ORIENTATION FOR NURSING FACULTY
at MedStar Good Samaritan Hospital & MedStar Union Memorial Hospital
PART II

2016-2017

Revised July 2016
JAB
<table>
<thead>
<tr>
<th>Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part II:</strong></td>
</tr>
<tr>
<td>Safety Information</td>
</tr>
<tr>
<td>Electrical Safety</td>
</tr>
<tr>
<td>Fire Safety</td>
</tr>
<tr>
<td>Hazardous Materials</td>
</tr>
<tr>
<td>Infection Control</td>
</tr>
<tr>
<td>Emergency Codes</td>
</tr>
<tr>
<td>Hazardous Pharmaceutical Waste FAQ</td>
</tr>
<tr>
<td>The Joint Commission National Patient Safety Goals</td>
</tr>
</tbody>
</table>
Part II
Safety Information

The following pages contain Safety Information that instructors are required to review with all students prior to the student’s first clinical day on a nursing unit. Instructors and each student must sign the Signature page acknowledging that they have reviewed all the following Safety Information.
**Electrical Safety**

Patient care equipment and facility equipment is checked by Clinical Engineering when put into service and receives a green sticker indicating when inspection is next due or a blue sticker indicating no further inspection necessary.

**Common Electrical Hazards in the Hospital Environment:**
- Faulty lamp socket
- Use of cheaters
- Frayed power cords
- Broken/cracked plugs
- Cords across pathways
- Missing/damaged ground pins
- Liquids spilled in electrical equipment

**Electrically Sensitive Patients:**
- Patients with pacemakers (external) or catheters in the heart (i.e. Swan Ganz) are sensitive to very small amounts of electrical current which if it travels through the catheter to the heart can cause severe damage and even death.
- **Precautions**: Pacer and catheter connections must be secure and waterproof; operator must never touch the pacer/catheter and electrical equipment at the same time, keep area dry.

**Faulty or Malfunctioning Equipment:**
- Unplug the device if you are able and do not continue to use it.
- Label the equipment as defective.
- Notify the supervisor.
- Notify engineering.

**Precautions for the Safe Use of Electrical Equipment:**
- Inspect all equipment prior to use for integrity of plug, cord and connections.
- Make sure all equipment, including the outlet, has no cracks, or burn marks.
- Check to see there are no exposed wires.
- Three prong plugs should be used on all cords, never use a cheater (A cheater plug, AC ground lifter or three-prong/two-prong adapter is an adapter that allows a grounding-type plug (three prongs) to connect to a non-grounding receptacle (two slots). Cheaters put the patient or equipment operator in danger of receiving an electrical shock; therefore, they are absolutely contraindicated in a hospital setting.)
- Never use extension cords.
- Extension cords are prohibited.
- Remember to unplug equipment by the plug. **Do not remove equipment by pulling on the cord.**
- Never touch a metal device and electrical equipment at the same time.
- Never place containers of liquids on electrical equipment.
- Never handle electrical equipment with wet hands.
• Never allow patients with external pacemakers to use their own personal electrical devices in the hospital (i.e. radio, electrical razors, etc.).
• Make sure electrical medical equipment has a current inspection sticker.

Electrical Fire:
• **Dial “11” to activate a Code Red AT MGSH**
• **Dial 333 to activate a code red at MUMH.**
• Report the fire location to hospital operator and proceed according to hospital fire policy.
FIRE SAFETY - THE HOSPITAL CODE FOR FIRE IS “CODE RED”

There is a general hospital fire plan which is supplemented by department specific fire plans. Know your department specific fire plan. A Fire Evacuation Plan and a list of Bell Codes are located at all major intersections in the hospital.

Fire safety starts with you. Report any fire safety hazards to a supervisor.

The hospital’s basic fire plan is RACE.

- \( R = \text{Rescue anyone in immediate danger} \)
- \( A = \text{Activate the alarm and dial 11 to report fire} \)
- \( C = \text{Confine the fire by closing doors and windows} \)
- \( E = \text{Extinguish fire} \)

Know the location of fire alarm pull stations, fire exits, and fire extinguishers in your area. To use an extinguisher, remember the acronym PASS.

- \( P = \text{Pull pin} \)
- \( A = \text{Aim nozzle (at the base of fire)} \)
- \( S = \text{Squeeze handle} \)
- \( S = \text{Sweep from side-to-side} \)

Fire Evacuation Plan

Each area in the hospital has its bell code. When you hear the fire alarm sound, go to the nearest fire box and look up the bell code on the alarm list hanging next to the alarm box.

