# UMCP

# 2012 Required Education Self Study Packet

University Medical Center at Princeton

Princeton HealthCare System

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www.princetonhcs.org

A University Hospital Affiliate of UMDNJ – Robert Wood Johnson Medical School

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**Infection Control: Breaking the Chain of Infection**

In order for infection to spread, the chain must be intact and include: an infectious microorganism, a means of transmission, and a susceptible host.

Ways to break the chain include: kill the microorganisms, prevent transmission through the use of infection control measures, and decrease the susceptibility of the host.

The components of good infection control techniques are: use of Standard Universal Precautions, hand hygiene, and other precautions as indicated.

**Standard Universal Precautions**

Standard Universal Precautions should be taken on all patients.

- Use barriers to prevent contact with blood or other body fluid: gloves, gowns/aprons, mask, eye protection.
- Handle all patient care equipment and linen as though it may be contaminated with potentially infectious material.
- Take every effort to prevent accidental sharp injuries and body fluid exposures.

**Hand Hygiene**

Hand hygiene, with soap and water or an alcohol-based gel, should be performed before and after patient contact, after removing gloves, and anytime your hands may be contaminated.

- Handwashing with soap and water should be used when hands are visibly soiled and after caring for patients with C. difficile.
  - ✓ Use soap and water.
  - ✓ Vigorously rub all surfaces for 15 seconds.
  - ✓ Rinse under running water. Turn off faucet using paper towels.
- Hand hygiene with alcohol-based gel may be done whenever hands are not visibly contaminated and there has been no potential contact with C. difficile.
  - ✓ Apply 5 ml (1 tsp) of gel in the palm of your hand.
  - ✓ Rub hands together, covering all surfaces until they are dry (15 to 25 seconds).

**Other Precautions:** Some conditions require more than Universal Precautions to prevent the spread of infection. In these cases, an appropriate Precautions Sign (Contact, Soap and Water Contact, Airborne, and/or Droplet) is used to indicate additional precautions are needed.

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## MRSA (Methicillin-Resistant *S. aureus*) Information for Healthcare Professionals

### What is MRSA?

MRSA is an antimicrobial-resistant type of S. aureus that is resistant to currently available beta-lactam antibiotics including penicillins, "anti-staphylococcal" penicillins (e.g., methicillin, amoxicillin), and cephalosporins.

### When a patient has a skin infection, it may very likely be MRSA.

Recent data suggest that MRSA in the community is increasing. The spectrum of disease caused by MRSA appears to be similar to that of *S. aureus* in the community. Skin and soft tissue infections (SSTIs) and abscesses are the most frequently reported clinical manifestations.

### Educate patients to prevent spread.

Patient education is a critical component of MRSA case management. Healthcare professionals should educate patients and/or families on methods to avoid MRSA transmission to close contacts. Education should also be provided about the precautions that are being taken when the patient is hospitalized.

### MRSA is typically spread by:

- Having direct contact with another person's infection.
- Sharing personal items, such as towels or razors, that have touched infected skin.
- Touching surfaces or items that may be contaminated with MRSA.
- Passed from person to person by the hands of caregivers.

### Precautions used for MRSA.

Contact Precautions should be used when caring for patients with MRSA. This includes wearing gloves when in the room. Wearing a gown when contact with the patient or the patient's environment is anticipated. Utilizing dedicated equipment (stethoscope, BP cuff, and thermometer) for the patient. When using patient care equipment that cannot be left in the room, the equipment should be cleaned and disinfected with an approved germicidal cleaner after use.

Reference: Centers for Disease Control and Prevention National MRSA Education Initiative.
http://www.cdc.gov/mrsa/mrsa_initiative/skin_infection/mrsa_hcp.html

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## VRE (Vancomycin-Resistant Enterococci) Information for Healthcare Professionals

### What is VRE?

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is often used to treat enterococci infections. In the case of VRE, the enterococci is resistant to vancomycin.

### How common is VRE?

Information collected by the Centers for Disease Control and Prevention during 2006 and 2007 showed that enterococci caused about 1 of every 8 infections in hospitals and only about 30% of these were VRE. VRE can be more common in certain groups of people such as those with weakened immune systems.

### Educate patients to prevent spread.

Patient education is a critical component of VRE case management. Healthcare professionals should educate patients and/or families on methods to avoid VRE transmission to close contacts. Education should also be provided about the precautions that are being taken when the patient is hospitalized.

### VRE is typically spread by:

- Touching surfaces or items that may be contaminated with VRE.
- Passed from person to person by the hands of caregivers.

### Precautions used for VRE.

Contact Precautions should be used when caring for patients with VRE. This includes wearing gloves when in the room. Wearing a gown when contact with the patient or the patient's environment is anticipated. Utilizing dedicated equipment (stethoscope, BP cuff, and thermometer) for the patient. When using patient care equipment that cannot be left in the room, the equipment should be cleaned and disinfected with an approved germicidal cleaner after use.

Reference: Centers for Disease Control and Prevention Vancomycin-resistant enterococci (VRE) frequently asked questions. http://www.cdc.gov/ncidod/dhqp/ar_VRE_publicFAQ.html#

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## *Clostridium difficile* for Healthcare Providers

### What is *Clostridium difficile* (*C. difficile*)?

*C. difficile* is a spore-forming, gram-positive anaerobic bacillus that produces two exotoxins: toxin A and toxin B. It is a common cause of antibiotic-associated diarrhea. *C. difficile* associated disease may result in: pseudomembraneous colitis, toxic megacolon, perforations of the colon, sepsis, death. Symptoms include watery diarrhea, fever, loss of appetite, nausea, and/or abdominal pain/tenderness.

### *C. difficile* colonization versus *C. difficile*-associated disease.

- Colonization: the patient exhibits no clinical symptoms and the patient tests positive for *C. difficile* organism and/or its toxin. Colonization is more common than *C. difficile*-associate disease.
- *C. difficile*-associated disease: the patient exhibits clinical symptoms and the patient tests positive for *C. difficile* organism and/or its toxin.
- Note: *C. difficile* toxin is very unstable. The toxin degrades at room temperature and may be undetectable within 2 hours after collection of the stool specimen. False negative results occur when specimens are not promptly tested or kept refrigerated until testing can be done.

### New strain of *C. difficile*

The emergence of a new strain of *C. difficile*-associated disease has been reported by the Centers for Disease Control and Prevention. The new strain appears to be more virulent and produces greater quantities of toxins.

### Educate patients to prevent spread.

Patient education is a critical component of *C. difficile* case management. Healthcare professionals should educate patients, caretakers, and when possible household members on methods to avoid *C. difficile* transmission to close contacts. Education should also be provided about the precautions that are being taken when the patient is hospitalized.

### *C. difficile* is typically spread by:

- *C. difficile* is shed in feces. Any surface, device, or material that becomes contaminated with feces may serve as a reservoir for the *C. difficile* spores.
- *C. difficile* spores are transferred to patients mainly via the hands of healthcare personnel and/or care givers who have touched a contaminated surface or item.

