Erlanger Medical Affairs

Yearly Educational Materials

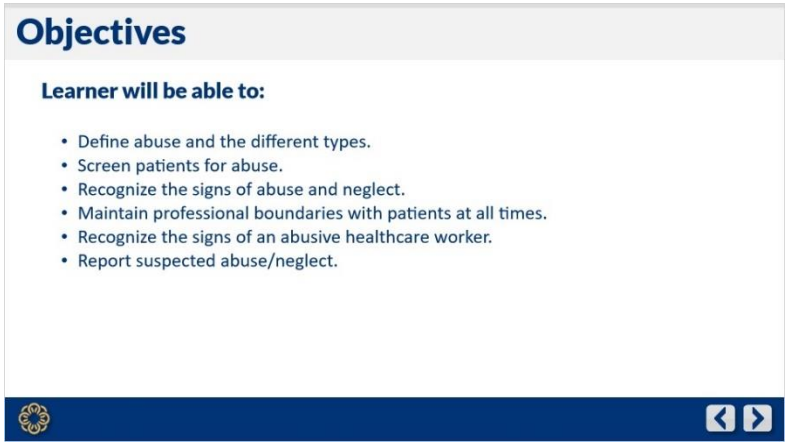
QR to Complete Attestation

Please review this content in its entirety and complete the associated attestations. Please retain for reference

Use hyperlinks or QR codes present at the end of each topic to access relevant Erlanger Policies.

Other education may be required to stay in good standing with the organization – these may be administered by Erlanger, via EOL, or individual groups.

Abuse and Neglect



Key Terms

Assault: An intentional act that gives another person reasonable fear that they'll be physically harmed or offensively touched.

Battery: Intentionally causing harm to, or offensively touching, another person (without their consent or intentional involvement in the action).

Rape: Forced or coerced sexual relations or sexual intrusion against the victims will.

Sexual assault and battery: An involuntary sexual action or touching in which a victim is threatened, coerced or forced to engage against their will. Sexual touching of another person who has not consented. The victim may or may not be clothed.

Emotional abuse: A form of abuse that subjects another person to behaviors such as:

- Humiliating the victim.
- Controlling what the victim can and cannot do.
- Withholding information from the victim.
- Getting annoyed if the victim disagrees.
- Deliberately doing something to make the victim feel diminished.

Abuse and Neglect Assessment

More often than not, children and the elderly will not voluntarily disclose they are being abused or neglected.

If the healthcare worker suspects abuse or neglect they must address this by:

- Asking specific questions to adults and elders.
- Recognizing the signs of abuse and neglect in adults, elders, and children.
- Being alert for conflicting stories about the event that brought the victim to the hospital.
- Assessing for delays in seeking healthcare for the victim in relationship to the age and level of severity of the injury.
- Observing for inconsistent caregiver expressions of concern or behaviors for the victim.
- Documenting the observed signs of abuse and/or neglect in detail.

Abuse and Neglect Assessment (Con't)

Conduct a thorough and objective clinical history and physical assessment.

- **Collect and preserve evidence.**
  - This includes x-ray and lab results.
- **Document and include injury description (with or without pictures).**
  - Collect, store, preserve, transfer, and document forensic evidence according to protocol.
- **Please only disclose information to law enforcement in accordance with the Release of Patient Information to Governmental Agencies, Law Enforcement, and Correctional Institutions Policy.**
  - Law enforcement should fill out the Law Enforcement Request for Protected Health Information Form which is attached to this policy in PolicyStat.

Possible Warning Signs of Assault or Abuse

- **Physical abuse:** Frequent unexplained injuries; complaints of pain without obvious injury; bruises or burns; cuts; puncture wounds; ligature marks; bleeding below the scalp; lack of reaction to pain
- **Sexual abuse:** Difficulty walking or sitting; bruising on inner thighs; injury to the genital area; vaginal bleeding that is not menstruation; unexplained sexually transmitted disease or other infection
- **Other signs:** Unusual patient behavior, including changes in attitude or routine; unlikely reasons for injury; reluctance to talk openly; confusion not caused by a diagnosed condition; fear of being alone with a healthcare worker; anger, withdrawal, depression, or agitation; denial

Screening a Patient for Abuse/Neglect

All patients will be screened for signs of abuse and neglect.

Examples of screening questions include, but are not limited to:

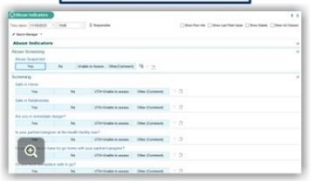
- Are you safe in your home?
- Are you safe in your relationship?
- Are you in immediate danger?
- Have there been threats or direct abuse of you and your children?
- Are you afraid your life may be in danger?
- Does your partner/caregiver ever watch you closely, follow, or stalk you?
- Has your partner/caregiver ever threatened to kill you, him/herself, or your children?

Screening a Patient for Abuse/Neglect (Con't)

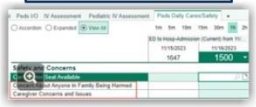
Abuse screening will be documented in the electronic medical record.

Examples of some Abuse Screens in eCHART:

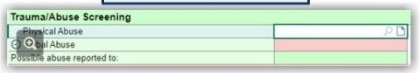
Abuse Indicator Flowsheet in Triage for Emergency Services



Safety and Concerns in Peds Daily Cares/Safety Flowsheet



Inpatient Trauma/Abuse Screening in the Screenings Flowsheet



Suspected Abuse by a Personal Representative

For Abuse, Neglect, Endangerment Situations:

Erlanger Health may elect not to treat a person as the Personal Representative of a patient if the treating provider has a reasonable belief that:

- The individual has been or may be subjected to domestic violence, abuse, or neglect by such individual; or treating the person as the Personal Representative could endanger the patient.

In addition to meeting one or both of these conditions, Erlanger must also, in the exercise of its professional judgment, believe it is not in the best interests of the patient to treat the individual as the patient's Personal Representative.

- Example 1: A provider reasonably believes that a minor patient is a victim of child abuse by her parent.
- Example 2: A physician reasonably believes that providing the Personal Representative of an incompetent elderly patient with access to the patient's Protected Health Information would endanger the patient.

Reporting Abuse and/or Neglect

The following is the process for reporting actual or suspected assault or abuse:

- Meet the immediate needs of patient.
- Notify your Department Manager/Clinical Staff Leader immediately.
- Complete an eSafe occurrence report.
- Report to the appropriate local agencies.

Related Erlanger Policies:

- Occurrence Reporting
- **Additional Related EWCH Policy:**
  - Notification of Law Enforcement of Events Required by Law

Click Here to View Contact Information for Suspected Abuse Reporting in Tennessee

Click Here to View Contact Information for Suspected Abuse Reporting in North Carolina

Reporting Abuse and/or Neglect

Contact Information:

Tennessee Department of Human Services, Adult Protective Services Hotline
1-800-APS-Tenn (1-888-277-8366)
423-634-6624

National Center on Elder Abuse
www.ncea.aoa.gov
1-800-677-1116

Tennessee Department of Adult Services
423-266-6918

Rape Crisis Center
423-755-2700

Childhelp USA National Child Abuse Hotline
1-800-422-4453 (1-800-4-A-CHILD)

Rape, Abuse, Incest National Network (RAINN)
1-800-656-HOPE

Abuse by Healthcare Workers

Patient assault or abuse is a crime punishable by jail or fines.

- Healthcare workers must maintain professional boundaries with patients at all times.
- The very nature of being a patient places the patient in a vulnerable position.
- When a healthcare worker abuses a patient, this is a known as breach of ethical duties.
  - It is considered patient harm and it destroys trust in the healthcare system.
- Sexual contact between a healthcare worker and a patient is considered unethical and abusive because it is an unequal relationship.
- Healthcare workers who assault and abuse patients are often repeat offenders.

Abuse by Healthcare Workers (Con't)

Signs of a possible abusive healthcare worker:

- Refusing to allow a patient to speak for himself or herself
- Indifference or anger toward a patient
- Intentionally not taking care of a patient's needs
- Aggressive behavior toward a patient
- Reluctance to participate in planning for the care of a patient
- Improper affection, flirtation, or coyness with a patient
- Uncalled-for defensiveness
- Alcohol or drug abuse
- Previous history of patient abuse criminal record

Abuse and Impropriety by Healthcare Workers

The patient-healthcare worker relationship is unequal.

The patient can be vulnerable and may develop emotional dependence on the healthcare worker.

- The patient seeks specialized knowledge. The healthcare worker offers this.
- The patient seeks advice and treatment. The healthcare worker offers this.
- The patient shares personal information. The healthcare worker does not.
- The patient is 'naked' to the healthcare worker, physically and often emotionally. The healthcare worker is not.

Abuse and Impropriety by Healthcare Workers

Therapeutic Holds

In some cases holding or restraining a patient may become necessary to protect the patient or provide care. A PHYSICIAN ORDER IS REQUIRED.

- Physically forcing a patient to take medication without an order to physically restrain the patient is abuse.
- In urgent situations, a verbal order may be taken, but it must be written immediately.

Physical restraint or seclusion of a patient without an order for the therapeutic hold, restraint, and/or seclusion is abuse.

Sexual Impropriety by Healthcare Workers

Healthcare workers are responsible for maintaining proper boundaries with patients.

Examples of sexual impropriety include:

- Performing an intimate exam without explanation, consent, or the presence of others.
- Overexposing a patient's body during a physical exam.
- Making improper comments, such as comments about a patient's body or underclothing.
- Asking for details of a patient's sexual history or preferences, when not clinically relevant.

Erlanger Resources for Clinical Associates

It is every associates' responsibility to manage stress appropriately so that patients are not at risk from your anger or frustration.

If you need help with stress management, please speak to your Department Manager/ Clinical Staff Leader or contact Human Resources for support.

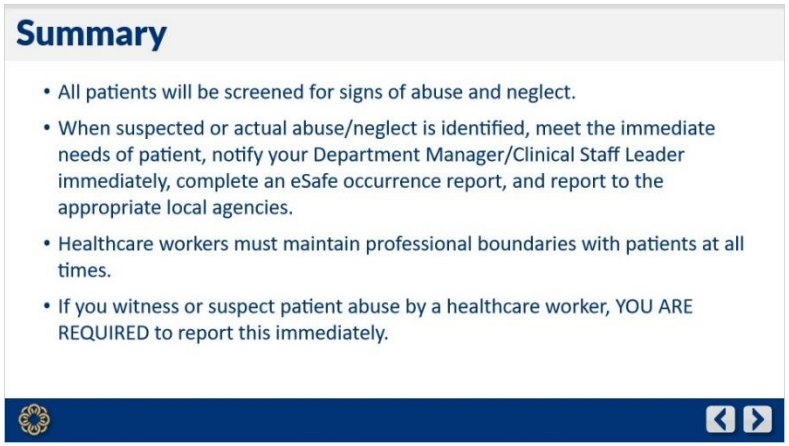
- Erlanger provides an employee assistance program (EAP) for all full-time and part-time employees. You are encouraged to use the EAP whenever you need guidance in coping with life's difficulties. If you have difficulty handling drugs or alcohol, the EAP can provide information on treatment. The EAP is a confidential service to be used when you need help.

Employee Assistance Program (EAP)
To access services:
1-888-825-3509
www.resourcesforliving.com
Username: Erlanger
Password: EAP

Reporting Patient Abuse by a Healthcare Worker

If you witness or suspect patient abuse by a healthcare worker, YOU ARE REQUIRED to report this immediately.

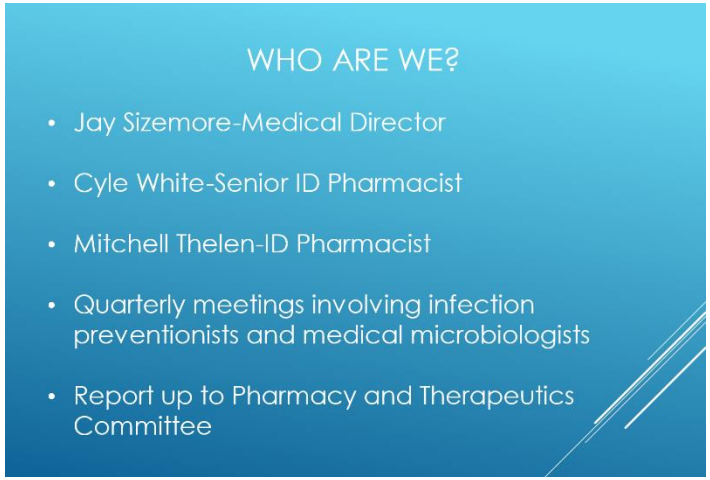
- Meet the immediate needs of patient.
- Notify your Department Manager/Clinical Staff Leader immediately.
- Complete an eSafe occurrence report.
- You can also call the Integrity Hotline at 1-877-849-8338.



View Policy on Abuse Reporting

View Child Abuse, Neglect-Suspected

Antimicrobial Stewardship



- Up to 50% of inpatients get an antibiotic during their stay
- 25% receive 2 or more antibiotics
- 20-50% of those are inappropriate

AMS: HOW SIGNIFICANT IS THE INPATIENT ANTIBIOTIC PROBLEM?

Magill SS. JAMA. 2014;312(14):14381446.

The Bottom Line

- We have to look harder for reasons to stop (or modify) antibiotics than we do to start them.
- A post-antibiotic era is closer than we think.

THE BOTTOM LINE (2)

- Antibiotics harm patients-our job is to minimize that harm.

- Antibiotic use for a non-susceptible organism after identification and susceptibility
- Antibiotic use that exceeds 2 days after causative organism identified and susceptibility results available when de-escalation is possible (can safely be treated by a narrower agent)
- Postsurgical antibiotic prophylaxis exceeds national guidelines
- Antibiotic use for viral upper respiratory tract infections
- Antibiotic use for asymptomatic bacteriuria

ANTIMICROBIAL NEVER EVENTS

Liu J et al. ICHE 2018. 0:12

DAY TO DAY PROCESS

- M-F review all inpatients on antimicrobials
  - Limited review S-S
- Review all positive blood cx, pneumonia panels, joint infection panels, and meningitis encephalitis panels 7 days/week
- Auto-Consult *S aureus* bacteremia
- Communication (in-person, telephone, secure chat, antimicrobial stewardship progress note) with suggestions to provider

DAY TO DAY PROCESS (2)

- Proactive changes based on antibiotic (abx) never events with notification of providers through progress note:
  - De-escalation when sensitivities are available
  - Stop abx for asymptomatic bacteriuria
  - Stop abx that exceed recommended durations
  - Stop periop abx that exceed recommended duration
  - Change antibiotics with bug-drug mismatch
  - IV to po conversion for certain abx

Stewardship and YOU: TIPS

- Acknowledge that what you were taught in training about antibiotics was incomplete or wrong
  - Many RCTs to support PO=IV when po route available
  - In general, duration of abx for most conditions has been shortened based on RCT
    - See www.Bradspellberg.com
- Count effective antibiotic days
- Deescalate or stop abx quickly-48 hour timeout
- Need to know from the OR: depth-soft tissue vs bone, source control/clear margin, retained proximal hardware-assists in duration determination

Stewardship and YOU: TIPS (2)

- Check outside cx, count outside abx days
- Use fever tab in Echart
- Avoid clindamycin and cefdinir
- Doxycycline- C diff protective
- Investigate PCN allergies
  - Most are not real (90%)
  - Across many infections, data to support worse outcomes in those with reported pcn allergies that those who do not
    - Has most to do with higher risk abx being chosen in place of b-lactams

SPECIFIC SITUATIONS WHEREABX CAN BE HELD (AND ROUTINELY ARE NOT) UNTIL APPROPRIATECXS ARE OBTAINED IN CLINICALLY STABLE PTS-HELPS OPTIMIZE ABX CHOICE

- Diabetic foot ulcers/gangrene of the foot
- Discitis/osteomyelitis
- Sacral decubitus ulcers
- Suspected septic joint
- Breast expander/implant infection
- Post-op abdominal wall infection with mesh
- Post-op soft tissue infection proximal to graft

Where to go/look when you don't know the answer

- Local antibiogram-pharmacy library tab on intranet
- IDSA website-idsociety.org
  - Guidelines tab
- Infectious Disease experts (stewardship team)
- Uptodate

Conclusion

- Antimicrobial Stewardship is a patient safety/quality initiative that will drive excellence (something that patients, employees, and medical staff should demand) within a healthcare institution.

Review Antimicrobial Stewardship Policy here:

Behavioral Health Safety for Providers

Standards

This training supports standards from the Centers for Medicare & Medicaid Services §482.13(c)(2):

"In order to provide care in a safe setting, hospitals must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers."

This training also meets standards from DNV-GL:

"Organizations shall provide the appropriate level of education and training to staff regarding the identification of patients at risk of harm to self or others, the identification of environmental patient safety risk factors and mitigation strategies. Staff includes direct employees, volunteers, contractors, per diem staff and any other individuals providing clinical care under arrangement."

Objectives

Learner will be able to:

- Promote patient safety by recognizing patients in yellow gowns as having special care requirements and a potential for harm to self or others.
- Promote positive patient outcomes by maximizing patient, visitor, and staff safety with every attempt to preserve patient dignity.
- Describe behavioral health patient rounding and documentation requirements for providers.

Behavioral Health Safety

Generally, there are two groups of patients who require special accommodations to ensure their safety and/or the safety of others.

Patients who are suicidal and/or homicidal

Patients who are unable to care for themselves – often related to mental illness, dementia, delirium, or addiction

Behavioral Health Safety

Generally, there are two groups of patients who require special accommodations to ensure their safety and/or the safety of others.

- Patients who are suicidal and/or homicidal
- Patients who are unable to care for themselves – often related to mental illness, dementia, delirium, or addiction

We can all partner together to ensure these patients and others remain safe.

