

THE DEPARTMENT OF EDUCATION WELCOMES YOU!



AGENDA

- National Patient Safety Goals
 - » Identify patients correctly (2 pt identifier)
 - » Use of medicines (correct labelling)
 - » Use Alarms (fall risk)
 - » Prevent infections (handwashing)
- HIPAA & EMTALA
- Culture of Excellence Always
- Your Safety
- Hospital Safety
- Body Mechanics



NATIONAL PATIENT SAFETY GOALS

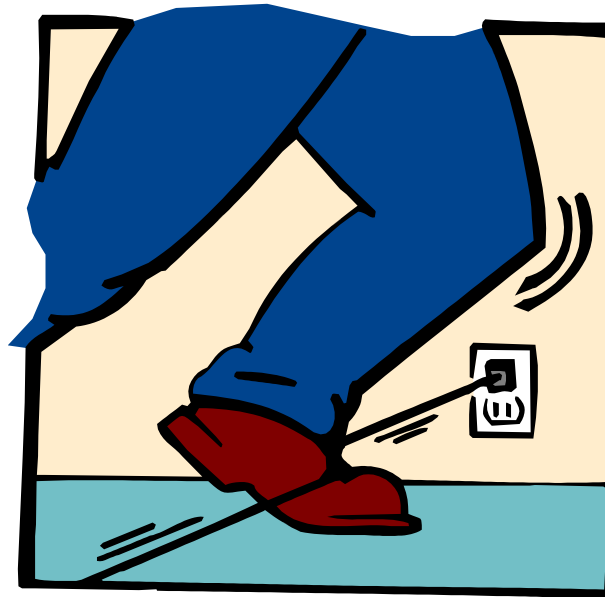


National Patient Safety Goals

- Identify patients correctly
- Improve staff communication
- Use Medications safely
- Use alarms
- Prevent infections
- Identify patient safety risks (suicidal ideation)
- Prevent mistakes in surgery



Fall Prevention/Management



What Do We Do for All Patients Upon Admission?

- Ask the patient if they have a history of falling at home
- Orient the patient to their environment and check to see if they can use the call bell
- Provide the patient non-skid socks
- Educate the patient on Hourly Patient Rounds and that a bed alarm will be applied
- Place personal items within easy reach such as call bell, TV remote, phone and water pitcher

Risks Factors:

- Mental Status
- History of falls
- Ambulation / Elimination status
- Sensory Impairment
- Gait / Balance
- Orthostatic hypotension
- Medications (poly pharmacy)
- Predisposing diseases/situations
- Patient Care Equipment



Identification of Adult Fall Risk Patients

Moderate Risk

Yellow nonskid

Footwear

Yellow Patient ID band



High Risk

Red nonskid footwear

Yellow Patient ID Band



Nursing Tip of the Week: Addition of **Purple Non-Skid Slippers**

Communication is Key!

***Purple** Posey Non-Skid Socks will now be used to identify/communicate patients who have experienced a fall during their hospitalization. They can be found in the Post Fall Packets distributed then will be on the unit's Lum Cart.*

*Any patient who has experienced a fall during their hospital stay should become an automatic **high fall risk**. All interventions for high fall risk patient's should be in place.*



High Risk Fall Precautions Include:

Moderate/High Bed Alarm Sensitivity

Remain with patient while toileting

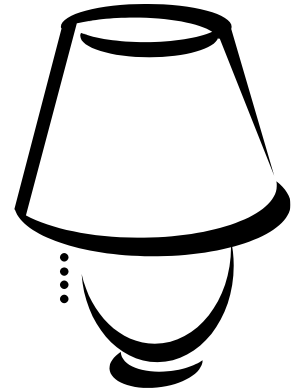
Observe every 60 minutes

Bed Alarm/Personal Alarm

Yellow Fall Wrist Band

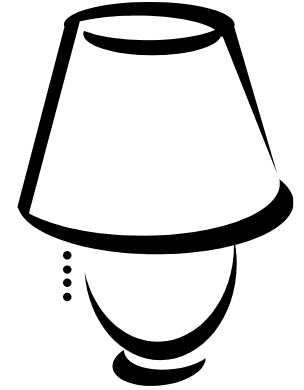
Universal Fall Precautions

- Bed in lowest position
- 2 Side rails up
- Non skid footwear
- Secure locks on beds, stretchers, and wheelchairs
- Orient patient to surroundings, including bathroom location, use of bed, and location of call light
- Assure adequate lighting, especially at night
- Keep floors clutter/obstacle free (with attention to path between bed and bathroom or commode)
- Place call light and frequently needed objects within reach