EXAMPLE: 2-1-3 would ring 2, pause, 1, pause, 3, long pause. The sequence is repeated four times.

Coded Announcement:
The page operator will announce “CODE RED” followed by the location.

When You Hear the Fire Signal:
- Remain calm.
- Members of the fire brigade respond to fire locations with extinguisher.
- Use the stairs.
- Stay alert for further instructions or the all clear signal: “CODE RED – ALL CLEAR.”
- Don’t report to the fire location unless you are assigned.
- Don’t use the elevators until the “all clear” signal has been given by the operator.

Patient Evacuation Procedure:
1. Internal Horizontal Evacuation - Evacuate patients from one smoke zone to another smoke zone (for example from the east side of the hospital to the west side of the hospital)
2. Internal Vertical Evacuation - Evacuate patients from one floor to another. As a last
resort, patients will be evacuated vertically downward via stairwells, not elevators.

3. External Evacuation- Evacuate patients from the hospital building

- Move those closest to danger.
- Move the helpless patients (they may be lowered to the floor onto a blanket and pulled along the floor, head first).
- Move the wheelchair patients.
- Move the walking patients. Every patient should take a blanket.

**Remain at fire location until you are instructed to leave or the “all clear” sounds.**
Hazardous Materials

HAZARDOUS MATERIALS: CODE ORANGE

What You Need to Know...

a. Every chemical container must be labeled.
b. Material Safety Data Sheets (MSDS) are fact sheets that describe the hazards of chemicals used on your unit. MSDS are located on your unit and you should know location of this information.
c. Do not use any chemical in a container that is not labeled.
d. The Facility Safety Officer maintains a master list of chemicals used within the facility.
e. Report spills to the Nursing Supervisor and dial x4300.

General Guidelines for Hazardous Substances in the Workplace

The Safety Committee has developed a Hazardous Substance Program in compliance with OSHA Standards. It is a yellow booklet called “You Have a Right to Know about Hazardous Substances in Your Workplace”.

All employees are required to have education on potential hazardous material found in the hospital. This includes infectious materials, radioactive materials, sharps, flammable liquids, gases, and chemical health hazards.

MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) for chemicals used in the hospital are available at all times in most departments, the Emergency Room and Security. If you need to review a data sheet, contact the supervisor, the Safety director, or the Security Office.

LABELS

The products which we use labeled in accordance with the Right to Know Law. They contain an identification of any hazardous components and an appropriate hazard warning. Some of the products use are consumer products and may not indicate the hazards of their use. When in doubt, see the list and Material Safety Data Sheet (MSDS).

Ask questions if you are unsure of any safety precaution.
Eat and drink only in authorized areas.
Practice safe work habits at all times.
Infection Control

Proper Hand Washing is the number one way to prevent the spread of infection.

A. Hand washing:
   1. Use antiseptic soap
   2. Scrub with friction for 15 seconds
   3. Rinse with your fingers pointed downward
   4. Dry hands well and use towel to turn off the faucet

B. Alcohol gels – use unless hands are visibly soiled. Gel has been shown superior in removing organisms.

Remember... Always change gloves between patients. Always wash your hands after removing gloves. You may also use alcohol gel, which is located in patient rooms and nursing units for hand washing. Personal protective equipment must be worn for any contact with blood or body fluids. Contact your supervisor for the location of personal protective items

Hand Hygiene Will be Performed:
• On entering and exiting a patient room, even when no contact with the patient or room environment is expected
• Before and after touching a patient
• Before performing a clean and/or aseptic procedure
• After removing gloves
• After touching a patient’s surroundings

<table>
<thead>
<tr>
<th>Soap and Water Must wash for 15 seconds</th>
<th>Alcohol Based Hand Rub Cover all surfaces and Rub until Dry!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands are visibly soiled</td>
<td>All Interactions other than those listed under Soap and Water</td>
</tr>
<tr>
<td>Leaving an Enteric Precautions Isolation Room</td>
<td>The amount dispensed is the exact amount needed to clean hands appropriately</td>
</tr>
</tbody>
</table>
General Guidelines for Healthcare Workers

