



# Morris Hospital & Healthcare Centers

Non-Employee General  
Orientation 2021

(Agency, Student & Contracted)



# **Morris Hospital & Healthcare Centers' Mission**

**To improve the health of area residents.**

## **Morris Hospital's Vision Statement:**

Morris Hospital & Healthcare Centers strives to provide an environment where customers, (visitors, employees, physicians, volunteers, especially patients) are treated with respect and dignity. All employees must adhere to the highest standard of customer service to promote the principles, ideals and mission of the Hospital.

# ***Values:***

***C = Compassion***

***A = Accountability***

***R = Respect***

***E = Excellence***

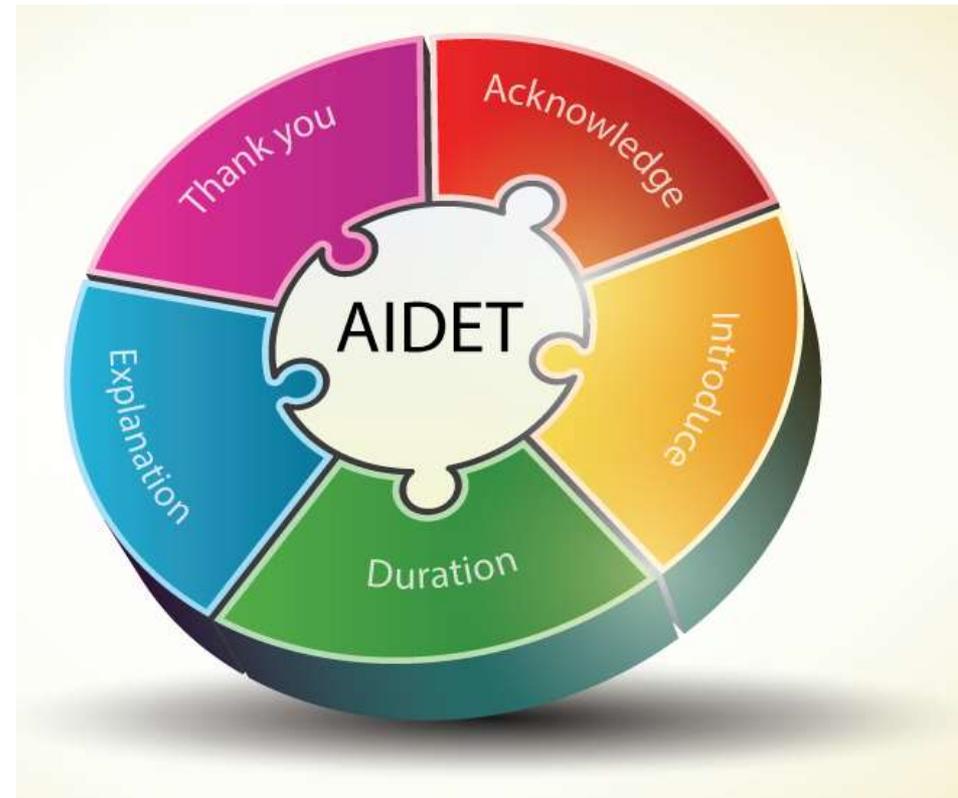


# Customer Interaction

The Huron principle of AIDET is used when interacting with our patients and customers.

## AIDET

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank



# AIDET

## Acknowledge

### **In person, with your body:**

- Smile!
- Make eye contact
- Use open body language

### **On the phone, with your voice:**

- Smile!
- Give the person your undivided attention

## Introduce

### **First Generation**

- Name
- Department

### **Next Generation**

- Self, Skill Set, Experience and Certification
- Co-workers
- Other Departments
- Physicians

# AIDET

## Duration

- How long will the test, procedure, appointment or admissions take?
- How long will the patient need to wait before they can go home, return to work...?
- When should they expect results or a returned phone call from you?

## Explanation

- Why are we doing this?
- What will happen and what should you expect?
- What questions do you have?
- **USE UNDERSTANDABLE LANGUAGE**

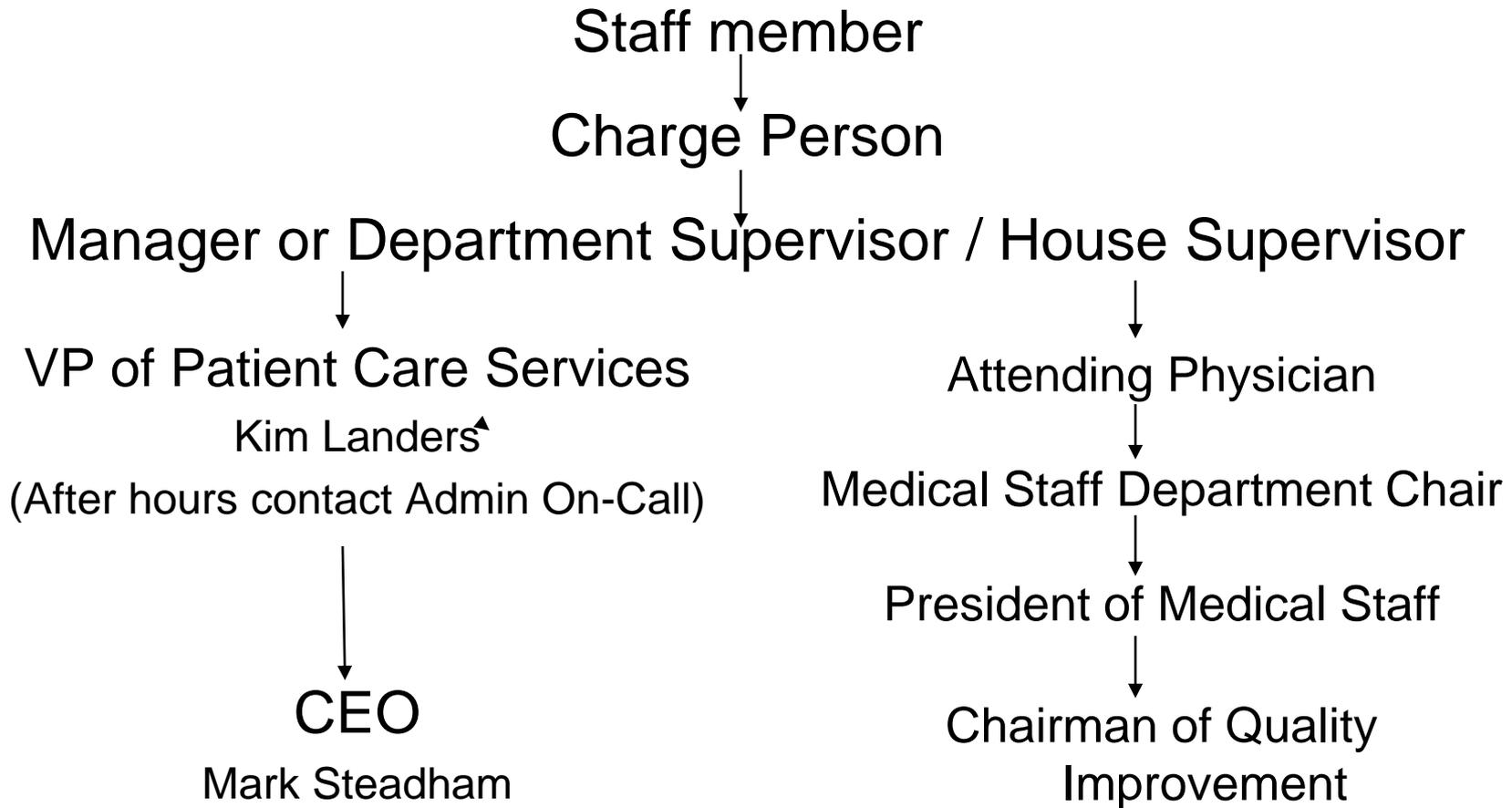
# Thank

Thank them for choosing YOU!

# Accessing Policies/Forms/iShare

- **iShare is the Morris Hospital home (default) page for the internet**
- **iShare is a communication hub where the following can be accessed:**
  - **Policies & Procedures**
  - **Standing Orders**
  - **MH Forms**
- **If the computers are not working and internet access is unavailable hard copies of Policies & Procedures are kept in Administration and the House Supervisor's Office**
- **iShare can be accessed from any hospital computer simply by accessing the internet**
- **<https://intranet.morrishospital.org/Policy/Pages/default.aspx?k=i%20share>**
- **If you do not have computer access, please ask a MH employee to assist you with accessing the information needed**
- **Lippincott Procedures icon on desktop-These are Nursing, Physical Therapy, and Respiratory procedures.**

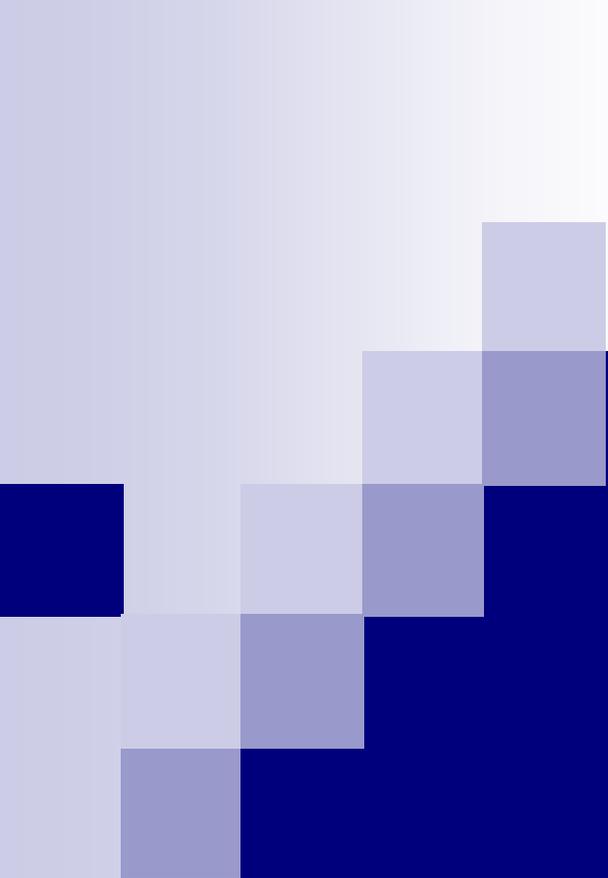
# Chain of Command



## **Please Note:**

When calling, let the person know you have instituted the Chain of Command.

If an Employee feels their concern is not addressed at any level they may go on to the next level.



# Morris Hospital Plain Language Codes

2021

# Plain Language Codes

Medical Alert		Facility Alert		Security Alert	
<b>Adult Code Blue</b>	MEDICAL ALERT + ADULT CODE BLUE + LOCATION	Fire Alarm	FACILITY ALERT + FIRE ALARM + LOCATION	Armed Intruder	SECURITY ALERT + ARMED INTRUDER + LOCATION
<b>Pediatric Code Blue</b>	MEDICAL ALERT + PEDIATRIC CODE BLUE + LOCATION	Evacuation	FACILITY ALERT + EVACUATION + LOCATION	Assistance Needed	SECURITY ALERT + ASSISTANCE NEEDED + LOCATION
<b>Stroke</b>	MEDICAL ALERT + STROKE + LOCATION	Nuclear	FACILITY ALERT + NUCLEAR	Missing Person	SECURITY ALERT + MISSING PERSON + DESCRIPTION + LOCATION LAST SEEN
<b>Trauma</b>	MEDICAL ALERT + TRAUMA + LOCATION	Network Failure	FACILITY ALERT + NETWORK FAILURE + DESCRIPTION	Safety	SECURITY ALERT + SAFETY + LOCATION
<b>Stemi</b>	MEDICAL ALERT + STEMI + LOCATION	Disaster Plan	FACILITY ALERT + DISASTER PLAN + DESCRIPTION	Lockdown	SECURITY ALERT + LOCKDOWN
<b>Rapid Response</b>	MEDICAL ALERT + RAPID RESPONSE TEAM + LOCATION	Management Team	FACILITY ALERT + MANAGEMENT TEAM + LOCATION	Weather Alert	
				Severe Thunderstorm Warning /Tornado Warning	WEATHER ALERT + SEVERE THUNDERSTORM WARNING/ TORNADO WARNING + INSTRUCTIONS
<b>Infusion</b>	MEDICAL ALERT + INFUSION + LOCATION	Utility Failure	FACILITY ALERT + UTILITY FAILURE + LOCATION	All Clear	
<b>Decon Team</b>	MEDICAL ALERT + DECON TEAM + LOCATION			All Clear	ALERT TYPE + ALL CLEAR

# Medical Alert: Adult Code Blue



## Cardiac Arrest Procedure:

- Call for help and/or pull the “Code” lever in the room.
- Page over head by dialing 3515, announce “Medical Alert: Adult Code Blue” and the location at least twice.
- In the areas that have the computer icon, page the “Code Blue” team **or**
- In the areas that do not have the computer icon, call the Operator at ext. 0, and ask them to page the “Code Blue” team on the computer.
- Begin CPR.
- **In the event the Internet can not be accessed:**  
**Page the “Code Blue” team by telephone (815) 851-7777 and include the Department extension where the code is taking place and 7777 followed by the # sign to send the message (Example: 11597777#).**

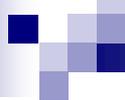
# Medical Alert: Pediatric Code Blue

- “**Medical Alert: Pediatric Code Blue**” is the term used for a pediatric resuscitative emergency at Morris Hospital & Healthcare Centers.
- The staff member identifying the emergency will immediately call a “**Medical Alert: Pediatric Code Blue**+ **the location**” overhead and initiate the appropriate Basic Life Support (BLS).
  - Please refer to the **Cardio-Pulmonary Resuscitation Policy** on iShare for detailed information specific to your work area.

# Medical Alert: Stroke



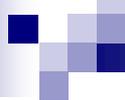
- Purpose: To ensure a person experiencing stroke symptoms is recognized as a medical emergency, receiving medical/nursing care in a prompt and appropriate manner.
- **Medical Alert: Stroke + the location** will be called by the Nurse or the Provider.
- Establishes the process that the team will use when responding to an acute stroke emergency.
- **Medical Alert: Stroke** will be utilized for Inpatient and Emergency Department stroke patients the same as **Medical Alert: STEMI** is utilized for Emergency Department heart attack patients.



# Medical Alert: Rapid Response Team

Adult Emergencies include: (this is not an all inclusive list)

- New onset of chest pain
- New neurological findings (changes added to policy)
  - Mental status changes, confusion
  - Numbness or weakness of arm, leg or face
  - Trouble speaking, hearing or understanding
  - Loss of vision
  - Trouble walking or loss of balance
- Symptomatic bradycardia (low heart rate)
- Symptomatic hypotension (low blood pressure)
- Seizures
- Significant bleeding
- Acute change in oxygen saturation
- Acute respiratory distress (trouble breathing)
- Failure to respond to treatment



# Medical Alert: Rapid Response Team (Pediatric)

- The Rapid Response Team is a team of experienced clinicians who bring their expertise to a patient by rapidly responding to a call for pediatric emergencies.
- A pediatric patient is anyone under 17 years of age, excluding newborns in the Family Birthing Suites
- Pediatric Emergencies include:
  - Acute changes in heart rate, blood pressure or respiratory rate
  - Hypoxia (difficulty breathing)
  - Mental status changes or seizures
  - Staff and/or family concerns

# Facility Alert: Fire Alarm

## ■ Facility Alert: Fire Alarm + Location

R = Rescue anyone in immediate danger.

A = Activate the fire alarm.

C = Contain the fire (Close all doors and windows).

E = Extinguish the fire.

## ■ Fire Extinguisher:

P = Pull the pin.

A = Aim the nozzle at the base of the fire.

S = Squeeze the handle.

S = Sweep side to side at the base of the fire.

## ■ Fire Extinguisher ABC's:

- **Class A** = For ordinary combustibles such as paper, plastic, and wood.
- **Class B** = For flammable liquids such as gasoline, oil, grease, etc...
- **Class C** = For energized electrical equipment.
- **HALON** = Used to put out the same types of fires as an A, B, or C extinguisher.
- **Class K** = Kitchen appliances, electronic equipment



## It is the responsibility of every employee to know:

- Fire prevention and fire safety in their areas
- What to do if a fire is discovered: in the hospital, in their department specifically and what to do if a fire alarm is sounded
- How to evacuate patients, visitors and employees with disabilities

# Fire Watch

(Not an Overhead Announcement)

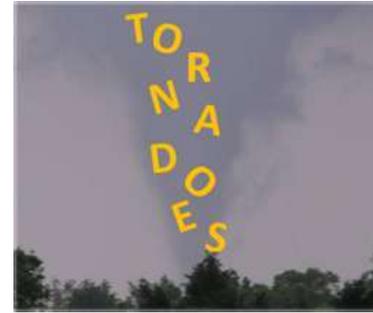


**To watch the building for fires when the fire alarm system is down.**

## **Implementation:**

- Fire Watch will only be sent via email when the fire alarm system is down either for repairs or testing.
- When the “Fire Watch” is emailed all departments must watch for fires in and around their area.
- If a fire occurs in your area notify the operator immediately. The operator will turn in the call to the fire department. The operator will announce overhead the **Facility Alert: Fire Alarm + the location** of the fire and we will follow our normal fire procedures, **R.A.C.E.** and **P.A.S.S.**
- The Maintenance Department will notify via email when the fire alarm system is back up and running using **“Fire Watch, all clear”**.

# Severe Weather



## **Severe Weather Plan (such as Tornado or Thunderstorm) Procedure:**

- When severe weather is imminent in the hospital's location – The operator or designee will announce WEATHER ALERT + SEVERE THUNDERSTORM WARNING/ TORNADO WARNING + INSTRUCTIONS

## **IMMEDIATELY RESPOND TO THIS PROCEDURE**

- Hospital is in imminent danger. Every effort should be made to physically protect the patients and yourself.

### **Patient Care Areas:**

- Move all ambulatory patients to inner utility rooms, etc., that do not have windows. Instruct them to shield self from flying debris.
- Move as many non-ambulatory patients' beds as possible into the inner corridor.
- If unable to fit all the beds into the inner corridor, push beds as far away from windows as possible, pull curtain between beds, position patient facing away from window and shield head with pillow.
- Clear visitors from waiting rooms with windows to inner corridors or waiting rooms without windows.
- Close doors to rooms.

## Weather Alert:Tornado Warning

- **Family Birthing Suites** – Nurse must stay with labor patient. Move to inner corridor if possible.
- **Nursery** – All babies are to be taken to inner corridor. Give baby to mother if possible. Nurse to stay with mothers and babies.
- **ICU** – Pull drapes between beds. If patient's condition permits, move patient to the hallway.
- **Surgery** – Remain in surgery suite unless patients can be moved to inner corridor.
- **ED** – Move patients to inner corridor. If patient can not be moved, close door to room and remain with patient.
- **Non-Patient Care Area – Ancillary Departments:**
  - All patients, visitors and employees should move into the inner corridor or rooms without windows.
  - Close all doors to hallways.
  - Operator stays at switchboard – shield self under desk.

## Weather Alert:Tornado Warning

- Tornado is in immediate area and headed for the Hospital. Protect patients, visitors and self the best that you can.
- **ED staff will notify Administration when the watch / warning has been canceled, and the switchboard will be notified to announce “Weather Alert, All Clear”.**

# Facility Alert: Disaster Plan + description

## **Disaster Procedure:**

- Provide definitive medical treatment to a large number of casualties with minimum delay.
- Utilize existing hospital facilities to minimize the disruption of regular hospital activities.
- Announce overhead “Facility Alert: Disaster Plan + Description”
- Initiate plan as per policy in your work area.
- Refer to Emergency Operations Plan on iShare

## Medical Alert: Decon Team + location

### **Chemical/biological Event:**

- Interior: Evacuate immediate area; close all doors.
- Exterior: prepare for patient decontamination and triage.

\*Contact the House Supervisor who will page out accordingly.

# Facility Alert: Evacuation + location

## **Evacuation Procedure:**

- A designated person will keep the department schedules and log employees out.
- Evacuation of ambulatory patients will be given first priority.
- Non-ambulatory patients will be evacuated next followed by critical patients.
- Employees will be evacuated after patients.
- Destination of the evacuees will be determined by the situation.

## SECURITY ALERT + ARMED

## INTRUDER + LOCATION

Indicates there is a person on hospital or healthcare center campuses in possession of a weapon and threatening to use it.

- Please refer to the Armed Intruder policy for department and personnel response required for this type of event.



# Facility Alert: Nuclear

## **Nuclear Disaster Procedure:**

- The Hospital will be notified by Emergency Services and Disaster Agency (ESDA).
- At the time of notification, follow the guidelines specific to your area.
- Status of the situation will be communicated at all times.
- Depending on information communicated from ESDA, Morris Hospital will either be used as a shelter or be evacuated.