### Precautions used for *C. difficile*

Soap and Water Contact Precautions should be used when caring for patients with *C. difficile*. This includes wearing gloves when in the room and washing hands with soap and water after removing gloves and before exiting the room. Wearing a gown when contact with the patient or the patient's environment is anticipated. Utilizing dedicated equipment (stethoscope, BP cuff, and thermometer) for the patient. When using patient care equipment that cannot be left in the room, the equipment should be cleaned and disinfected with an approved germicidal cleaner after use.

Reference: Centers for Disease Control and Prevention Overview of Clostridium difficile infection. http://www.cdc.gov/ncidod/dhqp/id_Cdiff.html

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## Prevention of Catheter Associated Urinary Tract Infection (CAUTI)

### How common are CAUTIs?

CAUTIs are the most frequent type of infection in acute care settings, accounting for approximately 36% of healthcare-associated infections.

### What increases the risk for acquiring a CAUTI?

The risk of acquiring a CAUTI depends on the method of catheterization, duration of catheter use, quality of the catheter care, and host susceptibility. Studies have shown a strong, direct correlation between catheter use greater than six days and occurrence of CAUTI.

### What steps can be taken to reduce the risk and prevent CAUTI?

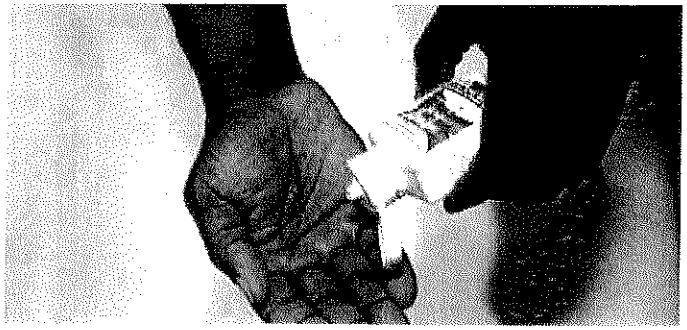
- Use indwelling catheters only when medically necessary and remove when they are no longer necessary. Document indication for urinary catheter on each day of use. Consider alternatives to indwelling urethral catheters.
- Use aseptic insertion technique with appropriate hand hygiene and gloves and allow only trained healthcare providers to insert the catheter.
- Properly secure catheters after insertion to prevent movement and urethral traction.
- Maintain a sterile closed drainage system and maintain good hygiene at the catheter-urethral interface.
- Maintain unobstructed urine flow and maintain the drainage bag below the level of the bladder at all times.
- Do not change indwelling catheters or urinary drainage bags at arbitrary fixed intervals.

Reference: Guide to Elimination of Catheter-Associated Urinary Tract I

SAVE LIVES
Clean Your Hands

August 2009

# Hand Hygiene
## When and How



World Health Organization | Patient Safety
A World Alliance for Safer Health Care

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

# How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

**Duration of the entire procedure:** 20-30 seconds


1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

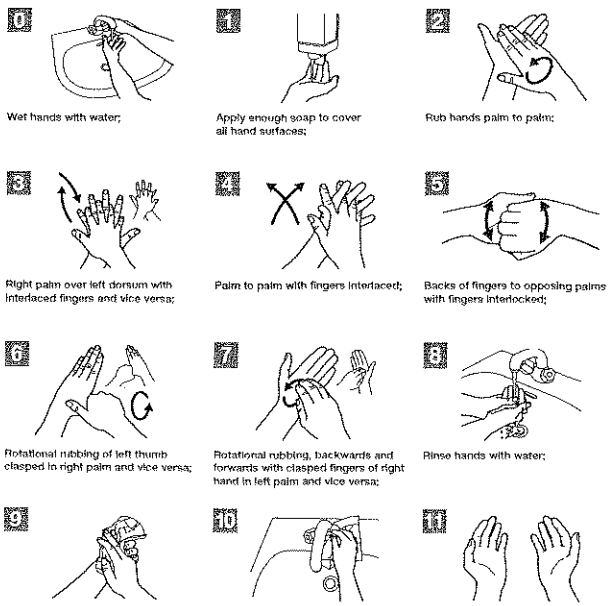
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

# How to handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**Duration of the entire procedure:** 40-60 seconds




0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

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

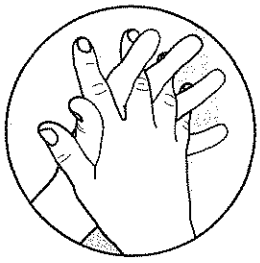
8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

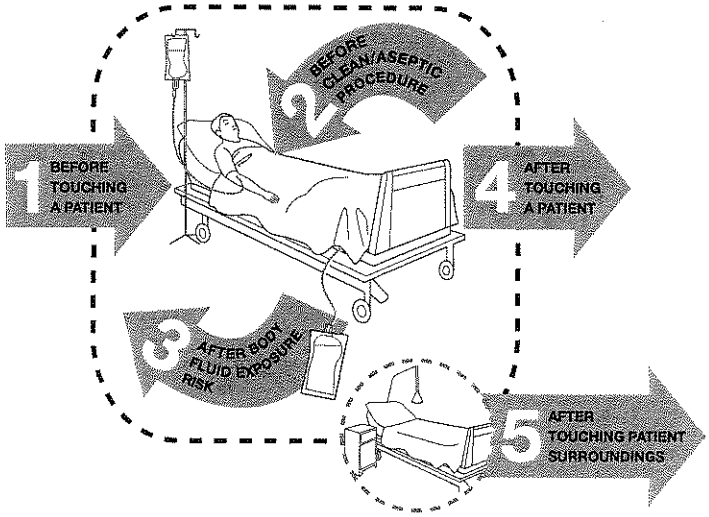
11 Your hands are now safe.

# Clean hands
# are safer hands.
# Are yours clean?





# When? YOUR 5 MOMENTS FOR HAND HYGIENE




| | |
|---|---|
| **1 BEFORE TOUCHING A PATIENT** | WHEN? Clean your hands before touching a patient when approaching him/her.<br>WHY? To protect the patient against harmful germs carried on your hands. |
| **2 BEFORE CLEAN/ ASEPTIC PROCEDURE** | WHEN? Clean your hands immediately before performing a clean/aseptic procedure.<br>WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body. |
| **3 AFTER BODY FLUID EXPOSURE RISK** | WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).<br>WHY? To protect yourself and the health-care environment from harmful patient germs. |
| **4 AFTER TOUCHING A PATIENT** | WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.<br>WHY? To protect yourself and the health-care environment from harmful patient germs. |
| **5 AFTER TOUCHING PATIENT SURROUNDINGS** | WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.<br>WHY? To protect yourself and the health-care environment from harmful patient germs. |

# 2012 Required Education

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## HIPAA PRIVACY

HIPAA, The Health Insurance Portability and Accountability Act, passed in 1996. The Privacy Rule went into effect in April 2003 and was designed to:

- Protect patients' rights by giving them access to their health information and control over how it will be used.
- Protect the confidentiality, security, and privacy of all medical records and other private health information that is used or shared in any form, whether on paper, electronically, or orally by certain healthcare entities and their business associates.