Yellow Patient Gown

Patients within our health system with the potential for harm to self or others are also at risk for wandering or elopement.

These patients are placed in a yellow safety gown for heightened visibility.

1:1, 4:1, and Virtual Monitoring

Providers order Emergency Detention/CON with an appropriate level of monitoring

Examples:

***1:1** Direct observation by the sitter – a clinical staff member must directly observe the patient, including within hearing range and within close proximity of the patient at all times.*

***4:1** Four cohorted appropriately risk stratified patients in one common area as long as "direct sight" can be maintained.*

***Virtual Sitter (IRIS)** When geography does not allow a 4:1 cohorted observation, but the patient is still scored as low to moderate risk a Virtual Sitter trial may be initiated.*

Elopement Risk

Behavioral health patients are at a high risk for elopement.

A patient would be in immediate danger if they eloped due to suicidal/homicidal ideation, dementia, or psychosis.

Emergency Detention and CON patients are not allowed to leave the department until discharged or transferred, unless necessary for a test or procedure, in which case the patient **must remain on constant observation or the order for CON/Emergency Detention is discontinued**.

Safety

- Ensure that the patient does not come between any staff member and the exit. Do not allow the PSA to sit so that the patient is between them and the door.
- If the patient attempts to leave or leaves the room call security. Ensure the safety of the clinical staff and PSA.
- If the patient becomes violent, the PSA will shout for help. Assist the PSA to safety and call security immediately.

Erlanger Security Emergency Number

6911

For emergencies related to violent behavior dial 6911 and notify security that you need to call a "Security Alert + Combative Patient/Person+ Location"

Visitors and Phone Calls

Visitors are NOT permitted in the Emergency Department (ED).

Visitors are NOT permitted in the inpatient areas unless a physician approves visitor and it is documented in the medical record.

Visitors and Phone Calls

Patient phone calls, text and emails are not permitted unless directly supervised by the staff for purposes to notify family, confirm medications, or other actions to promote care.

What must be removed from the room?

All items that a patient could use to hurt themselves or others must be removed from the patient environment.

This includes but is not limited to:

- Household Items
- Electronics
- Room Equipment
- Personal Care Items

If a patient in a yellow gown asks for an item, refer them to the patient safety assistant or primary nurse. DO NOT give any items to the patient.

Safe Tray

Behavioral health patients should receive a "safe tray" for all of their meals.

Linens

DO NOT give extra linens to the patient.

Sheets can be made into a ligature and pose a safety risk. The patient is only permitted to have bath blankets.

Reportable Behaviors

The clinical care team is asked to report the following to the provider:

- Racing speech
- Pacing
- Hair pulling
- Rocking/self-hugging
- Throwing items
- Increased irritability
- Anger
- Fidgeting
- Increasing restlessness/physical movements

Please review the "*Assessment and Care of Patients at Risk for Suicide, Homicide, and Inability to Care for Oneself Due to Mental Illness*" policy.

View Policy on Restraint/ Protective Devices

Bloodborne Pathogens

Standards

This training meets education requirements for OSHA standard listed below:

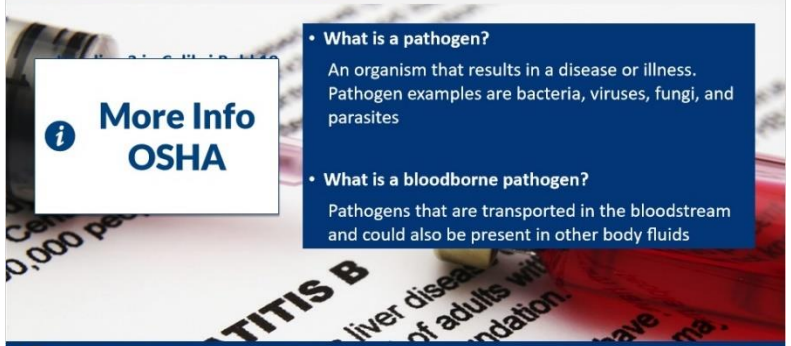
OSHA Standard 29 CFR 1910.1030

Objectives

Learner will be able to:

- Identify important bloodborne diseases and their symptoms
- Understand how these bloodborne diseases spread
- Identify ways to prevent the spread of bloodborne diseases
- Identify what to do immediately after an exposure to blood or other potentially infectious materials

Bloodborne Pathogens



Bloodborne Diseases

Healthcare professionals are exposed to human blood and other body fluids every day. This means that we are at risk for exposure to bloodborne pathogens.

As healthcare professionals, we need to understand:

- Important bloodborne diseases and their symptoms
- How these bloodborne diseases spread
- How to prevent the spread of bloodborne diseases
- What to do if exposure to blood or other potentially infectious materials occurs

Bloodborne Diseases

Bloodborne Diseases

Human Immunodeficiency Virus (HIV)

- HIV targets the immune system and results in the disease known as AIDS (Acquired Immunodeficiency Syndrome).
- The body needs a strong, healthy immune system to fight against infections and illnesses.
- Due to immunodeficiency, a superimposed infection or illness can be fatal for a patient with HIV or AIDS.

Bloodborne Diseases

Human Immunodeficiency Virus (HIV)

In the very early stages of HIV infection, the patient may feel like they have the flu. Other HIV signs and symptoms of infection include:

- Swollen lymph nodes
- Visual changes
- Diarrhea
- Night sweats
- Unexplained weight loss
- Rash
- Fatigue
- Shortness of breath
- Frequent pneumonias

Return

Bloodborne Diseases

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

- HBV and HCV both infect the liver and can cause long-term liver damage.
- Up to 85% of those infected with HCV become chronic carriers
- Approximately 5% of patients infected with HBV as adults may develop chronic lifelong infection
- HBV and HCV infections may become life threatening

Bloodborne Diseases

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

Signs and symptoms of HBV and HCV can include:

- Feeling tired
- Loss of appetite
- Mild fever
- Aching muscles or joints
- Diarrhea
- Nausea and vomiting
- Yellowed skin and eyes (jaundice)
- Dark urine
- Light colored stools
- Itching

Bloodborne Diseases

If you are at risk for exposure to blood or other potentially infectious material (OPIM) because of your job, your employer must:

- Offer you the hepatitis B vaccine
- Pay for the vaccine

If you do not want the vaccine, you will need to sign a form. This form states that your employer offered you the vaccine, and you refused. If you change your mind later, you can still receive the vaccine at any time.

Bloodborne Diseases

Hepatitis B Vaccine

- The HBV vaccine is very safe and effective.
- For more information on the HBV vaccine, contact your supervisor.
- There is no vaccine for HCV at this time.

Return

Bloodborne Diseases

Symptom Note

- Many patients infected with HBV, HCV, or HIV do not have obvious symptoms. These patients can still spread the disease.
- They may pass the disease to others without even knowing it.

Bloodborne Diseases

So, is it only contact with blood and these three pathogens I need to worry about?

Bloodborne Diseases

- These three diseases are common, but bloodborne diseases are not limited to this group.
- Many bloodborne diseases can be spread through blood or other potentially infectious materials.

Exposure and Transmission

The Most Common Methods

- Sexual contact (High risk: Unprotected sex)
- High risk: Sharing of drug needles
- Mother and unborn baby fluid exchange

Return

Exposure and Transmission

Needle-stick (or other sharps injury) constitute the highest risk to healthcare professionals for contracting HBV, HCV, or HIV.

Return

Exposure and Transmission

Healthcare professionals can also be exposed to bloodborne pathogens if there is:

- Mucous membrane (eye, nose, mouth) exposure to infectious materials.
- Non-intact skin exposure to infectious materials.

Return

Exposure and Transmission

- Standard precautions protect healthcare workers from exposure to blood and other potentially infectious materials. These precautions are to be implemented whenever a healthcare worker may have contact with patient blood or body fluids.
- Whether or not there is visible blood, Standard Precautions also apply to:
  - All body fluids (except sweat)
  - All secretions
  - All excretions

Always use Standard Precautions when preforming patient care. No exceptions.

Return

Eating and Drinking in Clinical Areas

No eating or drinking permitted in clinical areas!

Eating and drinking by clinical staff will be confined to break areas and the cafeteria.

Eating and Drinking in Clinical Areas

Departments may establish a designated cabinet to store drinks (i.e. water, coffee, canned drinks) for easy access by staff.

The cabinet must be clearly labeled "Staff Only" and must be in an area where there is no handling of blood, body fluids, potentially contaminated equipment, medical records, or devices and poses no risk for occupational exposure to blood or body fluids.

Eating and Drinking in Clinical Areas

- Health care workers will not eat, drink, handle contact lenses, apply cosmetics, or lip balm in any patient area, patient treatment room, or other areas where there is a reasonable likelihood of occupational exposure to blood or body fluids.
- No food or drink shall be stored where blood or other body substances are present (i.e. refrigerators, freezers, cabinets, shelves, work surfaces, etc.).
- Consumption of drinks outside break areas should be done out of the view of patients and visitors where possible.

Other potentially infectious materials (also known as OPIM) which can transmit pathogens include:

- Semen
- Vaginal secretions
- Cerebrospinal fluid (fluid surrounding the brain and spinal cord)
- Synovial fluid (fluid surrounding bone joints)
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva in dental procedures
- Any body fluid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids

Make it your practice to use Standard Precautions with every patient to minimize risk of exposure to bloodborne pathogens.

Transmission

The pathogen is not always transmitted with an exposure. Some pathogens carry more risk than others.

The CDC states that the occupational risk of percutaneous exposure to:

- HBV is 22-31%.
- HCV transmission is 1.8%
- HIV transmission is 0.3%.

Amount of exposure

Route of exposure

Amount of virus in infectious material

http://depts.washington.edu/madclin/providers/guidelines

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The pathogen is not always transmitted with an exposure. Some pathogens carry more risk than others.

The CDC states that the occupational risk of percutaneous exposure to:

- HBV is 22-31%.
- HCV transmission is 1.8%
- HIV transmission is 0.3%.

Amount of virus in the infectious material

Blood with a large amount of HBV, HVC, or HIV is more likely to lead to infection than blood with less of the virus.

http://depts.washington.edu/madclin/providers/guidelines

Transmission

The pathogen is not always transmitted with an exposure. Some pathogens carry more risk than others.

The CDC states that the occupational risk of percutaneous exposure to:

- HBV is 22-31%.
- HCV transmission is 1.8%
- HIV transmission is 0.3%.

Route of exposure

A needle-stick injury is more likely to lead to infection than a blood splash.

http://depts.washington.edu/madclin/providers/guidelines

Transmission

The pathogen is not always transmitted with an exposure. Some pathogens carry more risk than others.

The CDC states that the occupational risk of percutaneous exposure to:

- HBV is 22-31%.
- HCV transmission is 1.8%
- HIV transmission is 0.3%.

Amount of exposure

A large blood splash into the mouth is more likely to lead to infection than a small splash.

http://depts.washington.edu/madclin/providers/guidelines

Bloodborne Diseases

The pathogen is not always transmitted with an exposure. Some pathogens carry more risk than others.

The CDC states that the occupational risk of percutaneous exposure to:

- HBV is 22-31%.
- HCV transmission is 1.8%
- HIV transmission is 0.3%.

What should you do if you are exposed to blood or other potentially infectious materials?

Post Exposure Plan

Quick action can decrease the risk of infection after an exposure. You should seek medical attention immediately.

If you are exposed to blood or other potentially infectious materials, remember the acronym, **W.I.N.**

W ash the exposed area immediately with soap and water.

I dentify the source of the exposure.

N otify your supervisor immediately.

Post Exposure Plan

Quick action can decrease the risk of infection after an exposure. You should seek medical attention immediately.

If you are exposed to blood or other potentially infectious materials, remember the acronym, **W.I.N.**

You should immediately report:

- **Needlesticks**
- **Cuts or puncture wounds caused by sharp objects**
- **Splash or spray of blood on your skin**

[View Policy on Bloodborne Pathogens Exposure Control Plan]

Chain of Infection and Hand Hygiene

Standards

The material in this course is designed to meet the education requirements of the standards listed below.

- OSHA Standard 29 CFR 1910.1030
- NIAHO IC. 1 SR. 3f

Objectives

Learner will be able to:

- Describe the chain of infection and its components
- Identify ways to break the chain of infection and prevent the spread of disease.
- Recognize the importance of hand hygiene in breaking the chain of infection
- Understand how and when to perform hand hygiene

Chain of Infection-Breaking the chain

Fingernails for Clinical Staff

- Natural nails will be kept less than ¼ inch long by all surgical personnel, all staff involved in sterilization and disinfection processes (i.e. Central Sterile personnel), all direct patient caregivers.
- Research documents that long nails are not adequately decontaminated by routine hand hygiene.
- If nail polish is worn on the natural nail, it cannot be chipped, cracked or peeling. Nail polish is defined as a coating applied to the nail which is designed to be completely removed and replaced on a regular basis.

Chain of Infection-Breaking the chain

Fingernails and Jewelry

- Jewelry and artificial nails can be good places for bacteria to hide.
- Artificial nails and/or excessive jewelry are not permitted for any associate who has direct patient contact or who cleans or prepares things that patients may use.

Chain of Infection-Breaking the chain

Artificial nails are not permitted for:

- Surgical personnel
- Staff involved in sterilization and disinfection processes (i.e. Central Sterile personnel)
- Direct patient caregivers

Chain of Infection-Breaking the chain

Artificial nails include any substances or devices applied to natural nails to augment or enhance nails.

Anything applied to natural nails other than regular nail polish **is NOT permitted**. Studies have clearly shown that the area between the artificial and natural nail cannot be adequately decontaminated.

Anything cured under a UV light and has the potential to lift from the natural nail (ie:gel, acrylic, dipped nails) is considered an artificial nail and **is NOT permitted**. Gel polish applied without a curing process is permitted.

Chain of Infection-Breaking the chain

Influenza and COVID

Symptoms include:

Cough | Congestion | Runny Nose | Difficulty Breathing

If you suspect you may have influenza or COVID

Notify your supervisor before reporting to work.

Chain of Infection-Breaking the chain

If you have an infection, believe you are contagious or have been exposed to an infection, report to your supervisor before your shift starts.

In most cases, you will need to stay home from work until you have recovered or started treatment.

DO NOT come to work if you have

- Fever
- Conjunctivitis (a.k.a. Pink Eye)
- Unexplained rash

Chain of Infection-Breaking the chain

Influenza

- Infected persons are contagious one day before symptoms appear and as long as seven days after infected.
- Virus is spread by droplets from coughing and sneezing, contaminated hands and by touching contaminated objects and then touching eyes or nose (i.e. computer keyboards, door knobs, telephones, elevator buttons).
- Use Standard and Droplet Precautions for patients with flu-like illness and fevers.
- Restrict family and visitors who are sick.
- Use Respiratory Hygiene/Cough Etiquette in areas where flu can be spread. Place signs that alert patients and visitors. Provide tissues, trash cans, masks, and hand sanitizer.

Chain of Infection-Breaking the chain

Influenza prevention is a matter of patient safety!

- Approximately 25% of healthcare workers get the flu each year and are contagious even if symptoms are mild.
- One sick healthcare worker can infect a patient who has a health risk and this can lead to severe illness and even death.
- The elderly and the very young are most likely to be hospitalized and die from influenza.
- Influenza vaccine is least effective (30-40%) in the elderly and those who are frail.

Chain of Infection-Breaking the chain

Immunization-It is a best practice to protect yourself and others from vaccine-preventable diseases.

Examples of these diseases include:

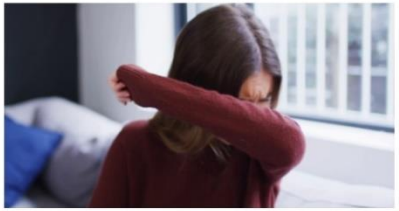
- Measles
- Varicella (chickenpox / shingles)
- Hepatitis B (HBV)
- Pertussis
- Rubella
- Mumps
- Influenza
- Tetanus
- Diptheria

As an Erlanger employee, you may be tested to check your:

- Immune status
- Need for immunization

Chain of Infection-Breaking the chain

Cough Etiquette



Chain of Infection-Breaking the chain

Protective Personal Equipment (PPE)

PPE helps reduce the risk of exposure to infectious agents/pathogens such as blood or other body fluids. Examples of PPE are:

- Gloves
- Gowns
- Face shields
- Respirator/Face mask

Note: Clinical employees will receive more details on these topics in an additional course.

Chain of Infection-Breaking the chain

Standard Precautions are used with all patients.

Patients with certain diseases require additional precautions to block the spread of disease.

These precautions are:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions
- CD Precautions
- Pediatric Respiratory Precautions
- Enhanced Precautions

Note: *These precautions are covered in more detail for clinical personnel in the course Standard Precautions and Isolation Guidelines.*

Chain of Infection-Breaking the Chain

Routine patient care can lead to contamination of surfaces, equipment, medical devices, etc. Infection prevention includes cleaning and disinfection of equipment and environment.

A surface can become contaminated if:

- It is touched with a contaminated hand or glove.
- It is touched by a patient.
- There is a spill or splatter.
- There are bacteria, fungi, or viruses in the air that contact the surface.

Decontaminate items by cleaning them with hospital approved disinfectants.

Hand Hygiene and Breaking the Chain

Hand hygiene is the best way to stop the spread of infection.

- Alcohol-based hand rubs are preferred
- Use soap and water if hands are visibly soiled or if caring for a patient with Clostridioides difficile (C. diff).

Hand Hygiene and Breaking the Chain

Hand hygiene is the best way to stop the spread of infection.

Perform hand hygiene:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Hand Hygiene

Proper hand hygiene is the single most important way to prevent the spread of disease.

