectious Materials:	1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visible contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead), and; 3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral:	Piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, abrasions, etc.
Personal Protective Equipment (PPE):	Is specialized clothing or equipment worn by employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Regulated Waste:	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other infectious materials and are capable of releasing these materials during handling; contaminated

sharps, pathological and microbial wastes containing blood or other infectious matters.

Sharps With Engineered Sharps Injury Protections	Means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Source Individual:	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize:	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Standard (Universal) Precautions:	An approach to Infection Control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Work Practice Controls:	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique)

Miscellaneous

DISPOSE OF TIMELY AND PROPERLY!!

Sharps:
1. Point of use disposal - dispose of sharp where it is used
2. Avoid overfilling containers (fill 3/4 full or to the designated "Full Line"
3. Do not manually recap, bend, break or remove needles

4. Routinely replace sharps containers. Each department is responsible for replacing the containers. Replace if blood splatters are present.

Reporting Infections: Report to Infection Prevention patients with infections, communicable diseases, elevated temperatures, etc.

Notify Infection Prevention (extension 3537) if you have had an infectious disease exposure at home or in the workplace (i.e. - TB, Chickenpox, Meningitis). If you have an infection/illness that could be spread to someone else (i.e. - fever, respiratory tract infection, stomach virus, skin sores, etc.) notify your supervisor because you may not need to be at work.

Mulit-Dose Vials: Date and initial when opened. Single dose vials are also available, but can only be entered with a needle one time – then dispose of this vial.

Sterile water/saline bottles - are single use items. Unless a Bacteriostatic agent or preservative is present, then use per manufacturer's guidelines.

Linens: Bag all linens before leaving the patient's room or use the linen hamper outside of patient's door.

Patient Education: Teach patient about illness and control measures, etc. Stress good hand washing and avoid visiting other patients if one or the other has or may have an infection.

Refrigerator Temperature: Monitor patient refrigerator temperatures at least daily and record on the designated form. Date items when opened. Avoid storing patient and employee food items together. Store medications and food in separate refrigerators. Clean refrigerator weekly and record on the designated form. Keep staff refrigerator clean.

Equipment: Once equipment is no longer needed (i.e. t-pump, CPM machine, etc.) bag the item prior to leaving the patient's room. Red bag the item if patient is in isolation or if it is contaminated with blood/body fluids, otherwise clear bag the item. Transport the item to the soiled utility room if unable to take directly to Central Sterile's decontamination room. Do not place the item on the floor.

Cleaning/Disinfection/Sterilization

Routinely clean/dust work area. Eliminate clutter. Do not pick up broken glass with your bare hands - use a broom and dustpan. Reusable "sharp" instruments need to be transported to the Central Sterile decontamination room in a closed, rigid, puncture proof container labeled "biohazard".

Dedicate equipment, supplies, etc. as much as possible to single patient's use.

Clean equipment, blood spills, work surfaces using the germicidal product (i.e. - Foaming Disinfectant or Broad-Cide 256, germicidal wipes) unless contraindicated by equipment manufacturer).

Use proper use/dilution ratios when using chemicals. Change cleaning supplies (clothes, water, etc.) per departmental policy.

Communication

Adequate communication regarding patient care, etc. is essential from shift-to-shift and department-to-department. Relay pertinent information to the appropriate personnel in a timely manner.

Proper Technique

- Always use the proper technique when providing care to prevent cross-contamination and jeopardizing the patient's or your well being.
- Inspect sterile items before use to ensure sterility (no moisture, no soilage, intact seal, no open areas, etc.)
- Check expiration date (if item has one). AVOID use if date is expired.
- Date and initial all multi-dose vials.

Be aware of single dose vials/containers. (One time use items).

- Segregate clean and dirty items.
- Use IV needle less system as indicated.
- Handle invasive devices carefully and maintain a "closed system" as much as possible. Avoid breaking the system if at all possible.

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