**To protect patient privacy**

- Do not give out patient information unless you are sure it is going to the appropriate person for a legitimate reason; and release only the minimum necessary information.
- Detailed policies and procedures related to HIPAA Privacy can be found on the M-Drive under the Compliance-HIPAA folder.
- If you have a concern regarding HIPAA, please contact the **Compliance and Privacy Officer, Lisa Hartman, dial 609-430-7789 or our Hotline 1-800-779-4035.** The Compliance and Privacy Officer is located on the first floor of the University Medical Center at Princeton.

Policy References HIPAA Privacy 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.0, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, and 3.0

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## HIPAA Security Breach Notifications

Beginning in September 2009, HIPAA covered entities such as PHCS must comply with new regulations concerning the breach (disclosure) of patient protected health information (PHI). However, sanctions (fines and penalties) will not begin for 180 days to give organizations time to prepare for these new regulations.

In summary, if a patient's protected health information is inappropriately disclosed, we must notify the patient within 60 days and keep a log of the information that was disclosed so that we can report it to the Department of Health and Human Services at the end of each year.

If more that **500** records are inappropriately disclosed, we must also communicate this to all the patients affected, immediately notify the Department of Health and Human Services and issue a press release to the media!! If 10 or more patients cannot be found (i.e. last known address was changed), then we must also place information about the breach of the information on the PHCS website. If we do not comply, we may be subject to extensive fines and penalties!!

### Examples of Potential Security Breaches

- emailing PHI to the wrong person
- mailing PHI to the wrong person
- faxing PHI to the wrong person
- reviewing and/or disclosing medical records of patients outside of job responsibilities
- hacking of patient information by an outside party
- backup tapes of patient information are lost or stolen
- laptop or PDA with patient information is lost or stolen

### What you must do as an employee of PHCS

- notify your supervisor or another member of management when you become aware of a potential breach of information by yourself or a colleague or,
- notify the Corporate Compliance and Privacy Officer when you become aware of a potential breach of information by yourself or a colleague by calling Lisa Hartman at 609-430-7789 or by email at lhartman@princetonhcs.org or,
- or call the HIPAA Security Officer, Ed Henry at 609-750-8728 or by email at ehenry@princetonhcs.org or,
- call the confidential Compliance Hotline at **1-800-779-4035**

### What happens next?

1. we will evaluate if the breach creates a significant risk of financial, reputational or other harm to the patient
2. we will review who the information was disclosed to and determine if it is a breach or not
3. if a breach occurred, we will notify the patient in writing and include
    1. a brief description of the breach, the breach date & discovery date
    2. the type of PHI breached
    3. the steps the patient should take to protect themselves from harm
    4. what we're doing to investigate, mitigate harm & prevent recurrence
    5. who to contact for information

Policy Reference: HIPAA Security 3.3

# 2012 Required Education

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## HIPAA SECURITY

HIPAA, The Health Insurance Portability and Accountability Act, passed in 1996. The Security Rule went into effect in April 2005 and was designed to:

- Ensure the confidentiality and security of patient information.
- Prevent fraud and abuse of patient information in medical records and billing information.
- Cover electronic Protective Health Information (ePHI) and deal with physical, technical, and administrative measures to ensure availability, integrity, and confidentiality of patient data.

**To protect the confidentiality and security of ePHI**

- Always **log off** an application or system to protect confidentiality and security of patient information.
- Do **not** disclose your computer username or password for systems such as Ulitview or Windows.
- Detailed policies and procedures related to HIPAA Security can be found on the M-Drive under the Compliance-HIPAA folder.
- If you have a concern regarding HIPAA, please contact:
  - **Compliance and Privacy Officer, Lisa Hartman,** dial **609-430-7789,** email at **lhartman@princetonhcs.org** or dial **Hotline 1-800-779-4035.** The Compliance and Privacy Officer is located on the first floor of the University Medical Center at Princeton or,
  - **HIPAA Security Officer, Ed Henry,** dial **609-750-8728** or email at ehenry@princetonhcs.org

Policy References HIPAA Security 1.2, 1.3, 1.8, 1.9, 2.0, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9, 3.2

# 2012 Required Education

Princeton HealthCare System

## EMTALA

The Emergency Medical Treatment and Labor Act (EMTALA) is triggered when any individual comes to University Medical Center at Princeton's Emergency Department or Obstetric Unit and requests an examination or treatment. The hospital must then provide for an appropriate medical screening examination by qualified medical personnel regardless of the individual's ability to pay, including ancillary services routinely available, to determine whether an emergency medical condition exists.

With regard to treatment, the hospital provides all the medical treatment within its capabilities to minimize the risk to the individual or, in the case of a woman in labor, the woman's unborn child.

Under EMTALA we must do the following:

- Ensure that all individuals are informed about their right to a medical screening examination and stabilization for an emergency medical condition.
- Track the care provided to each individual who comes to the hospital seeking care for an emergency medical condition.
- Ensure that all individuals who request an examination or treatment to determine if an emergency medical condition exists shall be screened by qualified medical personnel and stabilized as required under EMTALA and the NJ Hospital Licensing Standards regardless of ability to pay.
- Ensure that an individual requesting or requiring a transfer for further medical care and follow-up is transferred appropriately regardless of ability to pay.

EMTALA does not apply to inpatients, including a patient admitted through the emergency department.

An individual being treated as an outpatient who develops an emergency during the encounter is not covered under EMTALA.

Policy Reference PCS E–1.2

# 2012 Hospital National Patient Safety Goals

**The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.**

### Identify patients correctly

NPSG.01.01.01 — Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01 — Make sure that the correct patient gets the correct blood when they get a blood transfusion.

### Improve staff communication

NPSG.02.03.01 — Get important test results to the right staff person on time.

### Use medicines safely

NPSG.03.04.01 — Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 — Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 — Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

### Prevent infection

NPSG.07.01.01 — Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01 — Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01 — Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01 — Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01 — Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

### Identify patient safety risks

NPSG.15.01.01 — Find out which patients are most likely to try to commit suicide.

### Prevent mistakes in surgery

UP.01.01.01 — Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.02.01 — Pause before the surgery to make sure that a mistake is not being made.

UP.01.03.01

The Joint Commission
Accreditation
*Hospital*

**This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.**

# 2012 Required Education

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## Fall Prevention Program

A fall is defined as a sudden uncontrolled, unintentional downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions.

The UMCP Falls Prevention Program includes assessment, proactive interventions and education for patients, families and staff in an effort to prevent falls and reduce injuries.

The UMCP Falls Prevention Program is the result of multidisciplinary efforts to ensure patient safety.

Leadership sets the culture.
Nursing manages the individualized patient care of the Fall Prevention Program.
Other disciplines including Pharmacy, Engineering, Environmental Services and Rehab provide additional expertise in ensuring patient safety.

The effectiveness of Fall Prevention Program is monitored by the Performance Improvement Department.

Post patient fall management includes providing appropriated medical care and follow-up patient monitoring and notification of the following individuals: the immediate supervisor, the attending physician or designee and the patient's family member. Post fall documentation includes completing an incident report; documenting a post fall assessment in QCPR and having the manager complete a post fall assessment survey.

REMEMBER. . . .

### Basic Falls Safety for All Patients

- Teach patient/family about falls risk and prevention. Provide a copy of the falls prevention brochure.
- Provide clear instructions regarding mobility restrictions, proper ambulation and transfer techniques.
- Orient patient to their environment (how to use call lights, side rails, safety bars, etc).
- Reduce environmental hazards (bed low, brakes on, 2 rails up, night light, clear walkways, non-skid slippers).
- Check food and drink needs.
- Place all patient necessities within reach.