## Alert Type: All Clear

## SECURITY ALERT + ASSISTANCE NEEDED + LOCATION

## **Violent Situation Procedure:**

- When an employee or physician perceives a situation may or has become threatening, verbally or physically, they should call the hospital operator.
- State “Security Alert: Assistance Needed” and location.
- All available personnel will respond to the location on a “stat” basis (immediately).
- Activate the emergency response alarm if indicated in your work area.

# SECURITY ALERT + MISSING PERSON + DESCRIPTION + LOCATION LAST SEEN

## **Abduction Procedure**

If “Security Alert + Missing Person + Description + Location last seen” is paged:

- All personnel will immediately secure all exits and stairwells.
- No person should leave the building unless the police have authorized them to leave or an “Security Alert Missing person all clear” has sounded.

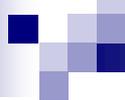
# FACILITY ALERT + NETWORK FAILURE + DESCRIPTION

**This overhead page indicates an unscheduled downtime of the computer system.**

- Immediately initiate your department computer downtime procedures.
- When the computer system is back up “Network Failure – All Clear” will be announced.

# FACILITY ALERT + MANAGEMENT TEAM + LOCATION

- If this alert is paged the Management Team is to respond to Location given.



# **MEDICAL ALERT + TRAUMA + LOCATION**

## **Trauma Team Activation:**

- If this is paged, the trauma team automatically responds to the announce location.
- Trauma team responds “stat” upon arrival of a walk-in trauma patient who meets criteria.

# **MEDICAL ALERT + INFUSION + LOCATION**

## **Physician Determines Need for Massive Transfusion Protocol**

- Patient requires urgent transfusion for the treatment of life threatening hemorrhage.
- Massive Transfusion Protocol (MTP) initiated.
- Protocol available on iShare.

# Security Alert: Lockdown

## ■ Total Site Lockdown

This is the highest level of facility and perimeter security. During a total lockdown, all perimeter doors and exterior barriers are secured and no one is allowed to enter or exit the facility. Security or designees will be deployed to key entry/exit point areas.

## ■ Partial Lockdown

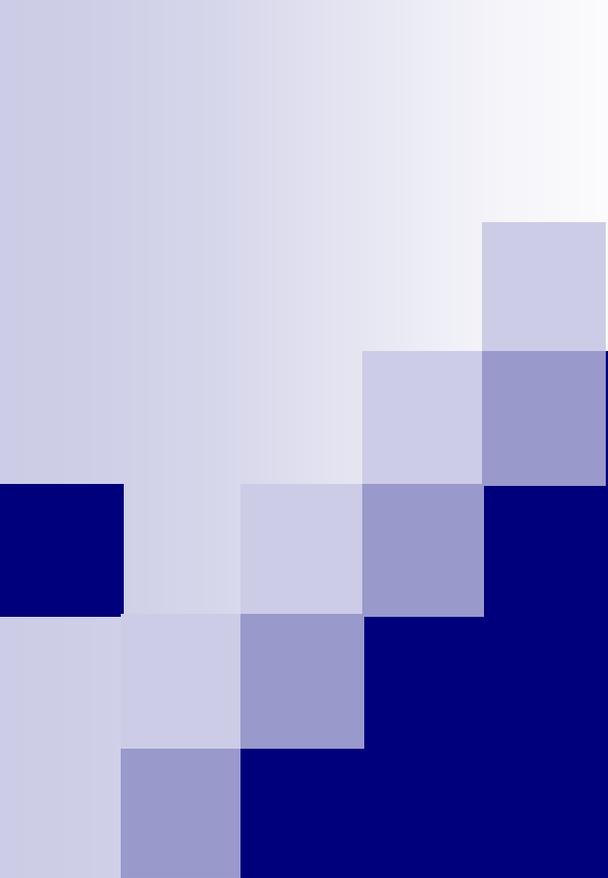
During a partial lockdown, all perimeter doors are secured and Security or designees are deployed to all public entrances and exits. Each person attempting to enter/exit would be screened and escorted as needed.

- The House Officer or the Administrator-On-Call is the only one authorized to call a total or partial lockdown

# Security Alert: Safety + location

## Suicide Precautions

- Activate a Code Safety when suicidal/homicidal behavior, verbalization, or ideation is exhibited by a patient and report it to the patient's physician as soon as possible. Suicide/homicide precautions will be initiated by nursing staff and a 1:1 sitter will be put in place at this time. The patient must be observed continually by a staff member while on suicide/homicide precautions.



# Employee Health

2021

# Employee Health

## Report Accidents Immediately!

### OSHA REQUIRES THAT ALL WORKPLACE ACCIDENTS BE REPORTED.

- Call Security at Ext. 1250 immediately for onsite injuries (Offsite staff complete the same packet of information located at each site, notify their manager and Employee Health.
- Security will notify the Employee Health Nurse during normal business hours or House Supervisor outside of normal business hours.
- Security will bring a packet to the scene of the accident.
- Follow the packet instructions.
- Late reporting of injuries may result in disciplinary action.

# Back Safety

**It is the responsibility of Morris Hospital, the Managers and the Employees to ensure back safety is a priority.**

## **Body Mechanics and Lifting Safety:**

- **Before you start--- plan ahead, clear your path and determine the best way to perform the lift.**
- **Before lifting the object - inspect the object and size up the load.**
- **Ask for help if needed.**

# Back Safety: Proper Lifting

- Stand with your feet shoulder width apart.
- Bend with your knees keeping your back straight.
- Lift the object using your legs.
- Keep the object close to your body.
- **Avoid** twisting your body when carrying an object.
- Always turn your feet in the direction you are moving.
- **Avoid** bending at your waist with your knees straight.
- **Avoid** overhead lifting.



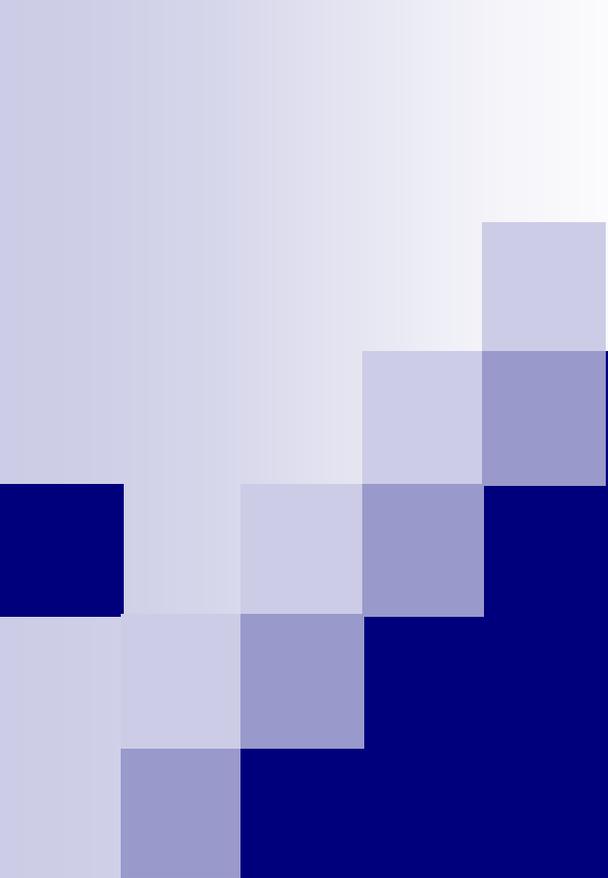
**SAFETY  
FIRST**

**USE PROPER  
LIFTING  
TECHNIQUES**

# Visitor Incident Report

- Complete for incidents involving visitors, students & Physicians / Physician Assistants electronically through Remote Data Entry on iShare. The employee with knowledge of, or who discovers the incident should immediately notify the security personnel who initiates the Visitor / Security Incident Report Form.
- Security notifies the House Supervisor of the incident. A picture of the location where the injury occurred should be taken and printed to attach to Security's report.





# Patient Rights

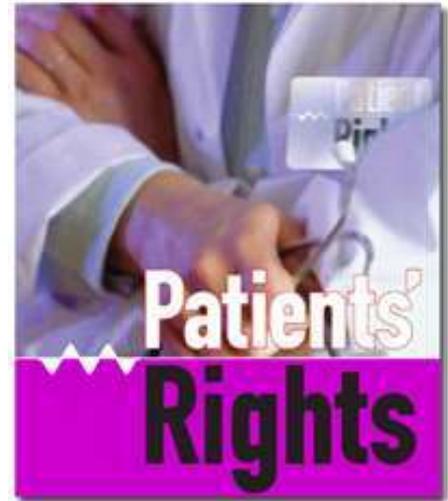
2021

# Patient Rights and Organizational Ethics

- A copy of Patient's Rights is given to all patients (inpatients, outpatients, and clinic patients).
- The complete Statement of Patient Rights and Responsibilities is available on iShare under forms. It is form #208.

Patient's Right to respect, privacy and safety:

- Please knock before entering the patient's room.
- Identify yourself and your department.
- Address patient by the name they wish to be addressed by.
- State your reason for being there.
- Maintain a safe environment and report any safety issues.
- For further information on Patient's Rights refer to the policy: "Statement on Patient's Rights and Responsibilities".



# Summary of Patient Rights

- **Individuals shall be accorded impartial access to treatment so long as that care is within the hospital's capacity, its stated mission and philosophy, regardless of race, creed, sex, national origin, or sources of payment for care. The patient will be informed fully if Morris Hospital & Healthcare Centers cannot provide care that a patient requests. If it is necessary and medically advisable, the patient is transferred to another organization that has accepted the transfer of the patient.**
- **Patients have the right to have a family member or representative of the patient's choice and his/her own physician notified promptly of his/her admission to the hospital.**
- **Patients or their representatives shall have the right to be involved in at least the following aspects of care, as appropriate: giving informed consent, making care decisions, including managing pain effectively, resolving dilemmas about care decisions, formulating advance directives, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment and care at the end of life. The patients shall know the reason for any proposed changes in staff involved in his/her care or transfers within the hospital.**

# Summary of Patient Rights

- **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 reasonable expected to understand. The patient has the right to reasonable informed participation in decisions involving his healthcare. The patient has the right to receive from his physician, information necessary to give informed consent prior to the start of any procedure and/or treatment. The explanation includes potential benefits, risks or side effects including potential problems that might occur during recuperation, the likelihood of achieving goals, reasonable alternatives and the possible results of non-treatment. Staff members are to inform the patient of the name of the physician or other practitioner who has primary responsibility for the patient's care, the identity and professional status of individuals responsible for authorizing and performing procedures or treatments, any professional relationship to another health care provider or institution that might suggest a conflict of interest, their relationship to educational institutions involved in the patient's care and any business relationships between individuals treating the patient or between the organization and any other health care, service or educational institutions involved in the patient's care. The patient, at his own request and expense, has the right to consult with a specialist. When it is not medically advisable to give such information to the patient, the information should be made available to family or other appropriate person.**

# Summary of Patient Rights

- **The patient shall have the right to make informed, personal healthcare decisions. The patient has the right to accept or refuse treatment to the extent permitted by law, and to be informed of the medical consequences. Patients participating in an investigational study or clinical trial may refuse to participate without compromising their access to the hospital's services.**
- **The patient shall receive information regarding healthcare choices, to formulate advance directives, and to appoint or be appointed a surrogate to make healthcare decisions on his/her behalf to the extent permitted by law. The Hospital shall not discriminate or condition care based on whether or not the patient has an Advance Directive.**
- **The patient shall have the right to transfer to another facility if the Hospital is unable for any reason to carry out the terms of an Advance Directive. The patient shall have the right to seek another physician if any physician chooses not to carry out the terms of the Advance Directive or the patient's healthcare choices.**
- **The patient has the right to receive care in a safe setting free from all forms of abuse or harassment.**

# Summary of Patient Rights

- **The patient has the right to security and personal privacy and confidentiality of information. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care, must have the permission of the patient to be present. The patient has the right to expect that all communications and records pertaining to his care including payment source should be treated as confidential.**
- **The patient has the right to confidentiality, privacy and security insofar as the Hospital practices and environment are concerned.**
- **The patient shall have the right to protective services (guardianship and advocacy services, child or adult protective services).**
- **The patient has the right to appropriate assessment and management of pain and education regarding their role in managing pain as well as the potential limitations and side effects of pain management.**

# Summary of Patient Rights

- **The patient has the right to examine and receive an explanation of his bill regardless of source of payment. The patient has the right to timely notice prior to termination of his eligibility for reimbursement by any third party payor for the cost of his care.**
- **The patient has the right to know what Hospital rules and regulations apply to his conduct as a patient.**
- **Patients are entitled to information about the Hospital's mechanism for the initiation, review and resolution of patient complaints.**
- **Patients have the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.**

# Summary of Patient Rights

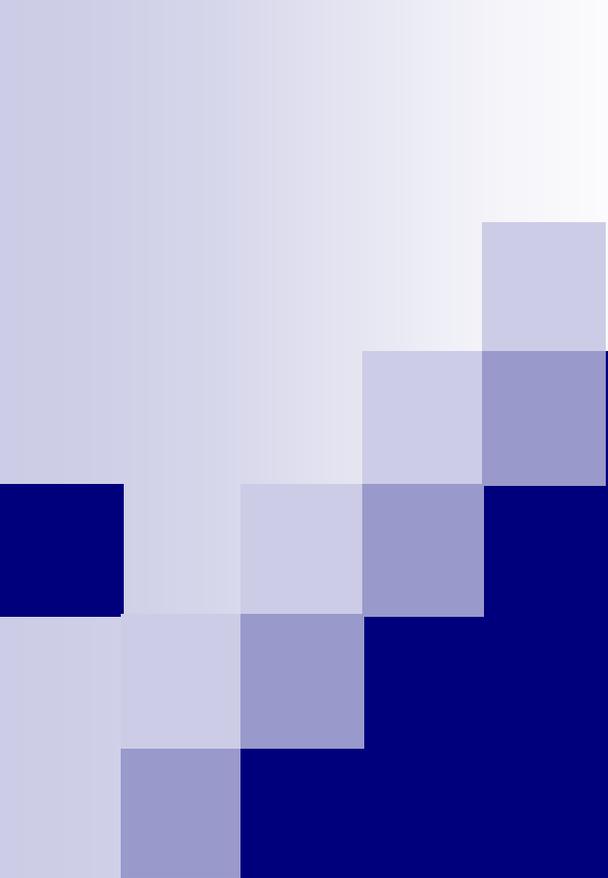
- **The patient has the right of access to people outside the Hospital by means of visitors, and by verbal/written communication. The patient has the right to know visitation rights, including any clinical restrictions or limitations. The patient has the right to consent to visitors, including but not limited to, spouse, domestic partner, family member or friend, and patient may withdraw or deny consent at any time.**
- **When the patient does not speak or understand the predominant language of the community, or when the patient has impaired hearing or speaking skills, he/she has the right to access communication devices or an interpreter, as needed.**
- **Patient has the right to be informed about the outcomes of care, including unanticipated outcomes.**
- **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 healthcare requirements following discharge.**

# Summary of Patient Responsibilities

- **The safety of healthcare is enhanced by the involvement of the patient as a partner in the healthcare process. A patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. He has the responsibility for reporting perceived risks in their care and unexpected changes in his condition to the responsible practitioner. A patient is responsible for making it known whether he clearly comprehends a contemplated course of action and what is expected of him. The patient and family help the hospital improve its understanding of the patient's environment by providing feedback about service needs, expectations and safety issues.**
- **A patient is responsible for following the care, service or treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of Nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable Hospital rules and regulations. The patient is responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do. The patient should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. The patient is responsible for keeping appointments and when he is unable to do so for any reason, for notifying the responsible practitioner or the Hospital.**

# Patient Responsibilities

- The patient is responsible for outcomes if they do not follow the care, service or treatment plan.
- The patient is responsible for assuring that the financial obligations of his healthcare are fulfilled as promptly as possible.
- The patient is responsible for following Hospital rules and regulations concerning patient care and conduct.
- The patient is responsible for being considerate of the rights and safety of other patients and Hospital personnel, and helping control of noise and disturbances, following smoking policies and limiting the number of visitors. The patient is responsible for being respectful of the property of other persons and of the Hospital.
- The patient or his/her surrogate is responsible for notifying healthcare providers of the patient's Durable Power of Attorney for Healthcare or Living Will and its amendment or revocation. This document must be presented.



# Hazardous Waste and Material Safety

2021

# Hazardous Waste and Materials Safety

- Hazard communication programs help reduce the risk of workers being exposed to chemicals because employees may work with chemicals as part of their jobs. The hazard communication program requires health care facilities to:
  - Keep a list of chemicals used or stored by workers
  - Train employees about these chemicals
  - Use labels, signs, and detailed chemical information provided on the SDSs
- Health care facilities must comply with the hazard communication programs as required by HFAP, CMS, and OSHA.
- OSHA's revised Hazard Communication Standard reduces confusion in the workplace, facilitates safety training, and improves understanding of hazards.
- The Globally Harmonized System of Classification and Labeling of Chemicals (GHS) provides a single set of harmonized criteria for classifying chemicals according to their health and physical hazards and specifies hazard communication elements for labeling and safety data sheets. Knowing these criteria will help chemical manufacturers determine hazardous chemicals and explain how to prepare labels or safety data sheets.

# Hazardous Waste and Materials Safety

## Hazard Classification

- Identifying and evaluating available scientific evidence to determine if a chemical is hazardous and the degree of the hazard is called hazard classification. It involves the following three steps:
  - 1. Identification of relevant data regarding the hazards of a substance or mixture
  - 2. Subsequent review of those data to ascertain the hazards associated with the substance or mixture
  - 3. A decision on whether the substance or mixture will be classified as a hazardous substance or mixture, and the degree of hazard, where appropriate, by comparison of the data with agreed hazard classification criteria

## Hazard Communication Standard Labels

- All labels are required to have a signal word, pictograms, hazard and precautionary statements, supplier identification, and the product identifier.

# Hazardous Waste and Materials Safety

- There are nine pictograms under the Globally Harmonized System.

Figure 2. Hazard Communication Standard pictograms and hazards

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>• Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>• Skin Corrosion/Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<p><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

Source: U.S. Department of Labor, Occupational Safety & Health Administration

# Hazardous Waste and Materials Safety

- Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets called safety data sheets (SDSs).
- The Globally Harmonized System requires that all SDSs follow the same format and contain 16 standard pieces of information.

**Figure 3. Safety Data Sheet (SDS)—required information**

1.	Identification of the substance or mixture and of the supplier
2.	Hazards identification
3.	Composition/information on ingredients
4.	First aid measures
5.	Firefighting measures
6.	Accidental release measures
7.	Handling and storage
8.	Exposure controls/personal protection
9.	Physical and chemical properties
10.	Stability and reactivity
11.	Toxicological information
12.	Ecological information
13.	Disposal considerations
14.	Transport information
15.	Regulatory information
16.	Other information including information on preparation and revision of the SDS

Source: U.S. Department of Labor, Occupational Safety & Health Administration

# Hazardous Waste and Materials Safety

## Chemical Labeling

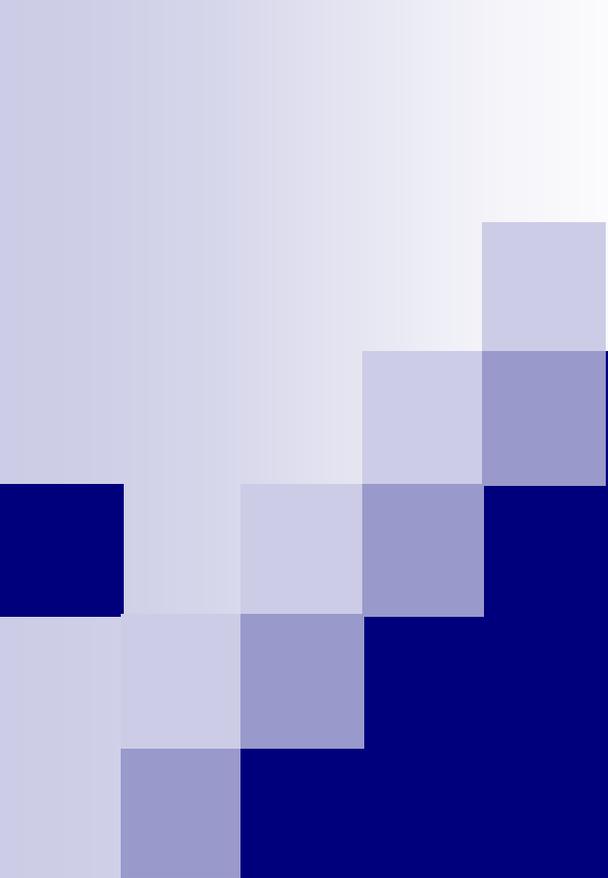
- All hazardous chemical containers must have labels so that the content can easily be identified and to let employees know about any hazard warnings. The labels must include pictograms. Chemicals currently must be labeled with:
  - Common name
  - Chemical name
  - Fire, spill, and leak instructions
  - Handling and storage instructions
  - Hazard statement explaining the physical and health hazards of the chemical
  - Instructions in case of exposure
  - Name, address, and phone number of the manufacturer
  - Precautions to be taken when working with the chemical
  - Signal word (such as *warning*, *caution*, or *danger*)



# Hazardous Waste and Materials Safety

- Hazardous Material Placard System
- A hazardous material placard system is used to assist in identifying a hazardous chemical during use, storage, shipping, and transport. The external labeling or placard system requires that symbols be posted in visible locations to warn and assist emergency responders in case an accident occurs.
- The labeling on the different placards is as follows:
  - Fire hazards are signified with a red diamond.
  - Reactivity hazards are indicated by a yellow diamond.
  - Specialized chemical hazards are signified with a white diamond
  - Health hazards are indicated by a blue diamond.