- **Consider blood/body fluids of all/patients potentially infected.**
- **Use appropriate barrier precautions to prevent exposure when contact with blood or body fluid is anticipated.**
- **Use isolation procedures based on CDC guidelines for known or suspected infectious patients.**

**Wash Hands**
- Hand washing is the most important measure in controlling the transmission of microorganisms and infection.
- **Wash hands before and after contact with patients.**
- **Wash hands immediately and thoroughly if contaminated accidentally with blood, body fluids or contaminated items**
- **Wash hands after removing gown and gloves and before leaving patient’s room.**

**Use Gloves**
- Gloves are to be worn when......
- **Touching blood, body fluids, mucous membranes or broken skin areas.**
- **Handling items soiled with blood or body fluids**
- **Emptying urinary drainage bags, hemovacs, etc.**
- **Suctioning patients.**
- **Handling blood samples or blood soiled items, blood and body fluids.**
- **Performing venipuncture or other vascular access procedures and invasive procedures including assisting with same.**
- **Gloves are to changed and hands washed after contact with each patient or contaminated item.**

**Use Protective Eye Protection Gear**
- Use during procedure that is likely to generate splashed or aerosolization of blood or other body fluids (e.g. dialysis).

**Dispose of Properly**
- Blood and body fluid waste containers, as well as all disposable contaminated materials (trash), are red bagged for incineration.
- Suction fluids, excretions, or blood can be poured down a drain connected to a sanitary sewer.
- Needles are not to be recapped, bent or broken by hand, but placed in a puncture resistant container after use. Any sharp item (e.g. scalpel, razor, etc.) that has been contaminated or used is placed in the same box.

**Other:**
- Linen which is soiled with blood or body fluids is to be bagged as usual.
- **Spill Kits** may be used for blood/body fluid spills.
- **Bleach** is kept in janitor’s closet on each wing as a germicide for cleaning contaminated surfaces. Dilute1:10 solution.
• **Specimens** are to be placed in plastic puncture proof sealable bags. “Special handling sticker” is used for specimen from known infectious patient.

• **CPR** – vent easy airways or ambu bag is to be used for CPR ventilation.

**Renal Dialysis** has own guidelines specifically established for dialysis patients

**MedStar participates** in Maryland Health Care Commission Hand Hygiene Initiative using unknown observers to monitor compliance with hand hygiene practices

### Standard Precautions apply to all patients

Hand Hygiene must be performed before putting PPE and immediately after removal. Discard in room. Hands must be cleaned with soap and water on exit from Enteric Precautions Patient to kill spores.

---

**Infection Prevention & Control**

Infection Prevention and Control is both a process and a program that targets the prevention of the transmission of illness or infections in the health-care setting. Infections that are not present or incubating at the time of admission to the health care facility are called hospital-acquired infections. Some of these infections may include:

- Antibiotic Resistant Infections (MRSA, VRE, and other gram negative organisms)
- Respiratory infections such as Tuberculosis, Influenza
- Foodborne illness
- Bloodborne Pathogens (Hepatitis B, Hepatitis C, HIV)

**DEVICE RELATED INFECTIONS**

- Catheter Associative Urinary Tract Infections (CAUTI)
- Central line associated bloodstream infections (CLABSI)
- Ventilator associated Pneumonia (VAP)

**PROCEDURE RELATED INFECTIONS:**

- Postoperative infections (surgical site infections)

---

***Isolation Protocol for Students***

Please note that students are not permitted to care for patients requiring negative pressure isolation. This is for the student’s protection because they are not FIT tested for the N-95 respirators.