### Prevention Measures for All High Risk Patients

- Apply Star Magnet to door.
- Place a falls alert ID on patient band.
- Place patient closer to nurse's station.
- Document a fall prevention nursing care plan in QCPR
- Communicate risk of falls to all members of the healthcare team
- Apply Correct color socks.

Adapted from Patient Care Policy #: PCS-F – 1.2

# 2012 Required Education

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## Caring Service

As you know, we face many tough challenges in healthcare today. Our patients and families have high expectations. In addition, **competition is fierce**. Not only do our patients and families have choice in where they go for healthcare services, but we also compete for talented staff.

Our key strategies are to be the **provider of choice** and the **employer of choice** in our service area. And the key to attaining these goals is to move our patient and employee satisfaction from good to great, where customers actually say **"Wow!"** after they have had an experience with us. How do we do this? By providing "Caring Service" throughout our system and by being "ambassadors," whereby we spread the word about our clinical quality and safety, our expanding services, and our technology.

Interestingly enough, customers judge us on service factors, not clinical factors. Patients might not know a good x-ray from a bad one, but they do know when they are being treated well or not. In addition, research has shown that patients heal better and feel better when they are cared for and made to feel "special." They are more likely to follow advice, take their medicine, and feel optimistic about their health.

Our patients have told us that what is important to them is communication, emotional support, sensitivity to inconvenience-- service-related factors, not clinical factors seem to be most important to patients.

It is important to remember that our patient's perceptions of their care shape our reputation. People are more likely to share a negative experience then a positive experience.

There are **key Service Points** that are particularly memorable to patients. These are times where our interactions with patient's will affect their opinion of the care and service they have received. They are:

- **Greetings**
- **Handoffs**
- **Goodbyes**

### Hand-offs

Just think about how many times each day in the healthcare setting we "hand off," or transition our patients and other customers from person to person and from service to service! We need to make these happen with tremendous care because if we don't, our patients may fall through the cracks. During every hand- off, we have the chance to assure continuity of service. We can help every customer feel safe and secure, clear about what will be happening next, and confident that they are in good hands.

## The Basic WOW Hand-Off

| Wowing Behaviors | Words that Wow |
|---|---|
| Make eye contact, smile, and use the person's preferred name. Make guiding gesture with hand (no need to touch the person). | "We're ready for you, Mr. Hamilton. Let me show you the way to the treatment area." |
| Introduce coworker by first and last name and position. Say patient's name first. | "Mr. Hamilton, I'd like you to meet Harry Parker. Harry is one of the technologists on our team." |
| Introduce customer by full name to coworker. Also tell preferred name. | "Harry, I'd like you to meet George Hamilton. He prefers to be called Mr. Hamilton. |
| Before you leave, turn to patient and smile. Build trust. | "Mr. Hamilton, you'll be in good hands with Harry!" |
| If patient thanks you.. | "My pleasure." |
| Provide a warm, personal and genuine goodbye. Use the person's name. Offer a good intention. | "It was a pleasure meeting you, Mr. Hamilton, and I wish you well!" |

## Greetings

Keep in mind that it only takes 6 seconds to create a first impression! So, the behaviors and words we use when we greet people can make an impact on the overall customer experience. There are several key elements to a "WOW" greeting, both verbal and nonverbal.

## Nonverbal Behavior

It is important that you ***smile, establish and hold eye contact***. In addition, ***put warmth in your voice***, and when possible, ***move to the customer's level***, for example, pull up a chair to sit down next to the patient's bed. Moving to the customer's level makes the customer feel much more connected to you. They actually feel that you're taking more time with them. Doctors in the Emergency Department who sit on a stool next to their patient's receive higher ratings on satisfaction even if they take no more time with them.

## Verbal Behavior/Key Words

***Say Hello and welcome*** your customer. ***State your name and position***. You may also want to add that ***you are part of the team that will be caring*** for the customer. ***Ask and use his or her preferred name.*** Then say ***what you are going to do and what they can expect.***

> For example: "Welcome to the Telemetry Unit, Mr. Wilson. I'm Nancy Smith, your nurse. I'm part of the team here at Princeton that will be caring for you. Do you prefer that I call you Mr. Wilson or do you prefer something different? (Call them by their preferred name immediately so you remember it, and then use it often.) First, I'm going to ask you a few questions about your health history, and then we'll be going over your doctor's orders

## Goodbyes

Just as the greeting creates a first impression, the way in which we say "Goodbye" to the customer creates a last and ***lasting*** impression.

Here are some examples of "Goodbyes" to avoid:

- No goodbye at all
- "Well, I've gotta go pick up my kids; bye."
- "I have other patients to take care of."
- "I'm really busy. I can't talk right now. Have a seat."
- "Good luck!"

Let's take some "tragic" or "so-so" goodbyes and turn them into "WOWS" to illustrate how to make a wonderful lasting impression.... Review the following situations for the WOW alternatives:

| Situation | Tragic (or so-so) Goodbye | The WOW Alternative |
|---|---|---|
| Outpatient | "Stop at the front desk and give them your paperwork. Bye." | "Thanks so much to coming to us for your care. We really appreciate your trust. I wish you well." |
| Inpatient | "I've got to go pick up my daughter; see ya." | I'll be heading home shortly. I just want to check if there is anything more I can do for you before I go? (Then), I hope you have a restful night and feel better in the morning. Pleasant dreams!" |
| Patient's family member | "Don't worry about her. She'll be alright." | "Thanks so much for visiting. Don't worry tonight, because I'll take good care of her. Good night." |
| Coworker | "I'm outa here!" | "It was great working with you today. Thanks for your help." |
| Telephone | "Goodbye." | "It was a pleasure helping you. Please don't hesitate to call me if you think of any other questions. Goodbye." |

**Communication Skills**

Caring Communication is the key to personalizing our service to customers. There are **Communication Skills** that we can use to improve how we communicate with our patients they are, "Quick Connecting," "Presence," and "Heart-to-Heart, Head-to-Head Communication."

## Quick Connecting

"Quick Connecting" is about connecting with the patient, coworker, or other customer as a "person" first, before we do any business or provide clinical care. Making a personal connection up front builds the customer's trust and confidence in us. When we are able to see the "person" behind the "patient" or "diagnosis," or the "person" behind the fellow "employee", we can more easily relate to that individual in a personal way from that moment on.

## Presence

When you are fully "present" to another human being, your full attention is on them. You block out all distractions, including your external distractions (beepers, phone, etc.) and internal distractions (your mental "to-do" list, your personal worries, etc.). You are "tuned in." You are not thinking of what you are going to do next while the customer is talking.

This is not an easy skill! In the healthcare setting, a lot is going on around us. It takes will power to stay present. We have to tell ourselves to let go of what is on our minds and focus on THIS PERSON here and now.

## Heart-to-Heart, Head-to-Head Communication

Whether you're handling a complaint or concern, responding to a question, or giving an explanation, there is a skill involved in addressing not just the TASK but also the PERSON. Addressing BOTH the task and the person DISTINGUISH the really good service providers from those seen as adequate.