# Advance Directives

2021

# Advanced Directives in Illinois

- Power of Attorney for Healthcare: A signed document which specifies a person (agent) to make health care decisions for a patient (principal) upon a specific date or when the principal becomes unable to make decisions.
- Living Will: a signed, witnessed document that allows a patient to issue a declaration instructing his or her physician about withdrawing or withholding certain death-delaying procedures when the patient is in a terminal condition and unable to communicate his/her wishes.

# Advanced Directives in Illinois

- Illinois Mental Health Treatment Declaration: a document that expresses a patient's wishes and consent to treatment measures for psychiatric diagnoses. If a patient presents with this document it shall be placed on the medical record.
- (POLST) Physician Order for Life Sustaining Treatment form: A physician order that reflects a patient's wishes about receiving cardiopulmonary resuscitation in the event the individual's breathing and/or heart stop. If a patient presents with this form it shall be honored. See Resuscitation Status – DNR policy.

**An individual may revoke his or her living will or power of attorney for health care at any time, without regard to his or her mental or physical condition.**

# IDPH POLST Form

**HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

State of Illinois  
Illinois Department of Public Health

**IDPH UNIFORM PRACTITIONER ORDER FOR LIFE-SUSTAINING TREATMENT (POLST) FORM**

For patients, use of this form is completely voluntary. Follow these orders until changed. These medical orders are based on the patient's medical condition and preferences. Any section not completed does not invalidate the form and implies initialing all treatment for that section. With significant change of condition, new orders may need to be written.

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender:  M  F  
 Address (street/city/state/ZIP code): \_\_\_\_\_

**A CARDIOPULMONARY RESUSCITATION (CPR)** If patient has no pulse and is not breathing.

Check One  
 Attempt Resuscitation/CPR  Do Not Attempt Resuscitation/DNR  
 (Selecting CPR means Full Treatment in Section B is selected)

*When not in cardiopulmonary arrest, follow orders B and C.*

**B MEDICAL INTERVENTIONS** If patient is found with a pulse and/or is breathing.

Check One (optional)  
 Full Treatment: Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. Transfer to hospital and/or intensive care unit if indicated.  
 Selective Treatment: Primary goal of treating medical conditions with selected medical measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do not intubate. May consider less invasive airway support (e.g. CPAP, BPAP). Transfer to hospital, if indicated. Generally avoid the intensive care unit.  
 Comfort-Focused Treatment: Primary goal of maximizing comfort. Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

Optional Additional Orders: \_\_\_\_\_

**C MEDICALLY ADMINISTERED NUTRITION** (if medically indicated) Offer food by mouth, if feasible and as desired.

Check One (optional)  
 Long-term medically administered nutrition, including feeding tubes. Additional instructions (e.g., length of trial period) \_\_\_\_\_  
 Trial period of medically administered nutrition, including feeding tubes. \_\_\_\_\_  
 No medically administered means of nutrition, including feeding tubes. \_\_\_\_\_

**D DOCUMENTATION OF DISCUSSION** (Check all appropriate boxes below)

Patient  Agent under health care power of attorney  
 Parent of minor  Health care surrogate decision maker (See Page 2 for priority list)

Signature of Patient or Legal Representative

Signature (required) \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness to Consent (Witness required for valid form)  
 I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.

Signature (required) \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_

**E Signature of Authorized Practitioner** (Physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)

My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.

Print Authorized Practitioner Name (required) \_\_\_\_\_ Phone \_\_\_\_\_  
 Authorized Practitioner Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_

Form Revision Date - April 2016 (Prior form versions are also valid)

SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED - COPY ON ANY COLOR OF PAPER IS ACCEPTABLE - 2016

**HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

**\*\*THIS SIDE FOR INFORMATIONAL PURPOSES ONLY\*\***

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.

**Advance Directive Information**

I also have the following advance directives (OPTIONAL)

Health Care Power of Attorney  Living Will Declaration  Mental Health Treatment Preference Declaration

Contact Person Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Health Care Professional Information**

Preparer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Preparer Title: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

**Completing the IDPH POLST Form**

- The completion of a POLST form is always voluntary, cannot be mandated and may be changed at any time.
- A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC.
- Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

**Reviewing a POLST Form**

This POLST form should be reviewed periodically and if:

- The patient is transferred from one care setting or care level to another, or
- there is a substantial change in the patient's health status, or
- or the patient's treatment preferences change, or
- or the patient's primary care professional changes.

**Voiding or revoking a POLST Form**

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying or revoking a POLST form requires completion of a new POLST form.
- Draw line through sections A through E and write "VOID" across page if any POLST form is replaced or becomes invalid. Beneath the written "VOID" write the date of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

**Illinois Health Care Surrogate Act (75 ILCS 40/25) Priority Order**

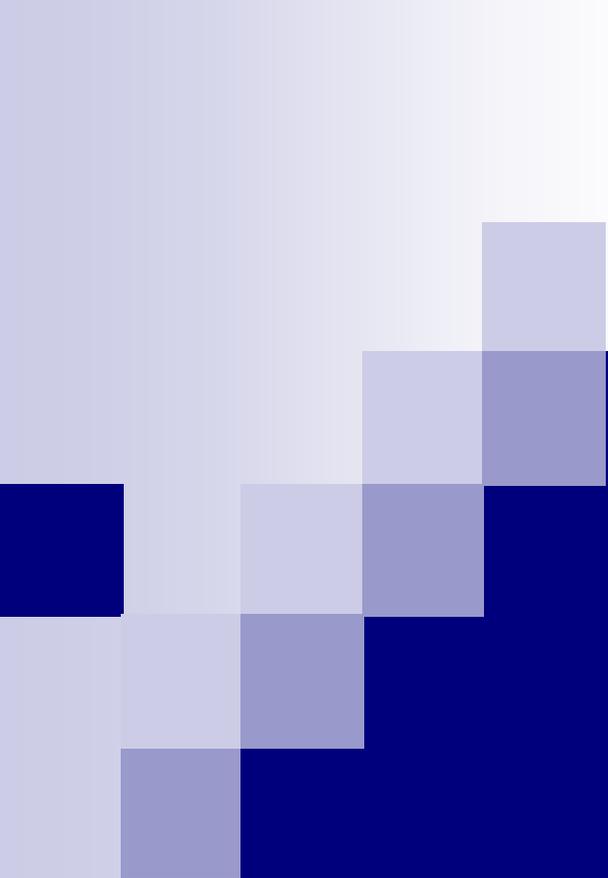
1. Patient's guardian of person
2. Patient's spouse or partner of a registered civil union
3. Adult child
4. Parent
5. Adult sibling
6. Adult grandchild
7. A close friend of the patient
8. The patient's guardian of the estate

For more information, visit the IDPH Statement of Illinois law at <http://idph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

10016425

SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED - COPY ON ANY COLOR OF PAPER IS ACCEPTABLE - 2016



# Quality

2021

# What is Quality & Patient Safety?

## Quality

Quality is what is done and how well it is done to provide care and services to customers.

**It provides safe, effective, patient-centered, timely, and efficient, equitable.**  
**(IOM)**

## Patient Safety

**Patient safety** refers to reducing risk from harm and injury

- Falls
- Medication Errors
- Hospital Acquired Conditions (HAC)
  - VTE
  - HAI



# Culture of Patient Safety

- Health care is a **high-risk** and **error prone** environment
- **All employees** share responsibility for risk reduction and patient safety
- We must be vigilant and **proactive**.

# Reporting is part of a Patient Safety Culture...

- Errors and near misses (an event that did not reach the patient, but could have harmed them if it did)
- Reporting these is critical to ensure patient safety

***Each error or near miss is an opportunity for us to improve.***

***We report only to find ways to continuously improve, not for punitive reasons!***

# Improvement Requires a Team Approach



*No role in healthcare is too small to either positively or negatively impact the patient!*

***Teamwork is ESSENTIAL!!***

**Three Guiding Principles for Improvement:**

Standardize

Create  
independent  
checks

Learn from  
defects

# Now how do we fix the problem....

## Act

- Any Adjustments?
- Begin Next Cycle

## Plan

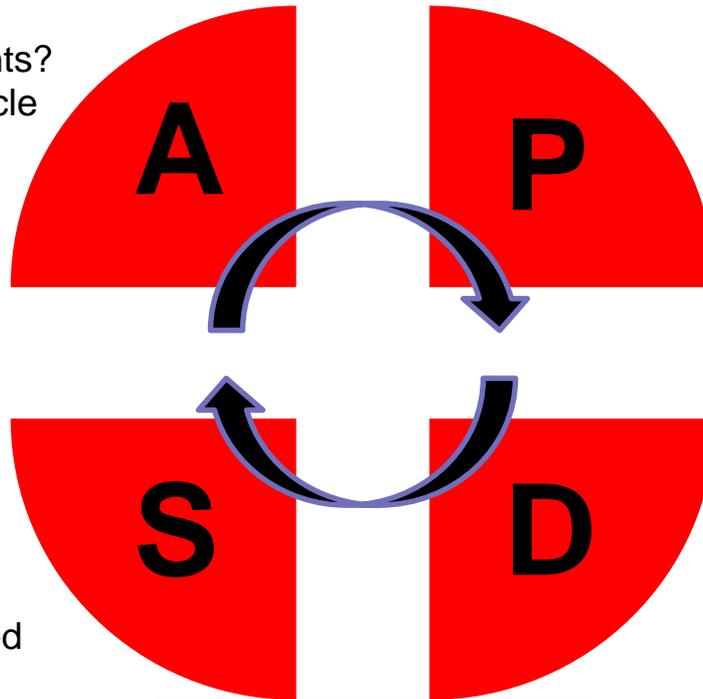
- Form a Team
- Define Objectives
- Develop Plan
- Collect Baseline Data

## Study

- Analyze Data
- Is Data Meeting Objectives?
- Lessons Learned

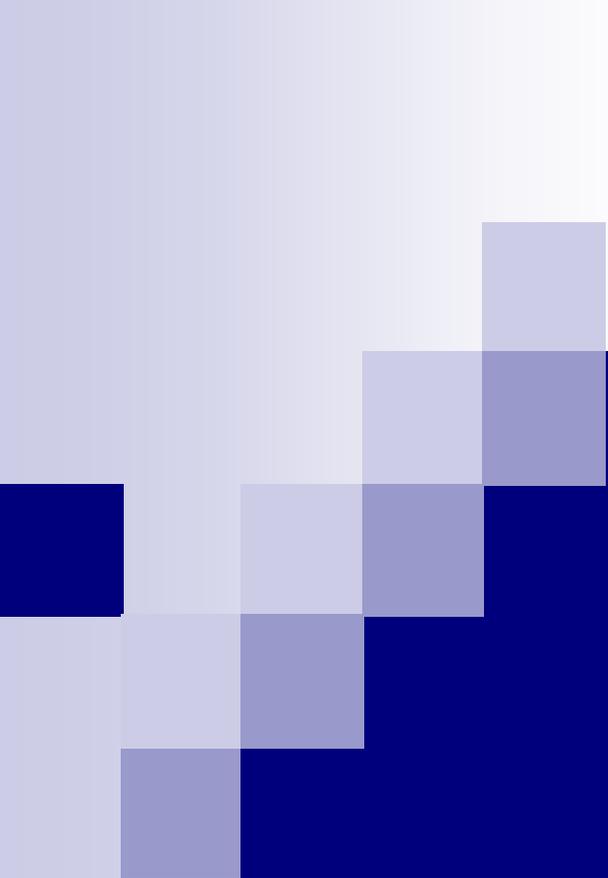
## Do

- Implement Plan
- Collect Data



**PDCA**

**Rapid Cycle for  
Improvement**



# Risk Management

2021

- **Standards of Business Conduct**

- Reflects Mission, Vision & Values of Morris Hospital
- Each employee signs the **Standards of Excellence Agreement** and is expected to maintain the highest standard of:
  - Professional Conduct                      Customer Service
  - Courtesy                                      Confidentiality
  - Patient Privacy                              Communication

- **Corporate Compliance Program**

- Monitors compliance with Standards
- **ALERTLINE (1-800-93ALERT)** is the external alert line for any employee who wishes to report any wrongdoing. Examples include but are not limited to:
  - Patient Rights                              Professional Standards
  - Business Ethics                              Privacy or Confidentiality
  - Conflicts of Interest                      Harassment, Discrimination or Retaliation

Corporate Compliance Program  
Federal Government Guidelines  
Overseen by  
Office of Inspector General (OIG)

# Organizational Ethics

- We will resolve conflicts fairly and objectively through established mechanisms (Human Resources, Administration, and Ethics committee).
- We maintain confidential information (for our patients and for the hospital) in accordance with the law and standards of governing bodies.
  - **Log-off computer when not in use to deter anyone with malicious intent.**
  - **Users should minimize screens when a situation presents potential viewing of ePHI (electronic personal health information)**
  - **Locate workstations and monitors away from public view**
- Maintain a Compliance Program that seeks to assure that the activities of the hospital and personnel comply with legal, regulatory, ethical and institutional standards.
- Report any suspected illegal or improper conduct through the appropriate channels.
- Enhance safety, improve patient care and increase organizational effectiveness.

# A Just Culture

**Recognizes that competent professionals make mistakes when the mistakes are system-related.**

**Acknowledges that unhealthy norms such as short cuts or routine rule violations are to be avoided.**

**Zero tolerance for reckless behavior.**

- **Reckless behavior includes total disregard for policies, patient safety goals, practices, and actions that potentially may result in harm to a patient or staff.**

**Three Expected Duties Of Just Culture:**

1. The duty to avoid causing unjustified risk or harm
2. The duty to produce an outcome
3. The duty to follow a procedural rule

**These principles and duties should be performed while maintaining organizational and individual values such as:**

- Safety
- Cost Effectiveness
- Equity
- Dignity
- Productivity

# Risk Management

## Reminder:

**Patient Safety is everyone's responsibility!**

Please remember the following:

### ➤ Distraction Reduction

Care-givers should not be interrupted when performing patient related tasks, such as medication preparation and administration.

### ➤ Communication and Documentation

It is important that timely and accurate communication and documentation occurs in order to prevent care-related events.

# Legal Discovery

## Definition of Legal Discovery:

- Refers to any process in which data is sought, located, secured and searched with the intent of using it as evidence in a civil or criminal legal case.

## Traditional Legal Discovery has included:

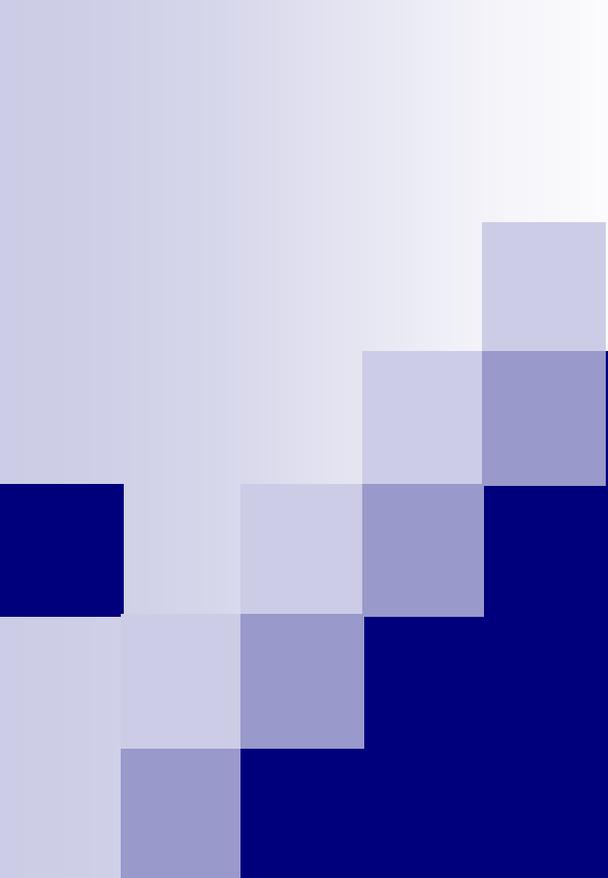
- Paper
- Policies & Procedures
- Photographs
- Depositions

## Rules of Discovery include electronic information:

- Data stored electronically – E-Discovery

E-mail discussions regarding hospital business, employment issues, complaints can be discoverable.

Negative consequences are in store for those who ignore their obligation to preserve electronic evidence.



# Information Management

2021

Confidentiality, Computer  
Access, and Medical Records  
Confidentiality

# Health Insurance Portability and Accountability Act (HIPAA)

## HIPAA Privacy & Security

- Federal Regulations – Privacy Regulation effective April 2003; Security Regulation Effective April 2005
- Office of Civil Rights (OCR) – Federal Agency oversees and enforces Federal Privacy Regulations

## PRIVACY Regulation

- Protects the security and privacy of all Medical Records and other health information that is used or shared in any form, whether on paper, electronically or verbally by Healthcare facilities, employees and their Business Associates.
  - NOPP (Notice of Privacy Practice) – Morris Hospital provides each new patient with a Notice of Privacy Practice regarding how their health information will be used.

## SECURITY Regulation

- Safeguards the confidentiality, integrity and availability of Electronic Protected Health Information (EPHI)
  - Minimum Necessary / Need to Know – Each employee is responsible to access **ONLY** the health information that is required for them to complete their job.



# Privacy and Confidentiality

- Privacy and confidentiality are important patient rights. Each patient has the right to:
  - Expect privacy and freedom from intrusions or disturbances regarding his or her personal affairs
  - Expect that all communications and records concerning his or her care will be treated as confidential. Information will be shared only with those who need to know the information to perform their duties on behalf of the patient.
  - Review the records pertaining to his or her medical care



# Maintaining Patient Confidentiality

- Maintaining patient confidentiality means keeping information about a patient's health care private. Only people who need to know information should receive it and only to the extent needed to perform duties for the patient. Maintaining patient confidentiality requires that any information about a patient cannot be repeated to anyone who is not directly involved with the care of that patient.
- One of the greatest forms of communication and connectivity in the twenty-first century is social media. You should never post any information regarding patient care on any form of social media.



# Maintaining Patient Confidentiality

Health care staff have an obligation to safeguard patient information. Measures that safeguard this information include:

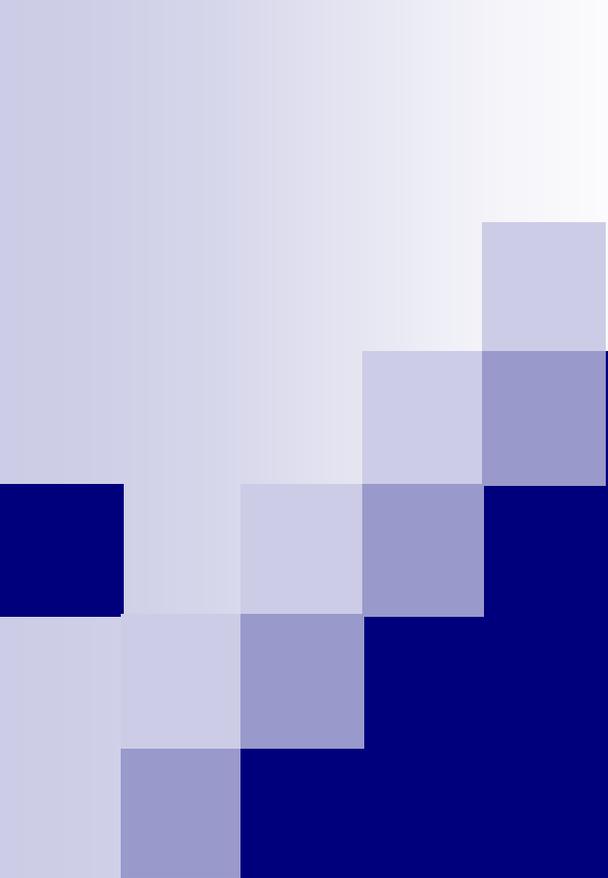
- Shredding transitory documents containing PHI
- Leaving phone messages or sending mail reminders for appointments. Only the date and time should be given, never the reason.
- Keeping fax machines in secure locations. The use of preprogrammed fax numbers will help eliminate sending information to incorrect locations.
- Verifying the identities of all involved in the care of each patient
- Secure storage of permanent records containing PHI



# Safe Guarding Electronic Records

Health care staff has access to confidential information via electronic records. The confidentiality of these electronic records must be safeguarded through the following actions:

- Computer workstations should be secured at all times.
- Passwords should not be shared.
- Access to electronic information should be limited to those who have a need to know the information.
- Computer workstations should always be logged off at the end of each session.