How to wash hands or cleanse with alcohol rub:

Hand washing	Alcohol-based hand rub
• Wet hands and apply soap • Rub hands together for at least 20 seconds • Rinse with a stream of warm water • Dry with a paper towel • Use a clean paper towel to turn off the faucet.	• Apply enough rub to cover all surfaces of both hands. • Rub hands until dry. Do not rinse or wipe dry. • **NOTE:** DO NOT use alcohol wipes. They are less effective than rubs.

Wash hands…

- Before and after each work shift.
- Before and after physical contact with each patient.
- Before donning sterile gloves when inserting a central intravascular catheter.
- Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
- When moving from a contaminated-body site to a clean-body site during patient care.
- After handling contaminated items such as bedpans, dressings, or urinary drainage bags.
- After removing gloves.
- After using the toilet, blowing the nose, covering a sneeze, etc.
- Whenever hands are visibly dirty.
- Before eating, drinking, or handling food.

When to use alcohol-based hand rub…

You may use an alcohol-based hand rub almost any time hands should be washed. In fact, the Centers for Disease Control and Prevention (CDC) now recommends alcohol rubs for routine hand decontamination in most clinical situations.

Alcohol-based hand rubs are an alternative to soap and water.

- Provides good protection against spread of infection.
- Less drying to the skin than soap-and-water washing.
- Convenient (you do not need a hand-washing sink to use an alcohol rub).
- An exception is when hands are visible dirty. In that case, wash with soap and water.

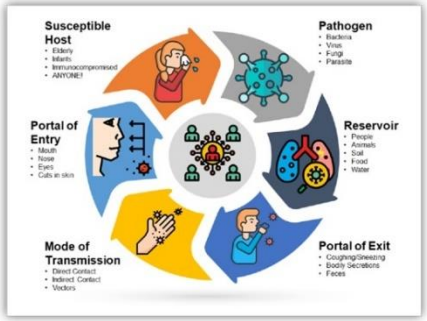
Summary

The chain of infection provides opportunity for pathogens to spread.

Using good hygiene, appropriate PPE, and cleaning processes can interrupt the chain, slowing the spread of disease.

Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection



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Portal of Entry

Portal of entry is where the infectious agent/pathogen enters the body of the at risk person.

If sneeze droplets get into eyes, nose, or mouth this is an example of portal of entry.

Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection

A **susceptible host** is defined as the person who is at risk to acquire an infection or disease. Examples of persons at risk are those who have a weak immune system, have active diseases or illness, or have not been properly immunized.

Note: Infectious agents/pathogens are commonly spread to patients through ***contaminated hands.*** *Patients are also exposed when there is direct/indirect exposure to a* ***contaminated environment or contaminated equipment.***

Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection

A pathogen is an infectious agent that causes disease. Examples include:
bacteria
viruses
fungi
parasites

Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection

The **reservoir** is the place that the infectious agent/ pathogen lives or originates. A reservoir can be an infected person, food, water, animal, or dirt.

Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection

The **portal of exit** is the exit route that the infectious agent/pathogen takes to leave reservoir.

If the reservoir is a person who has the flu, then the virus exits the person's nose or mouth through sneezing or coughing.

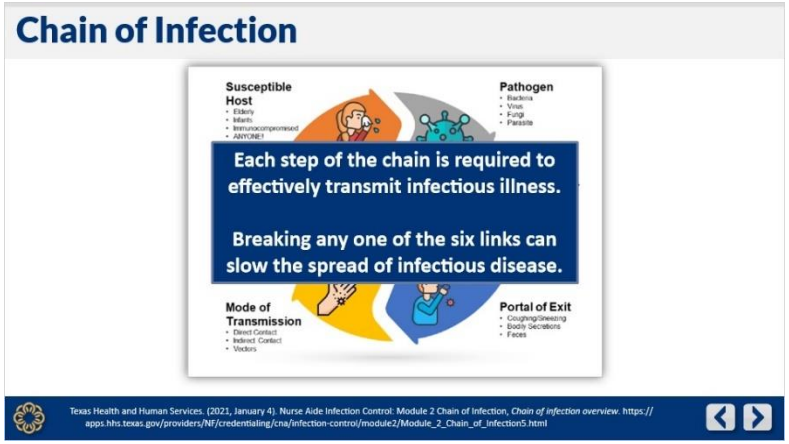
Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

Chain of Infection

The mode or **method of transmission** is the process of how an infectious agent or pathogen transmits to the at risk person. For example a sneeze carries the infectious agent in the sneeze droplets. The at risk person is infected through breathing those droplets.

Other examples of transmission include: sexual contact, animal bites and needle sticks.

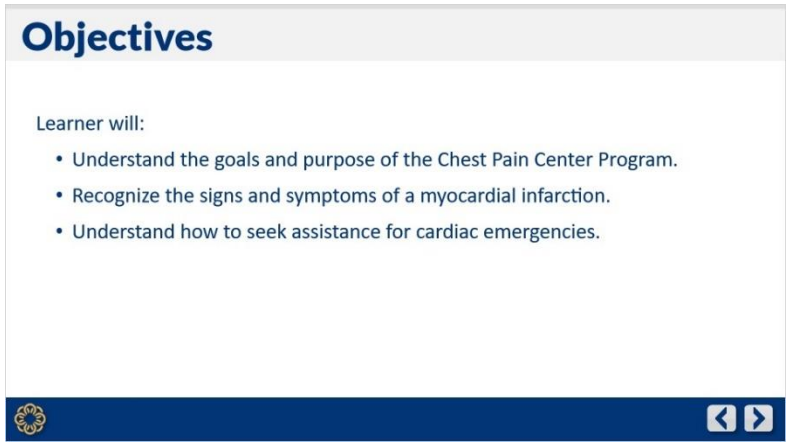
Texas Health and Human Services. (2021, January 4). Nurse Aide Infection Control: Module 2 Chain of Infection, *Chain of infection overview*. https://apps.hhs.texas.gov/providers/NF/credentialing/cna/infection-control/module2/Module_2_Chain_of_Infection5.html

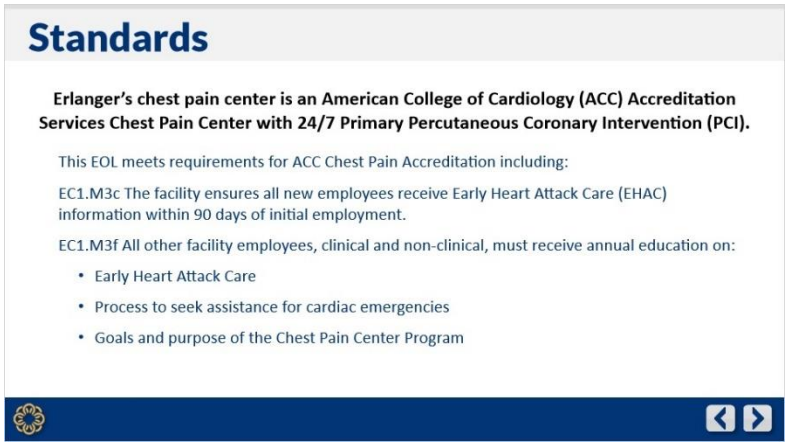


View Policy on Hand Hygiene

View Highly Infectious Disease Plan

Chest Pain 101



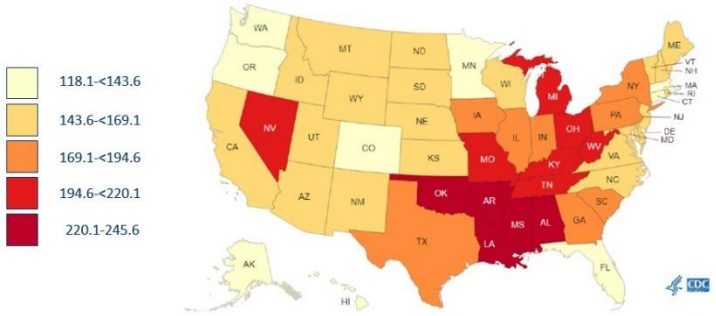


Erlanger Chest Pain Center

Goals for the Chest Pain Center include:

- Prevention, wellness and community engagement
- Screening, assessments and outpatient outreach
- Chronic disease management programs
- Post discharge transitional care
- Team-based condition specific acute care
- Advanced innovative therapies

Coronary Heart Disease Age Adjusted Death Rates by State 2020



Cardiac Risk Factors

prediabetes
High cholesterol
Physical inactivity
Anemia
metabolic syndrome
Unhealthy diet
Sleep apnea
Too much alcohol
Family history
high triglycerides
High blood pressure
Birth control
Stress
preeclampsia
Overweight
obesity
depression
Smoking
Diabetes

Atypical Signs and Symptoms of Heart Attack

(*May have NO chest discomfort or NO pain of any kind!)

- More likely to occur in the elderly, diabetic and women
- May only experience problems breathing or severe fatigue
- May complain of a sharp or "knife-like" pain that occurs with coughing or breathing
- May experience pain that spreads above the jawbone or into the lower body

Early Symptoms of a Heart Attack

- Crushing chest pains
- Jaw pain
- Back pain
- Pain that travels down one or both arms
- Shortness of breath
- Feelings of nausea
- Fatigue
- Pallor (Pale Skin)
- Sweating
- Anxiety

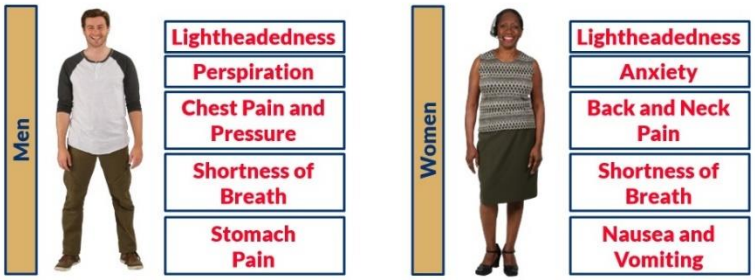
Classic Heart Attack Symptoms

What is the difference?
MEN vs WOMEN

Some heart attack symptoms can be different between men and women. Why does it matter? Women may be less likely to seek immediate medical care which can cause more damage to the heart.

- Men normally feel pain and numbness in the left arm or side of chest, but in women, these symptoms may appear on the right side.
- Women may feel completely exhausted, drained, dizzy or nauseous.
- Women may feel upper back pain that travels up into their jaw.
- Women may think their stomach pain is the flu, heartburn or an ulcer.

Gender Differences in Heart Attack Symptoms



Early Heart Attack Care

EHAC DID YOU KNOW?

Early
Heart
Attack
Care

Early Heart Attack Care

What is EHAC?

Early Heart Attack Care (or EHAC) education teaches you to recognize the early signs and symptoms of a heart attack. Why? We want you to become an active bystander so you can save a life - even if it's yours.

- About 750,000 people in the U.S. have heart attacks each year. Of those, about 116,000 die.
- Many of these patients experienced early symptoms.

Learn the EARLY SIGNS & SYMPTOMS

Someone might have one or more of these common symptoms. When they start, they can be mild or come and go. Over time, the symptoms and pain become more intense. ***Stay alert and always pay attention to chest pressure.***

Early Heart Attack Care

Early Heart Attack Care

DID YOU KNOW?

Most heart damage can occur within the first two hours of a heart attack. EHAC encourages you to know the subtle signs of a heart attack and act on them - **BEFORE HEART DAMAGE OCCURS**

Early Heart Attack Care

What are the RISK FACTORS?

These are the general risk factors. Discuss your risk with your doctor.

- Chest pain, pressure, burning, aching or tightness - it may come and go
- A family history of cardiovascular disease
- High blood pressure
- Overweight or obese
- Sedentary lifestyle
- Using tobacco products
- Metabolic disease, diabetes or other illnesses
- For women it can also include birth control pills, a history of pre-eclampsia, gestational diabetes or having a low birth weight baby

◂◂ Back | Next ▸▸

SURVIVE. DON'T DRIVE. CALL 9-1-1

Emergency Response

Click on each Erlanger location to get more information about what to do at each campus.

Baroness/Erlanger East/ Erlanger North | EHS Bledsoe/ Sequatchie Valley

Erlanger Western Carolina | All Other Campuses

Emergency Response

Erlanger Baroness Campus/Erlanger East/Erlanger North

- Activate Rapid Response by calling Ext. **7789**
- Calling a Code Blue- Dial extension **9999** from any medical center telephone and tell the operator "Code Blue and the location." Repeat to the operator again, "Code Blue and the location".

****DO NOT dial "0" (ZERO) to activate Code Blue****

(*When an emergency situation occurs within the Baroness Campus / Miller Eye Center or any location on the first floor to include the gift shop, chapel and visitor lounge area or first floor of the Medical Mall, a Code Blue, Code 5 or Rapid Response call should be made).

All EHS Campuses

Emergency situations that occur on adjacent grounds (i.e. driveways, parking lots, Whitehall Building, Fillauer Building, UT Family Practice, E Kids, Lincoln Park Building and independent physician practices), contact 911 for Emergency Medical Response.

Emergency Response

EHS Bledsoe/Sequatchie Valley

- Activate the Code Blue Button and/or utilize the overhead paging system by stating "Code Blue" AND location. The ED Physician and ED Charge Nurse respond to all codes.

All EHS Campuses

Emergency situations that occur on adjacent grounds (i.e. driveways, parking lots, independent physician practices), contact 911 for Emergency Medical Response.

Emergency Response

All Other EHS Campuses

For all emergency situations that occur at other locations (i.e. driveways, parking lots, Whitehall Building, Fillauer Building, UT Family Practice, E Kids, Lincoln Park Building, Erlanger Physician Practices, ExpressCare,independent physician practices), contact 911 for Emergency Medical Response.

Stroke 101

Objectives

Learner will:

- Understand the impact of stroke on society.
- Describe stroke and the three basic types of stroke.
- Recognize stroke symptoms and respond immediately when signs of a stroke are identified.

Standards

This training meets DNV-GL Comprehensive Stroke Center Certification Program Requirements.

SM.2 Competence, Training and Awareness

The stroke center shall:

CR.4 At least annually, provide continuing education or other equivalent educational activity to staff members as appropriate to the care practitioners' level of responsibility. All staff (clinical and non-clinical) shall complete a stroke recognition/awareness activity.

DNV

Comprehensive Stroke Center Certification Program Requirements. Revision 22-1, 01-01-2022.

Stroke Statistics

Click on each image to learn more.


Stroke is the 5th leading cause of death.


Stroke Statistics

Click on each image to learn more.

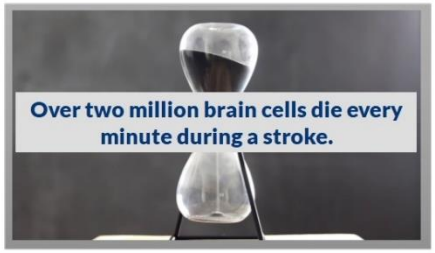

Someone dies of stroke every four minutes.


Stroke Statistics

Click on each image to learn more.


In the United States, stroke care costs exceed 38.6 billion dollars per year.


Time is Brain



Types of Strokes

What are the different types of stroke?

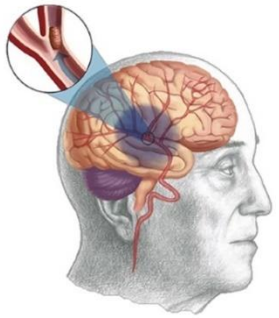
- **Ischemic Stroke**
- **Hemorrhagic Stroke**
- **Transient Ischemic Attack (TIA)**

Ischemic Strokes

- Approximately 85% of all strokes are classified as ischemic.
- Ischemic stroke occurs as a result of an obstruction within a blood vessel that supplies blood to the brain tissue.

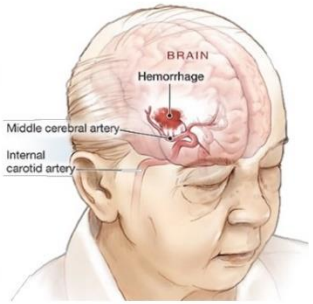
Ischemic strokes are caused by:

- **Thrombus -** blood clot that develops inside a blood vessel directly supplying blood to the brain
- **Embolus -** clot that travels to the brain from another location like the heart or arteries of the head and neck



Hemorrhagic Strokes

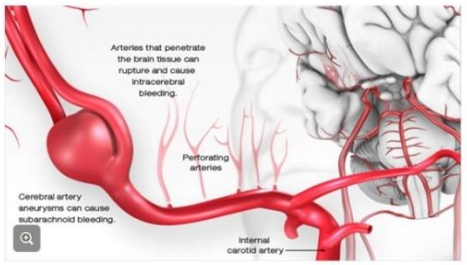
- Approximately 15% of all strokes are classified as hemorrhagic.
- Hemorrhagic strokes occur when a weakened blood vessel ruptures and leaks blood out into the brain tissue.
- There are two types of hemorrhagic stroke:
  - Intracerebral hemorrhage (ICH) which makes up approximately 10% of all hemorrhagic strokes
  - Subarachnoid hemorrhage (SAH) which makes up approximately 5% of all hemorrhagic strokes
- The most common cause of ICH is uncontrolled high blood pressure.
- The most common cause of SAH is an aneurysm rupture.



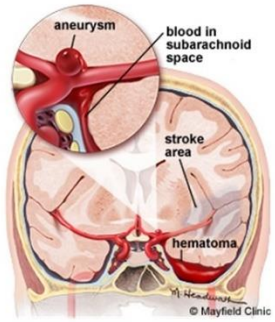
Hemorrhagic Strokes

Hemorrhagic stroke results from a weakened vessel that ruptures and bleeds into the surrounding brain.

The blood accumulates and compresses the surrounding brain tissue.