These days, most of us have become very task-oriented. It's easy to lose touch with the PERSON behind the PATIENT. When pressed, words of empathy and connection to the patient can be overlooked.

With "Heart-to-Heart, Head-to-Head Communication", we can strengthen our interactions and reach a higher level of communication with customers. It helps us deal with both the task at hand and also the person.

"Heart-to-Heart, Head-to-Head Communication" maintains that there should be two sides to every service interaction in order to make it complete and satisfying for the customer. One side is the "Heart-to-Heart" side, which is personal or about emotions. The other side is the "Head-to-Head" side, which is about information, tasks, and plans. In many service interactions, especially since we have a lot to do, employees address only the "Head-to-Head" side, and there is no heartfelt or personal part.

So, what then is the perception of the customer when we only provide "Heart-to-Heart" communication? The customer wonders, "And what is the information?"
On the other side, if we only provide the "Head-to-Head," the customer might feel satisfied with the information, but not important to you as a person.

In essence, ***one side without the other is not a "WOW!"***

# 2012 Required Education

Princeton HealthCare System

# Electrical Safety

## General Safety Precautions

1. Check all equipment and cords before using. Remove from use and report any equipment with frayed or cracked cord or a loose plug.
2. All cord-connected electrically powered appliances that are not double insulated and are used in the patient care vicinity shall be provided with a three-wire power cord and a three-pin grounding-type plug.
3. DO NOT USE any extension cord without specific approval from Engineering. Extension cords may be used only on a temporary basis in an emergency and need to be checked for size and application.
4. Power strips which contain an internal breaker are not extension cords and may safely be used.
5. When unplugging an electrical cord, never pull on the cord itself, grasp the plug firmly and disconnect. Do not touch the metal prongs.
6. Avoid touching any equipment or surfaces which may carry electricity when touching a patient with the other hand. Example: turning on a light or TV while checking a patient's pulse.
7. Avoid shocks. Never touch any equipment or electrical cords with wet hands. DO NOT use any electrical equipment which has been exposed to a liquid spill.
8. Red outlets indicate emergency power is available when normal power is not.

## Notify Engineering

1. Any Electrical problems requiring immediate attention must be reported to Engineering by calling the:

   **Operations Support Center at x6293**
   **Any time Day or Night**

2. Report the following by calling the Operations Support Center;
   - Evidence of overheating – smell or touch
   - Frayed or worn wires or cords
   - Damaged plug
   - Loose or malfunctioning switch
   - Loose or malfunctioning controls
   - Any manner of shock
   - Any evidence of malfunction
   - Non-hospital owned appliances or equipment that does not have an Engineering inspection sticker
   - Any improper or unsafe use of extension cord or electrical equipment.

# 2012 Required Education

Princeton HealthCare System

# Fire Safety

## Person Discovering a Fire

**R** Rescue patients in immediate danger
**A** Alarm – pull alarm to report the fire
**C** Confine the fire – close all doors and windows to reduce the spread of smoke and fire
**E** Extinguish – react smoothly and quickly by using the closest proper fire extinguisher

OR

Evacuate – remove all persons to adjacent fire compartments

## General Information

When an alarm is active and sounded the following will happen:

1. Strobes will flash and bells or horns will sound (at Merwick they will sound a pattern "code" giving the location of the fire).
2. Elevators, located in the area of the fire only will return to the ground floor and doors will open.
3. Operator will announce "Code Red" – followed by the location over the public address system.
4. A response team, consisting of the Hospital Fire Marshall and employees from Engineering and Security, will respond to the unit, evaluate and handle the situation.
5. Termination of the Emergency will be announced by the operator over the public address system by the term "Code Red All Clear."

## How to Use a Fire Extinguisher

**P** Pull the pin (seal will be broken)
**A** Aim the extinguisher nozzle at the base of the fire
**S** Squeeze the operating lever and handle together
**S** Sweep the nozzle back and forth at the base of the fire

## Types of Extinguishers and Fires

A Water: For ordinary combustible fires, paper, wood, cloth
B Foam: For flammable liquids, alcohol, acetone
C Carbon Dioxide: For electrical circuits or equipment
BC Dry Chemical: For flammable liquids and electrical equipment
ABC Multi-Purpose Dry Chemical: For combustible, flammable, liquid and electrical equipment.
Halon For computer fires
K Wet Chemical: For kitchen and grease fires

## Responsibilities of Unit Personnel IF an Alarm Has Sounded

### In Your Area

1. Prior to any alarms, read and understand your departmental plan. Locate and remember pull stations, fire extinguishers, and oxygen shut-off valves within the department.
2. Follow "RACE" (printed on the back of your ID badge).
3. Evacuation – if required by "RACE" evacuate patients Horizontally to another fire compartment and away from the fire and then, if necessary, vertically downward. (Note: patients not in immediate danger should not be moved without approval from the person in charge).
4. Disconnect Oxygen and/or shut Oxygen shut-off valves, **only with approval of the Nurse in Charge!**

### Outside Your Area

1. Prior to any alarms, read and understand your departmental plan. Locate and remember pull stations, fire extinguishers, and oxygen shut-off valves within the department.
2. Follow "RACE" (printed on the back of your ID badge).

# 2012 Required Education

Princeton HealthCare System

# HAZCOM- Hazard Communication
## "The Right to Know"

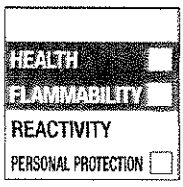
**The Hazard Communication Program is in place to ensure that employees are aware of all hazardous materials, drugs, and chemicals that are in the workplace environment under normal conditions.**

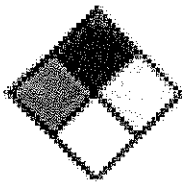
**Chemical Hazards**- there are 2 kinds of hazards

1. **Physical** – a sudden violent reaction, such as, an explosion or fire
    a. Flammable
    b. Explosive
    c. Reactive
2. **Health** – the ability of a chemical to affect your health either quickly or over a long period of time
    a. Acute- occurs quickly and harms your body after a single exposure
        i. Acute effects include: burning, irritation, and immediate damage to your internal organs
    b. Chronic- occurs over time, usually through repeated low exposures over a long period of time.
        i. Chronic effects include: liver disease, cancer
    c. Types of Health Hazards
        i. Carcinogen- a substance that may cause cancer
        ii. Corrosive- a substance that destroys or changes your tissues on contact
        iii. Highly Toxic- A substance that can kill you quickly
        iv. Toxic- similar to highly toxic, but it takes a larger exposure to kill you
        v. Irritant- a substance that harms your skin at the site of contact
        vi. Sensitizer- a substance that causes an allergic reaction that can get worse with each exposure
        vii. Target Organ- a substance that damages a specific body organ or system.

**Labels** -**All containers must be labeled at PHCS**

2 Common types of Labels:



**Exposure Time** – exposure limits are set by the government and scientific groups and measure how much of a substance you can work around without being overexposed.

1) **PEL**- Permissible Exposure Limit
    a. The limit that you may not exceed when averaged over an 8-hour work day
2) **TLV**- Threshold Limit Value

a. Another name for the amount that you may not exceed when averaged over an 8-hour work day.