Moderate Risk Fall Precautions:

- Fall Risk ID band
- Utilize bed alarm while in bed (Adult)
- Personal alarm while in chair or commode/toilet (Adult)
- Monitor and assist patient in following daily schedules
- Supervise and or assist bedside sitting, personal hygiene, and toileting
- Reorient the confused as necessary
- Establish elimination schedule
- **YELLOW SOCKS**



High Risk Risk Fall Precautions

- Implement universal precautions
- Remain with patient while toileting
- Observe q 60 minutes
- **RED SOCKS**



Fall Management



- If patient falls, support the patient's body as you gently guide him to the floor.
- Bend your knees – not your back to support the patient and avoid injuring yourself.
- Remain calm and call for help.
- Don't move the patient until you assess his injury status. Assess limb strength and motion but do not perform any limb movements if you suspect a fracture.

HAND WASHING

- Use soap and water.
- Vigorously rub all surfaces for at least 20seconds.
- Rinse under running water.
- Turn off faucet using paper towel.



When to Wash Hands or use an Alcohol Based Gel

- Before performing invasive procedures.
- Before caring for susceptible patients.
- Before & after touching wounds.
- After touching contaminated objects.
- Between patients.
- Before & after using gloves.
- After the restroom, eating, sneezing, touching your nose or mouth.
- Anytime hands are soiled.





Hand Antisepsis using Alcohol Based Gel

- Uses water-less, alcohol-based antiseptic gel.
- Apply 5 ml in the palm of hand.
- Rub hands together, covering all surfaces until they are dry.
- This should take approximately 20 seconds for hands to dry.
- If hands are not visibly soiled, use an alcohol-based, waterless antiseptic agent for routinely decontaminating hands



When NOT to use an alcohol-based hand gel.

- If hands are visibly soiled
- After caring for a patient with *C difficile* and/or *Anthrax*.

**In these cases, you must wash the hands with soap and water.*





Standard Universal Precautions

Universally treat all blood and body fluid as though it is potentially infectious.

Components of Universal Precautions

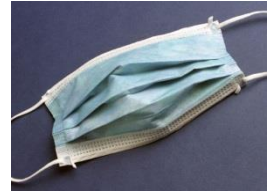
- Gloves.
- Handwashing.
- Prevention of sharp injuries and splashes.
- Masks & eye protection.
- Gowns & aprons.
- Resuscitation issues.
- Handling of linen.
- Handling of trash.
- Sterilization & disinfection.



Additional Precautions



Droplet Precautions

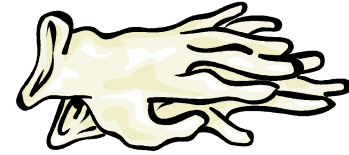


- Precautions sign.
- Wear surgical mask when within 3 feet of patient.
- Patient must wear a surgical mask during transport.
- Door may be left open.
- These infections are spread by larger droplets during sneezing, coughing...

**Used for some types of meningitis, pertussis, influenza, plague, mumps, measles, rubella, etc.*

Additional Contact Precautions

- Precautions sign
- Gloves & gown.
- Hand hygiene.
- Limit transport.
- Dedicate equipment when possible.
- Disinfect equipment after use, before using on another patient.