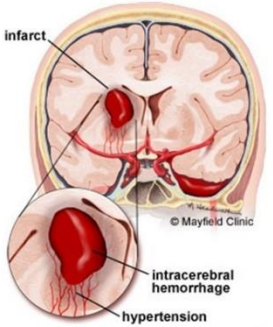
Subarachnoid Hemorrhage (SAH)



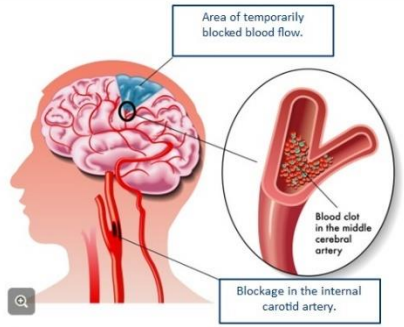
SAH: The subarachnoid space is the area between the brain and the skull. When blood is released into this space, it irritates the lining of the brain, increases pressure on the brain, and damages brain cells.

Intracerebral Hemorrhage (ICH)

ICH: Uncontrolled high blood pressure can cause tiny, thin-walled arteries in the brain to rupture. The released blood collects and forms a clot, (hematoma), which grows and causes pressure on surrounding brain tissue.



TIA: Transient Ischemic Attack

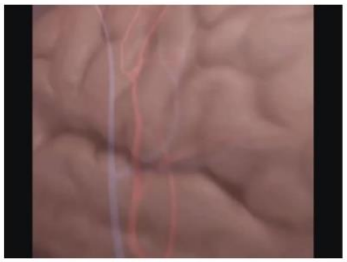


- Caused by a temporary clot
- "Mini stroke" or "Warning stroke."
- Symptoms usually disappear within one hour.
- Likely to have a true stroke within 3 months.
- Immediate medical evaluation is vital to identify the underlying cause.
- Focus on the PREVENTION of a future stroke by modifying stroke risk factors.

TIA: Transient Ischemic Attack

The only difference between TIA and a stroke is that a TIA blockage is temporary.

- TIA occurs when a blood clot blocks an artery for a short time.
- Unlike a stroke, when a TIA is over, there's no permanent injury to the brain.
- There's no way to tell if symptoms of a stroke will lead to a TIA or a major stroke.
- Call 911 immediately for any stroke symptoms.



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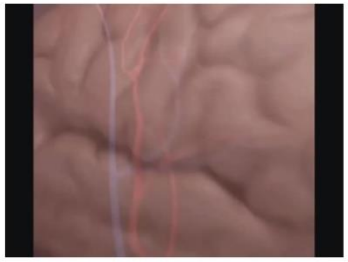
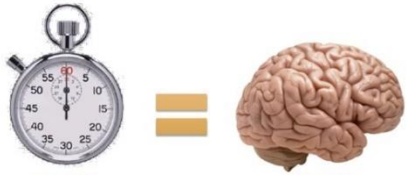


Replay

Act Fast



2 million neurons die every minute during a stroke.
Treatment options are based on TIME.
ACT FAST!

BEFAST

Erlanger Main Campus

If you observe someone who has a sudden onset of stroke-like symptoms:

Inside the hospital - call Rapid Response at extension 7789.

On adjacent grounds such as the parking areas, surrounding buildings, independent physician practice buildings, etc. - call 911 immediately for emergency response.

***Nursing staff*:** Please view the job aid and policy below for additional information.

View the In-House Strokes Policy

Job Aid for Main Campus Nursing Staff

Important Points:

- Perform and chart a Bedside Dysphagia Screen **before you give anything by mouth.**
- Continue to perform **frequent neuro checks** as the patient can change rapidly!
- Remember: **TIME IS BRAIN!**

Code Stroke Activation-Erlanger Main

Objective: **To promote immediate activation of the stroke team to respond to acute ischemic strokes occurring in-house**

- **If Stroke is suspected on an Inpatient Unit:**
  1. Evaluate **vital signs** and perform a **BEFAST** (Balance/Eyes/Face/Arm/Speech/Time)
  2. Check finger stick glucose – **Treat for hypoglycemia if BG<60**
  3. If blood glucose is ≥60, and a **CODE STROKE** has been identified:
     - ACUTE CARE AREAS:
       - Call **RAPID REPSONSE! X7789**
       - The Rapid Response Team will activate a CODE STROKE
     - CRITICAL CARE AREAS:
       - **Fire the CODE STROKE Pager yourself!**
         - Access EMERGIN MESSENGER SYSTEM
         - Send to: "**BEH STROKE ALERT**" or pager #1280
         - Send a text page including:
           - "Stroke Alert"
           - Time of Onset
           - Symptoms
           - Room #
           - Patient's Age
  4. Order a **STAT** Head CT Brain for Acute Stroke
  5. **Notify** attending MD

For distribution to all Erlanger Main Campus LPNs and RNs: June 2021

Reference: Erlanger Health System In-House Strokes Policy 8087.024 for Erlanger Main Campus

Remember: Time is Brain

If you observe someone who has a sudden onset of stroke-like symptoms, call 911 immediately!!

Thank you for your time today.

If you have any questions about stroke, please contact our Stroke Program Coordinator:

Jill McKenzie at 423-778-6443 or by email at Jillian.McKenzie@erlanger.org.

Remember: *Time is Brain!*

Erlanger North Campus

If you observe someone who has a sudden onset of stroke-like symptoms:

Inside the hospital - call Rapid Response at extension 7789.

On adjacent grounds such as the parking areas, surrounding buildings, independent physician practice buildings, etc. - call 911 immediately for emergency response.

***Nursing staff*:** Please view the job aid and policy below for additional information.

View the North Stroke Alert Policy

Job Aid for North Campus Nursing Staff

Important Points:

- Chart your BDS assessment before you give anything by mouth
- A failed BDS is not a reason to hold aspirin, you must obtain an order to change the route to rectal
- Remember: **TIME IS BRAIN!**

Code Stroke Activation-Erlanger North

Objective: **To promote immediate activation of the stroke team to respond to acute ischemic strokes occurring in-house**

- **If Stroke is suspected on an Inpatient Floor:**
  1. Check finger stick glucose – Treat for hypoglycemia if BG<60
  2. If symptoms persist **call RRT X7789**
  3. **Call the ED** to notify of stroke-like symptoms
     - Order will be placed by doctor – **STAT CT Brain for Acute Stroke**
  4. **Vital signs** assessed as soon as possible
  5. After CT-get **EKG, place IV and draw labs** (PT/PTT, CMP, CBC, ISTAT creatinine)
  6. **NIHSS** will need to be preformed by the ED Nurse or a physician
  7. Bedside Dysphagia Screen (BDS) **MUST BE DONE PRIOR TO ANYTHING PO**
     - If failed, make patient NPO
  8. If patient is not stable enough to remain on floor, **notify EROC @1111** to let them know of transport needs.
     - Should the patient need to be held in ED until transport, **DO NOT DISCHARGE!**
       - Leave patient in the current bed in that EPIC location, until they are transferred to BEH
  9. **Notify hospitalist**

For distribution to all Erlanger North LPNs and RNs: June 2021

Reference: Erlanger Health System Stroke Alert Policy 8905.001 for Erlanger North Campus

Erlanger East Campus

If you observe someone who has a sudden onset of stroke-like symptoms:

Inside the hospital - call Rapid Response at extension 7789.

On adjacent grounds such as the parking areas, surrounding buildings, independent physician practice buildings, etc. - call 911 immediately for emergency response.

***Nursing staff*:** Please view the job aid and policy below for additional information.

View the East In-House Strokes Protocol | Job Aid for East Campus Nursing Staff

Erlanger East Campus

Thank you for your time today.

If you have any questions about stroke, please contact your Stroke Program Coordinator:

Jill McKenzie at 423-778-6443 or by email at Jillian.McKenzie@erlanger.org.

Remember: *Time is Brain!*

Erlanger North Campus

Thank you for your time today.

If you have any questions about stroke care at Erlanger North, please contact:

Christy Jarvis at 423-778-3539 or by email at Christy.Jarvis@erlanger.org.

Compressed Gas Cylinder Safety

Standards

This training is required as part of the Occupational Safety and Health Administration Standard 1910.104 and the National Fire Protection Association NFPA 99 Health Care Facilities Code.

NFPA 99 Standard 11.5.2.1.1 - "Personnel concerned with the application and maintenance of medical gases and others who handle medical gases and the cylinders that contain the medical gases shall be trained on the risks associated with their handling and use."

OSHA® Occupational Safety and Health Administration www.osha.gov

NFPA®

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, August 20, 2023.
National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Objectives

The learner will be able to:

- Apply safe practices and standard procedures regarding the handling of compressed gas cylinders and containers.

Compressed Gas Cylinder Hazards

One of the most common hazards in a health care facility is the storing and handling of medical gas cylinders and containers.

There are two types of hazards associated with medical gas equipment:

Click on each icon to learn more.

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, August 20, 2023.

Compressed Gas Cylinder Hazards

One of the most common hazards in a health care facility is the storing and handling of medical gas cylinders and containers.

There are two types of hazards associated with medical gas equipment:

Mechanical issues such as physical damage to compressed gas cylinders can occur. Compressed gas cylinders that sustain damage to the regulator or valve can allow the escaping gas to propel the cylinder in a violently dangerous manner. The pin index safety system and gas regulators can be damaged and cause hazards to patients if the wrong gas is delivered.

CLOSE

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, August 20, 2023.

Compressed Gas Cylinder Hazards

One of the most common hazards in a health care facility is the storing and handling of medical gas cylinders and containers.

There are two types of hazards associated with medical gas equipment:

General fire and explosions can be caused by incidents involving oxygen, which is an oxidizer. When present, oxygen forms one side of the fire triangle. When added to heat and fuel, a fire and/or an explosion can occur.

CLOSE

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, August 20, 2023.

Compressed Gas Storage Requirements

- Properly secure individual medical gas cylinders/containers at all times using straps, belts, chains, or designated tank racks.
- Store tanks in a well ventilated area.
  - Keep away from heat or ignition sources.
  - Keep away from electrical circuits.
  - Store cylinders in a dry, cool, well-ventilated, secure area protected from the weather and combustible materials.
- Store flammable gas cylinders away from oxygen, nitrous oxide cylinders, or oxygen charging facilities.

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Compressed Gas Storage Requirements (Con't)

Containers shall not be placed in the following:

1. Where they can be tipped over by the movement of a door
2. Where they interfere with foot traffic
3. Where they are subject to damage from falling objects
4. Where exposed to open flames and high-temperature devices

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Securing Cylinders and Containers

Cylinders have a high center of gravity. Portable tanks may fall over when being moved if they are stopped suddenly by an object or crack in the floor.

https://www.who.int/publications/m/item/oxygen-cylinder-safety

Securing Cylinders and Containers

Oxygen containers shall be secured by one of the following methods while in storage or in use to prevent tipping over caused by contact, vibration, or seismic activity:

1. Securing each individual tank with one or more restraints
2. Securing each tank within a framework, stand, or assembly designed to resist container movement
3. Securing by placing the container against two points of contact



National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.
Sure-Lok INTERNATIONAL, GO2 Oxygen Holder. (2023). https://sure-lok.com/products/go2/
DE 1-B Hill Rom Oxygen Cylinder Bed Rack. Retrieved from https://www.hillrom.com/en/shop/

Signs for Storage Areas

- Storage locations shall have precautionary signage that is readable from a distance of 5 feet and displayed on each door or gate of the storage room/enclosure.
- Sign(s) shall include the following wording as a minimum:
  - **Caution**
  - **Oxidizing Gas(es) Stored Within**
  - **No Smoking**
- **The nonsmoking policies shall be strictly enforced.**

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.
https://www.safetysign.com/oxygensigns

Proper Tank Storage

Always physically separate full and empty compressed gas cylinders.

- Do this by using separate racks, physical barriers or color-coding the storage rack.
- If empty and full cylinders are stored within the same enclosure, they must be segregated from each other.

Be sure to label the cylinders clearly (Full/Empty or Full/Not-Full).

- Proper labeling helps avoid confusion and delay if a full cylinder is needed quickly.

Consider any open cylinder to be empty.

- It is ok to use partially-filled cylinders, but they should not be stored with unopened ones.

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Transporting Cylinders

- "E" cylinders will be transported in approved carts or cylinder holders designed to accommodate the size of the cylinder and ensure stability and safe use of the cylinder.
- "H" or "G" cylinders will be transported in a four-wheeled cart designed for their size and the cylinders will be capped and chained to the cart to ensure stability and safe use of the cylinder.
- If the regulator is removed from an "H" or "G" cylinder, the protective cap MUST be replaced on the cylinder prior to transport.

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Important Reminders

- Never roll a cylinder to move it.
- Never carry a cylinder by the valve.
- Never leave a cylinder open when it is unattended or not operating.
- Never leave a cylinder unsecured.
- Never grease or oil the regulator, valve, or fittings of an oxygen cylinder.
- Never refill a cylinder.
- Never use a flame to locate gas leaks.
- Never attempt to mix gasses in a cylinder.
- Never return a cylinder to the "FULL" rack. (Only the person who brings the cylinder from the tank room can place a cylinder in the "FULL" rack.)

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Summary

- Avoid dropping or banging tanks against one another.
- All tanks must be secured in an appropriate storage rack or stand, or individually secured with a chain.
- Do not carry tanks by the valve cap.
- No more than 12 tanks may be stored within a smoke compartment (full or empty).
- Compressed gas storage rooms must be labeled with appropriate signs.
- Always transport tanks in brackets or carts designed for this purpose – do not lay tanks on stretchers or beds for transport.

National Fire Protection Association. (2012). NFPA 99 Health Care Facilities Code.

Standards

This training supports the OSHA Standard 29 CFR 1910.1200 and the Tennessee Hazardous Chemical Right to Know Law in the Tennessee Occupational Safety and Health Act of 1972 Title 50, Chapter 3:

"Employer compliance with the federal hazard communication standard for chemicals and other compliance requirements: In addition to the requirements set forth in 29 CFR 1910.1200 each employer must also comply with the following:

(A) Employers shall keep a record of the dates of training sessions given to their employees;
(B) The hazard communication program and employee information and training required of employers pursuant to 29 CFR 1910.1200 and the education and training program pursuant to subdivision (1) shall require annual refresher training after the initial training pursuant to 29 CFR 1910.1200 is conducted, unless the commissioner grants an exemption from annual refresher training."

OSHA Occupational Safety and Health Administration
www.osha.gov

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, October 16, 2023.
Tennessee Occupational Safety and Health Act of 1972 Title 50, Chapter 3. 50-3-2001.

Objectives

Learner will be able to:

- Identify the six elements that make up a chemical label in accordance with the Globally Harmonized System.
- Highlight important information that can be referenced on a Safety Data Sheet (SDS).
- Navigate to the hyperlink for oneSOURCE located on the Erlanger Intranet in order to access Safety Data Sheets.

Classification and Labeling of Chemicals

Globally Harmonized System (GHS) of Labeling Chemicals

All chemical labels are required to have 6 elements:

- Product Identifier
- Pictograms
- Signal Words
- Hazard Statements
- Precautionary Statements and Pictograms
- Supplier Identification

OSHA requires Safety Data Sheets (SDS) to follow a uniform format in order to:

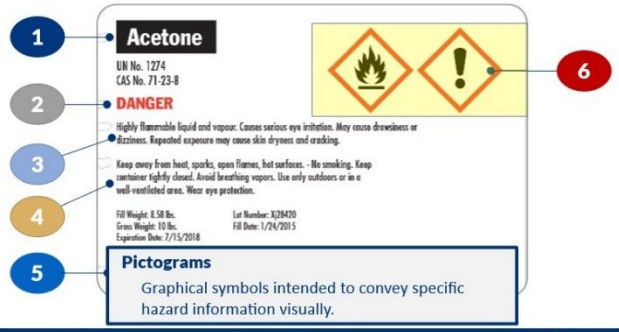
- Make it easier for users to locate and understand the information they are seeking.
- Improve SDS effectiveness.
- Improve the accuracy of the information.

GHS Label

Click on each circle to learn more.

GHS Label

GHS Label



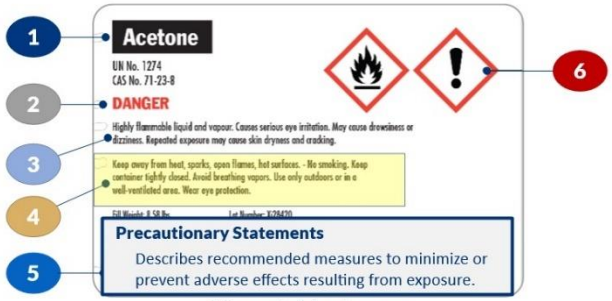
GHS Label

GHS Label

GHS Label

Click on each circle to learn more.

GHS Label



Click on each circle to learn more.

GHS Symbols/Pictograms

- Pictograms are used to communicate hazards of the chemical.
- When a chemical has multiple hazards, different pictograms are used to identify the various hazards.

Click on the image to view the GHS Symbols/Pictograms.

Accessing SDS Sheets for Hazardous Chemicals

Safety Data Sheets contain additional information including first aid measures, how to clean up a spill, handling/storage, personal protective equipment, etc.

- They can be accessed by going to the Erlanger Intranet. Under the Employee Links section, click the link to "oneSOURCE".

Click on the image for a job aid on how to access SDS sheets in oneSOURCE.

Safety Data Sheet

Click on the image to view an example of a Safety Data Sheet (SDS).

Summary

- OSHA requires a standard labeling of chemicals to make it easier for users to locate and understand the information they are seeking.
- Safety Data Sheets contain additional information including first aid measures, how to clean up a spill, handling/storage, personal protective equipment, etc.
- Safety Data Sheets can be accessed by going to the Erlanger Intranet and under the Employee Links section, clicking the hyperlink for oneSOURCE.