**Controlling Exposure**

PHCS tries to keep exposure below the PELs and TLVs through engineering controls, such as, Lab hoods. But for some chemicals and job tasks you may also have to wear Personal Protection Equipment (PPE).

1. Types of PPE includes:
    a. Gloves
    b. Safety shoes/boots
    c. N-95 respirator

**Material Safety Data Sheets (MSDS)** - located in books in each area or on Citrix. Each MSDS provides information on:

- Physical characteristics- smell, color, appearance, flash point, and vapor pressure
- Physical hazard-explosion, fire, violent reaction
- Health hazard- how a chemical can harm your health, including the signs and symptoms
- Route of entry- inhalation, ingestion, and dermal
- Safe Handling and Use-precautions and protective measures needed when using the substance or cleaning up spills
- Control measures-list of suggested engineering controls, work practices, and PPE
- Exposure limits-the amount of exposure that is considered safe
- Emergency and first aid procedures-the proper methods for dealing with fire, spill or leak and what do if you are exposed

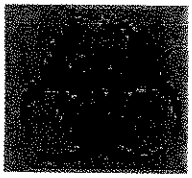
**In case of a hazardous chemical spill:**

Barricade the area.
Wear appropriate PPE to avoid exposure.
Call Environmental Services for cleanup.
Identify the material spilled and size of spill.
Find the MSDS.
Complete Accident Report Form if injured, and report to Occupational Health during day shift or to the Emergency Department after hours.
Complete Hospital Incident Report Form and submit to Environmental Services.

# 2012 Required Education

Princeton HealthCare System

**ITEMS TO GO IN RED REGULATED MEDICAL WASTE CAN**



# Biohazard

# INFECTIOUS WASTE

**(Must be saturated/caked with body fluid)**
**SATURATED items drip if lightly squeezed.**

BODY [redacted] cerebrospinal
[redacted] cerebral
[redacted] vaginal
[redacted] feces

NOT: Wrap Package Glove
Exam Table Paper

Unsaturated: Dressing Pad Drape
Bedpan Urinal Basin
Foley IV Bag Tube
Diaper

**The above applies to Isolation as well.** 1

# 2012 Required Education

Princeton HealthCare System

## BIOMEDICAL EQUIPMENT

Princeton HeathCare System uses a yellow inspection sticker to indicate when Biomedical Engineering has last inspected the device. Since not all devices require routine inspections the "Inspection Due" area might give other information about the device such as "Rental", "Loaner", "Demo", or "Check Once" if the device does not require routine inspections. Since devices are sometimes dropped or banged into door jams it is important to visually inspect a device for damage before using it to treat a patient.

If you suspect a device is not working properly an orange "Defective" tag should be attached to the device to ensure no one else tries to use it. Since some problems can be subtle (Example: Infusion Pump missing the drug library) it is important to provide a brief description of the problem on the orange defective tag. This will assure the problem is addressed and avoid unnecessary re-processing.

The yellow inspection tag has a field labeled "Inspection Due". If the month and year that appear on this line are in the past the device is overdue and should be reported to Biomedical Engineering.

# 2012 Required Education

Princeton HealthCare System

## Emergency Management – Incident Command Center:

## What You Need to Know

1. The Command Center, located in Ground Floor Conference Room B, is part of our overall Emergency Operations Plans for Princeton HealthCare Systems. The establishment of a Command Center is a requirement of the National Incident Management System (NIMS) and our participation in NIMS is necessary for many reasons including compliance with Joint Commission standards and eligibility for NJDHSS Grants.

2. The Command Center is a central location for the healthcare system where we can collect information on an incident and make decisions based on that information. It allows us to put all the necessary individuals in one location where we can pull resources together and coordinate activities across departments and across off-site service locations.

3. Those that staff the Command Center are typically given specific titles and duties to perform. These titles and duties correspond with all other agencies and organizations that are using NIMS based systems which allow us to better coordinate efforts throughout the region and throughout the state.

4. Common terminology is essential in the Incident Command structure as all other agencies and organization that we may deal with do not use our specific codes or jargon. Common terminology helps to ensure that we are all speaking the same "language" during an incident.

5. The Command Center can be open for any incident or emergency including Code Triage (activation of the emergency operations plan), Code Purple (surge conditions), severe weather, power outages, IT failures, communication failures, or any situation that requires additional resources and organization to quickly return to a normal operations status.

6. A Code Triage and the activation of the Command Center can only be authorized by the Nursing Supervisor, the Administrator on Duty/Call, the Emergency Management Coordinator, or the Emergency Department Physician. The operator will announce overhead "Code Triage".

7. The Security Department and/or the Engineering Department are responsible for setting up the Command Center. This takes approximately 15 minutes.

8. Upon activation of a Code Triage, only VPs, Department Directors, and Nurse Managers will report to the Command Center. Staff should remain on their posts and await further instruction from a manager or director. At no time should staff report to the Command Center or Emergency Department unless directed to do so.

9. Staff will be kept updated on emergency situations by phone, radio, scheduled meetings, or any available means during the incident.

10. When the situation is resolved and normal operation can resume, an announcement of "Code Triage – All Clear" will be made by the operator.

# 2012 Required Education

Princeton HealthCare System

## EMERGENCY INFORMATION LOCATED ON YOUR PHCS ID BADGE

In case of a security emergency, dial ext. 4444

The security non-emergency page number at UMCP is #801

Extinguisher Use:

P – Pull Pin
A – Aim
S – Squeeze
S – Sweep

In case of fire:

R – Rescue
A – Alarm
C – Confine
E – Extinguish/Evacuate

The New Jersey Healthcare Emergency Codes are:

Code Red – Fire
Code Blue – Adult Medical Emergency
Code White – Pediatric Medical Emergency
Code Amber – Infant/Child Abduction
Code Yellow – Bomb Threat
Code Gray – Security Emergency/Patient Elopement
Code Silver – Hostage Situation
Code Orange – Hazmat Situation
Code Triage – Disaster Situation
Code Clear – the situation has been cleared

Should you need a NJ Healthcare Emergency Code card, please call the Department of Education at ext. 4460.

# 2012 Required Education

Princeton HealthCare System

# CODE TRIAGE

**The Emergency Management Plan** for Princeton Healthcare System describes how the institution establishes and maintains a program to ensure effective response to disasters or emergencies affecting the environment of care. This plan addresses four phases of emergency management activities:

1. Mitigation
2. Preparedness
3. Response
4. Recovery

**A Disaster** is a natural or man-made event that significantly disrupts the environment of care, such as damage to the buildings and grounds due to a server weather incident. It may also encompass an event that disrupts care and treatment of patients such as a loss of utilities, civil disturbances, accidents, or other emergencies within PHCS or the surrounding communities.