** Used for MRSA, VRE, ESBL, CRE, and other severely resistant organisms, etc.*

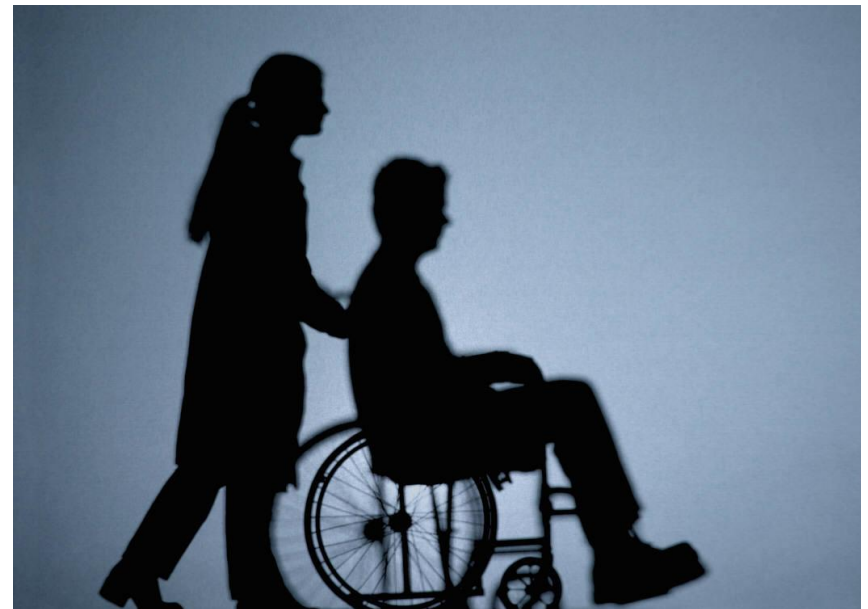
Cleaning & Disinfection of Equipment

- Remove gross dirt & debris.
- Wash with approved disinfectant cleaner.
- Allow to air dry.
- Store properly.



Basic Infection Control Reminders

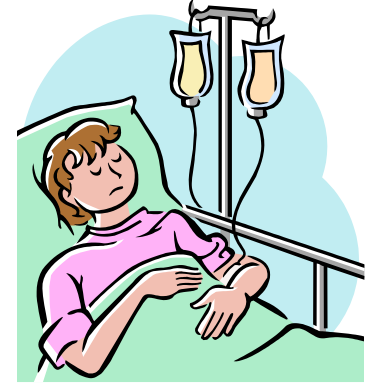
- Hand Hygiene
- No gloves in hallway
- No clean items in soiled utility
- Patient care items must be kept off floor
- Linen must be covered
- Supplies should be stored properly and checked for expiration dates
- Remember- Gloves do not replace hand washing!
- Storage and Soiled Rooms



C-Difficile

- Spore forming bacteria
- Symptoms : diarrhea, abdominal pain, fever
- Risks, Transmission, and Prevention
- Bleach based disinfectant used by environmental services
- Wash hands with soap and water!

MRSA and VRE



MRSA

- Staph bacteria
- Blood stream infection
- Surgical site infection
- Pneumonia
- Patient education is critical
- Contact precautions
- Equipment should be cleaned and disinfected

VRE

- Enterococci bacteria
- Can result in infections
- Resistant to Vanco
- Risks: longtime use of vanco; weak immune system; abdominal and chest surgery; urinary catheters
- Patient education is critical
- Contact Precautions
- Equipment cleaned and disinfected

COVID 19

COVID-19 is a new strain of coronavirus that is respiratory in nature. Upon arrival to your clinical site you will be screened. If it is deemed unsafe for you to enter the building you will be asked to go leave and follow up with your primary care provider and the school. This is to prevent the spread of COVID 19 and protect yourself and others while performing clinical hours.

COVID 19

How to Protect yourself while you are here at Princeton:

DO NOT enter into any patient room which has a Symptomatic Test Pending sign or a patient who is under investigation for having COVID 19

DO NOT enter into any patient room who is confirmed positive for COVID 19

For all other patient's ensure that you are wearing the correct PPE when interacting with them: Face Mask and Eye Covering

CAUTI Prevention

- Catheter associated urinary tract infection
- Symptoms- fever, foul smelling urine
- Team effort
- Catheter care and maintenance: secure, positioning, closed system, etc.
- Alternatives to catheters- female urinals, condom catheters, bladder scanners, intermittent catheterization

HIPAA & EMTALA



HIPAA Privacy

- HIPAA, The Health Insurance Portability and Accountability Act
 1. Protect patients' rights by giving them access to their health information and control over how it will be used.
 2. 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.