# Infection Prevention and Control

2021

# Hand Hygiene is the single most important thing that you can do to prevent the spread of infection.

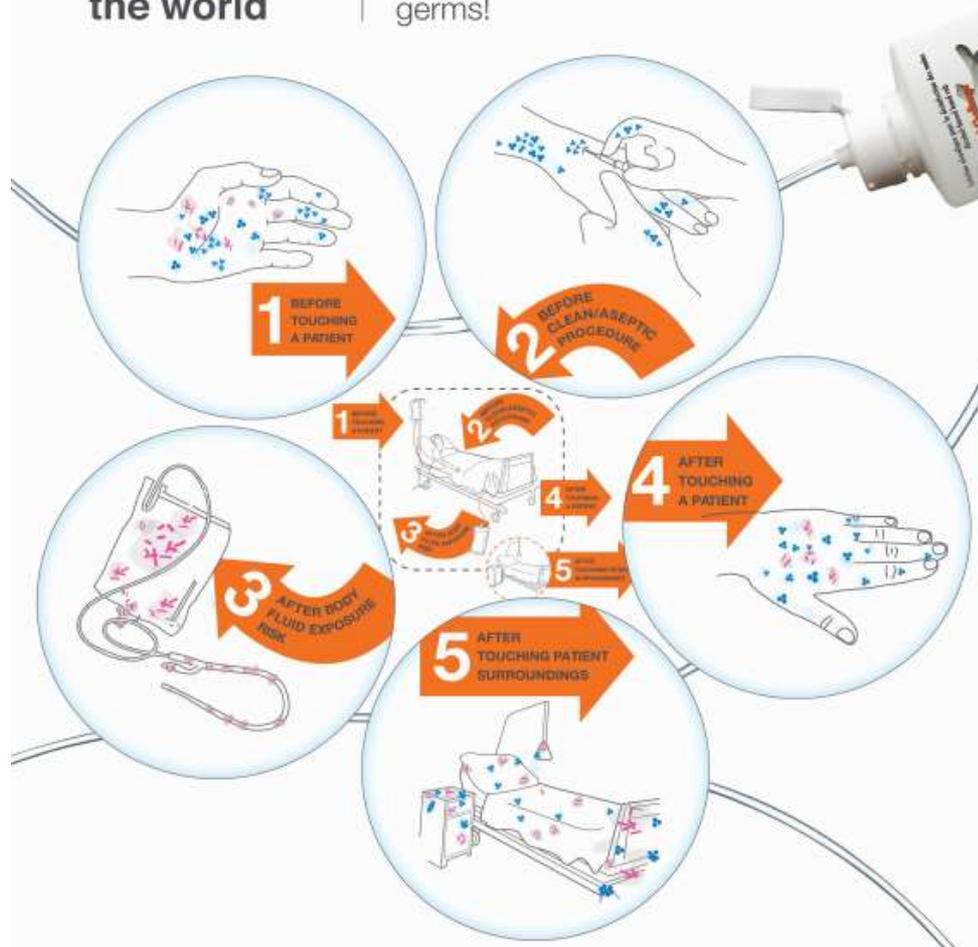
- ✓ Handwashing – rubbing together all surfaces of your hands for 15-20 seconds.
- ✓ Use any time hands are visibly contaminated
- ✓ Use when caring for a patient with diarrhea.
- ✓ Most often missed spots on the hands?
  - Wrists
  - Between the fingers
  - Around nail beds
- ✓ Alcohol based hand rub – such as Purell – rub all surfaces of the hands together until dry, takes about 20 seconds.
- ✓ Use when hands are NOT visibly contaminated.
- ✓ Do NOT use when the patient has diarrhea.

**Often the preferred method as it is most accessible to healthcare workers.**

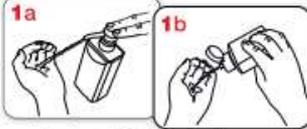
# 5 Moments of Hand Hygiene

It takes just  
**5 Moments**  
to change  
the world

Clean your  
hands, stop  
the spread of  
drug-resistant  
germs!



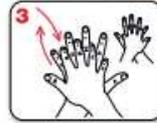
## How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



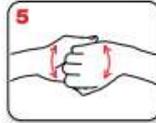
Rub hands palm to palm



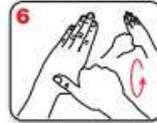
right palm cover left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet

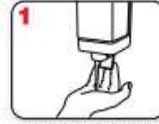


...once dry, your hands are safe.

## How to handwash? WITH SOAP AND WATER



Wet hands with water



apply enough soap to cover all hand surfaces.



...and your hands are safe.

# Fingernails

Artificial nails **not** allowed for employees who:

- ✓ Have direct patient care duties
- ✓ Work in areas where end product reaches the patient (including, but not limited to):
  - Nutrition Services,
  - Environmental Services
  - Pharmacy

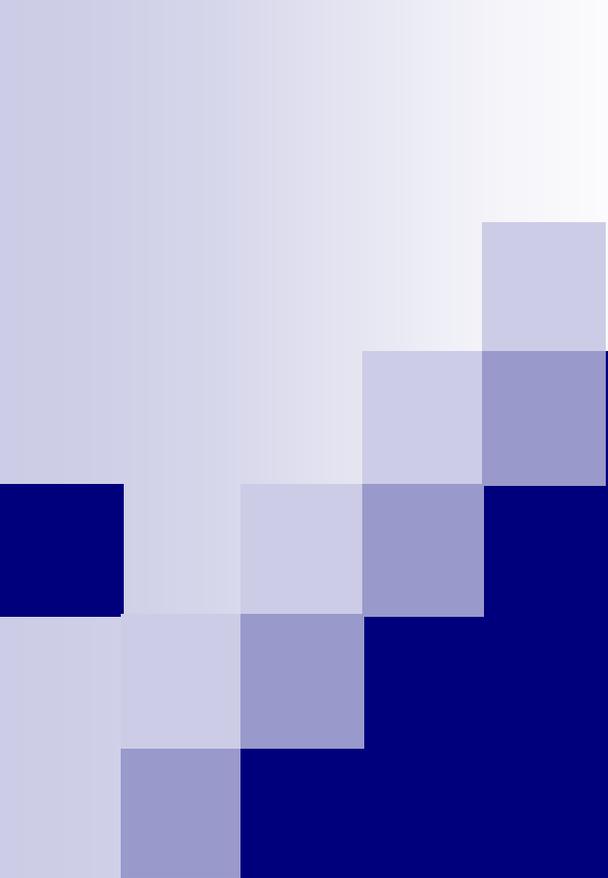
Finger nails cannot be over  $\frac{1}{4}$  inch past the fingertip.

# Standard Precautions

An infection control practice where all patients and all blood and body fluids are considered potentially infectious.

Wear Personal Protective Equipment (PPE) to prevent exposure to potentially contaminated body fluids.  
(Gloves, Gowns, Masks and Protective Eyewear)





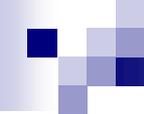
# Blood Borne Pathogens

2021

# Bloodborne Pathogens

## **Standard Precautions help protect us from Bloodborne Pathogens.**

- Each of us can prevent disease caused by contact with germs found in blood and other potentially infectious materials (OPIM). Infection prevention and control measures, put into place by this facility, can protect health care workers. Each health care worker must be aware of these infection control measures and his or her role in order to protect himself or herself and others.
- Contact with blood or body fluids may subject health care workers to viruses. Diseases caused by the following three pathogens are of major concern to health workers:
  - Human immunodeficiency virus (HIV)
  - Hepatitis B virus (HBV)
  - Hepatitis C virus (HCV)
- There are three diseases caused by these viruses:
  - HIV/Acquired immunodeficiency syndrome (AIDS)
  - Hepatitis B
  - Hepatitis C



**Occupation Safety and Health Administration (OSHA) Bloodborne  
Pathogen Standard**

*Standard Number: 1910:1030 Bloodborne Pathogens*

A copy of the Bloodborne Pathogens standard can be retrieved online at  
[www.osha.gov](http://www.osha.gov)

or from  
Employee Health  
House Supervisors  
Infection Preventionist



## **This Standard requires hospitals to have an Exposure Control Plan**

- This plan outlines the actions designed to eliminate or minimize employee exposure to blood or body fluids
- See this plan in iShare for additional information



This Standard requires hospitals to:

- Use safety devices and needleless systems to reduce the risk of blood borne pathogen exposures and **never recap needles.**
  - *One needle, one syringe, one time!*
- Maintain an updated exposure control plan.
- Maintain a sharps injury log with detailed information.
- Use input of Healthcare Providers for the evaluation/selection of new devices and equipment.
- Exposure Incidents must be reported and are reviewed by Risk Management, Safety Committee, and Infection Control Committee.

In addition to Standard Precautions we use  
**Transmission based precautions**  
to prevent the spread of other infections.



# Airborne Precautions

**AIRBORNE PRECAUTIONS**

In addition to Standard & Contact Precautions

 OR

**HAND HYGIENE:**  
**EVERY TIME** you enter and exit the room,  
**REGARDLESS** if you intend to cross the **BLUE LINE**.

  
**Gown**

  
**Gloves**  
over cuffs

  
**N95**  
Respirator Mask or  
Equivalent

  
**Fit Check**  
every time

**USE PROPER PPE:**  
**EVERY TIME** you cross the **BLUE LINE** into the room.

**VISITORS MUST STOP AT NURSE'S STATION**  
FOR INSTRUCTIONS ON HOW YOU CAN PROTECT YOURSELF  
& YOUR FAMILY / FRIEND IN ISOLATION.

Common infections or conditions requiring Airborne Precautions

- Tuberculosis
- Chickenpox
- Disseminated Herpes Zoster (Shingles)
- Localized measles in an immunocompromised patient
- Measles (Rubeola)
- PPE required



# Droplet Precautions

**DROPLET PRECAUTIONS**

In addition to Standard & Contact Precautions



OR

**HAND HYGIENE:**  
EVERY TIME you Enter and Exit the Room,  
REGARDLESS if you intend to cross the BLUE LINE.



**Gown      Gloves      Simple Mask**

**USE PROPER PPE:**  
EVERY TIME you cross the BLUE LINE into the room.

**VISITORS MUST STOP AT NURSE'S STATION**  
FOR INSTRUCTIONS ON HOW YOU CAN PROTECT YOURSELF  
& YOUR FAMILY / FRIEND IN ISOLATION.

Common diseases or conditions for Droplet Precautions:

- Influenza
- Meningitis
- Pertussis (Whooping Cough)
- Respiratory viruses
  
- PPE: Simple Face Mask, gown and gloves

# Contact Isolation

**CONTACT PRECAUTIONS**

In addition to Standard Precautions



OR

**HAND HYGIENE:**  
**EVERY TIME** you **Enter** and Exit the Room,  
**REGARDLESS** if you intend to cross the **BLUE LINE**.



**Gown**      **Gloves**

**EVERY TIME** you cross the **BLUE LINE** into the room.

**VISITORS MUST STOP AT NURSE'S STATION**  
**FOR INSTRUCTIONS ON HOW YOU CAN PROTECT YOURSELF**  
**& YOUR FAMILY / FRIEND IN ISOLATION.**

Common conditions for Contact Precautions:

Methicillin-resistant *Staphylococcus aureus* (MRSA)

Vancomycin-resistant *Enterococcus* (VRE)

Extended Spectrum Beta-Lactamase (ESBL)

Carbapenem resistant *Enterobacteriaceae* (CRE)

Scabies

Respiratory Syncytial Virus (RSV)

Wounds or abscesses with uncontained drainage

PPE: Gown and Gloves

# Enteric Contact Isolation

**ENTERIC CONTACT PRECAUTIONS**  
In addition to Standard Precautions

**HAND HYGIENE:**  
You may foam in when you enter room but you must use **SOAP & WATER Hand wash at EXIT!**  
**EVERY TIME** you Enter and Exit the Room, **REGARDLESS**. If you intend to cross the **BLUE LINE!**



  
Gown

  
Gloves

**USE PROPER PPE:**  
**EVERY TIME** you cross the **BLUE LINE** into the room.

**VISITORS MUST STOP AT NURSE'S STATION**  
FOR INSTRUCTIONS ON HOW YOU CAN PROTECT YOURSELF  
& YOUR FAMILY / FRIEND IN ISOLATION!

Isolate patients with loose or liquid stools (3 or more within a 24 hour period)  
Think: Clostridium difficile/C diff, Norovirus, etc.)

If admitted while on treatment for C. diff, patient needs to be placed in contact precautions.

Patients remain in isolation for the duration of the illness.

PPE: Gown and Gloves

Hand Hygiene: Soap & Water Only

Disinfectant: Clorox wipes.

Nurse Driven Protocol for C diff testing!

# Protective Precautions

**PROTECTIVE  
PRECAUTIONS**

**In addition to Standard Precautions**

**VISITORS MUST STOP  
AT NURSE'S STATION  
BEFORE ENTERING!**

 • Perform Hand hygiene  
**EVERY TIME**  
you enter and exit the room 

- Please do not visit if you are sick!
- Keep the door closed.
- No fresh flowers or potted plants.

*Gown, gloves and masks are **NOT** required unless otherwise posted.*

For patients who are severely Immunocompromised and at high risk for infection

Wash hands with soap and water every time you enter and exit

No persons with infections may enter

No live plants/flowers

Protecting the patient from us!

# Special Droplet Precautions

**SPECIAL DROPLET PRECAUTIONS**

In addition to Standard & Contact Precautions

 OR

**HAND HYGIENE:**  
EVERY TIME you Enter and Exit the Room,  
REGARDLESS if you intend to cross the BLUE LINE.

 **Gown**    **Gloves**    **Simple Mask**    **Eye Protection**

**USE PROPER PPE:**  
EVERY TIME you cross the BLUE LINE into the room.

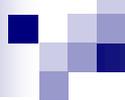
**N95/PAPR & NEGATIVE PRESSURE ROOM MUST BE USED IN A AEROSOLIZING PROCEDURE**



For patients with COVID or COVID-like illness

- Gown
- Gloves
- Procedure mask
  
- Use N95 and eye protection for COVID patients having aerosolizing procedures





# COVID information

- Please refer to:
  - <https://ishare.morrishospital.org/COVIDPlaybook/SitePages/Home.aspx>
- Weekly COVID messages provided from Infection Control and Employee Health

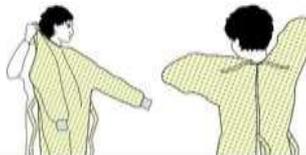
# Donning and Doffing PPE

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



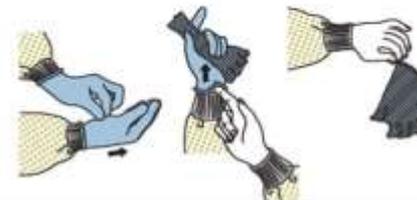
## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

### EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



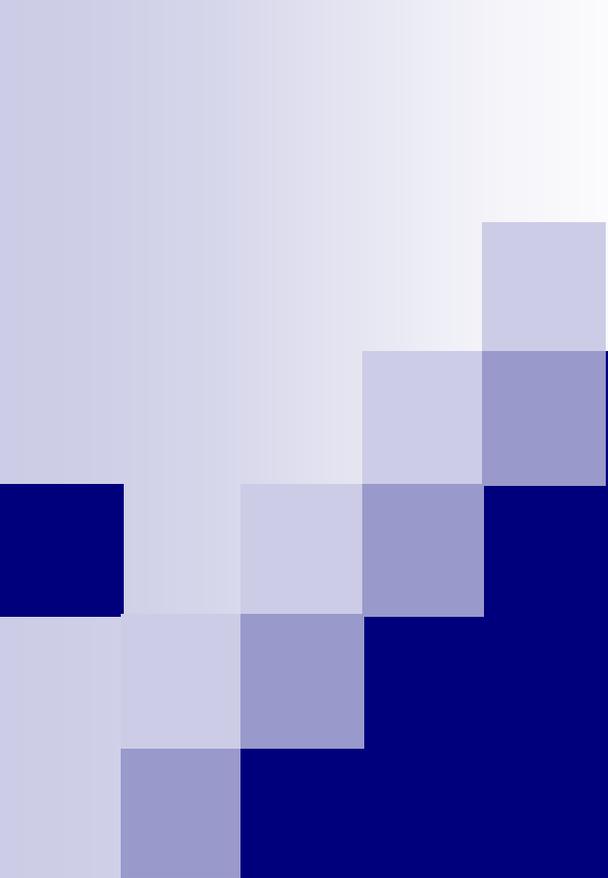
# Know your disinfection wet contact time!

1 minute  
wet contact  
time



3 minute  
wet contact  
time





# Agency & Student Clinical Orientation

Proceed if you will be working  
in a Clinical Setting

# Policies and Procedures

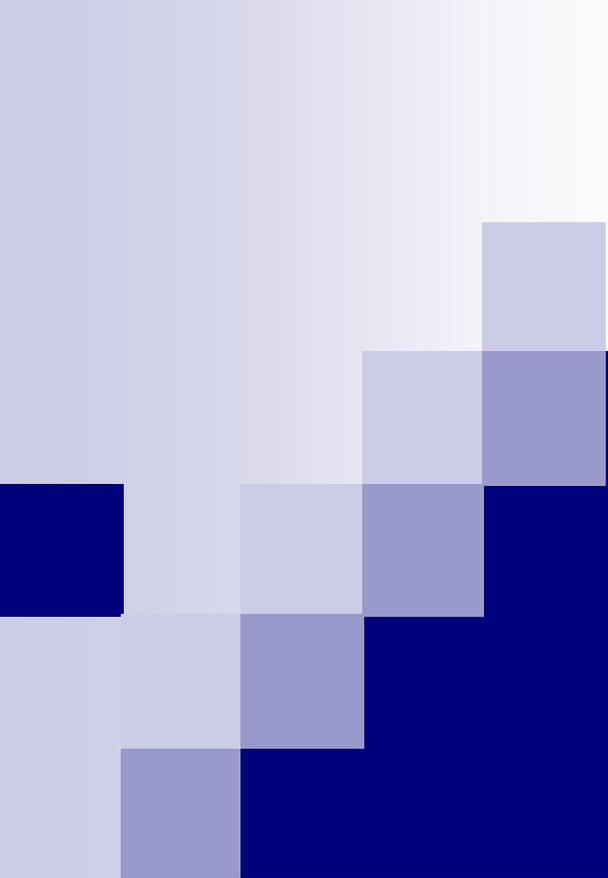
- Ishare

- Morris Hospital specific policies



- Lippincott Procedures, Advisor, and Professional Development





# Communication

2021

# Screening for Health Literacy

- Watch for behaviors that may signal poor health literacy. These include incompletely or incorrectly filled out health questionnaires, frequently missed appointments, noncompliance with the medication regimen, and a lack of follow-through with laboratory or other tests.
- When a patient claims to be taking medication as prescribed, yet the laboratory test results or physical signs don't change as expected.
- When given written information, a patient with poor general literacy may say something like, “I forgot my glasses. I'll read this when I get home,” or “I forgot my glasses. Can you read this to me?”
- Patients who cannot name their medications, explain their medication regimen, or explain what their medications are for may have low health literacy.
- The two questions that can most accurately screen for health literacy are:
  - “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”
  - “How confident are you in filling out medical forms by yourself?”
- Be sure you screen in a safe, supportive, and private environment. Treat the patient with respect; phrase questions in a neutral, nonjudgmental fashion; and use a nonjudgmental tone of voice.

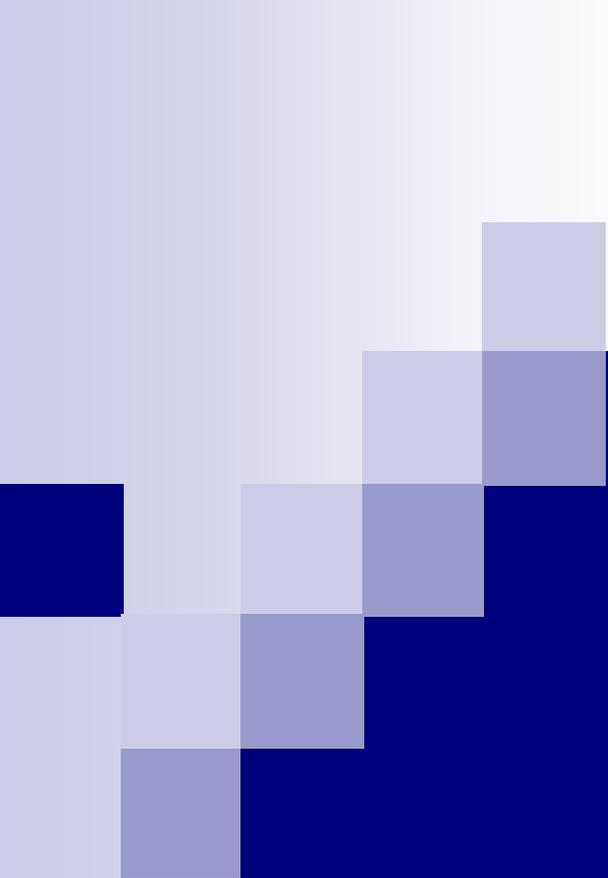


# Health Literacy

- Don't blame the patient for not understanding information. Anyone, no matter how educated, can misunderstand medical information, particularly if the information is complex or the situation emotional.
- Be aware that patients with low health literacy often don't understand or are unaware of basic concepts about their disease. Patients with low health literacy often don't understand common medical terms, including bowel, colon, rectum, lesion, polyp, growth, tumor, screening, and blood in the stool.
- Patients with low health literacy have difficulty navigating the health care system.