**In a time of crisis or disaster PHCS will be prepared to meet the following objectives**:

1. Alleviate suffering and loss of life through emergency care of casualties
2. Utilize in the fullest capacity exiting facilities of PHCS so that it may accommodate an unusual patient load during a disaster situation
3. Mobilize personnel and specific hospital departments necessary to cope with a disaster
4. Ensure a set period of predictable behavior by the majority of the staff directly following an emergency situation
5. Provide specific guidelines for staff in the event of an emergency
6. Conform to all appropriate federal, state, municipal laws, and accrediting agency regulations on the safety and care of patients an employees during a disaster situation
7. Create an inventory of resources that may be needed in an emergency
8. Maintain an ongoing planning process
9. Educate staff
10. Implement organization-wide drills

# 2012 Required Education

Princeton HealthCare System

## Princeton HealthCare System
## Security Department
## Infant/Child Abduction Fact Sheet

**Who is an Infant/Child Abductor**

Statistically, an abductor may meet the following criteria:

1. Is usually an overweight female, age 14 - 44.
2. Has planned the abduction but not selected a specific infant. Whenever possible, an abductor will target a child of similar race.
3. Typically acts alone, but the possibility of accomplices should never be ruled out.
4. May have a history of miscarriages or infertility.
5. May have previously faked being pregnant, or be presenting herself as pregnant.
6. May seem emotionally immature, suffer from low self esteem, or have a history of depression.
7. Is usually married or in a relationship that is troubled and sees the presence of a child as a means of saving the relationship.
8. Is familiar with layout of hospital and hospital employees. The abductor may been frequently seen at the facility before committing an abduction. Often, abductors disguise themselves as employees.

From a security perspective, an abductor has no age, sex, race, or background. Never dismiss someone acting suspicious because they do not meet the "typical" abductor profile. It can be anyone, anywhere, at any time. Recognizing suspicious behavior, and the characteristics of the typical abductor is the first step to protecting children.

**What is Suspicious Behavior**

Suspicious behavior must be taken on a case by case basis. However, there are some warning signs that are universal to infant abductions that should be noted.

1. Look for someone making repeated visits to areas that have infants. Phrases like "I just wanted to see them"; or "I couldn't keep myself away" may be used to hide an abductors true intentions.
2. Watch for anyone that asks questions regarding facility/security procedures or floor layout. An abductor will be interested in security measures, shift times, procedures for moving children, the location of stairwells, elevators, or locations that are not normally monitored.
3. Take note of someone with large or bulky items such as heavy coats (especially if the weather does not require one), duffel bags, boxes, items wrapped in a blanket or towel, or an item that seems to be heavier for the person to carry than it should be. These are all possible transportation devices for abducted children.
4. Someone dressed in hospital scrubs that does not have proper ID.

**What to do if an Abduction Occurs**

If you suspect an abduction has occurred, or receive word of an abduction report it to your supervisor immediately. The switchboard operator will be notified so that administration, security, and local law enforcement can begin to take action and form a response team. All exits

leading out of your department and out of the facility from your department should have an employee stationed at them. The primary responsibility of employees watching these exits is to notify security and law enforcement of anyone seen with the infant or of anyone acting in a suspicious manner. At no time should an employee act alone in confronting an abductor or possible abductor; this could put the employee or the child at risk. Instead, keep the subject in sight and notify members of the response team of your location and the direction of the suspect.

Remember; the Color Code for infant/child abduction is "Code Amber".

Knowledge and use of these preventive measures can help save a child and family from becoming victims of abduction.

*Information for this Fact Sheet was obtained from the National Center for Missing and Exploited Children*

# Prevention of Bloodborne Pathogen Exposure

Princeton HealthCare System
Occupational Medicine Services
(609) 430-7121 & (609) 430-7122

## Program Objectives

- Identify Potential Causes and Risks of Bloodborne Pathogen Exposure.
- Identify Methods of Prevention
- Identify Methods of Compliance
- Identify Appropriate Post Exposure Treatment and Follow- Up

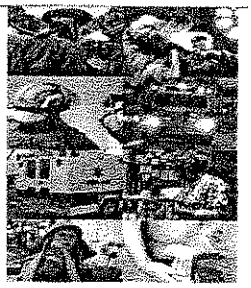
## Who is OSHA?

**OSHA** is the Occupational Safety and Health Administration that was created by the Department of Labor OSH Act of 1970.

**OSHA's Bloodborne Pathogen Standard** prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials and to reduce their risk from this exposure.

## Who Does the OSHA Standard Cover?

- The Standard covers *all* employees who could reasonably anticipate to face contact with blood or other potentially infectious materials.
- Those at risk: EMTs, First responders, Firefighters, Law enforcement personnel, Healthcare personnel, Waste Management workers, Morticians, and Good Samaritans.



## Background

- OSHA estimates that 5.6 million workers in healthcare and other workplaces are at risk for Exposures to Blood borne Pathogens
- If precautions for safety are taken for exposure related events in the workplace, the chances of an exposure occurring are significantly reduced.

## OSHA Requires Training

- Modes of Transmission
- Symptoms
- Epidemiology
- Warning signals indicating exposure
- Procedures to follow if exposure occurs
- Work practices to reduce exposure
- Use of personal protective equipment (PPE)
- Information on biohazard labeling

## Modes of Transmission

- A pathogen is a disease producing organism that enters the body (germ)
- Most infectious diseases are caused by one of 6 pathogens- usually bacteria or virus
- The immune system relies on skin to limit the amount of pathogens that enter the body

## How Do Exposures Occur?

- Needle sticks
- Cuts from other contaminated sharps.
  ( scalpels, suture needles, razors, etc.)
- Contact of mucous membranes ( eye, nose, and mouth).
- Contact of broken, cut or abraded skin with blood or other potentially infectious materials.

## Hepatitis B

- According to the CDC, Hepatitis B carries the largest risk to a susceptible individual after exposure to infected blood.
- The risk ranges from 6-30% depending on the hepatitis B e antigen status of the source individual (CDC, 2003).
- Hepatitis B can cause chronic infection including cirrhosis of the liver, liver cancer, liver failure and death (CDC, 2003).
- Hepatitis B can live in a dry environment for at least 7 days. Once the virus is dead – it is dead.

## Hepatitis C

- Hepatitis C is transmitted primarily through exposure to blood and blood products.
- Hepatitis C affects approximately 4 million Americans.
- Hepatitis C is the most common cause of chronic hepatitis, cirrhosis, and hepatocellular cancer in the world (Porth, 2005).

## Hepatitis Signs and Symptoms

- Flu-like symptoms
- Fatigue
- Abdominal pain with nausea/vomiting
- Loss of appetite
- Jaundice
- Liver ailments- cancer, cirrhosis

## HIV/AIDS

- Acquired immunodeficiency disease (AIDS) can occur from exposure to blood or body fluid of someone infected with Human Immunodeficiency Virus (HIV).
- 25 million people worldwide affected (CDC)
- HIV disease is associated with immunosuppression, opportunistic infections, malignancies, wasting, and central nervous system degeneration ( Porth, 2005).