Electrical Safety

Standards

This training supports the Occupational Safety and Health Administration's Electrical Standard 29 CFR 1910 Subpart S.

1910.302; 1910.308; 1910.331 - 1910.335:

"Exposure to electricity is one of OSHA's "Fatal Four" occupational hazards resulting in death. Electrical safety training is intended to teach employees who work with electrical equipment what the limitations are for non-qualified electricians, and how to avoid exposure to electric shock or electrocution."

OSHA® Occupational Safety and Health Administration
www.osha.gov

OSHA Training Standards. U.S. Department of Labor, Occupational Safety and Health Administration, October 16, 2023.

Objectives

Learner will be able to:

- Utilize electrical safety practices to prevent workplace injury.
- Properly inspect for and report any signs of damage to electrical equipment.

Electrical Safety

Before using electrical equipment:

- Prior to plugging a device in, inspect the equipment for frayed cords, cracked casings, and signs of wear. Also inspect the electrical outlet for any damage.
- If any damage or fraying is noted, do not plug in the equipment. Call for repairs.
  - **Maintenance:** Call for appliances and all non-healthcare related equipment. Exception: Maintenance does service patient beds.
  - **Biomed (Clinical Engineering):** Call for all equipment used in direct patient care except for patient beds.
- Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three prong plugs.
- **Do not jerk cords from outlets.** Pull on the plug to remove a cord from an outlet.

Electrical Equipment

Do not use electrical equipment if:

- ☒ It is damaged or broken.
- ☒ Liquid has been spilled on the equipment.
- ☒ The floor is wet and you are standing in the wet area.
- ☒ Your hands are wet.
- ☒ It gets hot to the touch.
- ☒ It smells like it is burning when in use.

- Do not stack anything on or behind electrical equipment.
- Never use power strips or extension cords unless they have been supplied by the Maintenance Department.

Equipment Brought Into the Facility

Equipment brought in by patients/visitors also should be inspected before patient use.

- Items such as radios and razors should be battery operated whenever possible.
- Remove the equipment from its power source before inspection.
- The receiving staff member is to inspect it upon receiving for frayed cords, signs of damage, cracks in the casing, failure of internal tests, or potential infection risks.
  - Example: Home CPAP machine

Red Colored Outlets

- All red colored receptacles should continue to provide power during an electrical power failure.
- All diagnostic/supportive patient equipment must remain connected to the red colored power outlets.
- Should a total loss of power occur which includes the red colored outlets, ensure patient safety by supporting patients on positive airway pressure devices. Encourage the patients to remain calm and follow all directions from the Command Center.

Contact Information

For Main, Children's, Erlanger East, North, Riverside Dr., and Dodson Ave:

- **Maintenance:** Dial 423-778-7777.
- **Biomed (Clinical Engineering):** Dial 423-778-2063.

For Bledsoe and Sequatchie Valley:

- **Maintenance:** Dial 423-827-3887 (Scott Copeland) or 423-413-3374 (Mark Blankenship).
- **Biomed (Clinical Engineering):** Dial 423-778-2063.

For Erlanger Western Carolina:

- **Maintenance:** For non-emergent requests, utilize the EasyNet system on the EWCH Intranet. For emergencies, call Plant Operations at 828-835-7630 or ext. 7630.
- **Biomed (Clinical Engineering):** Dial 423-778-2063.

For all other locations: Check with your supervisor.

Summary

- Inspect electrical equipment for frayed cords, cracked casings, and signs of wear. Also inspect electrical outlets for any damage.
- Contact the Maintenance Department or Biomed (Clinical Engineering) if any damage to electrical equipment is found and take the equipment out of service.
- Do not jerk cords from outlets. Pull on the plug to remove a cord from an outlet.
- Never use power strips or extension cords unless they have been supplied by the Maintenance Department.
- For equipment brought into the facility by patients/visitors for patient use, the receiving staff member is to inspect it upon receiving for frayed cords, signs of damage, cracks in the casing, failure of internal tests, or potential infection risks.

Emergency Preparedness

Standards

Erlanger is an NIAHO accredited organization which requires all employees to be trained on emergency preparedness policies and procedures.

This EOL meets requirements for NIAHO PE.6 which states, "The organization shall establish and maintain a comprehensive emergency preparedness program that meets the requirements of 42 CFR 482.15."

42 CFR 482.15(d)(1): Training Program – The hospital must do all of the following:

- (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.
- (ii) Provide emergency preparedness training at least every 2 years.
- (iii) Maintain documentation of the training.
- (iv) Demonstrate staff knowledge of emergency procedures.
- (v) If the emergency preparedness policies and procedures are significantly updated, the hospital must conduct training on the updated policies and procedures.

(DNV Healthcare USA, Inc Revision 23-1)

Objectives

Learner will be able to:

- Understand the difference between disasters and emergencies.
- Know how to locate and view the Emergency Operations Plan for the organization and for a specific department.
- Review the order of evacuation if directed to do so by the fire department.

Disasters and Emergencies

Be Prepared

- Disasters differ from emergencies in that an organization or group can usually handle the care, treatment or service needs in an emergency.
- Disasters are too big for a single group to deal with and are often associated with large scale emergency situations.
- Disasters have been classified as:
  - Natural
  - Technological
  - Major transportation accidents
  - Terrorism
  - Nuclear, biological, chemical, and radiologic events

LEARN MORE...

(Click each box below to get more information.)

Appropriate Response

Evacuation

Appropriate Response

Identify:

- What disasters could impact this area?
- What is the probability it will?
- What strategies are necessary for dealing with each event?

Prepare:

- Every healthcare facility should have a documented Emergency Operations Plan (EOP).
- Erlanger Health has an Emergency Management Plan: All Hazards Policy.
- Erlanger Western Carolina has an Emergency Operations Plan Policy.
- Your department's EOP can be found by searching PolicyStat for EOP or Emergency Operation Plan along with your department name.

Order of Evacuation

Patients who are in eminent danger should be evacuated immediately.

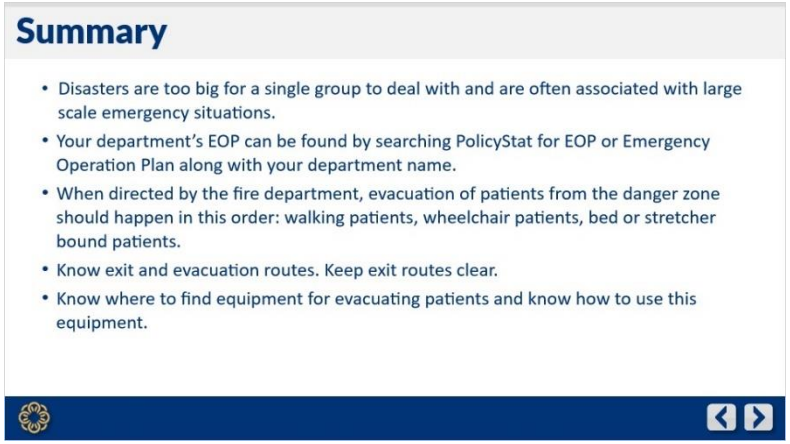
- When directed by the fire department, evacuation of patients from the danger zone should happen in this order:
  1. Walking patients
  2. Wheelchair patients
  3. Bed or stretcher bound patients

- You should:
  - ☑ Know exit and evacuation routes.
  - ☑ Keep exit routes clear.
  - ☑ Know where to find equipment for evacuating patients.
  - ☑ Know how to use this equipment.

Evacuation

Horizontal Evacuation is the first action to move patients from the danger zone. This means that patients are moved down the hall and through at least one set of fire or smoke doors.

Vertical Evacuation is only ordered by the Fire Department. This involves moving patients down the stairs to a lower floor or safe area of the facility.



View Emergency Management Plan: All Hazards

Plain Language Codes

Medical Alerts		
Event	Plain Language	Alternate
Medical Emergency or Incident	Medical Alert + (Type of Emergency-Incident) + Location	Code Blue or Code 5 are the only accepted color code for medical alerts

Facility Alerts		
Event	Plain Language	Alternate
Evacuation/Relocation	Facility Alert + Evacuation/Relocation + Descriptor + Location	None
Fire/Alarm	Facility Alert + Fire/Smoke Alarm + Location	None
Hazardous/Materials Spill	Facility Alert + Hazardous Spill +(specify Internal or External) + Location	None
Mass Casualty	Facility Alert + Mass Casualty + (may have levels) +(specify Internal or External) + Location	None
Medical Decontamination	Facility Alert + Medical Decontamination + Descriptor (biological, chemical, radiological, or unknown) +(specify Internal or External) + Location	None
Surge Capacity	Facility Alert + Surge Capacity +(specify Internal or External) + Location	None
Utility/technology Interruption	Facility Alert + Type of Service Interruption +(specify Internal or External) + Location	None
Weather	Facility Alert + (Instruction) + Weather + Descriptor (National Weather Service Statement) + Location	None

Lifting Help Needed	Facility Alert + Lift Team Response + (Give Location)	None

Security Alerts		
Event	Plain Language	Alternate
Missing Infant/Child	Security Alert + Missing Person + Descriptor (Infant/Child) + Location	None
Decisionally Impaired Missing Person >18 yrs	Security Alert + Missing Person + Descriptor (Adult) + Location	None
Armed Intruder/Shooter/hostage Situation	Security Alert + (Instruction) + Descriptor + (Type of Threat) + Location	None
Bomb Threat/Suspicious Package	DO NOT Page	None
Civil Disturbance	Security Alert + Civil Disturbance + Descriptor + Location	None
Controlled Access/Lockdown	Security Alert + Controlled Access + Lock down + Location	None

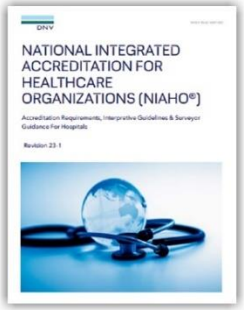
Combative Person/Patient	Security Alert+ Security Assistance Requested+ Location	None

Patient Rights, Advanced Directives, and Informed Consent

Standards

This training meets standards from the National Integrated Accreditation for Healthcare Organizations.

- **PATIENT RIGHTS (PR.1-PR.8)**



NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospitals Revision 23-1 – 10-06-2023.

Objectives

Learner will be able to:

- Uphold the right of patients to care, treatment, and services that protect their dignity and respect their values.
- Provide full disclosure and to educate patients regarding the risks, benefits, and potential medical consequences for all care, treatment or service options.
- Understand informed consent as it applies to minors and adults who are unable to make informed decisions.
- Recognize the role of a Living Will or Durable Power of Attorney for Health Care in the subsequent provision of health care for a patient.
- Utilize Erlanger's Clinical Ethics Committee to help physicians, staff, and patients/families with ethical dilemmas.

Patient Rights

Patients have the right to care, treatment, and services that protect their dignity and respect their values.

- These values often affect the patient's treatment needs, preferences and outcomes.
- By understanding and respecting patients and their values, Erlanger employees can best meet the patient's needs for treatment and services while protecting the patient's rights.
- Erlanger provides patients with written information about their rights. However, a written list of rights may not be enough.
- Erlanger employees must make sure that all patients understand their rights well enough to exercise them.

Click Here to View the Patient Rights

Informed Consent

Click on each button to learn more.

Patient Right to Decide
It is your ethical duty to provide accurate information to the patient so they can make an informed decision. It is always the patient's right to make their own healthcare decisions.

Legal Requirement
Every state in the United States affirms that patients have right to choose their treatment options.

Ethical Duties
The patient must be advised of all risks, benefits, and consequences for any treatment option.

Informed Consent

Patients Right to Decide

- The patient has the right to make healthcare choices. Always respect this right.
- Communicate medical and related facts accurately and clearly.
- Do not withhold any medical information for the purpose of coercing a patient to undergo specific type of care, treatment, or service.

- A patient may refuse care, treatment or service for any reason. It does not have to make sense to you.
- If the patient refuses care, treatment or service they must be educated on the potential outcome and/or consequences of that decision.

Informed Consent

Legal Requirements

- All 50 states in the U.S. accept that patients have a right to choose their own treatment.
- This means that healthcare providers in any state may be fined or sued if they do not obtain consent for treatment.
- A provider who treats a patient without any consent is at risk for medical battery.
- A provider who treats a patient without informed consent is at risk for medical malpractice.

Informed Consent

Ethical Duties

- Healthcare professionals must discuss all care, treatment and/or service options and information. This includes the option of no treatment.
- Healthcare providers have an ethical duty to provide full disclosure and to educate patients regarding the risks, benefits, and potential medical consequences for all care, treatment or service options.
- Patients have the right to informed consent or refusal of care, treatment or service.
  - In an emergency, it may be necessary to give immediate treatment to prevent death or serious harm and it may be impossible to obtain consent.
  - In such a case, patient consent is presumed and treatment may be given without the usual process of informed consent.
- Minors do not have the legal right to give informed consent for care, treatment or service. The parent or guardian will provide the permission or refusal for care, treatment or service.

Minors and Authorized Representatives

Click on each button to learn more.

Minors and custody
A parent or guardian must consent for health care on behalf of a minor. However, there are exceptions to this rule.

Refusing treatment for minors
Parents have the right to give informed consent or refuse treatment of children.

Authorized representatives
When a patient is incapacitated, his or her legal representative must consent for treatment.

Minors and Authorized Representatives

Minors and Custody

- A babysitter may not consent to treatment for a child.
- A healthcare provider may treat a child in the care of a babysitter only in an emergency or if the parent left written permission for non-emergency treatment.
- **For a minor in the legal custody of child protective services:**
  - A parent cannot give consent for treatment.
  - An authorized representative from child protective services must give consent.
- When two parents both have custody of a child, and they disagree on whether to give consent for treatment:
  - A healthcare provider may legally treat the child if one of the parents gives informed consent.
  - If possible, it is best to obtain a court order before treating the child.

Minors and Authorized Representatives

Refusing Treatment for Minors

- The provider may ask for a court order to go against the parent's decision.
- The provider may treat a child against parent's wishes without a court order in an emergency, however, the parents may still sue for medical battery.

The provider will not be found guilty of medical battery if:

- There was a real medical emergency.
- Parents were not acting in the best interests of child.
- Court would have ordered treatment given by provider.

Minors and Authorized Representatives

Consent from Authorized Representative

- When a patient is incapacitated, his or her legal representative must consent for treatment.
- This representative may be:
  - The person named in the patient's healthcare power of attorney (HPOA).
  - A decision-maker chosen according to state law, if the patient does not have HPOA.
  - The court, if the patient has neither an HPOA nor a potential decision-maker.

Advance Directive

Patients have the right to make decisions about their healthcare in the event they are unable to speak for themselves (or lack capacity) through a *Living Will* or *Durable Power of Attorney for Health Care.*

A surrogate decision-maker is designated if patient has neither document.

- The surrogate may or may not know the patient's wishes.
- The designation process is outlined in the ***Erlanger Advance Directives Policy.***
- This process can be found in the Ethics Library on Erlanger's intranet.

Click on each button to learn more.

Legal Documents
Patients may use a Living Will or Durable Power of Attorney for healthcare decisions.

Advance Directives Policy

Advance Directive

Legal Documents

- A Living Will is a legal document that describes the patient's wishes about medical care, treatment, and service at the end of life when they are unable or lack capacity to make decisions.
- The Durable Power of Attorney for Health Care (DPOAHC) is a legal document granting the power to make health care-related decisions to another individual (a.k.a. proxy) to be used whenever an individual is unable or loses the ability to make or communicate their own decisions.

Clinical Ethics

Erlanger has a Clinical Ethics Committee responsible for addressing ethical conflicts based on the patient right principles: Autonomy (free will), Beneficence (do good), Non-maleficence (do no harm), and Justice (social distribution of benefits and burdens).

- Unfortunately, these four guiding principles of clinical ethics sometimes conflict, leading to ethical dilemmas.
- Erlanger's Clinical Ethics Committee can be consulted to help physicians, staff, and patients/families with these dilemmas.
- To make an ethics consultation you can enter an eSafe Ethics Referral or contact Risk Management at 423-778-7702. You can also contact the Chief Legal Officer at 423-778-6695.

EMTALA
Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay.

Clinical Ethics

EMTALA

EMTALA is the Emergency Medical Treatment and Active Labor Act. Under EMTALA, all hospitals that participate in Medicare must provide emergency services to all patients, whether or not they can pay.

For a hospital to comply with EMTALA:

- The hospital must screen for a medical emergency when a patient comes to the emergency department.
- The hospital must provide stabilizing treatment if an emergency medical condition is found.
- Patients with emergency medical conditions may not be transferred out of the hospital for economic reasons.