# Health Literacy & Communication

- Sit down so that you are on the same level as the patient and speak slowly.
- Replace medical jargon with common, everyday words.
- Use the active rather than the passive voice. For example, instead of saying, “This medication should be taken with food,” say, “Take one of these pills when you eat breakfast every morning.”
- Use visual images to augment what you're saying, or draw pictures.
- Limit the amount of information that you provide at one time and organize information so that the most important points come first.
- Even if the patient has good general literacy skills, ensure that any written information is clear and easy to understand. Materials written at a sixth- to eighth-grade level seem to be effective for most patients.
- To confirm that the patient has understood, don't simply say, “Do you understand?” which requires only a “yes” or “no” answer. Instead, use the teach-back technique, in which you ask the patient to demonstrate or explain back to you what you just explained.
- Encourage the patient to ask questions. Create a shame-free environment in which the patient feels comfortable asking questions.
- Encourage the patient to bring someone along to medical visits to witness firsthand what the practitioner is saying.



# Stages of Growth and Development

2021



# Stages of Growth and Development

Human growth and development is a continuous and complex process

There are important age related variations to take into consideration when developing an appropriate plan of care for a patient:

- Physical Changes
- Psychosocial Changes
- Cognitive Changes
- Health Risks
- Health Promotion

# Infants (1 month – 1 year)

- Rapid physical growth and change occur
- Vision and hearing continue to develop
- **Physical Changes:** Gross-motor skills that involve large muscle activities are developing (holding head up, rolling over, crawling). Fine-motor skills developing (able to grasp rattle briefly at 2 months to placing objects into containers at 10-12 months)
- **Cognitive changes:** Infants proceed from crying, cooing, and laughing to imitating sounds, comprehending the meaning of simple commands and repeating words with knowledge of the meaning
- **Psychosocial Changes:** Separation and individuations. During their first year infants begin to differentiate themselves from others from others as separate beings capable of acting on their own. At 2-3 months infants begin responsively rather than reflexively to smile. Close attachment to their primary caregivers, most often parents, usually occurs by this age.

## Health Risks

- Injury Prevention
  - Injury from motor vehicle accidents, aspiration, suffocation, falls, or poisoning are a major cause of children 6-12 months old. Ensure the child's safety and comfort (crib rails/car seat/toys)
- Child Maltreatment
  - Children from any age can suffer from intentional physical abuse or neglect, emotional abuse or neglect, and sexual abuse. More children suffer from neglect than any other type of maltreatment. Screen/assess for warning signs

## Health Promotion

- Nutrition
  - The quality and quantity profoundly influences the infant's growth and development. Breast feeding is recommended for infant because breast milk contains essential nutrients of protein, fats, carbohydrates, and immunoglobulins that bolster the ability to resist infections. However if breast feeding is not possible or if the parent does not desire it, an acceptable alternative is iron-fortified commercially prepared formula. The need for supplements depends on the infant's diet
- Immunizations
  - Educate parents about the need for checkups, screenings and immunizations

**Healthy Growth & Development**

**Providing Age Specific Care**

# Toddlerhood (12 months - 36 months)

## Physical Changes

- Each year: average growth of 6.2 cm (2.5 inches) in height average weight gain 5-7 pounds
- Rapid growth of motor skills allows child to participate in self care activities (feeding, dressing and toileting, moves from scribbling to drawing circles and crosses)

## Cognitive Changes

- Recognizes they are separate beings from mother
- Imitate behaviors
- Reason based on experience of an event
- Moves from using 10 words to learning 5-6 new words a day and using simple sentences

## Psychosocial Changes

- Sense of autonomy emerges
- They strive for independence
- Their strong wills are frequently exhibited in negative behaviors when caregivers attempt to direct their actions
- Strongly attached to their parents and fear separation
- Play expands the child's cognitive and psychosocial development

## Health Risks

- The newly developed locomotion abilities and insatiable curiosity of toddlers make them at risk for injury
- Poisonings occur frequently because children near 2 years are interested in placing any object or substance in their mouth
- Toddlers' lack of awareness of danger puts them at high risk
- Limit setting is extremely important for toddler safety
- Creating an environment that supports parents helps greatly in gaining the cooperation of the toddler
- Establishing a trusting relationship with the parents often results in toddler acceptance of treatment

## Health Promotion

- Nutrition: childhood obesity and the associated chronic disease that results are a great concern for healthcare providers. Serving finger foods help them to satisfy their need for independence and control. Small nutritional servings allow toddlers to eat all of their meals
- Toilet Training: recognizing the urge to urinate and or defecate is crucial in determining the child's readiness for toilet training. Patience, consistency, and a nonjudgmental attitude, in addition to the child's readiness, are essential to successful toilet training

**Healthy Growth & Development**

**Providing Age Specific Care**

# Preschooler (3 - 5 years)

**Physical Changes:** physical development begins to stabilize. Average weight gain 5 pounds per year. Average growth 6.2 to 7.6 cm (2 1/2-3 inches). Large and fine muscle coordination improve

**Cognitive Changes:** maturation of the brain continues with most rapid growth in frontal lobe areas. Ability to think more complexly by classifying objects according to size or color and by questioning. Increased social interactions. Become aware of cause and effect relationships. The greatest fear of this age-group appears to be bodily harm; this is evident in children's fear of the dark, animals, thunderstorms, and medical personnel. Preschoolers will be more cooperative if they are allowed to help with care

**Psychosocial Changes:** their world expands beyond family. Curiosity and developing initiative lead to actively exploring the environment, developing new skills, and making new friends. Sources of stress can include changes in care giving arrangements, starting school, the birth of a sibling, parental marital distress, relocation to a new home, or an illness. During these times of stress, they sometimes revert to bed wetting, or thumb sucking and want parents to feed, dress and hold them. The play of preschool children becomes more social after the third birthday as it shifts from parallel to associative play. By age 4, children play in groups of two or three

## Health Risks

- Guidelines for injury prevention in the toddler apply to the preschooler
- Close supervision of activities
- Preschoolers are great imitators; thus example is important. For instance, parental use of a helmet while bicycling sets an appropriate example for the preschooler

## Health Promotion

- Parental beliefs about health, children's bodily sensations and their ability to perform usual daily activities help children develop attitudes about their health
- Nutrition: average daily intake is 1800 calories. Quality of food is more important than quantity. Preschoolers consume about half of the average adult size portion. Finicky eating habits are characteristic of the 4 year old; however, the 5 year old is more interested in trying new foods
- Sleep: preschoolers average 12 hours of sleep at night and take infrequent naps
- Vision: vision screening begins. Early detection and treatment of strabismus are essential by ages 4-6 to prevent amblyopia, the resulting blindness from disuse

**Healthy Growth & Development**

**Providing Age Specific Care**

# School-age Children (6 - 12 years)

During these “middle years” of childhood, the foundation for all adult roles in work, recreation, and social interaction is laid

**Physical Changes:** growth rate is slow and consistent. Child appears slimmer as a result of changes in fat distribution and thickness. Many children double their weight during these years, and most girls exceed boys in both height and weight

**Cognitive Changes:** able to think in a logical manner about the here and now and to understand the relationship between things and ideas. Their thoughts are no longer dominated by their perceptions, their ability to understand the world greatly expands

**Psychosocial Changes:** group and personal achievements become important to the school age child. Success is important in physical and cognitive activities. Prefers same-sex peers. Stress comes from parental expectations, peer expectations, the school environment; or violence in the family, school, or community. Deep-breathing techniques, positive imagery, and progressive relaxation of muscle groups are interventions that most children can learn

## Health Risks

Accidents are a major health problem affecting school age children. Motor vehicle injuries as a passenger or pedestrian and bicycle injuries are most common in this group

## Health Promotion

- Identity and self concept become stronger
- Child becomes more modest and sensitive about being exposed
- Provide privacy and offer explanations of common procedures
- Focus health education on how the choices they make will affect their body is important
- Stress the importance of annual health maintenance visits for immunizations, screening and dental care with parents
- Provide education about safety measures to prevent accidents and encourage child to take responsibility for their own safety
- The availability of snacks and fast food restaurants make it difficult for children to make healthy choices
- Promote healthy life style choices, including nutrition. School age children need to participate in educational programs that enable them to plan, select and prepare healthy meals and snacks

Healthy Growth & Development

Providing Age Specific Care

# Adolescents (Age 13 - 17)

Adolescence is the period during which the individual makes the transition from childhood to adulthood. The term **adolescent** usually refers to psychological maturation of the individual, whereas **puberty** refers to the point at which reproduction becomes possible

## Physical Changes:

- Increased growth rate of skeleton, muscle, and viscera
- Sex specific changes such as changes in shoulder and hip width
- Alteration in distribution of muscle and fat
- Development of the reproductive system and secondary sex characteristics

**Cognitive Changes:** develop the ability to determine and rank possibilities, problem solve and make decisions through logical operations. Now able to think in terms of the future rather than just current events

**Psychosocial Changes:** the search for personal identity is a major task for this group. Teenagers establish close peer relationships or remain socially isolated. Initial development of sexual identity. Adolescents seek a group identity because they need esteem and acceptance. Popularity with opposite-sex and same-sex peers is important. Healthy adolescents evaluate their own health according to feelings of well-being, ability to function normally, and absence of symptoms

## Health Risks

- Accidents remain the leading cause of death. Motor vehicle accidents most common cause of unintentional deaths and are often associated with alcohol intoxication or drug abuse. Feelings of being indestructible lead to risk prone behaviors
- Violence and homicide is second leading cause of death in the 15-24 year old group, and for African American teenagers, it is the most likely cause of death
- Suicide is third leading cause of death for adolescents 13-19 years of age
- All adolescents are at risk for experimental or recreational substance abuse, but those who have dysfunctional families are at more risk for chronic use and physical dependency
- Eating Disorders such as anorexia nervosa and bulimia appear in adolescents
- Sexually Transmitted Infections affect 3 million sexually active adolescents. Making screening for STIs imperative
- Pregnancy: the U.S. has the highest rate of teenage pregnancy and childbearing annually compared with other industrialized nations

## Health Promotion

- Maintain privacy and confidentiality
- Be sensitive to emotional cues from adolescents before initiating health teaching to know when the teen is ready to discuss concerns

**Healthy Growth & Development**

**Providing Age Specific Care**

# Young Adults (18 - 34 years)

Young adulthood is the period between the late teens and mid to late 30s. In recent years this group has been referred to as part of the millennial generation

**Physical Changes:** usually physical growth completed by the age of 20. Usually quite active, experience severe illnesses less commonly than older age groups and tend to ignore physical symptoms and often postpone seeking health care

**Cognitive Changes:** identifying an occupational direction is a major task of young adults

**Psychosocial Changes:** the emotional health of the young adult is related to the individual's ability to address and resolve personal and social tasks. Trends and patterns include:

- Ages 23-28 the person refines self-perception and ability for intimacy
- From 29-34 the person directs enormous energy toward achievement and mastery of the surrounding world

## Health Risks

Health risk factors for a young adult originate in the community, lifestyle patterns and family history. The lifestyle habits that activate the stress response increase the risk of illness. Risk factors include:

- Family History of disease
- Personal Hygiene Habits
- Substance Abuse
- Violent Death and Injury
- Sexually Transmitted Disease
- Environmental or Occupational Factors

## Health Promotion

- Healthy lifestyle (diet, exercise, stress control, smoking cessation, etc)
- Encourage adults to perform monthly skin, breast, or male genital self-examination

Healthy Growth & Development

Providing Age Specific Care

# Middle Adults (35 - 64 years)

In middle adulthood the individual makes lasting contributions through involvement with others.

Ages 35-43 are a time of rigorous examination of life goals and relationships.

**Physical Changes:** most visible changes are graying hair, wrinkling of the skin and thickening of the waist. The most significant physiological changes during middle age are menopause in women and climacteric in men.

**Cognitive Changes** are rare except illness or trauma.

**Psychosocial Changes:** involve expected (children moving away) and unexpected (divorce or death of a friend) events.

Changes often are related to:

- Career Transitions
- Sexuality
- Family Transitions (empty nest)
- Marital Transitions
- Care of Aging Parents

Health Concerns:

## Health Promotion & Stress Reduction

- When adults seek healthcare, nurses focus on the goal of wellness and guide patients to evaluate health behaviors, lifestyle and environment
- Counseling related to physical activity and nutrition is an important component of the plan of care for overweight and obese patients
- Health teaching and counseling focus on improving health
- Assess for anxiety and depression

**Healthy Growth & Development**

**Providing Age Specific Care**

# Older Adults (65 and up)

Age 65 is considered to be the lower boundary for “old age” in demographics and social policy within the United States. However many older adults consider themselves to be “middle-age” well into their seventh decade

The care of older adults poses special challenges because of great variation in their physiological, cognitive and psychosocial health

## Myths & Stereotypes about Older Adults

“Some people stereotype older adults as ill, disabled, and physically unattractive...Some people believe older adults are forgetful, confused, rigid, bored, and unfriendly and that they are unable to understand and learn new information” (p. 172)

“In a society that values attractiveness, energy, and youth, myths and stereotypes lead to the undervaluing of older adults” (p. 172)

## Facts about Older Adults

“Specialists in the field of gerontology view centenarians, the oldest of the old, as having an optimistic outlook on life, good memories, broad social contacts and interest, and tolerance for others. Although changes in vision or hearing and reduced energy and endurance sometimes affect the learning process of learning , older adults are lifelong learners” (p. 172)

“It is important for you to assess your own attitudes toward older adults; your own aging; and the aging of your family, friends, and patients. Nurses’ attitudes come from personal experiences with older adults, education, employment experiences, and attitudes of co-workers and employing institutions. Giving the increasing number of older adults in health care settings, forming positive attitudes toward them and gaining specialized knowledge about aging and their health care needs are priorities for all nurses” (p. 173)

# Older Adults (65 and up)

## Developmental Tasks for Older Adults:

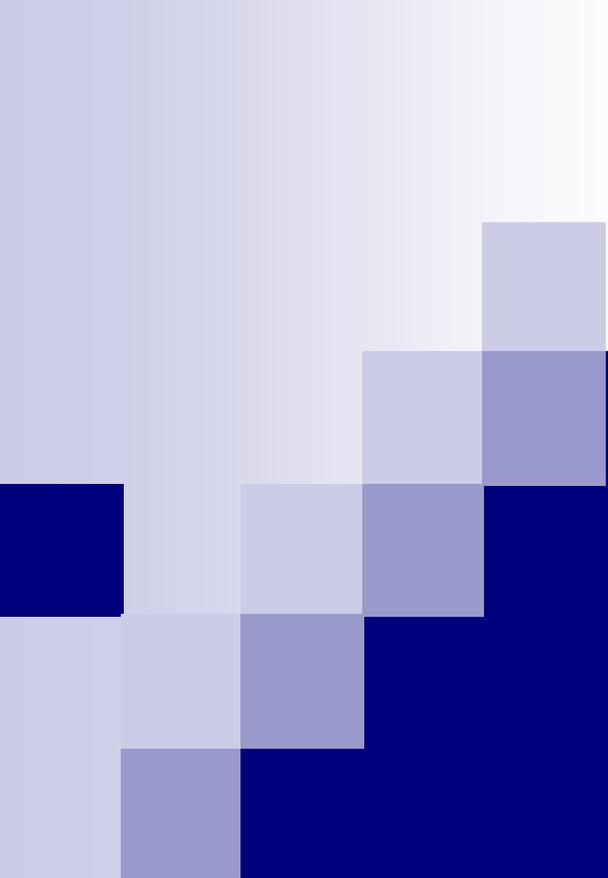
- Adjusting to decreasing health and physical strength
- Adjusting to retirement and reduced or fixed income
- Adjusting to death of a spouse, children, siblings, friend
- Accepting self as aging person
- Maintaining satisfactory living arrangements
- Redefining relationships with adult children and siblings
- Finding ways to maintaining quality of life

## Health Promotion and Maintenance:

- Participation in screening activities (e.g., blood pressure, mammography, Pap smears, depression, vision and hearing testing, colonoscopy)
- Regular exercise
- Weight reduction if overweight
- Eating a low-fat, well balanced diet
- Moderate alcohol use
- Regular dental visits
- Smoking cessation
- Immunizations for seasonal influenza, tetanus, diphtheria and pertussis, shingles and pneumococcal disease

## Principles For Promoting Older-Adult Learning

- Make sure that the patient is ready to learn before trying to teach. Watch for clues that indicate the patient is preoccupied or too anxious to comprehend the material
- Is the patient physically well enough to be taught? Is he or she in pain?
- Sit facing the patient so he/she is able to watch your lip movements and facial expressions
- Present one idea or concept at a time
- Emphasize concrete rather than abstract material
- Give the patient enough time in which to respond because older adults process information slower than younger persons
- Keep environmental distractions to a minimum. Provide appropriate lighting and a comfortable setting
- Defer teaching if the patient becomes distracted or tired or cannot concentrate for other reasons
- Invite another member of the household to join the discussion
- Use audio, visual, and tactile cues to enhance learning and help the patient remember information
- Ask for feedback to ensure that the patient understands the information (TEACH BACK METHOD)
- Use past experience; connect new learning to previous knowledge



# Safe Patient Handling

2021



# Purpose

## **Purpose:**

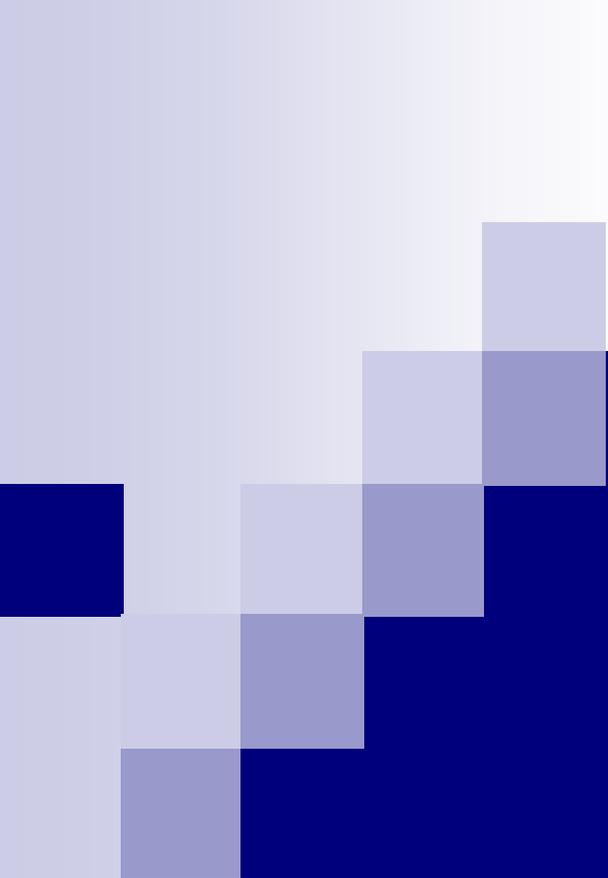
- To support the safety of employees and patients during lifting, transferring and repositioning of the patients. To provide guidelines on proper usage and cleaning of lifting equipment and handling aids.
- Patient transfers and lifts are done safely and appropriately to protect the employee and patient from injury. Patient lifting, transferring, and repositioning will be done using mechanical lifting or transfer equipment when appropriate. Mechanical lifting equipment and/or other approved patient handling aids should be used to prevent injury from the lifting and handling of patients, except when absolutely necessary, such as in a medical emergency.