Patient and Family Education Materials are located in the Patient Education Tab using the Chart tab at the top of tool bar when the patient chart is open.
<table>
<thead>
<tr>
<th></th>
<th>CONTACT</th>
<th>ENTERIC¹</th>
<th>DROPLET</th>
<th>AIRBORNE²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation cart/cabinet needed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Room</td>
<td>Yes - may consider cohort</td>
<td>Yes - may consider cohort</td>
<td>Yes - may consider cohort</td>
<td>Yes</td>
</tr>
<tr>
<td>Door closed</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Mask</td>
<td>No</td>
<td>No</td>
<td>Surgical Mask</td>
<td>N-95</td>
</tr>
<tr>
<td>Gown</td>
<td>To enter room</td>
<td>To enter room</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gloves</td>
<td>To enter room</td>
<td>To enter room</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Linen (leak resistant bag)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dedicated thermometer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dedicated blood pressure cuff</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dedicated stethoscope</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cubicle curtain change at Discharge</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Procedures not performed in the room need to be scheduled for the end of the day</td>
<td>Preferred</td>
<td>Preferred</td>
<td>Preferred</td>
<td>Preferred</td>
</tr>
<tr>
<td>Transport of patient⁴</td>
<td>Patient in fresh linens³</td>
<td>Patient in fresh linens³</td>
<td>Patient wears surgical mask</td>
<td>Patient wears surgical mask</td>
</tr>
<tr>
<td>Multi-use items must be cleaned with approved disinfectant</td>
<td>Daily disinfectant</td>
<td>Bleach solution/wipes for daily cleaning</td>
<td>Daily disinfectant</td>
<td>Daily disinfectant</td>
</tr>
<tr>
<td>Examples: This is not an all-inclusive list, please refer to Starport for Policy: Disease Specific Isolation per CDC for a complete listing of Type and Duration of Precautions needed for selected Infections and conditions.</td>
<td>MRSA, VRE, ESBL, Lice, Scabies, Dermatomal herpes zoster (Shingles), MDRO gram neg rods, CRE</td>
<td>C-diff, Shigella, Salmonella, Hepatitis A, Norovirus</td>
<td>Influenza, Pertussis, Diphtheria, Bacterial Meningitis</td>
<td>TB, Chicken pox, Disseminated Herpes Zoster (shingles), measles, mumps, MERS, SARS</td>
</tr>
</tbody>
</table>
INFECTION PREVENTION BASICS

MedStar requires 100% compliance with the following:

HAND HYGIENE IS THE SINGLE MOST EFFECTIVE METHOD TO PREVENT TRANSMISSION OF INFECTIONS. (CDC - Centers for Disease Control and Prevention)

3 Components of Hand Hygiene Program:
1. **Use soap and water** – wet hands with warm water, apply soap, scrub for 15 seconds, rinse, use towel to turn off faucet
2. **Alcohol Hand Gel** – apply to dry hands with no visible contamination, rub until dry
3. **Hospital Approved Hand Lotion** – personal hand lotions containers become contaminated with bacteria during use, only hospital approved lotions are tested for compatibility with latex gloves and Chlorhexidine Gluconate (CHG) – a skin antiseptic

When to use hand hygiene (either soap/water or alcohol hand gel):
- Before and After entering a patient room
- Before and after using gloves
- Before doing an invasive procedure (inserting an IV catheter, drawing blood)

When to wash your hands with soap and water:
- Whenever they look or feel dirty
- After using the bathroom
- Before and after eating
- After coughing or sneezing into your hands
- When exiting a room with patient on Enteric Precautions

STANDARD PRECAUTIONS
Use when caring for all patients – use personal protective equipment to prevent exposure to blood and body fluids or the nonintact skin of a patient.

Personal Protective Equipment: gloves, gowns, masks, eye protection (goggles or face shields)

TRANSMISSION BASED PRECAUTIONS (ISOLATION)

Three Categories:
**CONTACT** – Use for all antibiotic resistant bacteria and Clostridium difficile cases with diarrhea
All staff and visitors must use **gloves and a gown** upon entering the patient room

**DROPLET** – Use for suspected meningitis, influenza, mumps, german measles, whooping cough
All staff and visitors must use a **surgical mask** upon entering the patient room

**AIRBORNE** – Use for suspected tuberculosis, chicken pox, measles, smallpox, avian flu
All staff and visitors must use the **N95 mask** for TB isolation, smallpox, and avian flu
The door to the patient room must remain closed with HEPA filter or NAP room
OCCUPATIONAL HEALTH REQUIREMENTS FOR HEALTH CARE WORKERS:

OSHA and COMAR (Maryland State Law) require the following records be kept up to date by all health care workers:

Annual TB screening (PPD skin test or for a know positive PPD-a negative Chest x-ray)
Fit testing for the N95 respirator (for TB isolation) – needs to be done annually for those who work in “Airborne Isolation Rooms”.
*Hepatitis B Vaccination (documentation of 3 doses or a positive antibody blood test)
*Immunity to Measles, Mumps, and Chickenpox (documentation of MMRV vaccine or positive antibody blood test)

*Healthcare workers who are nonimmune should be revaccinated to prevent unnecessary exposure and transmission to patients.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CONTACT TASKS:
Determine what procedures/tasks are potential exposures to Blood and Body Fluids