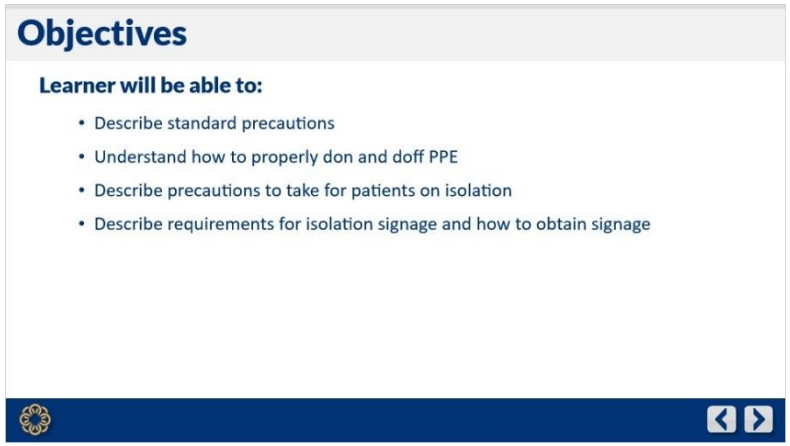
Summary

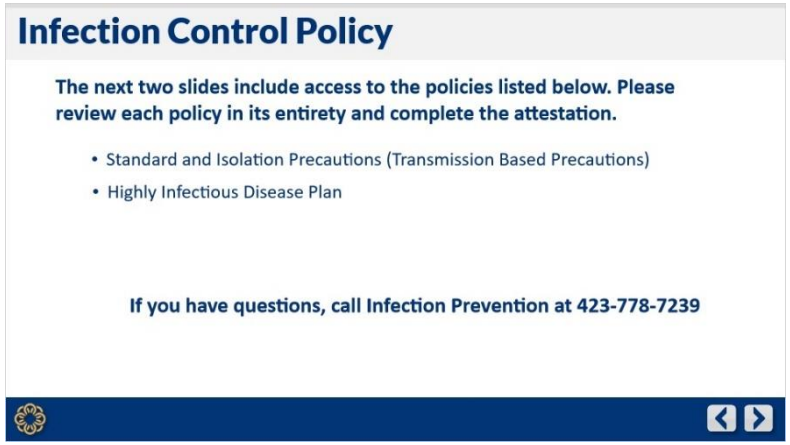
- Patients have the right to care, treatment, and services that protect their dignity and respect their values.
- Healthcare providers have an ethical duty to provide full disclosure and to educate patients regarding the risks, benefits, and potential medical consequences for all care, treatment or service options.
- A parent or guardian must consent for health care on behalf of a minor. However, there are exceptions to this rule. Parents have the right to give informed consent or refuse treatment of children.
- Patients have the right to make decisions about their healthcare in the event they are unable to speak for themselves (or lack capacity) through a Living Will or Durable Power of Attorney for Health Care.
- Erlanger's Clinical Ethics Committee can be consulted to help physicians, staff, and patients/families with ethical dilemmas.

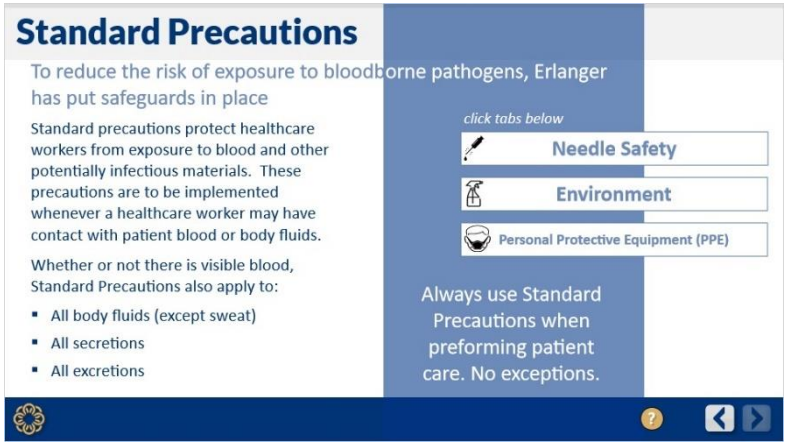
View Advance Directives

View Patient Rights and Responsibilities

Standard Precautions and Isolation Guidelines







Needle Safety

Engineering controls are the first line of defense against exposure to bloodborne pathogens. With proper engineering control use, there is reduced risk for exposure to bloodborne pathogens. Equipment with built-in safety devices is an example of engineering controls.

Specific engineering control examples:

- Safety needles
- Sharps disposal boxes

The following activities have been associated with needlestick injuries:

- Parenteral medications
- Preforming fingersticks
- Blood sampling/blood draws
- Recapping used needles
- Improper used needle disposal
- Syringe /needle transfer of body fluids between containers

Contributing factors include:

- Haste
- Working overtime
- Safety fatigue

Needle Safety

- Dispose of all syringes with needle attached in sharps container.
- Remember large sharps containers are available on your unit if needed.
- Do not recap needles.

Environment

Keep a Clean Work Area

- Appropriate disinfectants should be used with contaminated area or spills.
- Separate biohazard waste from non-infectious waste and use a red bag for biohazardous waste.

Follow Guidelines for handling contaminated linen to protect you from:

- Exposing your skin or mucous membranes
- Contaminating your clothing
- Transferring microbes to other patients or to the environment

Biohazard labeling must be visible on refrigerators and freezers that contain blood or other potentially infectious materials.

Environment

Linen Disposal

- Blue linen bags always indicate contaminated linen within.
- Handle contaminated linen with caution, using appropriate precautions.
- All soiled linen must be bagged in a blue bag for processing.
- Blood soaked linen is to be placed in a blue bag, securely tied and placed in soiled linen containers.
- Do not dispose of linen in regulated medical waste (red bag).

Environment

Biohazard Bags and Disposal

- Red bags and red containers indicate biohazardous material or waste. No additional biohazard label or symbol is required.
- Handle biohazardous waste with caution, using appropriate precautions.
- Biohazardous materials must be placed in a red bag, and the bag must be securely tied.
- Red bags must be placed in red cans.
- Red cans must have a lid that remains closed.

Environment

How to Tie Bags for Disposal

Securely fasten garbage, linen, and biohazardous medical waste bags by using an overhand knot.

Close bag with a single overhand knot: ✓

Do not close by crossing tabs ("bunny or dog-ear" method) ✗

The University of Tennessee, Biosafety Program: Environmental Heath & Safety. (n.d.) Biohazardous waste categories. Retrieved from https://biosafety.utk.edu/wp-content/uploads/sites/30/2019/11/knotmethod.png

Environment

- Dispose of all waste as directed by the waste stream segregation plan.
- If you are uncertain about how to properly dispose of a waste product, ask your CSL or manager.

ERLANGER HEALTH WASTE STREAM SEGREGATION

SOLID WASTE	RECYCLING	REGULATED MEDICAL WASTE		PHARMACEUTICAL WASTE	
CLEAR BAG	BLUE CONTAINERS	REGULATED MEDICAL WASTE REDBAG	SHARPS REUSABLE SHARPS CONTAINERS	CONTROLLED SUBSTANCES SMALLER BLACK & WHITE	HAZARDOUS WASTE LARGER BLACK AND WHITE
Bed Pans & Urinals Diapers Disposable Patient Items Drainage Bags (NO blood) Drapes Empty IV Containers Empty Tubing Food & Formula & Containers Foleys NOT containing blood Gloves Med Containers (Non-Hazardous) Trash Wipes (NEVER flush wipes) Wrappers No Linen in Trash	Bottles Cans Cardboard Glass Paper Plastics OTHER OPPORTUNITIES Alcohol, Formalin & Xylene Food Waste Medical Devices Skids Sleeves Toner & Print Cartridges Batteries Tape Terminals to prevent Fire!!!	Blood and all Other Potentially Infectious Material (OPIM) Blood Admin Tubing and Bags Hemovac's - Pleurovac's Containers with blood Dressings Soaked with Blood/OPIM Gloves, tubing or canisters with Blood/OPIM Disposable Items Soaked with Blood/OPIM Specimen/Biohazard Bags No Linen in R M W PATHOLOGICAL WASTE Body Parts, Organs & Tissue Must be Refrigerated until P/U Radioactive Contact Radiation Safety Office for disposal of ALL Radioactive products	Empty Carpujects, Tubexes, empty syringes Glass Bottles with Bloody Fluid Glass Slides (lab) Introducers Sharps Trocar, Thoracentesis glass evacuation bottles Syringes Trace Chemotherapy: All soiled supplies used to administer chemotherapy medications including: gloves, gowns, masks, pads, syringes, tubing, wipes, etc.	NO NEEDLES OR SHARPS Return unopened Controlled Substances to Pharmacy ALL Controlled Meds MED ONLY, PACKAGING/TUBING GOES IN TRASH (Drain CS from Tubing) Examples: fentanyl hydromorphine methadone morphine propofol	Return unopened Meds to Pharmacy Meds with 3% or More Remaining in Container EXCEPT: WASTE HYDRATION MEDS/FLUIDS DOWN SINK Dextrose Magnesium Sulfate Potassium Chloride <40mg Ringers Sodium Bicarbonate Sodium Chloride Sterile Water TPN

Environment

Biohazard Labels

- Labels are fluorescent orange or orange-red with lettering and symbols in a contrasting color.
- Indicate blood or other potentially infectious biohazardous materials are contained within.
- Handle all biohazardous materials with caution, using appropriate precautions.

Personal Protective Equipment (PPE)

PPE is specific protective clothing, covering, equipment, or devices which should be worn to protect against exposure.

- Gloves
- Face Protection
- Protective Clothing
- Barrier Devices

Personal Protective Equipment (PPE)

Gloves

Wear gloves when you might come in contact with:

- Blood
- Body fluids
- Secretions
- Other potentially infectious materials

Return

Personal Protective Equipment (PPE)

Face protection

These items shield the mucous membranes of the eyes, nose, and mouth.

- Mask
- Eye protection (goggles or face shield)
- Face shields

Wear this type of PPE during tasks that may expose you to splashes or sprays of:

- Blood
- Body fluids
- Secretions
- Excretions

Return

Personal Protective Equipment (PPE)

Protective Clothing

Protective clothing is used to protect skin and street clothes from contamination.

Wear protective clothing during tasks that may expose you to splashes and sprays of blood or other potentially infectious materials. Protective clothing items include:

- Gowns
- Hoods
- Surgical caps
- Shoe covers
- Lab coats

Return

Personal Protective Equipment (PPE)

Barrier Devices

Barrier devices are designed to protect your mouth from coming in direct contact with a patient.

- Designed for mouth to mask ventilation of a non-breathing adult, child, or infant.
- Help protect you from exposure to infections, if used properly.

Laerdal. (n.d.). Laerdal Pocket Mask. Retrieved from https://laerdal.com/us/doc/113/Laerdal-Pocket-Mask

Return

Proper Donning and Doffing of PPE

(Required: Click to enlarge each image)

Isolation Guidelines

Airborne Precautions

Airborne Precautions are designed to protect healthcare workers, patients and visitors from exposure to airborne infectious agents.

Examples of Airborne precautions include:

- Placing patients in negative pressure rooms
- Wearing the N-95 Mask with suspected or diagnosed TB patients.

Airborne Precautions

- Airborne transmission occurs when infectious droplets or dust particles remain suspended in the air for long periods of time.
- Because there is a transmission risk through air currents, special air handling and ventilation are required to prevent airborne transmission to other areas.

Airborne Precautions

Provisions for Airborne Precautions include:

- **Room Assignment:** Private, negative pressure room with the door closed at all times
- **Signage:** Airborne Precaution sign and "Isolation" sticker on front of medical record.
- **Masks:** N95 Particulate Respirator worn by all persons who enter room for tuberculosis
- **Patient Transport:** Limit patient transport to essential needs only. The patient should wear a surgical mask at all times when out of the negative pressure room
- **Pediatrics:** Adult household members are required to wear a surgical mask when not in the child's room until they (the household members) receive negative TB confirmation from the County Health Department.

Airborne Precautions

Upon initiation of any airborne precautions, ensure that the negative pressure room is working properly.

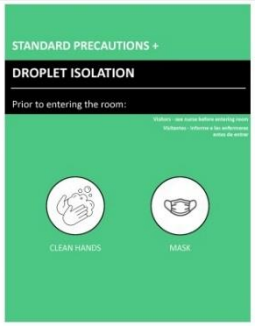
- At **BEH and East campuses** call 7777 and request that maintenance come verify proper function of a negative pressure room.
- At **Bledsoe** the nursing staff member initiating the airborne precautions must turn on the negative pressure and verify proper function. If negative pressure is not working properly, notify maintenance immediately.
- At **Sequatchie** the nursing staff member initiating the airborne precautions must verify proper function of the negative pressure room. If the negative pressure room is not working properly, notify maintenance immediately.

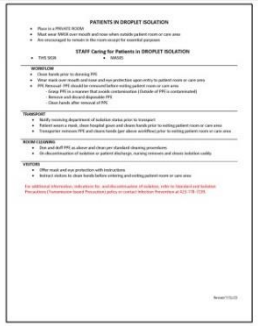
Airborne Precautions

If you have had any physical changes or need a fit test contact employee health.

Droplet Precautions

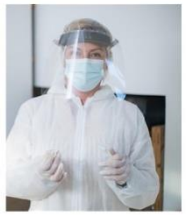
- Droplet Precautions apply to any patient known or suspected to be infected with pathogens that can be transmitted by droplets. Typically, this involves contact of the mucous membranes of the nose or mouth of a susceptible person with large particle droplets.
- Droplets can be transmitted from the infected person during coughing, sneezing, or talking. They can also be transmitted during the performance of certain procedures such as suctioning and bronchoscopy.





Droplet Precautions

- Because droplets do not remain suspended in the air, special air handling and ventilation are not required. Transmission requires close contact between source and recipient person. Droplets generally only travel three feet or less.
- Healthcare professionals are advised to observe Droplet precautions (i.e. wearing of surgical mask) and performing hand hygiene when examining and caring for patients with signs and symptoms of an airborne infection.
- Use eye protection, face shield or goggles, in addition to the mask if patients are coughing and sneezing.



Pediatric Respiratory Precautions

- Pediatric Respiratory Precautions apply to ALL patients at Children's Hospital who are admitted with a respiratory illness regardless of tests that have been ordered or not ordered. The only exception is asthma without signs of infection.
- Frequently, the treatment will be based on symptoms and usually will not require testing to identify the pathogen involved.
- These viruses are generally transmitted by contact and/or through large particle droplets (see Droplet Precautions).
- Precautions are based on the patient's clinical symptoms and are to provide optimal protection for healthcare workers and other patients.

Pediatric Respiratory

Provisions for Pediatric Respiratory Precautions provide optimal protection for healthcare workers, and other patients and include:

Click on all of the buttons above to continue.

- Signage
- Patient Transport
- Gloves
- Patient Equipment
- Gowns
- Charting
- Removal of PPE

Pediatric Respiratory

Signage:

- "Pediatric Respiratory Precaution" sign must be placed on the patient's door
- "Isolation" sticker placed on the front of the medical record.

Return

Pediatric Respiratory

Gloves:

- Gloves will be worn by all persons when entering the room.
- During patient care change gloves and perform hand hygiene after having contact with infective material that may contain high concentrations of microorganisms.

Return

Pediatric Respiratory

Gowns:

- A gown should be worn if you anticipate that your clothing will have contact with the patient, environmental surfaces, or items in the patient's room.
- Specifically, a gown must be worn when examining the patient, during procedures, changing linen, transferring patient, holding the patient, and other types of direct patient care.

Return

Pediatric Respiratory

Patient Transport:

- Limit to essential needs only.
- Healthcare workers are to remove gown and gloves and perform hand hygiene prior to exiting the room.
- The patient transport is to occur in the bed with equipment.
- Transport equipment should be disinfected after use.

Return

Pediatric Respiratory

Patient Equipment:

- Dedicate equipment such as stethoscope, blood pressure cuff and thermometer to single patient use to avoid sharing between patients.
- If sharing is unavoidable, clean and disinfect with a hospital approved germicide prior to removal from the room.
- Equipment (portable x-ray, EKG, etc.) that is taken into the room for temporary use must be disinfected before being removed from the room.

Return

Pediatric Respiratory

PPE Removal:

- Remove gloves and gown before leaving the patient's room, and wash hands immediately with an antiseptic soap or use a waterless antiseptic agent.
- After gown and glove removal and hand hygiene, do not contact/touch potentially contaminated environmental surfaces.

Return

Pediatric Respiratory

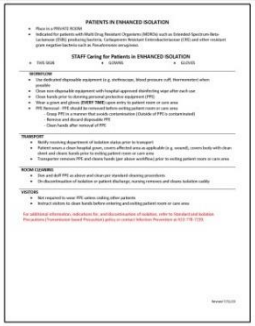
Charting:

- If any paper charting becomes necessary, it should be done outside the patient's room in order to avoid contaminating the medical record.
- The patient's hard chart must remain outside the room.

Return

Enhanced Precautions

- Enhanced Precautions are indicated for patients with Multi-Drug Resistant Organisms (MDRO). Enhanced Precautions can be initiated by a nurse, infection prevention associate, or a physician.
- MDRO are usually gram negatives such as Pseudomonas, Acinetobacter, and ESBLs (e.g. resistant E.coli). These are rare in pediatrics except among patients who are frequently admitted or patients with cystic fibrosis.



Enhanced Precautions

Patients acquire Multi-Drug Resistant Organisms in the hospital one of two ways.

- A unique strain of resistant organism develops as a result of antimicrobial therapy.
- The organism is transmitted
  - — from the contaminated hands of healthcare providers
    or
  - — by equipment shared between patients.

GE HealthCare. CARESCAPE V100 Vital Signs Monitor. Retrieved from https://www.gehealthcare.com/products/patient-monitoring/patient-monitors/carescape-v100

Enhanced Precautions

CAUTION

IF ENHANCED PRECAUTIONS ARE REQUIRED:

A GOWN and GLOVES ARE REQUIRED

TO ENTER THE PATIENT ROOM

PATIENT EMERGENCY IS THE ONLY EXCEPTION

Protective Precautions

A modified version of protective precautions is practiced at Erlanger and is implemented with a physician order.