# Lift Equipment

Equipment	Guidelines for use	Example of equipment
STEDY	<p>For use in: limited assist, weight bearing patient and assists the patient from sitting position (chair, bed, or toilet) to a standing position for transfers, toileting, and fall prevention.</p> <p>Weight limit: 120.20 kg/265 pounds.</p> <p>*Family Birthing Suites also utilizes a Sara Steady with a weight limit of 181.44 kg/400 lbs.</p>	
MAXI LIFT	<p>For use in: dependent, non-weight bearing patients and for transferring from bed to chair, chair to bed, off of the floor, and to and from a gurney.</p> <p>Weight limit: 226.80kg/500 pounds.</p> <p><b>**2 trained individuals are required for use</b></p>	
EZ LIFT	<p>For use in: transferring the immobile patient between positions.</p> <p>Weight limit: 453.59kg/1000 pounds.</p> <p><b>**2 trained individuals are required for use</b></p>	
CEILING LIFT	<p>For use in: transferring from bed to chair, chair to bed, off of the floor and to and from a gurney, in rooms equipped with lift.</p> <p>Weight limit: 272.16kg/600 pounds.</p> <p><b>**2 trained individuals are required for use</b></p>	

# Lift Equipment

HoverMatt	For use in: transfer and reposition patients. Weight limit: 545.45kg/1200 pounds. <b>**2 trained individuals are required for use</b>	
Slide Sheet	For use in: transfer of patients needing assistance from bed to gurney, repositioning back up in bed, and on turning schedules. Weight limit: 136.01kg/300 pounds <b>**2 trained individuals are required for use</b>	
Slide board/ Roller board	For use as: a bridge for 2 uneven surfaces. <b>** 2 trained individuals are required for use</b>	



# Safety

2021

# Identification Bands/Clips for Patient Safety

- **White** - Patient Identification Band
- **Red Alert Clip** - Allergy Band
- **Yellow Alert Clip** - Fall Risk
- **Purple Alert Clip** - Do not Resuscitate (DNR)
- **Green** - Blood Unit Band (Do not remove – Call Lab for removal)
- **Pink Alert Clip** - Limb Alert
- Security Tags - Security tags are placed on ALL pediatric patients (0 to 17 years of age) and newborns

# Pharmaceutical Waste Stream Management

*Labeled or Identified as Hazardous / Incompatible Rx by Pharmacy*

Items NOT to be Collected in the Containers

Plain Maintenance Solutions such as:

- Potassium chloride
- Saline
- Sodium phosphate
- Calcium
- Sodium bicarbonate
- Lactated Ringers
- Magnesium Sulfate

Follow Current Hospital Policy for Proper Disposal of these Items

Controlled Substances

Controlled Substances  
Such as:

- Morphine
- Fentanyl
- Norco

Tablet, Liquid and Patch



Dispose in CsRx Container

Non-Hazardous Rx Waste  
No Messaging

Leftover medication such as:

- Most Antibiotics
- Lidocaine
- Heparin



Dispose in Blue Container

Hazardous Rx Waste  
"SPECIAL Disposal Required - Black Container"

Leftover medication such as:

- Insulin
- Some Multivitamins
- Neo-syneprine
- Bulk Chemo



Dispose in Black Container

P-Listed Rx Waste  
"Special disposal required-  
"Coumadin/Nicotine Wrappers" bins"

Leftover medication AND its packaging such as:

- Coumadin plus the empty blister pack
- Nicotine



Place packaging in Special Coumadin/Nicotine only containers

Incompatible Rx Waste  
"Special Disposal Required - Return to Pharmacy"

Leftover medication such as:

- Aerosols
- Inhalers with canister
- Oxidizers (Examples)
- Unused Silver Nitrate

\*Place in a clear zip lock bag\*

Bag and Return to Pharmacy

## SHARPS

- Empty needles and broken Ampoules
- Empty syringes
- Broken Glass

## Red Bag Waste

- Semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials

## REGULAR TRASH

- Empty vials

## Chemo

- Gloves, Gowns, Syringes, empty Bags and other trace material that contacted Chemo Drug

# Patient Safety Legal Custody

- Guards / Officers / Deputies are required to sign-in and receive orientation information.
- Patient will be in a private room (unless housed with another prisoner).
- It is understood that the patient under legal custody requires special management of their patient rights.
- Guards are to remain in the patient's room at all times.
- Legal restraints are the responsibility of the guard / officer.
- Metal restraints must be removed prior to defibrillation during a resuscitation.



# Missed Alarms Can Have Fatal Consequences

Failure to recognize and respond to an actionable clinical alarm condition in a timely manner can result in serious patient injury or death.

## **Patients are put at risk:**

- When an alarm condition is not detected by a medical device (such as a physiologic monitor, ventilator, or infusion pump).
- When the condition is detected, but not successfully communicated to a staff member who can respond.
- Or when the condition is communicated to clinical staff, but not appropriately addressed—whether because staff fail to notice the alarm, choose to ignore an alarm that warrants a response, or otherwise respond incorrectly.

# Reducing Alarm Fatigue

- “Familiarize yourself with your equipment. Know how to set alarm parameters and know the parameters that equipment defaults to when turned on for a new patient.”
- “Regular assessment of your patient and customizing the alarm parameters with that patient so when an alarm does sound it is more likely to be meaningful.”
- “Attend to your alarms. Don’t just silence an alarm, glance at your patient and then walk away. Take a few seconds to trouble shoot. Does the pulse-oximeter need re-fixing? Has an ECG electrode fallen off? Or is there a subtle warning here of some impending catastrophe? Proactively seek to null out any future nuisance alarms.”
- “Try to maintain some situational awareness throughout the shift for any critical alarms or changes in the texture or tempo of constant background noise that engulfs you during the shift.”

(ECRI Institute, 2017)

# Oxygen Cylinder / Tank Safety Guidelines:

- ❑ When the cylinder/tank is empty, place in “empty” holders in respective department( 2-South, 2-east, Pulmonary, ER, and Radiology has their own “empty” holders).
- ❑ Empty and Full cylinders tanks should **NOT** be stored in the same area.
- ❑ Morris Hospital places tags on the any compressed gas tanks i.e. oxygen, helium, CO<sub>2</sub>, nitrous, etc. This is an HFAP requirement. These tags will have the Cylinder status on them with the **EMPTY, IN USE** or **FULL** choices. When a new tank is received or taken from the tank room downstairs and placed in use, please tear off the **FULL** portion so that the **IN USE** is the bottom tag. When empty, please tear off the **IN USE** portion to show **EMPTY** before taking to the empty tank area downstairs
- ❑ Mishandled cylinders/tanks may rupture violently, release their hazardous contents or become dangerous projectiles. If a neck of a pressurized cylinder / tank should be accidentally broken off, the energy released would be sufficient to propel the cylinder/tank.
- ❑ **Ensure O<sub>2</sub> tanks are turned off when not in use and secure at all times.**

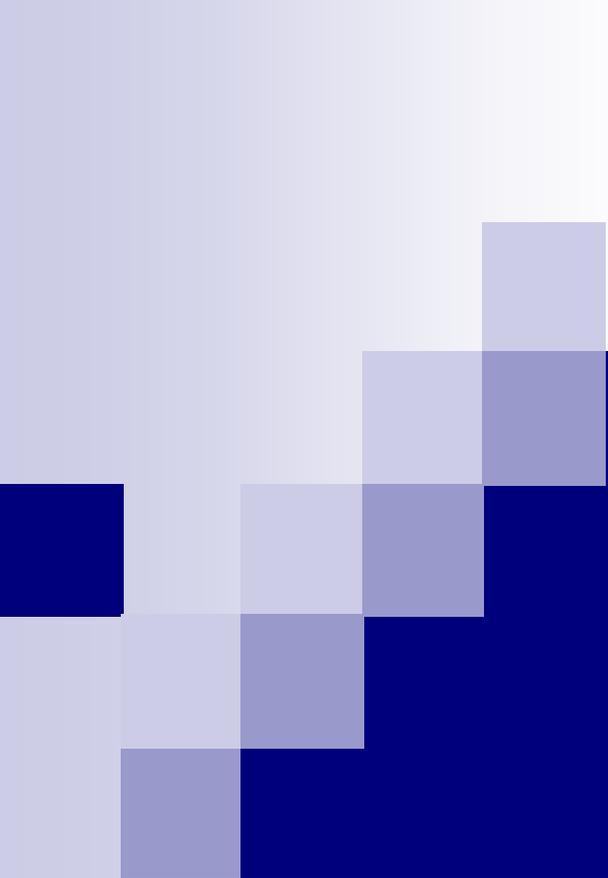


# Guidelines for Oxygen Transport:

- When transporting the patient, the oxygen cylinder must be properly secured in a moveable cart or in an attached cylinder holder under the bed or stretcher.
- ***Do not lay oxygen cylinder/tank on top of the bed/stretcher as you are transporting a patient.***
- When arriving at the patient's destination, if wall oxygen is available transfer the patient's device to the wall and turn off the cylinder/tank flow.

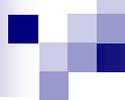
**If you have any questions, problems, or concerns with transporting with a portable cylinder/tank please contact the Pulmonary Services Department at Ext. 7655.**





# Emergency

2021



# Medical Alert: Rapid Response Team

- The Rapid Response Team is a team of experienced clinicians who bring their expertise to a patient's bedside by rapidly responding to a call for adult emergencies.
- For the adult Rapid Response Team, the team is comprised of an Intensive Care Unit (ICU) RN, Respiratory Therapist, Manager/House Supervisor, Hospitalist, if available, and an ED RN.
- Applies to all adult patients, visitors, and employees of Morris Hospital.
- The Rapid Response Team will be available 24 hours a day, 7 days a week as a resource for assistance in situations where an adult is experiencing early signs of distress. To activate the Rapid Response Team dial 3515 and page: "Medical Alert + Rapid Response Team + Location".

# Rapid Response Team Adult

Adult Emergencies include: (this is not an all inclusive list)

- New onset of chest pain
- New neurological findings (changes added to policy)
  - Mental status changes, confusion
  - Numbness or weakness of arm, leg or face
  - Trouble speaking, hearing or understanding
  - Loss of vision
  - Trouble walking or loss of balance
- Symptomatic bradycardia (low heart rate)
- Symptomatic hypotension (low blood pressure)
- Seizures
- Significant bleeding
- Acute change in oxygen saturation
- Acute respiratory distress (trouble breathing)
- Failure to respond to treatment
- **MEWS Score 5 or greater**

# Rapid Response Team Pediatric

- The Rapid Response Team Broselow is a team of experienced clinicians who bring their expertise to a patient by rapidly responding to a call for pediatric emergencies.
- A pediatric patient is anyone under 17 years of age, excluding newborns in the Family Birthing Suites.
- Pediatric Emergencies include:
  - Acute changes in heart rate, blood pressure or respiratory rate
  - Hypoxia (difficulty breathing)
  - Mental status changes or seizures
  - Staff and/or family concerns

# Adult Code Blue & Pediatric Code Blue

- Assess responsiveness
- Call for help/pull code blue alarm
- **Start CPR**

## Initiating Code Blue

- Dial 3515. After beep announce “Medical Alert: Adult Code Blue” or “Medical Alert: Pediatric Code Blue” followed by Location.



# Patient Care Improvement Report

Completed electronically through RDE on iShare

## ■ Goal

- Decrease risk to patient
- Improve patient care
- Improve patient safety

## ■ Responsibilities

- Employee reports incident
- Quality Manager coordinates follow-up and prepares report
- Report is communicated to Quality Committee

## ■ Procedure

- Incident involving Patient
- Incident involving missing articles or damaged property
- Incidents involving equipment

## ■ Key Points

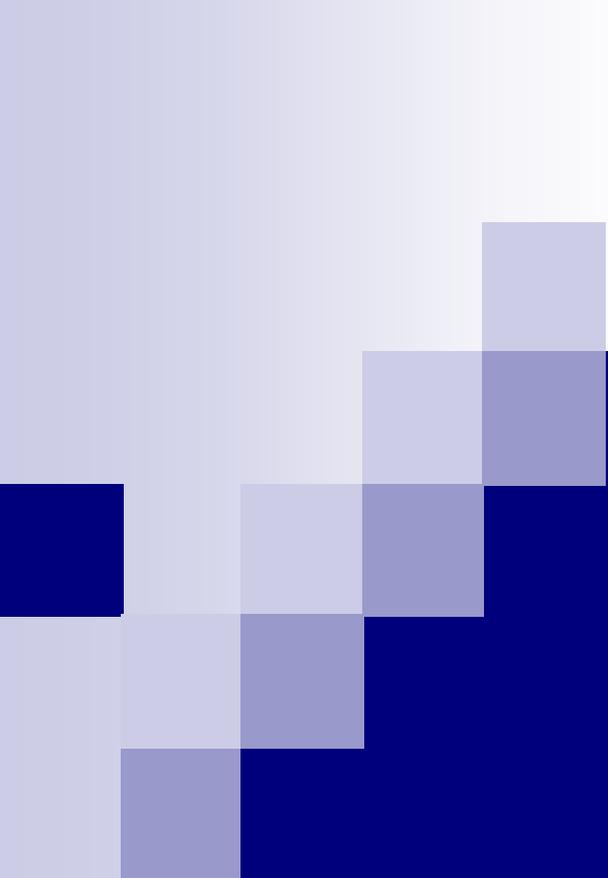
- Complete form thoroughly by recording facts as observed
- Notify security department (may need to obtain picture documentation)
- For additional space to document contact Risk Management
- Do not make copies
- Do not document in patient record that Patient Care Improvement Report was completed
- Do not inform patient and family that Patient Care Improvement Report was completed



# Patient Safety Legal Custody

- Guards / Officers / Deputies are required to sign-in and receive orientation information.
- Patient will be in a private room (unless housed with another prisoner).
- It is understood that the patient under legal custody requires special management of their patient rights.
- Guards are to remain in the patient's room at all times.
- Legal restraints are the responsibility of the guard / officer.
- Metal restraints must be removed prior to defibrillation during a resuscitation.





# ABUSE

2021

# Abuse - Morris Hospital Policy:

## What is Abuse?

- Abuse is anything that causes harm to an individual.
- Abuse can be physical, sexual, psychological/emotional, or economic/financial.

## Morris Hospital Policy

- ❖ Healthcare workers are mandated reporters of abuse.
- ❖ Any staff person who witnesses abuse shall immediately notify security, charge RN/manager and house supervisor.
- ❖ Any hospital staff person who suspects abuse of a patient shall notify appropriate service agencies, Social Services, manager and/or house supervisor.
- ❖ Reporters of abuse are provided, by law, with immunity from criminal and civil liability and professional disciplinary action. A reporter's name may be released only with the reporter's written permission or by Order of a Court.
- ❖ Reporter needs to notify VP Patient Care Services or designee, and/or nursing supervisor of any reports to outside agencies.



# Mandated Reporters at Morris Hospital

- **A professional while engaged in social services, law enforcement, and/or education.**
- **A person who performs the duties of coroner or medical examiner, or a person who performs the duties of a paramedic or emergency medical technician.**
- **Any of the occupations required to be licensed under the Medical Practice Act of 1987:**
  - Social Worker
  - Dentist
  - Dietician
  - Nurse/Advanced Practice RN
  - Occupational Therapist/Physical Therapist/Speech Therapist
  - Optometrist
  - Pharmacist
  - Physician/Physician Assistant
  - Podiatrist
  - Respiratory Care Therapist
  - Audiologist

# Elder Abuse and Neglect

- In the U.S. alone, more than half a million reports of abuse against elderly Americans reach authorities every year, and millions more cases go unreported.
- Types of Elder Abuse:
  - Emotional Abuse
  - Sexual Abuse
  - Neglect or Abandonment
  - Financial Exploitation
  - Healthcare Fraud and Abuse
- General:
  - Frequent arguments or tension between the caregiver and the elderly person
  - Changes in personality or behavior in the elder
- Physical Abuse
  - Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body
  - Broken bones, sprains, or dislocations
  - Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
  - Broken eyeglasses or frames
  - Signs of being restrained, such as rope marks on wrists
  - Caregiver's refusal to allow you to see the elder alone

# Signs & Symptoms of Abuse

## ■ Emotional Abuse

- Threatening, belittling or controlling caregiver behavior that you witness
- Behavior from the elder that mimics dementia, such as rocking, sucking or mumbling to oneself.

## ■ Sexual Abuse

- Bruises around breasts or genitals
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained or bloody underclothing

# Signs & Symptoms of Abuse

## ■ Neglect by caregivers or self-neglect

- Unusual weight loss, malnutrition or dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)
- Desertion of the elder at a public place

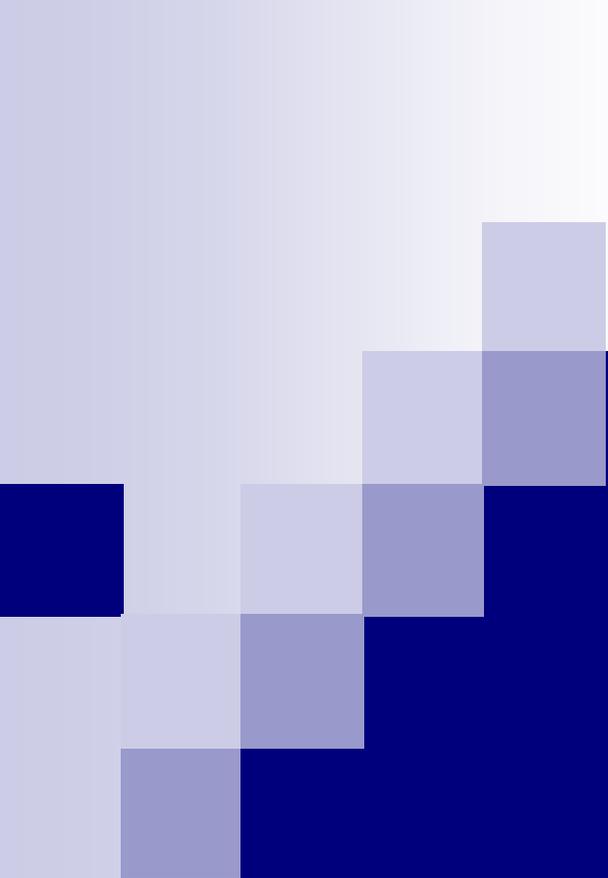
## ■ Financial Exploitation

- Significant withdrawals from the elder's accounts
- Sudden changes in the elder's financial condition
- Items or cash missing from the senior's household
- Suspicious changes in wills, power of attorney, title and policies
- Addition of names to the senior's signature card
- Unpaid bills or lack of medical care, although the elder has enough money to pay for them
- Financial activity the senior couldn't have done, such as an ATM withdrawal when the account holder is bedridden
- Unnecessary services, goods or subscriptions



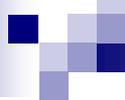
# Healthcare Fraud & Abuse

- Duplicate billings for the same medical service or device
- Evidence of overmedication or undermedication
- Evidence of inadequate care when bills are paid in full
- Problems with the care facility: poorly trained, poorly paid, or insufficient staff; crowding; inadequate responses to questions about care



# Suicide and Homicide Precautions

2021



# Suicide and Homicide Precautions

Purpose:

- To provide guidelines for assessment of patients who may be at risk for suicide/homicide.
- To establish a safe environment for a patient who has attempted to take his/her own life, threatened harm to others, is at risk of self-injury, or expressed suicidal ideation.

# Suicide/Homicide Assessment Precautions

- The psychosocial status of the patient may increase or decrease the risk of suicide and this will be addressed during the initial assessment by the Registered Nurse (RN) and reassessed as appropriate.
- The suicidal/homicidal patient will be evaluated by the Emergency Department (ED) physician if the patient is in the Emergency Room. If the patient is on a medical unit, the patient will be evaluated by his/her attending physician.
- Activate “Security Alert + Safety + Location” when suicidal/homicidal behavior, verbalization, or ideation is exhibited by a patient and report it to the patient’s physician as soon as possible. Suicide/homicide precautions will be initiated by nursing staff and a 1:1 sitter will be put in place at this time
- Social Services may be consulted for patients who may be at risk for suicide/homicide



# Suicide/Homicide Assessment Precautions

- The patient exhibiting suicidal/homicidal behavior may receive a psychiatrist consult.
- The patient must be observed continually by a staff member while on suicide/homicide precautions.
- The order for suicide/homicide precautions will be entered in the medical record.
- The patient/patient representative will be informed and educated that the patient is under suicide/homicide precautions.
- Precautions should be taken to keep the patient safe at all times. (See Suicidal Precautions Documentation [MH#1481](#)) The patient will be dressed in hospital paper scrubs.
- All patient belongings will be removed from the room (cell phones, matches, bags, medications, lighters, cigarettes, all clothing and shoes). Security will inventory, document and secure patient belongings. (Form [MH#1484](#))

# Suicide/Homicide Assessment Precautions

- The patient has the right to communicate with other people in private, without obstruction, or censorship by the staff. This right includes mail, telephone calls, and visits. There are limits to these rights. Communication by these means may be reasonably restricted (such as, the sitter remaining in sight of the patient at all times) to protect the patient or others from harm, harassment, or intimidation.
- Remove all sharp objects from the room.
- Remove all potential hazards from room (tubing, cords, drawstrings, glass, plastic bags, gloves, breakable objects, hangers, etc).
- Remove all non-essential, non-medical electrical appliances.



# Suicide/Homicide Assessment Precautions

- Verify that medications are NOT left in the patient room. If there is a restroom in the room, the door must remain open at all times and/or patient observation maintained if the door closed.
- Family and visitors are not to bring in personal purses, bags, backpacks or coats/jackets into the patient room.
- Send a message to Nutrition Services for a safe tray (Safe tray meals should include finger foods, no cans, no hot beverages and no utensils).
- Suicide precautions can only be discontinued with a physician order.
- Area Crisis line and the National Suicide Prevention Lifeline hotline numbers are listed in the Morris Hospital Patient and Visitor Guide.