## HIV/AIDS Symptoms

- Fever
- Night sweats
- Weight loss
- Diarrhea
- Severe fatigue
- Shortness of breath
- Lesions

Healthcare Personnel with Documented and Possible Occupationally Acquired HIV Infection, by Occupation, as of December 2002

| Occupation | Documented | Possible |
|---|---|---|
| Nurse | 24 | 35 |
| Laboratory Worker (clinical & non-clinical) | 19 | 17 |
| Physician (non-surgical) | 6 | 12 |
| Housekeeper/maintenance worker | 2 | 13 |
| Surgical Technician | 2 | 2 |
| Embalmer/morgue technician | 1 | 2 |
| Health aide/attendant | 1 | 15 |
| Respiratory Therapist | 1 | 2 |
| Dialysis Technician | 1 | 3 |
| Dental Worker, including dentist | - | 6 |
| Emergency medical technician/paramedic | - | 12 |
| Physician, surgeon | - | 6 |
| Other technician therapist | - | 9 |
| Other healthcare occupation | - | 5 |
| Total | 57 | 139 (CDC,2003) |

## Methods of Prevention

- Exposure Control Plan
- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment
- Housekeeping
- Labeling
- Hepatitis B Vaccination

## Exposure Control Plan

- Requires employers to identify in writing tasks and procedures as well as job classifications where occupational exposure to blood occurs
- Must set a schedule of implementation
- Plan must be accessible to employees and to OSHA

## What are Engineering Controls

- Engineering controls reduce the employees exposure by removing the hazard or isolating the worker.
- Examples: sharp disposal containers, needle less systems, and other sharp safeties

## What are Work Practice Controls

- Work Practice Controls reduce the likelihood of an exposure by altering how a task is performed.
- **Examples**: No recapping contaminated needles, Do not bend or break sharps, wash hands before and after glove removal, no food or drinks in work areas where blood or infectious materials are present.

## Methods of Compliance

- Mandates Universal Precautions
- Treat all exposures as if Bloodborne
- Emphasize engineering controls
- Work place controls
- Specifies methods of Sharp use and disposal- Safety needles
- Procedures for hand washing
- Regulates waste and handling of contaminated linen
- Labeling of Infectious or Contaminated Items- Red Bags and Biohazard labeling

## Hazard Communication

- Warning Labels
- Red Bags
- Disposal Containers
- Restricted Areas

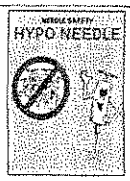

## Personal Protective Equipment

- Always Wear PPE
- PPE's provide a barrier between the worker and potentially infectious materials
- Gloves, Masks, Gowns, Eye Protection, Face Shields, Mouthpieces and resuscitation devices

## Handwashing

- Handwashing is the preferred method of infection control
- Handwashing facilities should be accessible to employees
- Wash with soap and water
- Wash before and after glove removal
- Waterless antiseptic

## Sharp Safety




## What to do if Exposure Occurs

- Immediately wash affected area with soap and water
- Flush splashes to nose, mouth or skin with water
- Irrigate eyes with water or saline
- Immediate medical evaluation, treatment and follow-up
- Medical laboratory tests, and confidential reporting
- Post exposure prophylactics (time sensitive)
- Counseling
- Evaluation report from treating physician within 15 days of completed medical provider assessment.
- All treatment provided at no cost to the employee

## OSHA's Training Requirements

- Bloodborne Pathogen Training should be provided to employees at time of initial assignment to a job with occupational exposure and at least annually thereafter.
- Training records should be maintained for 3 years.

If you have any questions please call
Occupational Medicine Services
609-430-7121 or 609-430-7122
Hours of Operation
Monday- Friday 7:30am-4:30pm

# 2012 Required Education

Princeton HealthCare System

## Body Mechanics & Injury Prevention

**Cumulative Trauma**

- Cumulative micro-trauma can lead to macro-trauma. Getting hurt a little bit at a time can eventually lead to a larger injury.
- Many injuries occur from repetitive stress rather than a single occurrence.

**Protecting Your Back**

**Lifting Objects**

- Bend your knees.
- Keep the object close to your body.
- Don't twist your body, move your feet.
- If you have to do a task while bending forward, then afterwards, bend backwards.
- Know your limits and if the object/person is too heavy to lift by yourself, then get help or use mechanical devices.

**Protecting Your Shoulders**

- Avoid repetitive lifting overhead
- Avoid sustained holding your arms overhead
- Use a step stand to put or get items from a high shelf.
- Know your limits and if the object/person is too heavy to lift by yourself, then get help or use mechanical devices.

**Protecting Your Knees**

- Avoid sustained squatting, especially with your toes in front of your knees.
- Avoid twisting, pick up your feet and turn your whole body when moving items.
- If you must kneel, use knee pads.
- Using gel inserts in shoes can help to absorb some of the impact of being on your feet all day.

**Protecting your Hands/Wrists and Neck**

- When typing have your elbows even with the keyboard.
- The first line of print on the monitor should be even with your eyes.
- Your feet should be in contact with the floor. If they are not, then you need a footrest.
- Take a 1-3 minute break every 20-30 minutes to move your hands, fingers, neck, shoulders and back. Also look into the distance to refocus your eyes.

**Prevent Injuries**

- Stay flexible. When you do stretches, hold the stretch for 30 seconds and repeat 2-3 times daily.
- Do exercises to maintain the strength of the body especially your trunk muscles.
- Do exercises to keep the endurance of the muscles high such as bicycling, walking, or swimming.

**What to Do if You are Injured**

- Report the injury to your supervisor and fill out an Accident Reporting and Treatment Form.
- Go to Occupational Medicine Services.
- If after hours, go to the Emergency Room and then to Occupational Medicine Services the following day.
- Don't delay in treating injuries. It is easier to treat an acute rather than a chronic problem.

# 2012 Required Education

Princeton HealthCare System

## Healthcare Incident Report Form

**Incident Reporting:** for any occurrence that is not consistent with routine operations or situations

**Completing the form:**

- Use a ballpoint pen.
- Complete the check-off boxes within the Nature of Incident categories:
  - Anesthesia related
  - Article in Patient
  - Burn
  - Emergency Department Related
  - Equipment Related
  - Fall (and "Circumstances" in the fall section)
  - IV/Blood Related
  - Medication Related
  - Obstetrics Related
  - Patient/Resident Induced
  - Surgery Related
  - Treatment/Procedure Related
  - Other
- Complete:
  - Type of person involved
  - Incident/report date and time
  - Department involved
  - Location
  - Injuries (and Site of injury, Severity of injury, Nature of injury, Patient/Resident condition prior to injury)
  - Disposition (and Seen by, Did patient/resident receive treatment, Most significant treatment received)
  - Doctor's findings (if applicable)
  - Reporter's comments
- Complete for person to which incident occurred (if visitor, complete with visitor demographic information, not patient)

**Procedure:**

- Form is completed by employee who observes or first learns of occurrence.
- Notify appropriate department immediately for corrective actions to begin (for example, call Environmental Services for spillage, Engineering for malfunctioning bed, etc.)
- Only report objective facts.
- If appropriate, notify physician for further treatment.
- Report must be signed by person completing form and Department Manager, or designee.

**Risk Management:**

- Incident reports are confidential.
- Do not release report to patient or other person.
- Do not make copies of report.
- Do not place form in medical record, nurses' station, or any vicinity where it can be viewed by unauthorized persons.
- Do not reference in medical record that incident report was completed.
- Do not staple any additional papers to form (use paper clip if you want to attach additional documentation).

The following policy is available on the M Drive via this pathway:

- M Drive/Administration folder/Administrative Standards/AS I – 2.6 Incident Reporting