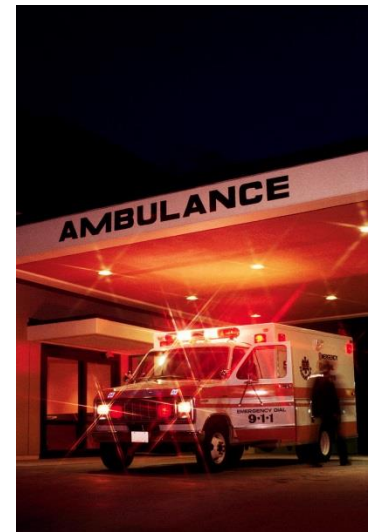
IF YOU HAVE A CONCERN

PHCS Compliance Hotline 1.800.779.4035

- The hotline is confidential, and you may remain anonymous unless you would like to give your name. Princeton HealthCare System has a policy forbidding retribution or retaliation for reporting of compliance issues in good faith.
- Princeton HealthCare System is committed to working with our employees and colleagues, to meet the highest standards of compliance and uphold state and federal laws.

Corporate Compliance- Policies and Procedures

- **EMTALA Policy-** The Emergency Medical Treatment and Labor Act (EMTALA) is triggered when any individual comes to University Medical Center at Princeton's of Plainsboro Emergency Department or Obstetric Unit and requests an examination or treatment.
- The hospital must provide:
 - an appropriate medical screening examination
 - by qualified medical personnel
 - regardless of the individual's ability to pay, to determine whether an emergency medical condition exists.
 - track the care provided to each individual seeking care for an emergency medical condition.



Simple Ways to Promote Patient Privacy at Princeton Health

- **Don't discuss patient information in openly public areas such as elevators, waiting rooms, or the cafeteria, where others can hear you.**
- **Don't view yours or anyone else's medical records without approval from your Clinical Instructor. This includes records of family members, colleagues, or friends.**
- **Don't give out too much information when someone asks you for patient information. Only tell them what is really needed.**
- **Always make sure that when you give out patient information, it is going to the correct person.**
- **Don't leave patient charts in the hallways, on food trays, or other places where they can be easily accessed by others who don't need to see such information.**
- **Don't look into patient charts if you are not actively caring for that patient or if it is not part of your duties as a nursing student**
- **If a patient has elected total privacy, never reveal their location or any information about them to callers or visitors.**
- **When in doubt about whether you should or should not give out patient information, ask your Clinical Instructor**

HIPAA SECURITY

- 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.

Simple Ways to Promote HIPAA Security at PHCS

If you have a concern regarding HIPAA Security, please contact

Deborah Casarella, Chief Information Officer and HIPAA Security Officer at 609-750-8736 or

Chief Compliance and Privacy Officer, Nancy Fletcher, at 609-853-7112/ 609-853-7113 or our Compliance Hotline 1.800.779.4035.



Patient Rights

- Respecting rights for **medical care**
- **Informing** patients of their rights and responsibilities.
- Treating patients in a **dignified and respectful manner**.
- Respecting patients' right and need for **effective communication** and providing **access to their health information**.
- Respecting rights for **visitation**.
- Respecting patients' **cultural and personal values, beliefs** and preferences.
- Respecting patients' rights to **privacy and confidentiality**.
- Respecting patients' rights to **pain management**.
- Accommodating patients' right to **religious** and other **spiritual services**.
- **Protecting** patients' rights **during research**, investigation or clinical trials.

Culture of Excellence Always

Princeton HealthCare System

“We provide high quality, caring service.”