# Suicide/Homicide Assessment Precautions

- ⦿ If the patient has to leave the unit for x-rays, tests, he/she should not be left unattended and the escort and the receiving department should be notified of suicidal/homicidal precautions. Sitter will accompany patient.
- ⦿ Suicide precautions can only be discontinued with a physician order.

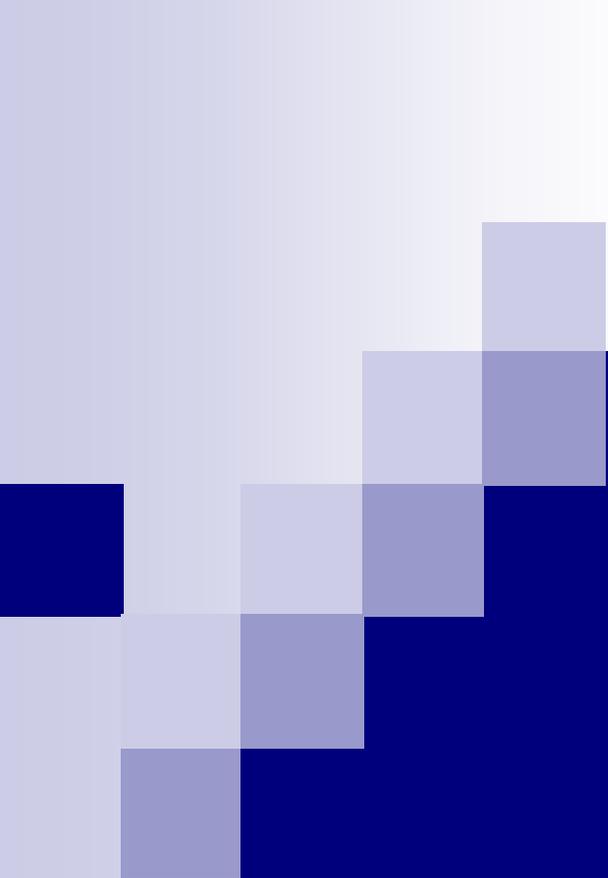
**SPECIAL CONSIDERATION:** If the patient is sedated and on mechanical ventilation, a sitter is not required. Visitors may be restricted.

**DOCUMENTATION:** Initial assessment, initiation of suicidal/homicidal precautions, reassessment of patient's behavior, appearance, mood and 1:1 sitter should be documented.

# Warning Signs

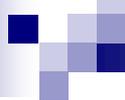
## An easy mnemonic to remember the warning signs of suicide is: IS PATH WARM?

- ◉ **I** = Ideation – talking or writing about death, dying or suicide. Looking for way to kill him/herself by seeking access to firearms, pills or other means. Threatening to hurt or kill themselves or talking of wanting to hurt themselves.
- ◉ **S** = Substance Abuse – increased alcohol or drug use
- ◉ **P** = Purposelessness – no reason for living; no sense of purpose in life.
- ◉ **A** = Anxiety – anxiety, agitation, unable to sleep or sleeping all the time.
- ◉ **T** = Trapped – feeling trapped (like there's no way out).
- ◉ **H** = Hopelessness – feeling hopeless.
- ◉ **W** = Withdrawal – withdrawal from friends, family and society.
- ◉ **A** = Anger – rage, uncontrolled anger, seeking revenge.
- ◉ **R** = Recklessness – acting reckless or engaging in risk activities, seemingly without thinking.
- ◉ **M** = Mood Change – dramatic mood changes.



# Restraints

2021



# Purpose

To establish guidelines for the safe and appropriate use of medical/non-violent and violent/self-destructive behavior restraints. When restraints are necessary, care will be provided that preserves the rights of the patient. A commitment to prevent, reduce or eliminate the use of restraint is our organizational philosophy.

# Definitions (per CMS)

- A. Restraint – Any manual method, physical or mechanical device, material or medication/chemical, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.
- B. Medical-Nonviolent Restraint – The use of restraints in medical and post surgical-medical/nonviolent care when it may be necessary to limit mobility or temporarily immobilize a patient. The primary reason for use directly supports the medical healing of the patient. These include soft limb and mitts that are secured to the bed.
- C. Violent/Self-destructive Restraint – Restraint used for the management of violent or self-destructive behavior that jeopardizes the immediate safety of the patient, a staff member, or others. These include soft limb, Posey Quick Release Limb Holder, Posey Soft Chest Quick Release, or medication.
- D. Medications/Drugs used as restraints – a drug or medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
- E. Seclusion- the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. This is not used at Morris Hospital.
- F. Non-restraint- a restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm. If a patient can easily remove a device, that device would not be considered a restraint.



# Instructions for Use for Both Medical/Non-Violent and Violent/Self-Destructive Restraint

- A. Restraints may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others, and must be discontinued at the earliest possible time.
- B. Use of restraint for purposes of coercion, discipline, convenience, or retaliation is never acceptable.
- C. The type or technique of restraint used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm. Morris Hospital does not practice seclusion.
- D. Restraints may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff member, or others from harm.

# Instructions cont.

- E. All measures as **alternatives for restraints** will be attempted first, including, but not limited to, the following:
  - A. Redirecting patient's focus/verbal interventions
  - B. Employing verbal de-escalation
  - C. Treat pain
  - D. Bed alarms/application
  - E. Companionship/Family Involvement/Sitter Use
  - F. Diversion/Decrease Stimulation/Noise Reduction
  - G. Exercise/activities
  - H. Move patient to a room closer to Central Station
  - I. Repositioning
  - J. Snacks/beverages
  - K. Bowel/bladder assessment
  - L. Physiologic assessment
  - M. Medication review with Registered Pharmacist (RPh)
  - N. Ongoing reality orientation
  - O. Active listening/therapeutic communication
  - P. Other measures as ordered by physician, considering the patient's condition

# Instructions cont.

- F. The use of non-physical interventions is the preferred intervention.
- G. Mechanical restraint options at Morris Hospital include: soft limb restraint, Posey Quick Release Limb Holder, Posey Soft Chest Quick Release, and mitts secured to bed frame. Restraints shall be used in accordance with manufacturer's instructions. When Quick Release Limb restraints are used, no key is necessary. Restraint devices are not sent home with patient/family or transferred with the patient.
- H. Medications administered to manage a patient's behavior or restriction of the patient's freedom of movement that is not a standard treatment or dosage for the patient's condition can only be ordered as a one-time "stat" administration. Each additional dose or other medication for the same purpose shall require separate orders from the provider.

# Instructions cont.

- I. Restraints are considered a temporary intervention to a situation and may be initiated by a Registered Nurse (RN) after observation and assessment of the patient. **If the RN initiates the restraint, a provider's order must be obtained within 15 minutes of imposing the restraint.** Provider notification must be immediate if restraint is being applied due to a significant change in the patient's condition. **The attending provider must be consulted as soon as possible if the attending provider did not order the restraint.**
- J. Orders for the use of restraint must never be written as a standing order or on an as needed basis (PRN). When a staff member ends an ordered restraint, the staff member does not have authority to reinstitute the intervention without a new order.
- K. A temporary, directly-supervised release, however, that occurs for the purpose of caring for a patient's needs (e.g., toileting, feeding, or range of motion exercises) is not considered a discontinuation of the restraint because the staff member is present and is serving the same purpose as the restraint. RNs, Patient Care Techs, and Certified Nurse Assistants (CNAs) may perform the temporary directly-supervised release during the provision of care.

# Instructions cont.

- L. When a restraint is used, there **must be documentation** in the patient's medical record of the following:
  1. description of the patient's behavior
  2. the intervention used
  3. alternatives or other less restrictive interventions attempted (as applicable)
  4. the patient's condition or symptom(s) that warranted the use of the restraint
  5. the patient's response to the intervention(s) used including the rationale for continued use of the intervention.
- M. **Orders** from the provider who is privileged to order restraints, **must include** the following:
  1. the reason the restraint is used
  2. the type of restraint used
  3. the duration for restraint use

# Instructions cont.

- N. When a restraint is implemented, the patient's plan of care must be modified to reflect this change. The plan of care shall be updated every calendar day and upon discontinuation of restraint.
- O. The patient's family/representative/significant other shall be notified promptly when restraints are initiated and this shall be documented in the medical record. The patient and his/her family/representative/significant other shall be informed of the Morris philosophy on the use of restraint to the extent that such information is not clinically contraindicated. The patient, and in accordance with Health Insurance Portability and Accountability Act (HIPAA) laws, the family/representative/significant other shall be involved in alternative behavioral management decisions that could help minimize the use of restraint and the decisions and activities that relate to the use of restraint. If the family/representative/significant other refuse the restraint, the ordering provider will be notified and alternatives will be discussed and documented in the medical record.

# Instructions cont.

- P. Restraints must be discontinued by an RN at the earliest possible time that appropriate criteria are met, regardless of the length of time identified in the order.
- Q. Restraints will be discontinued by the RN once the behaviors or situation that served as the basis for the restraint are no longer present, and the safety of the patient and others may be assured through less restrictive means. Documentation includes patient behaviors exhibited and any alternatives to restraint that are in place as appropriate.

# Additional Instructions for medical/Non-violent Restraints

- A. The medical non-violent restraint will be **ordered each calendar day as applicable.**
- B. Assessment and monitoring for patients in medical/non –violent restraint shall include **documentation**, including, but not limited to, the following nursing interventions minimally **every two hours, unless ordered otherwise by a provider:**
  1. Restraint release and skin assessment of extremity (RN)
  2. Circulation assessment of restrained extremity (RN)
  3. Range of motion for restraints (RN or CNA)
  4. Vitals signs (RN or CNA)
  5. Repositioning (RN or CNA)
  6. Fluids and/or nutrition offered(RN or CNA)
  7. Toileting offered (RN or CNA)
  8. Assessment of behaviors (RN)
  9. Reaction to restraint (RN)
  10. Less restrictive interventions (RN or CNA)

# Additional Instructions for Violent/Self-Destructive Restraints

- A. For restraints used for management of violent/self-destructive behavior, a physician, trained House Supervisor, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) must perform and document in the medical record a **face-to-face evaluation within one hour** after the initiation of the intervention to assess the patient's immediate situation, reaction to the intervention, medical and behavioral condition, and the need to continue or terminate the restraint.
- B. If the face-to-face evaluation is conducted by a trained House Supervisor, the Attending Physician, or Advanced Practice Registered Nurse (APRN) who is responsible for the care of the patient must be consulted as soon as possible after completion of the one hour face-to-face evaluation to provide a condition report.
- C. Each order for restraint used for the management of violent/self-destructive behavior may only be renewed in accordance with the following limits for up to a total of 24 hours:
  - 1. Adult age 18 + years: 4 hours
  - 2. Adolescent age 9 – 17 years: 2 hours
  - 3. Children under 9 years: 1 hour

# Additional Instructions for Violent/Self-Destructive Restraints

- D. After 24 hours, before entering a new physician order for the management of violent/self-destructive behavior, the ordering provider who is responsible for the care of the patient and authorized to order the restraint, must see and assess the patient in person.
- E. Assessment and monitoring for patients in violent/self-destructive restraint shall include **documentation**, including, but not limited to, the following nursing interventions minimally **every two hours, unless ordered otherwise by a physician:**
  1. Restraint release and skin assessment of extremity (RN)
  2. Range of motion for restraints (RN or CNA)
  3. Vitals signs (RN or CNA)
  4. Repositioning (RN or CNA)
  5. Fluids and/or nutrition offered (RN or CNA)
  6. Toileting offered (RN or CNA)

# Additional Instructions for Violent/Self-Destructive Restraints

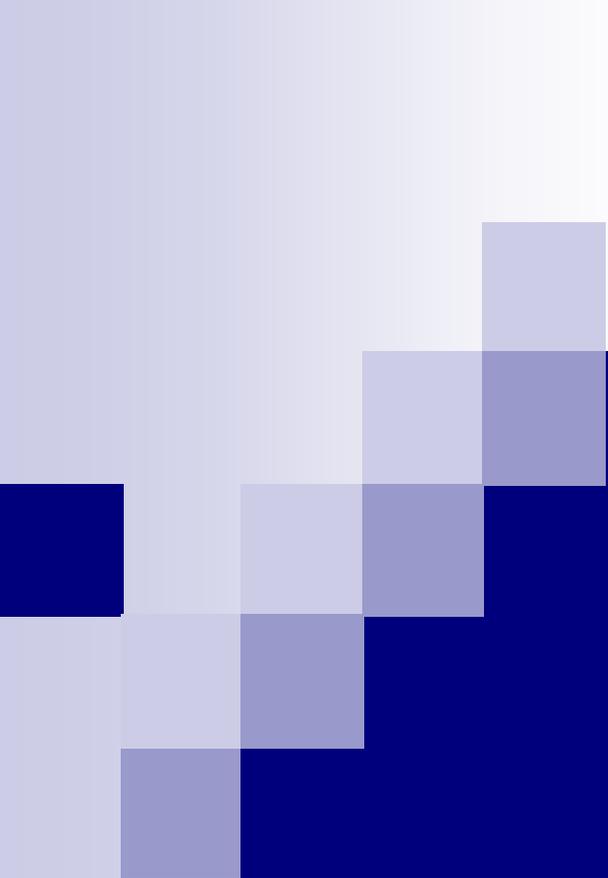
- F. Assessment and monitoring for patients in violent/self-destructive restraint shall include **documentation**, including but not limited to, the following nursing interventions minimally **every 30 minutes, unless ordered otherwise by the ordering provider**:
  1. Circulation assessment of restrained extremity (RN)
  2. Assessment of behaviors (RN)
  3. Reaction to restraint (RN)
  4. Less restrictive interventions (RN or CNA)
- G. Patients in violent/self-destructive restraint may have a sitter at the bedside for continual 1:1 observation. Care shall be documented on the Sitter Flow Sheet MH# 1370. This may be in addition or in conjunction with the assessments and care documented by the RN/CNA.

# Reporting Restraint Related Deaths

- A. The House Supervisor will notify the Quality Department and the Vice President of Patient Care Services/CNE of any death in a restraint the next business day.
- B. Morris Hospital must and shall report deaths associated with the use of restraint to the CMS Regional Office. The following information must be reported:
  1. Each death that occurs while a patient is in restraint, *excluding* those in which only 2-point soft wrist restraints were used and the patient was not in seclusion within 24 hours of their death; and
  2. Each death known to the hospital that occurs within 1 week after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.
  3. Each death referenced in this section must be reported to CMS by electronically no later than the close of business the next business day following knowledge of the patient's death.
  4. Staff must document in the patient's medical record the date and time the death was reported to CMS.

# Reporting Restraint Related Deaths cont.

- c. Death of a patient that has been restrained with a soft limb restraint for medical/nonviolent reasons, will not be reported to CMS, but the following patient information will be recorded on the internal restraint log maintained in the Quality Department:
  1. Patient's name, dates of birth and death, and medical record number
  2. Name of attending physician or other LIP who was responsible for the care of the patient
  3. Primary diagnosis(es)



# RN / Student Nurse Specific Orientation

Proceed if you are a RN or  
Student Nurse

# IV Therapy Policy

- A Registered Nurse or competencied hospital staff member is responsible for insertion and maintenance of IV's.
- Fluids, tubing, and dressing changes will be checked during each bedside shift report.



## **EQUIPMENT:**

- IV start kit
- IV solution with label
- IV tubing with pigtails and tubing label
- In-line filter if indicated
- Angiocath
- IV pump if continuous infusion
- Prefilled saline flush if indicated
- Heparin lock flush (if ordered)  
10 units/ml – 1ml flush

# Procedure- Preparation

## ■ Preparation of IV Pump:

- Obtain IV pump
- Enter correct profile and patient DD# (account number)
- Select the appropriate solution from the Guardrail menu and program the rate as ordered by physician. Do **not** choose Basic Infusion.

## ■ Preparation of IV solutions:

- Check physician order with type of solution.
- Verify type, volume and expiration date of solution, after obtaining solution from pyxis or designated storage area. Check solution for discoloration or cloudiness (if present do not use).
- Check compatibility of meds and solution.
- Close clamp on IV tubing.
- Remove protective cap from IV solution and insert spike from tubing into bag.
- Squeeze chamber on tubing until half full, then open clamp until solution flows through tubing.

# Procedure - Preparation

## Preparation of IV solutions (cont):

- If attaching in line filter to the tubing, follow manufacturer's guidelines for filling and priming.
- Label solution with proper label, which should include the following:
  - Date & Time
  - patient name
  - hours to run/ml per hr
  - type of solution
- Label IV tubing with proper label to include date and time.
- If non-vented bottle, remove cap, **wipe stopper with approved antiseptic**, push spike of clamped tubing through center of rubber stopper. Open vent on tubing after spiking.
- Squeeze drip chamber until half full and prime tubing.

# Procedure – IV Insertion

## IV Insertion

### Review Lippincott Procedure prior to IV insertion.

- Verify patient's identity using two patient identifiers-the patient name, the medical record number or date of birth. Neither can be a room number. Scan patient and IV solution.
- Hang IV solution with attached tubing on IV pole (not applicable for saline/Heparin lock).
- Explain the procedure to patient.

# Procedure – IV Insertion

## IV insertion (cont.)

- Select the site:
  - If long term therapy anticipated, start with vein at most distal site.
  - If a CT scan with IV contrast is anticipated, the best site for IV access is the right antecubital fossa. This site provides a combination of optimal safety plus a good point to time delivery of contrast in studies such as cardiac CTA and pulmonary embolism studies. The left antecubital fossa would be the second choice. The 18g angiocath is preferred. A 20g angiocath is an acceptable alternative. IV's started in the hands or wrist require a slower injection rate and also require more time to reach the heart. Pulmonary Embolism studies, CTA of the carotids, renal arteries, lower extremities (runoff), and aorta all require at least a 20g IV. Coronary studies require an 18g angio.
- Choose an appropriate size angiocath after locating a vein.

# Procedure - IV Insertion

## IV insertion (cont.)

- Place patient in comfortable position.
- Apply single use tourniquet about 6 inches above site (leave on no longer than 3 minutes).
- Don gloves.
- Cleanse site with an approved antiseptic.
- Grasp cannula between thumb and forefinger (bevel facing up).
- Use thumb of non-dominant hand to stretch skin taut below puncture site if needed to stabilize vein.
- Tell patient you are ready to insert catheter.

# Procedure - IV Insertion

## IV insertion (cont.)

- Insert needle at approximately a 25-45 degree angle.
- Push through skin into vein in one smooth motion.
- Check hub for flashback to signify placement. Slightly advance needle, then advance cannula.
- Remove tourniquet.
- Hold cannula in place while withdrawing needle.
- As you withdraw needle, press lightly over catheter tip to prevent bleeding.
- Attach tubing and begin infusion or flush.
- Secure IV access with tape and transparent semi permeable dressing. **Label the site with date, time and initials.**
- Engage needle safety device and dispose of needle in sharps container.

# Procedure – IV Maintenance

## Peripheral IV Line Maintenance

- Perform site care as needed if dressing becomes wet or un-occlusive or after 96 hours if patient refuses IV restart.
- If patient IV was a field start, the IV site should be changed as soon as possible. If unable to change sites, be sure to document reason why it was not done.
- Explain procedure to patient.
- Open supplies.
- Don gloves.
- Remove old dressing.
- If site is intact, stabilize cannula and carefully clean around insertion site using an approved antiseptic.
- Work in circular motion outward from site.

# Procedure – IV Maintenance

## Peripheral IV Line Maintenance (cont.)

- Allow area to dry.
- Cover with transparent semipermeable dressing.
- Frequently assess site for infection (redness or pain at puncture site), infiltration (coolness, blanching or edema at site), and thrombophlebitis (redness, firmness, pain along path of vein and edema).
- If any signs present, discontinue IV and restart on another appropriate IV site.
- Change IV site every 96 hours.
- All IV dressing options described in this procedure such as tape, transparent semi-permeable dressing, and latex-free cohesive wrap should be from a single use roll. At times a multiple use roll may be used. This roll should not come in contact with the patient's skin, linens, or personal items. **ONLY** the portion that is needed is taken to the bedside.

# Procedure – Changing IV Solution

## Changing the Solution

- Plain IV solutions should be changed when infused or every 48 hours. IVs with additives should be changed when infused or every 24 hours.
- Inspect solution container for leaks, cracks or other damage.
- Check solution for discoloration, particulates.
- Note date and time if solution was mixed and the expiration date. Place new label on the bag.
- Scan the patient and the solution to document administration in the eMAR.
- Clamp tubing when inverting to prevent air from entering tubing.

# Procedure – Changing IV Solution

## Changing the Solution (cont.)

- Keep drip chamber half full.
- If replacing a bag, remove seal from new bag and remove old bag from pole.
- Remove the spike.
- Insert it into new bag and adjust flow rate.
- If replacing a bottle, remove cap and seal from new bottle.
- Swab rubber port with an approved antiseptic wipe.
- Clamp line.
- Remove spike from old bottle and insert spike into new bottle.
- Hang up new bottle and adjust rate.
- Bottle should be labeled by pharmacy (Plain IV solutions are not labeled by pharmacy).