Provisions for Protective Precautions include:

- Strict adherence to hand hygiene is imperative
- Place a "Protective Precautions" sign on the patient's door
- Private room is required
- Surgical mask will be worn by any person entering the room with symptoms of upper respiratory infection
- Fresh flowers and live plants are not permitted in the patient room

Return

Signage

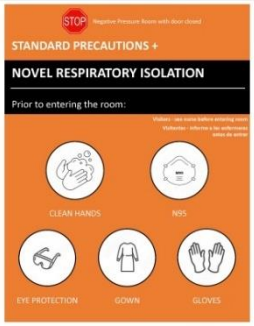
- Signs for each type of isolation are available in each unit. Speak to your supervisor if you do not know where to locate signs on your unit.
- Additional signs for printing can be found in the "Isolation Signs" folder within the "Infection Prevention Library" on the intranet as shown below. If you do not have access to a color printer, request from the copy center. Please note: signs are two-sided.

Signage

- Two-sided laminated signs must be placed on the door when isolation is initiated.
- Leave all signs on the patient's door after discharge so Environmental Services staff will know about any required special precautions.

Novel Respiratory Precautions

- Novel Respiratory Precautions are designed to interrupt the transmission of organisms to and from healthcare workers, visitors and patients.
- Anyone entering the room must follow the instructions for novel respiratory isolation listed on the sign.
- Wear a gown, gloves, N-95 mask, and eye protection.



Return

CD Enteric Precautions

CD Precautions apply to patients diagnosed with or suspected to have *Clostridioides difficile* infection. This pathogen may be suspected in patients with diarrhea of unknown cause. Contact infection prevention for resolution of isolation. It is not necessary to retest for *C. Diff* once diarrhea has cleared.

CD Precautions should begin in the ED for patients with diarrhea of unknown cause.

CD Enteric Precautions

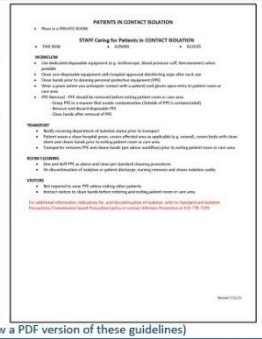
Provisions for CD Precautions include all provisions of Contact Precautions.

- Use soap and water for hand hygiene after patient care and before leaving the room. *C. difficile* spores are not killed by alcohol hand sanitizer, so hand washing with soap and water is necessary.
- Clean all rooms and equipment with bleach/bleach wipes.

When the patient is no longer symptomatic, isolation may be discontinued by turning the sign with the back facing out. This will signify to housekeeping that the room requires special cleaning on discharge.

Contact Precautions

- Contact Precautions are designed to interrupt the transmission of organisms to and from healthcare workers, visitors and patients.
- Anyone entering the room must follow the instructions on the contact precaution sign.
- Wear a gown if there is a risk for contamination of clothing. This is based on the level of physical contact with the patient.



(**REQUIRED**: Click an image to review a PDF version of these guidelines)

Contact Precautions

Transmission of these organisms can occur either by **direct contact with the patient** (hand or skin-to-skin contact that occurs when performing patient care activities that require touching the patient's dry skin), or indirect **contact with contaminated** environmental surfaces or patient care items in the patient's environment.

CAUTION

USE CONTACT PRECAUTIONS FOR THE FOLLOWING

Abscesses and draining wounds even if vac-pack is used

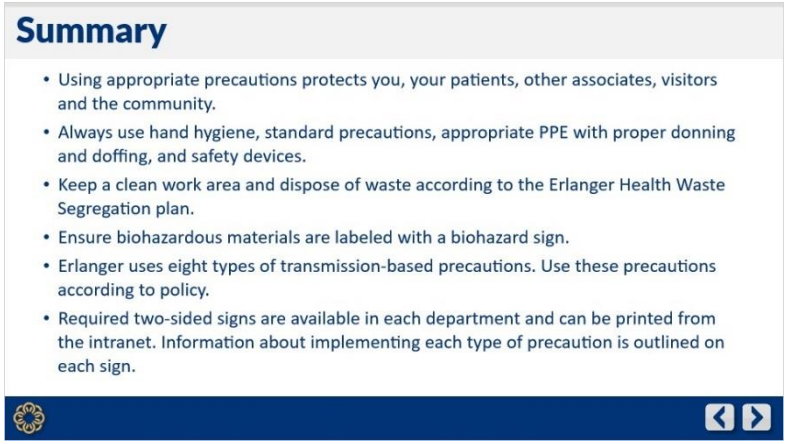
Enteric infections in diapered patients

Lice, Scabies

Isolation Guidelines

Transmission-Based Precautions

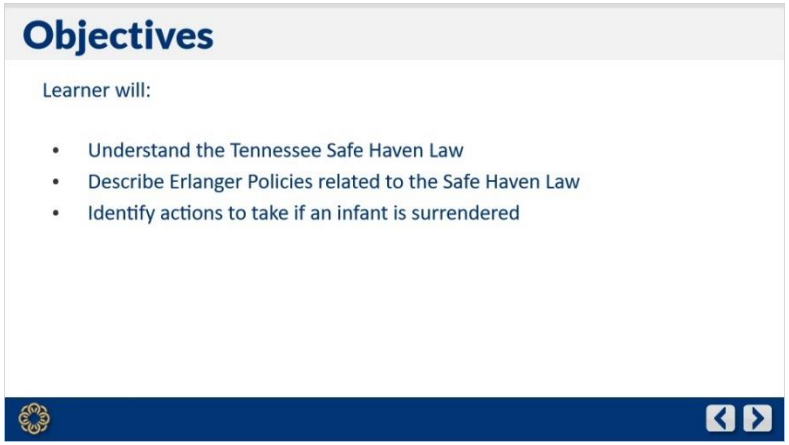
- Additional precautions beyond Standard Precautions are needed to interrupt transmission in healthcare facilities. Transmission-based precautions are designed for patients with a documented or suspected infection involving highly transmissible pathogens.
- There are eight types of Transmission-Based Precautions which may be used either singularly or in combination at Erlanger.



View Standard and Isolation Precautions (Transmission Based Precautions)

View Highly Infectious Disease Plan

Safe Haven - Infant Surrender (TN)



Tennessee Safe Haven Law

A Secret Safe Place
for Newborns of Tennessee

The Tennessee Safe Haven Law provides a mother with the right to surrender her unharmed newborn **within 14 days** of delivery to any hospital employee on the hospital premises without triggering a child abuse or neglect report to the Department of Children's Services (DCS).

What is a Safe Haven?

A place where a mother may anonymously and confidentially surrender her newborn instead of abandoning the infant in an unsafe place where the baby could die.

Who should know about this?

- Any associate working in the Erlanger Health System (all personnel) within the state of Tennessee.
- A newborn baby could be dropped off at any Erlanger location within Tennessee.

What happens when a newborn is brought to the hospital for voluntary surrender?

Any hospital employee may accept temporary care of the newborn that is voluntarily brought to the hospital or clinic unharmed by a mother who expresses a desire to surrender the newborn to the hospital without the intention of returning for the newborn.

What happens when a newborn is brought to the hospital for voluntary surrender? (continued)

- The employee should immediately **notify the house supervisor for the Children's Hospital to take the baby to the Children's Emergency Department.**
- Do **NOT** notify Erlanger Hospital Security or the Police Department if the case meets the requirements for surrender.

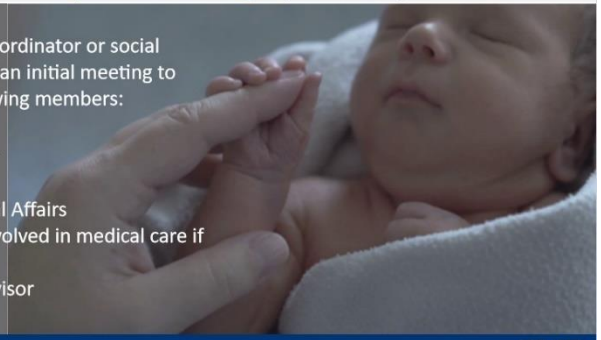
What happens when a newborn is voluntarily surrendered to Erlanger by the mother prior to discharge?

- A social worker advises the mother that the newborn will be registered under an alias name and placed under no information status once the mother is discharged from the hospital and DCS has been notified.
- In either event, DCS is notified no later than 24 hours after surrender.
- Infants delivered at Erlanger Hospital remain in the newborn nursery pursuant to TN Safe Haven Law.
- A medical history will be obtained if available.

What happens when a newborn is voluntarily surrendered to Erlanger by the mother prior to discharge? (continued)

Administrative coordinator or social worker convenes an initial meeting to include the following members:

- Social worker
- Nursing staff
- Office of Legal Affairs
- Physicians involved in medical care if needed
- House supervisor



Safe Haven Packets

Packets for the mother include information regarding social service agencies, the law related to release of parental rights, her rights if she decides that she wants her baby returned, and a brief medical history form.

Packets are available at the following locations:

- Administrative offices
- EDs
- Front lobby/guest information areas
- Social work departments
- Admitting offices
- House supervisor

Safe Haven Packets (continued)

Click the image to the right to view a checklist for Safe Haven Surrenders and the contents of the Safe Haven Packet for mothers.

Fire Safety

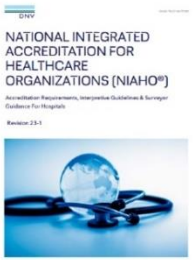
Standards

This training is required by the National Integrated Accreditation for Healthcare Organizations:

PE.2 LIFE SAFETY MANAGEMENT SYSTEM:

SR.4 "The fire control plan shall provide for training of staff in the following areas (NFPA 101-2012, 18.7.2.2 & 19.7.2.2):

- SR.4a Use of alarms;
- SR.4c Transmission of alarm to fire department;
- SR.4d Emergency phone call to fire department;
- SR.4e Response to alarms;
- SR.4f Isolation of fire;
- SR.4f Evacuation of immediate area;
- SR.4g Evacuation of smoke compartment;
- SR.4h Preparation of floors and building for evacuation; and,
- SR.4i Extinguishment of fire."



NIAHO® Accreditation Requirements Interpretive Guidelines & Surveyor Guidance for Hospitals - Revision 23-1.

Objectives

Learner will be able to:

- Respond to the smell of smoke or the observation of smoke or fire by rescuing, alarming, confining, and extinguishing/evacuating.
- Properly use a fire extinguisher by using the PASS method.
- Review the units of defense and evacuation procedures.
- Locate the Life Safety Management/Emergency Operations plan for each department.

RACE Procedure

If you smell something burning, and/or observe smoke or fire, remember to R-A-C-E.

Remove persons from immediate danger.

Activate the nearest alarm.

Confine the fire.

Extinguish or evacuate.

Rescue/Remove

Rescue persons from the immediate fire scene/room.

- Rescue patients from injury by removing them from the immediate fire area or shielding them from the fire hazard.

Interlock arms to create a lift for the patient.

Perry, A.G. and others [Eds.]. [2022]. Clinical nursing skills & techniques [10th ed.]. St. Louis: Elsevier.

Activate the Nearest Alarm

If you smell something burning, and/or observe smoke or fire:

1st - PULL THE CLOSEST FIRE PULL STATION!

2nd - If you cannot locate a pull station or it malfunctions:

- **In-Hospital (TN Campuses):** Dial 6911 and call a Facility Alert + Fire/Smoke Alarm + Location.
- **In-Hospital (Erlanger Western Carolina):** Dial 20 and wait for the tone, the dial #11 to call a Code Red + Location and repeat three times.
- **Out-of-Hospital Locations:** Dial 911 and provide details to the operator.

3rd - Immediately shut all doors and await further instructions.

Fire alarm pull stations are located at each exit.

Patient Care Areas

If you are in a patient care area and the fire alarm goes off:

Immediately shut all doors to all patient rooms and await further instructions.

Confine

Confine the fire and smoke by closing ALL doors to rooms and areas.

- Close all fire doors.
- Never block egress routes.
- Never leave or prop fire doors open.

Extinguish

If the fire is small, use a fire extinguisher. Remember to P-A-S-S:

Pull the pin from the extinguisher.

Aim the nozzle at the base of the fire.

Squeeze the lever.

Sweep side to side.

Extinguish

Evacuate: Out-of-Hospital Clinics and Office Buildings

If you are in an out-of-hospital clinic, practice, or office building:

- If your area is alarming, evacuate the building.
- If your area is not alarming and smoke or flame is not present, shelter in place.

Evacuate: In-Hospital/Outpatient Surgery Center

- In a health care occupancy, the "defend-in-place" concept is vital to life safety. **The first unit of defense is the room.**
- The unit concept increases the chances that patients will not require evacuation from the hospital building.
- In the event that evacuation does become necessary, the unit concept allows for movement to areas of refuge while the evacuation is being staged.

Evacuate: Units of Defense

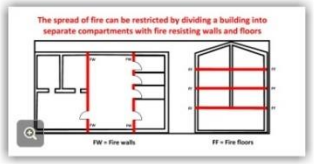
1st Unit of Defense: Defending in Place.
- Stay within my smoke compartment.

2nd Unit of Defense: Horizontal Evacuation.
- If I must evacuate my smoke compartment, I would do so horizontally before vertically.

3rd Unit of Defense: Floor Assembly.
- The floor assemblies are meant to prevent the vertical spread of fire.

4th Unit of Defense: Building Itself.
- The structural rating must allow the building to remain intact and contain the fire for a given period of time.

Before an emergency happens, know your unit fire exits and evacuation routes.



Evacuate: Units of Defense (Con't)

5th Unit of Defense: The Exit, or Vertical Evacuation.

⚠ Only the **Fire Department** can order **vertical** evacuation.

When fire department personnel are on the scene, they will help extinguish the fire and evacuate the patients.

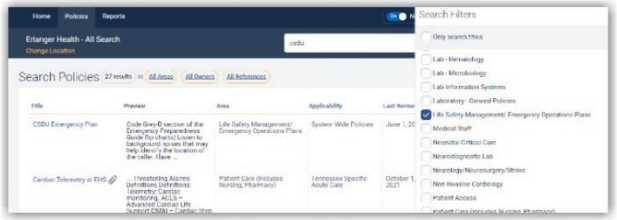
Medical Gas Shut-Off Valves

Remember When Evacuating:

- **At Tennessee Hospitals**: Only the unit's **Clinical Staff Leader/Charge Nurse** in coordination with the assigned **Respiratory Therapist for the unit** are authorized by Erlanger to shut off flammable gas lines during an evacuation of a smoke compartment.
- **At Erlanger Western Carolina**: The Clinical Staff Lead for the unit, Safety Officer, Fire Marshall, or Incident Commander may accomplish the physical act of shutting off the zone valves.

Find Your Area's Emergency Plan

You can view the Emergency Plan specific to your department by searching for your department within PolicyStat and applying the filter for Life Safety Management/Emergency Operations Plans.



Summary

- If you smell something burning and/or observe fire or smoke, remember to R-A-C-E:
  - Remove persons from immediate danger.
  - Activate the closest fire alarm pull station.
  - Confine the fire and smoke by closing all doors.
  - Extinguish the fire using the PASS method.
- The first unit of defense is defending in place. If you must evacuate your smoke compartment, you will do so horizontally. Only the fire department orders vertical evacuation.
- In Tennessee, only the unit's Clinical Staff Leader/Charge Nurse in coordination with the assigned Respiratory Therapist for the unit are authorized by Erlanger to shut off flammable gas lines during an evacuation of a smoke compartment.

[View Fire Safety Management Plan]

Operating Room (OR) Fire Safety

Standards

This EOL meets educational requirements from the DNV standards below.

SS1 Surgical Services

SR.4 The organization shall develop and implement policies and procedures for providing surgical services that are in accordance with acceptable standards of medical practice and surgical patient care. Policies and procedures shall include at least the following...

SR.4p Safety practices (e.g., fire safety, site marking, time-outs, etc.)

PE.2 LIFE SAFETY MANAGEMENT SYSTEM

SR.4 The organization shall have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel, and guests; evacuation; and cooperation with firefighting authorities. The fire control plan shall provide for training of staff in the following areas (NFPA 101-2012, 18.7.2.2 & 19.7.2.2): SR.4a Use of alarms; SR.4b Transmission of alarm to fire department; SR.4c Emergency phone call to fire department; SR.4d Response to alarms; SR.4e Isolation of fire; SR.4f Evacuation of immediate area; SR.4g Evacuation of smoke compartment; SR.4h Preparation of floors and building for evacuation; and, SR.4i Extinguishment of fire.

Objectives

Learner will be able to:

- Identify and control sources of ignition, oxidizers, and fuel.
- Describe the roles and responsibilities of the operating room staff in the event of fire.
- Respond by carrying out their assigned responsibility in the event of a fire on the patient, in the patient, or on equipment.
- Describe proper methods to extinguish and to smother a fire in the operating room.
- Explain how fire prevention and response is a team responsibility and identify their roles in fire prevention and response.

What Procedures Have High Fire Risk?

Any procedure in the OR carries a risk of fire. These are procedures that carry high risk of OR fire.

Examples include:

- Lesion removal on the head, neck, or face
- Tonsillectomy
- Tracheostomy
- Burr hole surgery
- Removal of laryngeal papillomas
- Any procedure above the xiphoid process

What Procedures Have High Fire Risk?

Other procedures with frequently reported fires include:

- Cervical conization
- Cesarean section
- Facial surgery
- Infant surgeries (eg, patent ductus arteriosus)
- Oral surgery
- Pneumonectomy

The Fire Triangle

Fire requires the three elements of the fire triangle to ignite and be sustained. By controlling these three elements, you can prevent and stop fire in the operating room.

- Ignition sources
- Fuels
- Oxidizers

Ignition Sources

Sources of ignition should always be handled with caution.