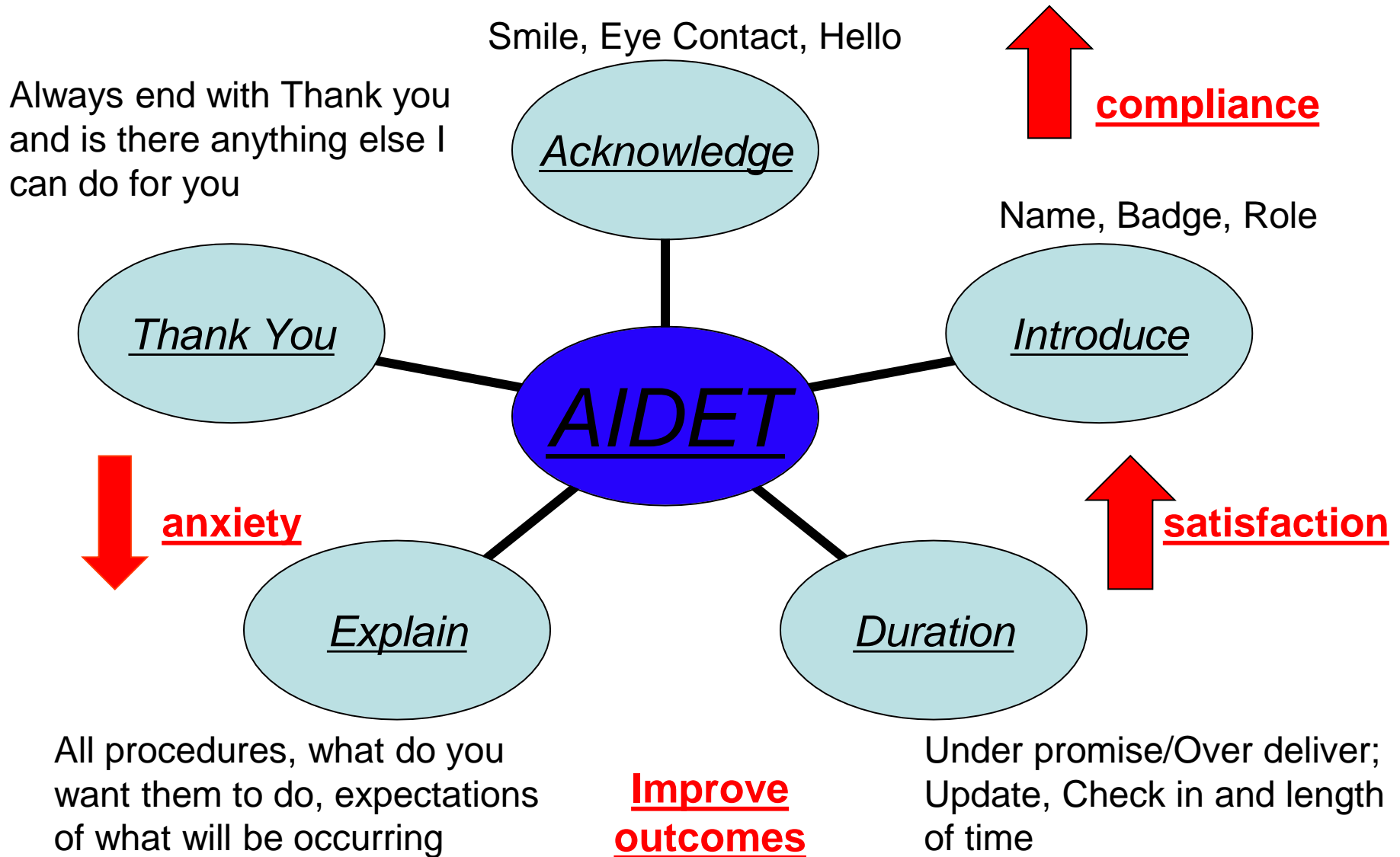


AIDET in Action

We face many tough challenges

- Patients and families have **HIGH** expectations
- Competition is fierce. Patients and families have **CHOICE**
- Our goal is to move patient and employee satisfaction from **good** to **WOW**

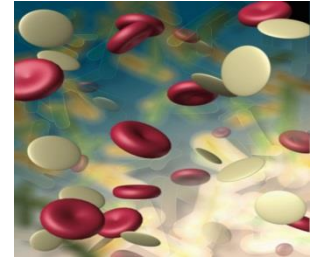
The Five Fundamentals of Service/ Communication



ENSURING YOUR SAFETY



Who is OSHA?