# Procedure – Changing IV Tubing

## Changing the Tubing

- Clamp IV solution.
- Disconnect tubing from needleless pigtail.
- Invert IV bag.
- Remove spike and discard old tubing.
- **Cleanse around opening of IV bag.**
- Spike bag with new tubing.
- Prime new labeled tubing.
- **Cleanse needleless pigtail with an approved antiseptic.**
- Reconnect new tubing and set to ordered flow rate.
- If IV tubing is used intermittently, a sterile cap must be attached to the end of the tubing.

# Procedure – Removing IV

## Removing a Peripheral Line

- Don gloves.
- Clamp IV tubing and gently remove transparent dressing and all tape from skin.
- Have gauze pad and tape or adhesive bandage within reach.
- Hold gauze pad over puncture site with one hand; use other hand to withdraw cannula slowly and smoothly.
- Use the gauze pad and apply firm pressure over puncture site or until bleeding stops.
- Clean site if necessary.
- Apply adhesive bandage or gauze pad with tape (if oozing at site, apply pressure dressing).



# Procedure - Documentation

## DOCUMENTATION:

- Document IV insertion, site care, and IV solution with rate.
- Document when changing solution or IV bag.
- The number of attempts at venipuncture, the site of each attempt, patient teaching, evidence of patient understanding, and name of person who performed the venipuncture.
- At the end of each shift and upon discharge of patient, document amount infused.

# Procedure - Considerations

## SPECIAL CONSIDERATIONS:

- “TKO” or “KVO” rate shall be defined as 10 mL/hour for adult patients.
- If saline lock ordered, flush with 3ml normal saline every 8 hours. If heparin lock ordered, flush with 3ml normal saline and 1 ml 10 units/ml heparin every 8 hours.
- Needleless system should be used.
- If patient going home with peripheral line or intermittent infusion device, teach patient how to care for IV site and identify complications.
- Don't start an IV on extremity which has the following, unless physician orders allow:
  - vein graft, shunt or AV graft
  - infiltration
  - burns
  - infected extremity
  - mastectomy
- If IV solution is shut off (per RN), blood may be drawn from vein proximal to IV site.
- Explain the cause of IV pump alarms.

# Alaris Pump Reminders

- Ensure the correct DD number, Profile setting, and appropriate Guardrail infusion are being used.
- There is a way to change the DD number without turning off the pump. If you push the Options button, the second choice on the screen is Patient ID. From there, you can change the DD number (Example: DD123456). The zeros are eliminated.
- Sterile caps should be in place when IV tubing is not in use.
- Remember to clear your IV pump at the end of each shift and document all intravenous intake on the IV spreadsheet.
- Use appropriate label or flow strip on IV bottles or bags.
- Use appropriate label on primary & secondary IV tubings and ensure they are not expired.

# Procedure – Phlebitis Scale

## PHLEBITIS SCALE ASSESSMENT:

Assess the IV site every 8 hours or as needed for any signs of phlebitis. Score the IV site according to the phlebitis scale and take appropriate action according to assessment findings. A score greater than 2 will be reported to the physician.

Site Observation	Score	Stage/Action
IV site appears healthy	0	No signs of phlebitis Observe Cannula
One of the following signs is present: <ul style="list-style-type: none"> <li>• Slight pain near the IV site</li> <li>• Slight redness</li> </ul>	1	Possible first signs of phlebitis Observe Cannula
Two of the following are evident: <ul style="list-style-type: none"> <li>• Pain at IV site</li> <li>• Redness</li> </ul>	2	Early stage of phlebitis Resite Cannula
All of the following are evident: <ul style="list-style-type: none"> <li>• Pain along path of cannula</li> <li>• Redness around site</li> <li>• Swelling</li> <li>• Palpable venous cord</li> </ul>	3	Medium stage of phlebitis Resite Cannula Consider Treatment
All of the following are evident and extensive: <ul style="list-style-type: none"> <li>• Pain along path of cannula</li> <li>• Redness around site</li> <li>• Swelling</li> <li>• Palpable venous cord</li> </ul>	4	Advanced stage of phlebitis Or the start of thrombophlebitis Resite Cannula Consider Treatment
All of the following are evident and extensive: <ul style="list-style-type: none"> <li>• Pain along path of cannula</li> <li>• Redness around site</li> <li>• Swelling</li> <li>• Palpable venous cord</li> <li>• Pyrexia</li> </ul>	5	Advanced stage thrombophlebitis Initiate treatment Resite Cannula

# Definitions of Whole Blood and Blood Component Products:

- Whole blood and Packed Red Blood Cells (PRBC) transfusions replenish the volume and oxygen-carrying capacity of the circulatory system by increasing the mass of circulating red blood cells.
- Platelets are necessary for blood coagulation; an inadequate platelet count or nonfunctional platelets increases bleeding risk and can be responsible for severe, uncontrolled hemorrhage.
- Platelets are supplied as a Platelet Pheresis product, collected from a single donor using mechanical apheresis technology, and are normally leukocyte-reduced.
- Transfusion of fresh frozen plasma (FFP) refers to the intravenous (IV) administration of plasma and all of its components, including plasma proteins and clotting factors.
- Plasma and the clotting factors contained within it are vital to blood coagulation; insufficient plasma coagulation factors increase bleeding risk and can lead to severe, uncontrolled hemorrhage.

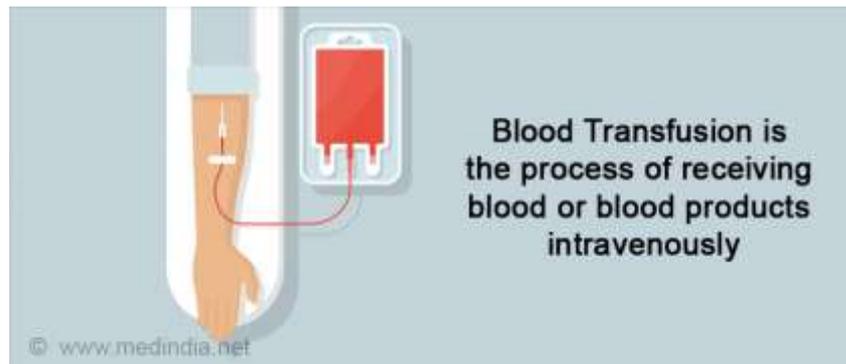
# Special considerations for blood transfusions:

## Blood Transfusions

- Blood and blood products should be administered with normal saline only. No other solution or medication may be added to or mixed with blood or blood products.
- Blood and blood products infusion must be initiated within 30 minutes of release from the lab.
- Blood and blood products must be infused within four hours of initiation.
- For rapid blood replacement, a pressure bag or the rapid transfuser may be needed. Use of this equipment may cause excessive pressure leading to broken blood vessels and extravasations, with hematoma and hemolysis of the infusing red blood cells. If a hematoma develops at the IV site, immediately stop the infusion. Remove the IV cannula. Notify the physician.
- Blood group system (ABO) compatibility is not necessary, but recommended for repeated platelet transfusion.
- ABO type is required for FFP (Fresh Frozen Plasma) transfusion.

# Special considerations for blood transfusions:

- Patients with a history of pheresis platelet reactions may require premedication with antipyretics or antihistamines as ordered by the physician.
- The transfusion administration set and filter should be changed after the completion of each unit or every 4 hours. If more than 1 unit can be infused in 4 hours, the transfusion set may be used for a 4 hour period.
- If a leukocyte depletion filter is used, the filter must be changed every 4 hours or coincide with blood/blood product administration set changes.



# Transfusion of Blood & Blood Products Review

- Verify the physician order for transfusion, including any special considerations including but not limited to: leukocyte reduction/filtration, blood irradiation, CMV-Seronegative blood, or washing.
- Confirm the patient's identity using two patient identifiers.
- Perform hand hygiene.
- Explain the procedure to the patient including possible signs and symptoms of a transfusion reaction (chills, rash, fever, flank or back pain, dizziness, or blood in urine). Instruct patient to report these possible signs and symptoms to the RN immediately if he/she develops any.
- Obtain informed consent for blood transfusion and place in medical record. The blood consent included in "authorization for the performance of surgical and other procedures" is in effect during the authorized procedure, the post anesthesia recovery period, and 24 hours after post anesthesia care discharge.
- Assemble equipment and establish an IV route or ensure existing site is patent and 20 gauge or larger.



# Equipment needed:

- Y-type blood administration set with in-line or add-on Filter
- Leukocyte-deleting filter if ordered by physician (for whole blood and PRBC transfusions)
- IV Pole/Pump
- 0.9 Normal Saline 250 milliliter (mL) bag
- Personal Protective Equipment (PPE)
- IV equipment, if necessary (20 gauge and larger preferred)

# Obtaining Blood/Blood Product from Blood Bank:

- The registered nurse requests blood to be issued by properly identifying the patient to the blood bank technologist/technician.
- The registered nurse and blood bank technologist/technician examine the Issue/Transfusion form attached to the product unit bag and the laboratory information system (LIS):
  - Patient name
  - Patient ID number
  - Blood Bank ID number
  - Patient ABO group
  - Patient Rhesus (Rh)
  - Blood Product bag label
  - Product ABO group
  - Product Rh type
  - Expiration date
- These must be identical on the product bag label, Issue/Transfusion form, and the LIS. The three- part form may be provided and must also be verified as described above. During computer downtime, the three-part form may be used in place of the electronic issue screen to document the issue of the blood product.



# Administration of Blood/Blood Products:

- Verify physician order.
- Verify consent is signed, dated and timed.
- Perform hand hygiene.
- Explain the procedure to the patient including possible signs and symptoms of a transfusion reaction. Instruct the patient to report the possible signs and symptoms to the registered nurse immediately.
- Immediately prior to the transfusion, take the patient's vital signs, auscultate lungs, check for jugular vein distention and note the patient's skin to establish a baseline so that any changes that occur during or after the transfusion can be identified. If feasible, delay transfusion if patient temperature exceeds 101.7 degrees Fahrenheit (38.7 degrees Celsius) and notify physician immediately.
- Pre-medicate the patient, if ordered by the physician.



# Administration of Blood/Blood Products:

Before transfusing, the following must be verified by 2 registered nurses or registered nurse/ Licensed Independent Practitioner (LIP) at the patient's bedside:

- The patient name and the patient ID number on the patient's hospital band matches both the Issue/Transfusion form attached to the blood/blood product unit and the physician order transfusion form.
- The patient has a blood band ID number wristband that matches the blood band ID number on the Issue/Transfusion form attached to the blood/blood product unit number.
- The blood product identification number, product ABO group, and the product RH type on the product label match the Issue/Transfusion form attached to the unit.
- The patient's ABO group (and Rh type if required) should be compatible with the product. Interpretation of cross match tests, if performed, is also verified.
- Verify the expiration date on the unit.
- Verify the appearance of the unit. Check the bag for abnormal colors, PRBC clumping and/or gas bubbles prior to spiking the blood. Platelets should be straw colored. Because platelets are agitated during storage, bubbles are normal, but the bag should not be swollen (which can occur from bacteria gases). Check for normal appearance and color (thawed FFP is translucent and yellow or light green in color). The FFP should not be clumped and should not have bubbles.



# Administering Blood/Blood Products using the Transfusion Administration Record:

- Using the Transfusion Administration Record (TAR), scan the patient ID band and complete the patient checklist and co-signature sections. Scan the blood band, the unit number, product, and blood type. If the Transfusion Administration Record gives a warning that something does not match, the blood/blood product will not be given and will be returned to lab.
- The following are the ONLY patient situations where it may be acceptable to not scan blood or blood products or the patient identification at the time of administration:
  - Code Blue/Rapid Response
  - Patient emergency: during a patient emergency when any delay may further deteriorate the patients' already compromised clinical status, the Registered Nurse may bypass scanning the blood/blood products and patient identification (ID) band. The registered nurse will document why the blood/blood product was not scanned.
  - Barcode scanning technology failure due to system downtime/overall system failure of all scanners.
  - For any situation the Transfusion Administration Record is not used, the verification process between 2 registered nurses is still required prior to the blood/blood product transfusion.

# Administering the Blood/Blood Product:

- Mix the unit of blood/blood product thoroughly by gentle inversion of the bag.
- Don PPE.
- Prime the Y-type blood administration set with the normal saline, then spike the blood/blood product unit with the Y-site
- If using a leukocyte-depleting filter, attach it to the Y-Site being used for the blood. Follow manufacturer's instructions within the packaging. Products that are provided from the Blood Bank as "leukocyte-reduced" will not require the additional leukocyte depleting filter.
- Attach the prepared blood administration set directly to the IV. Close the clamp to the saline solution and open the clamp between the blood/blood product bag. Adjust the flowrate to initiate the blood transfusion to 1-2 mL per minute or 60 to 120 mL/hour. If transfusing platelets or FFP, set initial flow rate to 2-5 mL/minute 120-300 mL/hr.
- The registered nurse will remain with the patient for the first 15 minutes of the blood/blood product to monitor for signs of a transfusion reaction. If a transfusion reaction is suspected, stop the transfusion and begin normal saline infusion at 10 mL/hour to maintain vascular access. Follow the "[Blood and Blood Product Transfusion Reaction](#) policy" if reaction occurs. Do not discard the blood/blood product bag or administration set.

# Administering the Blood/Blood Product:

- After the first 15 minutes of the transfusion, record the patient's vital signs and adjust the flow rate as needed.
  - Single units of whole blood or PRBCs should be completed within 4 hours. In emergency situations, blood can be transfused rapidly.
  - Platelets should be transfused over 30 minutes, but must be completed within 4 hours
  - FFP can be transfused as rapidly as tolerated, but must be completed within 4 hours.
- After the initial 15 minutes, assess the patient every hour and more frequently, depending on the patient's health status, recording vital signs every 1 hour and again at the completion of each unit.
- Upon completion of the transfusion, don gloves and PPE to remove and discard the used equipment in the appropriate biohazard container.
- Reconnect the original IV solution, if necessary.

# Documentation:

- Use the Transfusion Administration Record (TAR) to document the blood/blood product in the following departments:
  - Medical/Surgical units
  - Intensive Care Unit/Intermediate Care Unit
  - Family Birthing Suites
  - Ambulatory Care Unit
- Transfusion reactions are documented in the Transfusion Administration Record reaction assessment.
- Vital signs are recorded in the Transfusion Administration Record:
  - Just prior to transfusion
  - 15 minutes after initiation of transfusion then every 1 hour
  - Repeated again upon completion of transfusion
- Patient and family education.

# Transfusion Reaction

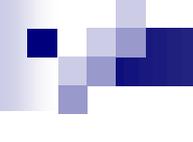
## ■ What is a Transfusion Reaction?

**A transfusion reaction is defined as any unfavorable event in the recipient resulting from a transfusion. The transfusion of blood components carries many potential risks. Patients may have adverse reactions to either cellular or non-cellular constituents of blood; many of these are immunologically mediated. Infectious diseases may be transmitted to the recipient. When a decision is made to transfuse a blood component, the relative hazard of the transfusion should be balanced against possible benefit to the recipient; and only when the patient is clearly in need of the transfusion and the potential value outweighs the risks should the component be transfused.**

# Transfusion Reaction.....

## ■ Signs & Symptoms

- **Fever (an increase greater than 1 degree Celsius or 1.8 Degrees Fahrenheit)**
- **Chills**
- **Rigors**
- **Hives and/or itching**
- **Pain in the back, chest, or elsewhere**
- **Hypertension**
- **Hypotension or shock**
- **Shortness of breath or dyspnea**



# Transfusion Reaction Policy

- **If the only symptoms are hives and itching the transfusion may be paused and antihistamines administered per provider. Once the symptoms have dissipated, the transfusion may be resumed and laboratory workup need not be initiated. If the symptoms do not subside or are accompanied by other complications, the transfusion reaction procedure should be followed.**

# Transfusion Reaction Procedure

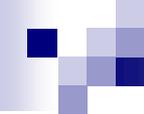
- **If a transfusion reaction is suspected, the following steps are to be taken:**
  - **Stop the transfusion. Clamp the blood tubing and keep the IV line open with infusion of NS until further orders are received.**
  - **Monitor the patient's Vital Signs.**
  - **Immediately perform a double check of patient wristband and the information on the form attached to the unit being transfused.**
  - **Notify the patient's physician immediately.**



# Transfusion Reaction Procedure

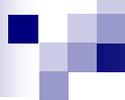
- **Notify the Blood Bank immediately. A lab technician or phlebotomist will report to the patient bedside to perform additional check of accuracy and obtain a post-transfusion blood sample.**
- **The blood product bag and attached tubing will be sent to the lab for analysis.**
- **Collect the next urine sample and send to the laboratory.**





# Transfusion Reaction Procedure

- **Remain with the patient during the reaction. Continue to assess the patient, monitor urine output, vital signs, and any change in symptoms.**
- **If you have any question refer to the policy: *TRANSFUSION REACTION* (available on iShare).**



# Safe Medication Administration

Remember: 5 Rights of Medication Administration

- 1. Right individual
- 2. Right medication
- 3. Right dose
- 4. Right route
- 5. Right time

(iShare: Medications, Administration, Ordering, Standardized Dosing, Policy)

# Safe Medication Administration Measures

- Telephone orders are “read back” to the provider giving the order.
- Medication orders are put on hold when a patient goes to surgery.
- Medications should not be recorded before they are given.
- Medication carts will be locked when unattended.
- Medications will be left at bedside only if by physician order.
- Check medication expiration date.
- Efforts are made to minimize distractions to the nurse while passing medication.
- Patients assessed for reactions when receiving a new medication not on home medication list.
- A list of High Alert Medications (HAM's) is made available and updated as necessary.

# Patient Education: Medication Side Effects

- **Efforts to improve patient knowledge on side effects of their medications:**
  - \* Educate patient regarding side effects prior to administration (use the words “side effects”).
  - \* Use printed materials, when available.
  - \* Explain new/unfamiliar medications.
- Please refer to the policy “Education for Purpose and Side Effects of New Medications.” This is available on iShare . The “Medication Purpose and Side Effects of New Medications” form is on pages 2 and 3 and should now be printed on pink paper. This color has been chosen so that it stands out among all of the other white papers that are given to patients.
- Specific locations have been designated to place these sheets in each of the patients’ rooms. Grip strips at the head of the beds on 2East and 2South. For ICU the sheets are to be placed on the counter. For FBS the sheets are to be placed on the computer cart.
- Every time a new medication is given to a patient, it should be added to the patient’s form and discussed with him or her. A good practice is to have the patient write the medication in the appropriate area if they are able. This may help them remember the discussion and realize the importance.
- The pink sheet should be referenced as often as possible with the patients so that they understand what to expect with their new medications. Nurses, pharmacists, and respiratory therapists should be having these discussions with their patients. Other care providers may also assist by pointing out the document frequently to their patients and asking if they have any questions that the RN/RPh/RCP may answer.

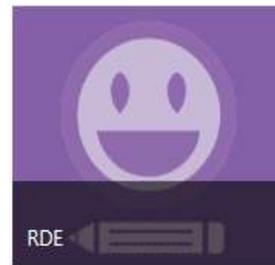
# Adverse Drug Reaction

- Defined as any response to a drug that is noxious and unintended; that occurs at doses in humans for prophylaxis, diagnosis, or therapy; excludes failure to accomplish the intended purpose (includes hypoglycemia).
- Immediately report to Pharmacy a potential adverse drug reaction at ext. **7614**.
- Complete the Medication Variance/ADR report through RDE on iShare.
- The information is tracked and reported to the P&T (Pharmacy and Therapeutics Committee).



# Reporting Medication Errors

- **Types of medication errors include, but are not limited to:**
  - Wrong: drug, dose, route, or time
  - Omission (not administered before next schedule dose due)
  - Unordered dose
- **When a medication error occurs four things should occur in this order:**
  - Evaluate the patient and notify the physician.
  - Record the medication as given in the medical record.
  - Report the error in detail with a Medication Variance Report Form through RDE on iShare.
  - The practitioner who identifies an error will document all relevant information on the Medication Variance Report Form.



# Medication Error Reporting

All Medication Variance Report Forms evaluated will be summarized at the Minimizing Medication Variance Meeting; trends and highlights are taken to the Pharmacy and Therapeutics Committee.

**All medication errors reported will identify the process affected:**

- Ordering/prescribing
- Preparation/dispensing
- Administration
- And/or monitoring effects of medication.

\* Personnel involved in a medication error will be notified by their supervisor. All parties will analyze the error to identify breakdowns in current processes or deviation from current procedures that contributed to the error occurrence. If necessary the process will be changed to prevent future occurrences. Repeated deviations from current processes will be handled under the standard disciplinary process and can result in reassignment or dismissal

The End

Please Complete Your Written Test



MORRIS  
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& HEALTHCARE CENTERS