ENGINEERING AND WORK PRACTICE CONTROLS:
Standard Precautions/Hand Hygiene
Proper use of safety engineered needles and sharps
Proper disposal of all contaminated needles/sharps
No eating, drinking, smoking, cosmetics, handling contact lenses in work areas
Proper storage and transport of lab specimens
Biohazard labels and red bags are used to identify contaminated waste

PERSONAL PROTECTIVE EQUIPMENT:
Use the appropriate barrier precautions (gloves, gowns, masks, eye protection)
PRESCRIPTION EYEGLASSES ARE NOT CONSIDERED ADEQUATE PROTECTION – YOU MUST USE THE EYE PROTECTION PROVIDED

HOUSEKEEPING:
Dispose of contaminated waste in appropriate containers with a red bag
Ensure contaminated equipment is cleaned properly before reuse

HEPATITIS B VACCINATION PROGRAM:
Required to complete all 3 doses and provide documentation or sign a declination form

POST EXPOSURE EVALUATION AND TREATMENT:
Flush the site immediately with water
Immediately contact the nursing supervisor to report the exposure
Medical evaluations are provided by the ER medical staff
Source patient testing will be coordinated by the hospital and confidential counseling will be provided.
Follow-up care should be provided by a your physician or a referral if needed
### TUBERCULOSIS EXPOSURE CONTROL PLAN

<table>
<thead>
<tr>
<th><strong>HEALTHCARE WORKER ROLE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early identification and isolation of patients suspected TB (respiratory precautions – HEPA filtered room or negative air pressure room)</td>
</tr>
<tr>
<td>Prompt and appropriate treatment per CDC and health department recommendations.</td>
</tr>
<tr>
<td>Maintain isolation precautions until the patient is no longer considered infectious</td>
</tr>
<tr>
<td>Use proper respiratory protection (N95) whenever you are required to enter a TB isolation room (Need to be fit tested)</td>
</tr>
<tr>
<td>Remain compliant with annual TB screening and any exposure follow-up if indicated.</td>
</tr>
</tbody>
</table>

**Note:** Both the BBP and TB Exposure Control Plans can be found in the Infection Control Manual
<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Droplet Precautions</th>
<th>Contact Precautions</th>
<th>Airborne Precautions</th>
<th>Gloves</th>
<th>Mask</th>
<th>Gown</th>
<th>Duration/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>N95</td>
<td>X</td>
<td>Neg. pressure room until lesions crusted</td>
</tr>
<tr>
<td>Clostridium Difficile (C. Diff)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Duration of hospitalization</td>
</tr>
<tr>
<td>Conjunctivitis – acute viral</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Duration of illness</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea (acute infectious – E 0157:7)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>Duration of illness</td>
</tr>
<tr>
<td>Epiglottitis: Hemophilus influenza</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Mask within 3 feet of patient plus eyewear</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Diapered children or incontinent patients</td>
</tr>
<tr>
<td>Herpes Simplex: Disseminated – Mucocutaneous</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Duration of illness</td>
</tr>
<tr>
<td>Influenza (Viral)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lice (pediculosis)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>Until 24 hrs after effective treatment</td>
</tr>
<tr>
<td>Measles (rubella)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N95 mask; negative pressure room</td>
</tr>
<tr>
<td>Meningitis: meningococcal (meningococcal)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Until 24 hrs after effective treatment</td>
</tr>
<tr>
<td>Meningococcal Pneumonia</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Until 24 hrs after effective treatment</td>
</tr>
<tr>
<td>MRSA (methicillin-resistant St. aureus)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Isolation for history/colonization or active infection</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Duration of infection</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RSV (respiratory Syncytial Virus)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>Until 5 days of therapy, plus eye wear</td>
</tr>
<tr>
<td>SARS (Severe Acute Respiratory Syndrome)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Negative pressure room; N95 mask</td>
</tr>
<tr>
<td>Staphylococci (Staph)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>If not immune to Chickenpox</td>
</tr>
<tr>
<td>Tuberculosis, known or suspected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VRE (Vancomycin resistant Enterococcus or MRSA)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Isolation for history/colonization or active infection</td>
</tr>
<tr>
<td>Wounds: Major drainage not contained by dressing</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Until drainage stops</td>
</tr>
</tbody>
</table>
Isolation Signage

**CONTACT PRECAUTIONS**

To prevent the spread of infection, **ANYONE** ENTERING THIS ROOM **MUST** WEAR:

**Gloves AND Gown**

*Gowns are to be used by both staff and visitors when entering the room other than food tray delivery.*

Wash hands upon entering and leaving this room.