OSHA is the Occupational Safety and Health Administration

OSHA's Bloodborne Pathogen Standards

- to protect workers against the health hazards from exposure to blood and other potentially infectious materials and to reduce their risk from this exposure.
- 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 and you the Nurse!

Exposure to blood

Hepatitis B

- Largest risk after exposure to infected blood

Hepatitis C

- Exposure to blood and blood products

HIV/AIDS

Acquired immunodeficiency disease (AIDS) can occur from exposure to blood or body fluid of someone infected with Human Immunodeficiency Virus (HIV).





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 abrasions with blood or other potentially infectious materials.

What are Work Practice Controls

Reduce the likelihood of an exposure by altering how a task is performed.

- ❖ No recapping contaminated needles
- ❖ Do not bend or break sharps,
- ❖ **Safety needles**
- ❖ wash hands before and after glove removal
- ❖ No food or drinks in work areas where blood or infectious materials are present.
- ❖ Labeling of Infectious or Contaminated Items- Red Bags and Biohazard labeling
- ❖ Regulates waste and handling of contaminated linen



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)
- Education/Counseling
- Evaluation report from treating physician within 15 days of completed medical provider assessment.
- All treatment provided at no cost to the employee

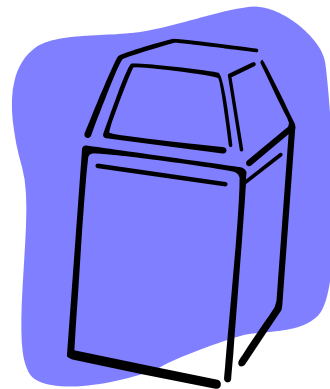


PHARMACEUTICAL WASTES STERICYCLE



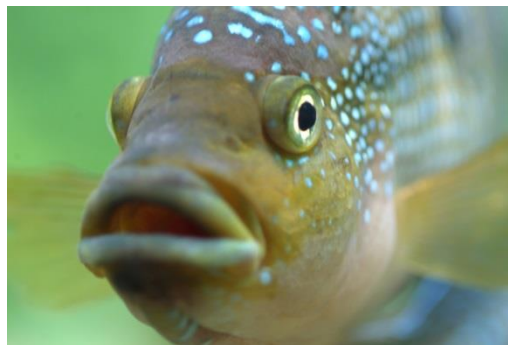
Why do we need a Pharmaceutical (Rx) Waste Program?

- Because it's the LAW!
- Many agencies are involved in Rx waste reduction
- EPA-Environmental Protection Agency
- NJDEP-State Environmental Agency
- DOT- Department of Transportation
- DEA-Drug Enforcement Administration
- TJC-The Joint Commission



Pharmaceuticals being found....

- In our rivers, lakes, streams and drinking water
- We are seeing reproductive anomalies in our aquatic species.
- Stericycle disposes via incineration



What is Pharmaceutical (Rx) Waste?

- Medication that is no longer being used for it's intended purpose, to be discarded
- RX leftovers or unused, vials, IV's with tubing attached, oral meds, ointment & creams





Stericycle®

Rx Waste Compliance Service

Quick Reference Disposal Guide

Non-RCRA Medications

Throw it in the Blue until you are told what to do!