Examples of ignition sources include:

- Electrical equipment
- Electrosurgical unit (ESU)
- Argon beam coagulator
- Power tools (e.g., drills, burrs)
- Laser
- Fiber-optic light
- Defibrillator

Controlling Ignition Sources

Electrical Equipment:

- Inspect electrical cords and plugs for integrity and remove from service if broken
- Check biomedical inspection stickers on equipment for a current inspection date and remove the equipment from service if inspection date is not current
- Do not bypass or disable equipment safety features
- Follow manufacturer's recommendations for use
- Keep fluids off of electrical equipment
- Do not use an ignition source to enter the bowel when it is distended with gas

Controlling Ignition Sources

Electrodes and Electrosurgical Unit (ESU):

- Store the ESU pencil in a safety holster when not in use
- Keep surgical drapes or linens away from activated ESU
- Do not use to enter the bowel when it is distended with gas
- Keep the ESU active electrode away from oxygen or nitrous oxide
- Keep the active electrode tip clean
- Use only ESU manufacturer approved active and return electrodes
- Use approved protective covers as insulators on the active electrode tip, NOT a red rubber catheter or packing material
- Activate the active electrode only in close proximity to target tissue and away from other metal objects
- Moisten drapes or place absorbent towels and sponges in close proximity to the ESU active electrode

Image: AORN eGuidelines+: Aortic arch reconstruction. (n.d.). Association of periOperative Registered Nurses. https://aornguidelines.org/glance/content?gbosid=547988

Controlling Ignition Sources

Electrodes and Electrosurgical Unit (ESU) - continued:

- Inspect minimally invasive ESU electrodes for impaired insulation; remove electrode from service if insulation is not intact
- Use "cut" or "blend" settings instead of coagulation
- Use the lowest power setting for the ESU
- Ensure only the person controlling the active electrode activates the ESU
- Remove the active electrode from electrosurgical or electrocautery unit before discarding
- Place wet sponges around the endotracheal tube cuff if the surgeon is operating in close proximity to the endotracheal tube
- Use wet sponges or towels around the surgical site
- Have water or saline and the appropriate type of fire extinguisher available

Controlling Ignition Sources

Laser:

- Use a laser-resistant endotracheal tube when using a laser during upper airway procedures
- Place wet sponges around the endotracheal tube cuff if the surgeon is operating in close proximity to the endotracheal tube
- Use wet sponges or towels around the surgical site
- Do not use to enter the bowel when it is distended with gas
- Ensure only the dedicated person controlling the laser beam activates the laser
- Have water or saline and the appropriate type of fire extinguisher available
- Place the light source in standby mode or turn it off when not in use
- Inspect light cables before use and remove them from service if broken light bundles are visible

Image: AORN Fire Safety. (n.d.). Association of periOperative Registered Nurses. https://cine-med.com/aornonline/overview.php?cat=2&id=2017&video=4

Controlling Ignition Sources

Defibrillator:

- Select defibrillator paddles that are the correct size for the patient
- Use only manufacturer-recommended defibrillator paddle lubricant
- Place defibrillator paddles appropriately

Image: LIFEPAK®20e(n.d.). Stryker. https://www.stryker.com/content/dam/stryker/ems/products/lifepak-20/eu/resources/3307148_emea-en_lifepak_20e_brochure.pdf

Fuel Sources

Sources of fuel include any combustible material in the operating room, like:

- Patient
- Personnel
- Drapes
- Gowns
- Towels
- Sponges
- Dressings
- Tapes
- Linens
- Head coverings
- Shoe covers
- Collodion
- Alcohol-based skin preparations
- Human hair
- Endotracheal tubes

Fuel Sources

Use the following strategies to help control fuel sources:

- Use moist towels around the surgical site when using a laser
- During throat surgery, use moist sponges as packing in the throat
- Use water-based ointment and not oil-based ointment in facial hair and other hair near the surgical site
- Prevent pooling of skin prep solutions
- Remove prep-soaked linen and disposable prepping drapes
- Allow skin-prep agents to dry and fumes to dissipate before draping
- Allow chemicals (eg, alcohol, collodion, tinctures) to dry
- Conduct a skin prep "time out"

Oxidizers

Use oxidizers with caution, ensuring that control is maintained.

Oxidizers include:

- Nitrous oxide
- Oxygen
- Open oxygen sources - masks, nasal cannula
- Closed oxygen sources – endotracheal tube, anesthesia circuit
- Oxygen-enriched environment

Oxidizers

Oxidizers

Use oxidizers with caution, ensuring that control is maintained.

Ensure control of oxygen.

- Inform the surgeon that an open O_2 source is being used
- Stop supplemental O_2 or nitrous before and during the use of an ignition source
- Check the anesthesia circuits for possible leaks
- Turn off the O_2 at end of each procedure
- Keep the oxygen percentage as low as possible

Oxidizers

Use oxidizers with caution, ensuring that control is maintained (cont'd).

- Tent drapes to allow for free air flow
- Use an adhesive incise drape
- Inflate the endotracheal tube cuff with tinted saline
- Evacuate the surgical smoke from small or enclosed spaces
- Pack wet sponges around the back of the patient's throat
- If O_2 is being used, suction the patient's oropharynx deeply before using the ignition source

Oxidizers

Use oxidizers with caution, ensuring that control is maintained (cont'd).

Oxygen delivery during head, face, neck, and upper chest surgery:

- Inform the surgeon that an open O_2 source is being used
- Stop supplemental O_2 or nitrous before and during the use of an ignition source
- Check the anesthesia circuits for possible leaks
- Turn off the O_2 at end of each procedure

Exceptions:

- Patient verbal response required during surgery (eg, carotid artery surgery, neurosurgery, pacemaker insertion)
- Open oxygen delivery required to keep the patient safe

The Fire Triangle

In preparation for and throughout the entirety of each procedure be thinking about controlling all three elements of the fire triangle.

- Ignition sources
- Fuels
- Oxidizers

What Is Your Responsibility?

- The surgical team should discuss types of fire - small, large, endotracheal, equipment, etc.
- Fire response roles should be assigned to each individual prior to procedure start.
- This is especially important for new individuals joining a team.
- Click on the worksheet to the right to view AORN's table showing roles to be paired with fire response tasks.
- All operating room associate should participate in a mock fire drill.

Click on Picture for PDF Resource

Fire Prevention is a Team Effort

Each person in the OR has a responsibility in controlling the elements of the fire triangle and preventing and controlling fire.

- **Surgeon** – Controls the Ignition Source
- **Perioperative Staff** (Circulator, Surgical Techs,etc...) - Manage the Fuels
- **Anesthesia** – Minimizes Oxidizers

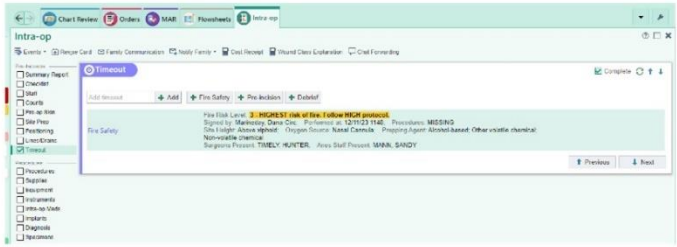
Fire Risk Assessment

Prior to every procedure a fire risk assessment must be completed and documented in the patient's electronic medical record.

- Perform before the start of every procedure
- All members of the team participate in the Fire Risk Assessment
- Assessment must be communicated during the "time out"
- Assessment must be documented in the patient's electronic medical record

Fire Risk Assessment

Prior to every procedure a fire risk assessment must be completed and documented in the patient's electronic medical record.



Types of Fires

Staff Responsibilities for Each Type

On the Patient	In the Patient	On or In a Piece of Equipment
		

Fighting Fires on a Patient

Responsibilities in the event of a fire on a patient

- Announce the fire (Whoever Sees it!)
- Pull the nearest fire pull or call 6911 if unavailable (Circulator/Nurse)
- Attempt to extinguish with water or saline (Scrub tech)
- Remove burning materials from patient (Scrub tech/ Surgeon)
- Extinguish on floor (Scrub Tech/Surgeon)
- Turn off oxygen source (Anesthesia)
- Obtain a fire extinguisher as last response (Nurse)
- Save all involved materials (Nurse/Scrub tech)

Fighting Fires on a Patient

Responsibilities in the event of a fire on a patient

- Assess the surgical field for a secondary fire on the underlying drapes or towels (Team)
- Assess the patient for injury (Surgeon / Scrub Tech / Nurse)
- Report injuries to the physician (Nurse)
- Document assessment (Nurse / Surgeon)
- Notify appropriate chain of command (Nurse)

Fighting Fires on a Patient

How to smother a fire

- Hold towel between fire and patient airway
- Drop the end of towel closest to the head
- Drop the other end of towel over the fire
- Sweep hand over towel from head toward feet
- Raise the towel
- Keep your body away from fire
- **DO NOT PAT**

Fighting Fires on a Patient

Extinguishing a Fire Using Solution

- Use a nonflammable liquid such as saline or water
- Aim at the base of the fire
- Remember: drapes may be impermeable

Equipment Fire

What to do if an equipment fire occurs

- Disconnect the equipment from the electrical outlet
- Remove the working end of the equipment from the sterile field
- Pull the fire pull, if unavailable call 6911
- Shut off the electricity to the equipment if you are unable to remove the plug from the outlet
- Shut off gases to the equipment
- Assess the size of fire
- Determine if equipment can be safely removed from the OR
- Determine if personnel should evacuate the OR
- Extinguish the fire using extinguisher, if appropriate
- Perform responsibilities for All Fires mentioned earlier

Fire in a Patient

Fighting fires involving an endotracheal tube

- Announce the fire (Anyone who observes the fire)
- Collaborate and assist the anesthesia professional with:
  - disconnecting and removing the breathing circuit (Anesthesia)
  - turning off the flow of oxygen (Anesthesia)
  - pouring saline or water into the airway (Scrub Tech/Surgeon)
  - removing the endotracheal tube and any segments of the burned tube (Anesthesia)
  - examining the airway (Anesthesia)
  - re-establishing the airway (Anesthesia)
  - Call for additional assistance (Nurse)

Fire Prevention is a Team Effort

- Nurses
- Surgical technologists
- Surgeons
- Assistants
- Environmental Services associates
- Administration team members
- Everyone else not mentioned

Responsibilities of Everyone - All Fires

- Alert team members to the presence of a fire
- Stop the flow of breathing gases to the patient
- Extinguish the fire by smothering or using water or saline
- Push the back table away from the sterile field and keep it sterile.
- Remove the burning material from the patient
- Assess for a secondary fire
- Assess the patient for injuries

Evacuation Steps: Use "RACE"

R Rescue
A Alarm
C Confine
E Evacuate

Fire Extinguisher: Use "PASS"

P Pull the pin
A Aim nozzle at the base of the fire
S Squeeze the handle
S Sweep the stream over the base of the fire

A CO_2 fire extinguisher is the best choice for fire extinguishers in the operating room or procedure area.

Responsibilities After A Fire

- Notify (Charge Nurse/Coordinator/Manager)
- Act as a liaison to the families (Charge Nurse or Administrator)
- Gather involved materials and supplies
- Enter an occurrence/e-Safe report

Prevention of Unintentionally Retained Surgical Items (RSI)

Prevention of Unintentionally Retained Items– Surgical Counts

PolicyStat ID 15327340

No Thing Left Behind video

Prevention of RSI – highlights to policy updates

- Adopting NO THING LEFT BEHIND® practices
  - ***See, Separate, Say*** **(Verifiable IN count)**
  - ***Pauze for the Gauze*** **(methodical wound exam)**
  - ***Show Me*** **(Trust but Verify)**
- Pocket Sponge Counter System
  - Blue-lined counter bags
- Opening laps in multiples of **10 vs. 5**
- Clear-lined kick buckets
- Therapeutic packing documentation
- Indications for x-ray
  - Required list updated
- Relief counts
  - Structured handover communication
- Minimal staff disruptions for open abdomen cases
  - Strategic staffing from board runner
- Responsibilities outlined by role

Next Steps:
Implementation of RFID Adjunct Technology

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View Policy on Prevention of Unintentionally Retained Surgical Items (Surgical Counts)

Roles and Responsibilities

The Surgeon, Resident, Surgical First Assistants, and APPs will:

- Use radiopaque surgical items (eg, soft goods) in the wound;
- Maintain awareness of the location of items in the surgical wound during the course of the procedure;
- Communicate placement of surgical items in the wound to the perioperative team for notation in a visible location (eg, the count board);
- Acknowledge awareness of the start of the count process;
- Notify the team if any supplies will be needed on the sterile field before the start of the closing count;
- Remove unneeded counted items from the surgical field at the initiation of the count process;
- Perform a methodical wound exploration, **PAUZE FOR THE GAUZE®** before closing the wound, using both visualization and touch when feasible;
- Notify the scrub person and RN circulator about surgical items returned to the surgical field to complete the final count;
- Communicate and document items left intentionally as packing;
- Participate in count reconciliation activities
- Verify the result of the final count using the **SHOW ME®** step.

Therapeutic Packing

When radiopaque surgical soft goods are intentionally used as therapeutic packing and the patients leaves the OR with this packing in place,

1. Document the number and types of items placed in the surgical wound
   a. As ***reconciled*** and confirmed by the surgeon when this information is known with certainty
      or
   b. As ***incorrect*** if the number and type of sponges used tor therapeutic packing is not known with certainty
2. Communicate the number and types of radiopaque surgical soft goods used for therapeutic packing as part of the transfer of patient care information and document in the patient's intraoperative electronic health record (EHR) in the count section under safety.
   a. The RN circulator will complete the LDA section in the EHR, and document initial assessment to include items used for therapeutic packing.
   b. Pink sticker must be applied with the label completely filled out for wound vacs (See Exhibit A).

Therapeutic Packing, continued…

When radiopaque surgical soft goods are intentionally used as therapeutic packing and the patients leaves the OR with this packing in place,

3. The surgeon is to communicate the location of packing and the plan for eventual removal of the items (e.g. intracavity, vaginal, oral) when the patient leaves the OR/labor and delivery room with packing in place.
   a. This includes foam pieces used in an open wound with a negative -pressure wound therapy device
4. When a patient returns to the OR for a subsequent procedure to remove therapeutic packing:
   a. Determine from the LDA section of the EHR of the surgery during which the packing was placed, the number and type of radiopaque soft goods to be removed.
   b. Isolate the radiopaque sponges removed and do no include them in the counts for the removal procedure,
   c. Upon final closure, the surgeon should perform a methodical wound examination **PAUZE FOR THE GAUZE®** and order an intraoperative radiograph *before the patient leaves the OR*
   d. Document the count for the removal procedure as ***reconciled*** if all radiopaque soft goods have been accounted for.
      i. If the return to the OR results in the **definitive closure of the wound** , an intraoperative image **must be taken.** *Refer to Section XII of this policy for details.*

Indications for X-ray

When accurate accounting of surgical items is not possible, perform intraoperative imaging before the patient is transferred from the OR.

1. X-ray(s) will be taken in the OR and read by the surgeon before the patient leaves the OR room. The x-ray will be taken in two views or c-arm images of the operative site **before final skin closure.** The surgeon/proceduralist or radiologist will review immediately and give a preliminary reading.
   a. C-Arm images are not acceptable for the final reading.
   b. A final "static" x-ray in two views, covering the entire operative site, must be obtained as to receive a final reading by the radiologist.
      i. This two view x-ray for final reading can either be completed intraoperatively or upon arrival at next level of care.
   c. Any finding raising questions with the potential of a retained surgical item will be immediately called to the attending surgeon by the radiologist.

Compliance Training for Accountable Care Organization (ACO) Providers

What is an ACO?

- ACO stands for Accountable Care Organization
- ACOs are a group of doctors, hospitals, and other health care providers who voluntarily come together to coordinate care for their Medicare Patients.
- Erlanger Health is participating in the Medicare Shared Savings Program as an ACO.

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How do I fit into the ACO?

- You are considered an ACO Provider when you provide health care services that are billed under your organizations TIN(s)
- Being an ACO Provider does not change how you provide care or bill for services, but it can provide benefits to help you manage patient care.

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What are the benefits of ACO Participation?

- Share in savings that result from providing high quality, coordinated care to your Medicare patients.
- CMS Scoring benefits that will yield higher Medicare rates in subsequent years.
- Access CMS data to better manage the care of your patients and identify patients for care management.
- Access ACO Waivers for patient incentives, financial arrangements, and other Medicare rules.

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Patient Freedom of Choice

Medicare beneficiaries retain the right to choose their health care provider

Referring within the ACO may be helpful for managing patient care, but ACO Providers (you) may always refer outside the ACO when:

- The beneficiary expresses a preference for a different provider;
- The beneficiary's insurer determines the provider; or
- The referral is not in the beneficiary's best medical interest in the judgement of the referring party

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Beneficiary Inducements Prohibited

DO NOT PROVIDE GIFTS OR FREE SERVICES TO MEDICARE PATIENTS!

ANY ITEM OF VALUE THAT COULD BE PERCEIVED AS INFLUENCING HEALTH CARE CHOICES IS SUSPECT UNDER FEDERAL FRAUD AND ABUSE LAWS.

NEVER OFFER PATIENTS CASH, CASH EQUIVALENTS, OR WAIVERS OF COST - SHARING AS ROUTINE WAIVER.

LIMITED EXCEPTIONS EXIST AROUND CERTAIN VERY LOW -COST ITEMS (NOMINAL GIFTS) OR ITEMS/SERVICES NECESSARY FOR MEDICAL CARE WHEN PART OF A VALID PROGRAM (ACO PATIENT INCENTIVE).

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For Questions or Concerns Regarding the ACO

Contact your organization's Compliance Officer

Marti Arvin

Marti.Arvin@erlanger.org

(423) 778-7734

Contact the ACO Compliance Officer

Tonya Gregory

tgregory@signifyhealth.com

Contact the ACO anonymous reporting hotline

Phone: 844 -232-8709

signifyhealth.ethicspoint.com

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