**DROPLET PRECAUTIONS**

To prevent the spread of infection, ANYONE ENTERING THIS ROOM **MUST** WEAR:

**Surgical Mask**

N-95 Respirators should not be used for personal protection of patients in droplet precautions.

**ENTERIC PRECAUTIONS**

To prevent the spread of infection, **ANYONE** ENTERING THIS ROOM **MUST** WEAR:

**Gloves AND Gown**

Wash hands with soap and water upon entering and leaving this room.

**AIREBONE PRECAUTIONS**

To prevent the spread of infection, **ANYONE** ENTERING THIS ROOM **MUST** WEAR:

**N-95 Respirator**

Ensure that the door to the patient’s room remains closed at all times.

*Patient should wear a blue surgical mask when being transported outside the room.*
"DRESS FOR SUCCESS" - PPE Campaign

How to Select PPE

- The type of exposure anticipated - touches, splashes, sprays or large volumes
- Durability and appropriateness for task
- Proper fit - is it your size?
- Wear PPE correctly - Gowns open in the back. Gown must be tied! (Top and bottom)

How much is too much?
- Protect eyes, mouth, and mucous membranes - any exposed area could be contaminated!
- Too much is better than not enough!

Make a Fashion Statement

- Be Proud - show your co-workers' how well you protect yourself
- Use the buddy system to assure correct application
- Put all PPE on before entering a patient room
- Use equipment carefully to avoid contamination
- Keep equipment available at all times
- Remove and discard equipment immediately as you leave the patient room
- Clean your hands immediately after removing PPE

CDC's 4 Important Do's and Don'ts

- Work from clean to dirty - touch clean sites and surfaces before you touch dirty.
- Limit "touch contamination" - avoid touching your nose, face, and/or other exposed body parts. Limit touch of surfaces - countertops, light switches, knobs, etc.
- Change Gloves, Change Gloves, Change Gloves!!! - replace gloves after each patient and if gloves are heavily soiled or damaged
- Discard in Appropriate Receptacle - immediately after use
## Emergency Codes

**MGSH** – Dial “11” to activate any code. Tell the operator the location and type of code.

**MUMH** – Dial “3333” to activate any code. Tell the operator the location and type of code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant/Child Abduction</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Adult/Child/Infant Arrest</td>
</tr>
<tr>
<td>Code Blue Cardiac Arrest Open Heart–Adult/Child/Infant Arrest</td>
<td></td>
</tr>
<tr>
<td>Code Green</td>
<td>Combative person</td>
</tr>
<tr>
<td>Code Gold</td>
<td>Bomb Threat – not paged</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazmat Spill – not paged</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Elopement – not paged</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Security Only – not paged</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Emergency/Disaster</td>
</tr>
</tbody>
</table>
Hazardous Pharmaceutical Waste FAQ

1. Why do we need to implement a Hazardous Pharmaceutical Waste program at our hospital?
   - The Resource Conservation Recovery Act (RCRA) requires training for all workers who handle or come in contact with hazardous waste.
   - 2002 U.S. Geological Survey (USGS) Report found pharmaceuticals such as endocrine disruptors, hormones, and antibiotics in US waters.
   - Some pharmaceuticals that we administer are regulated by the EPA as “hazardous Waste” and must be managed by the RCRA rules.
   - These rules apply for generators, transporters, or owners of treatment, storage, and disposal facilities. Hospitals are GENERATORS of hazardous pharmaceutical waste.
   - ☾ It’s the right thing to do – It’s better for the environment!

2. What is the definition of hazardous waste?
   - Impacts human health and the environment when discarded.

3. What happens if we don’t comply?
   - The hospital will be fined for non compliance.

4. Define satellite and central storage area as it relates to the management of pharmaceutical waste.
   - A satellite is collection area near the point of generation of hazardous waste. It is the black box/container in the med room or nursing station area.
   - Central Storage Area: the area hazardous waste is taken prior to transport off-site for disposal.

5. When are pharmaceuticals regulated?
   - If they are listed on an EPA list
   - If they exhibit any of the 4 characteristics of hazardous waste: (1) Ignitable/flammable; (2) Corrosive; (3) Reactive; (4) Toxic
   - Some examples are: nicotine/nicotine patches, warfarin, Mitomycin, Selenium sulfide, human insulins, and paclitaxel.

6. What is my role?
   - Proper collection: Choose the right container. For those drugs marked with a black box or EPA sticker, place them in the black box/container located on your unit. Needles and other infectious materials do NOT go into the black boxes!
   - Proper Storage of Containers: The black boxes/containers must be kept in a secure area with limited access. The lids must be closed when you are not adding waste.
   - Labeling Containers Properly: All boxes/containers must be marked with a “Hazardous Waste” sticker. The sticker should be on the container. Do NOT put a date on the container.
7. How will I know what drugs to place in the black container?
   • You will see a “black” rectangle on the package
   OR
   • A sticker with a symbol that says “EPA” on a black background with white lettering on insulin bottles or IV bags.

8. What goes in the black containers?
   • Unused medication
   • Empty containers which held the medications
   • Unit dose packaging for some medications such as warfarin

9. Are there any precautions I need to take before placing medications or empty containers in the black box?
   • Make sure tops are on containers of liquids.

10. What do I do when the container is full?
    • Call environmental service for a replacement. They will transport the box to the central storage area.

11. Who do I contact if I have questions?
    • Facility Hazardous Waste Program Coordinator: Robert Drexler @ extension 4214
    • Nursing: Clinical Specialist or Education Specialist for your unit
    • Inpatient Pharmacy: extension 3950
    • EMSI: Shobhana Sharma (301-309-0475) or ssharma@enviroexperts.net

• Communicate to your supervisor/manager if things change or are not working.
# Proper Waste Disposal

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Description of Waste</th>
<th>Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious Waste:</strong></td>
<td>Materials not exposed to chemo but saturated with blood or bodily fluids (i.e., could get a drop out by squeezing or flicking)</td>
<td>1. Autoclaved on premises and sent to landfill, or 2. sent to an offsite medical waste incinerator</td>
</tr>
<tr>
<td><strong>Trace Chemo and Combined:</strong></td>
<td>Containers of blood products or other potentially infectious materials.</td>
<td>Sent to medical waste incinerator</td>
</tr>
<tr>
<td><strong>EPA Regulated Pharmaceutical Wastes:</strong></td>
<td>EMPTY chemo containers (IV bags, tubing, vials, syringes, zip lock bags). EMPTY = Less than 3% of the contents remain. IV sets that have held chemo and remain attached to catheters or other bloody material. Gloves, gowns, Ziploc bags, other paraphernalia used to administer chemo but NOT VISIBLY CONTAMINATED with chemo (i.e., no known droplet or spill!). Specified chemo bags/syringes/vials that are NOT EMPTY and have NO CATHETER attached. Paraphernalia i.e., gloves, gowns that HAVE BEEN VISIBLY CONTAMINATED with specified chemo. Materials used to clear clean up of specified chemo spill. (BAGGED) Nicotine Patches (BAGGED in small bag) Warfarin (table &amp; unit dose packaging) Insulin vials Marked P, U &amp; D listed drugs NO NEEDLES</td>
<td>Sent to hazardous waste incinerator</td>
</tr>
<tr>
<td><strong>Ordinary Trash:</strong></td>
<td>Materials not exposed to chemo and not saturated with blood or bodily fluids (i.e., could not get a drop out by squeezing or flicking). Examples: Non-chemo IV bags Packaging Food Waste</td>
<td>Sent to municipal landfill</td>
</tr>
<tr>
<td><strong>Sharps:</strong></td>
<td>All sharp objects that have not been exposed to chemo Lancets Needles/syringes Scalpels Scissors Broker glass/vials Specimen containers (blood) - glass</td>
<td>Ground, microwaved and landfilled, container is cleaned and reused</td>
</tr>
</tbody>
</table>
The Joint Commission National Patient Safety Goals
(2016)

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus is how to resolve the problems in health care safety.

Goal 1 Improve the accuracy of patient identification.
- Use at least two patient identifiers when providing care, treatment or services.
- Eliminate transfusion errors related to patient misidentification.
  TIP: (Use patient ID Band for NAME & BIRTH DATE)
- Label all containers used for blood and other specimens in the presence of the patient.

Goal 2 Improve the effectiveness of communication among caregivers.
- Report on a timely basis critical results of tests and diagnostic procedures.
- When receiving a critical result of a test, verify the critical result of the test by having the person receiving the information record and "read-back" the complete test result.
- Evaluate the timeliness of reporting & receipt by the responsible licensed caregiver, of critical result of tests.
  TIP: Clinicians who receive verbal/telephone critical results of tests or diagnostic procedures should always read back the critical result. Critical test results should be repeated to the physician within 30 minutes of the receipt of the result by the clinician. Document the clinical notification/communication in the Medical Record.

Goal 3 Improve the safety of using medications.
- Label all medications, medication containers (ex. syringes, med. cups, basins), or other solutions on & off the sterile field.
  TIP: (Secondary medication containers (syringes, basins, etc.) these containers must have appropriate labels.) Label and draw-up or label and pour one medication at a time.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
  TIP: (Take extra care with patients who take medicines to thin their blood-refer to the Anticoagulation Protocols.)
  TIP: Educate family/patients/staff on importance of follow-up, compliance, drug-food interactions and adverse drug reactions.
- Maintain and communicate accurate patient medication information.
- Obtain information on the medications the patient is currently taking upon admittance to the hospital or in an outpatient setting.
- Compare the medication information the patient brought to the hospital with the medications ordered by the hospital to identify and resolve discrepancies.
- Provide the patient (or family as needed) with written information on the medications the patient should be taking upon discharged from the hospital or at the end of an outpatient encounter.
- Explain the importance of managing medication information to the patient upon discharged from the hospital or at the end of an outpatient encounter.
  Note: Examples include instructing the patient to give a list to his or her primary care physician; to update the information when medications are discontinued, doses are changed, or new medications (including over-the-counter products) are added; and to carry medication information at all times in the event of emergency situations.
TIP: (Accurately complete our “Medication/Allergy History Database” form for all patients)

**Goal 6** Reduce the harm associated with clinical alarm systems.

**TIP:** Ensure that alarms on medical equipment are heard and responded to on time.

**Goal 7** Reduce the risk of health care-associated infections.
- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Implement evidence-based practices to prevent healthcare associated infections due to multiple drug-resistant organisms in hospitals (MRSA, C-Diff and VRE)
- Implement evidence-based practices to prevent central line bloodstream infections.
- Implement best practices for preventing surgical site infections.
- Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
  **TIP:** (Hand gel when entering & leaving patient room. Soap & Water if hands visibly soiled or patient has C. dif)
  **TIP:** Use Central Line Catheter Checklists.
  **TIP:** Patient should receive prophylactic antibiotic within one hour prior to incision.
  **TIP:** Educate family/patients as needed, who are infected or colonized with multi-drug resistant organisms about health care associated infection strategies.
  **TIP:** Insert indwelling urinary catheters according to established evidence-based guidelines that address the following:
  - Limiting use and duration to situations necessary for patient care
  - Using aseptic techniques for site preparation, equipment, and supplies

**Goal 15** The organization identifies safety risks inherent in its patient population.
The organization identifies patients at risk for suicide. While this goal was originally meant for those patients being treated for emotional or behavioral disorders in general hospitals; it is extended to outpatient settings as well. Sentinel Event Alert 56 says that providers often do not detect the suicidal thoughts (ideation) of individuals who eventually die by suicide, even though receiving health care in the year prior to their death. All in and outpatient areas should assess the patient’s risk for suicide.

**TIP:** (Utilize our Suicide Prevention Policy to protect at risk patients)

**TIP:** When the patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as crisis hotline) to the patient and his or her family.

**Universal Protocol**
- Conduct a pre-procedure verification process to ensure correct patient, correct site, and correct procedure.
- Mark the procedure site. The licensed practitioner who will perform the intended surgical or non-surgical invasive procedure must mark the procedure site.
- Prior to starting procedures immediately performed a time-out.
  - Confirmation of the correct patient
  - Confirmation of the correct side and site are marked
  - Agreement on the procedure
TIP: All patients undergoing nerve blocks must have a time-out completed.
TIP: These items must also be available for the procedure. Use of a standardized list is acceptable:

- Relevant documents – Consent, History and Physical, nursing assessment, pre-anesthesia assessment, etc.
- Relevant imaging studies and lab results, are properly labeled and displayed
- The need to administer antibiotics
- Safety precautions pertinent to the patient