RCRA Medications

Sharps with Medications

If Alerted: Dispose in
Black Container



RCRA Medications and Packaging

Coumadin, Nicotine, Physostigmine

If Alerted: Dispose
Unused Medication and
Packaging in Black
Container



RED SHARPS Container

FOR SHARPS THAT DO NOT CONTAIN ANY MEDICATION:

- ❖ Empty syringes (with or without a needle)
- ❖ Empty ampoules



Incompatible Medications

If Alerted: Seal in Clear Zip Lock Bag and Send to Pharmacy



Controlled Substance Medication Waste

All DEA schedules II-V controlled substances must be captured in the CsRx™ container in their raw form (no packaging) This process must still include the witness/waste protocols in place



Plain IV's

Normal Saline, Dextrose, Lactated Ringers, Potassium, Magnesium Sulfate



Empty Items

Empty IV Bags



SEND TO PHARMACY

- ❖ **Corrosive EXAMPLES:** Leftover or unused Aromatic Ammonia Inhalant, Pyridoxine HCL
- ❖ **Oxidizer EXAMPLES:** Leftover or unused Silver Nitrate

SEAL ITEMS IN A ZIP LOCK BAG AND SEND TO PHARMACY

REMEMBER: TRACE CHEMO (< 3% OF ORIGINAL VOLUME) IN YELLOW CONTAINER

BULK CHEMO (> 3% OF ORIGINAL VOLUME) IN BLACK CONTAINER

No free fluids allowed in any containers.

Seal IV bags & bottles with tubing, sponges soaked in medication and ointments not capped into a zip lock bag prior to disposal.



Stericycle®

Rx Waste Compliance Service

IV DISPOSAL GUIDELINES

DRAIN DISPOSAL ALLOWED

*Provided there are **NO MEDICATIONS** instilled in the IV, drain disposal is permitted for any of the following solutions:*

- ❖ *Saline solution*
- ❖ *Dextrose solution*
- ❖ *Electrolytes**

- ❖ *Lactated Ringer's*
- *Including Instillations of Potassium Chloride, Magnesium Sulfate, Sodium Bicarbonate, Calcium Gulconate*

COMPATIBLE HAZARDOUS and NON HAZARDOUS PHARMACEUTICAL WASTE (BLUE CONTAINER)

- *Any IV with a non-controlled substance instilled in it.*

WITNESSED DISPOSE CONTROLLED SUBSTANCES

- *Controlled substances should be disposed of per current pharmacy/hospital policy.*

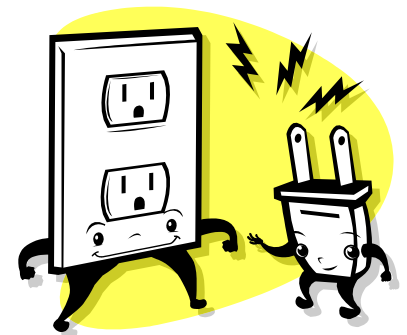
HOSPITAL SAFETY

WHAT YOU NEED TO KNOW



Electrical Safety

- Check cords and report
- **DO NOT USE** extension cords without approval
- Power strips are allowed
- Avoid Shocks
- Red outlets for emergency power



Inform Engineering if:

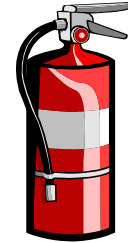
- Evidence of overheating
- Frayed or worn wires or cords
- Damaged plugs
- Malfunctioning controls
- Evidence of malfunction

Fire Safety



- Rescue
- Alarm
- Confine
- Extinguish

- Pull
- Aim
- Squeeze
- Sweep



When the Alarm is activated:

1. Flashing Lights and Alarm sound
2. Code Red will be announced along with location
3. Elevators will return to ground floor with no use
4. Team will respond
5. Termination of Code will be called overhead: Code Red All Clear

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.

SDS

- Located on computer Desktop as a icon:
- Describes characteristics of hazardous materials, drugs or chemicals
- Physical hazard-explosion, fire, violent reaction
- How it can be harmful
- Safe Patient Handling and precautions
- What substances are appropriate for Clean Up
- What type of equipment you need (ie PPE)
- 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

Oxygen Safety



**Care, Management and
Handling of Oxygen Tanks**

Storage of Oxygen Tanks

- There are designated storage areas on each floor for oxygen tanks.
- There are racks for Full and Empty tanks in each storage area.
- There can never be more than 12 total tanks in any one storage area.
- Only full tanks should be placed in the rack labeled “FULL.” Only empty tanks should be placed in the rack labeled “EMPTY.”
- An oxygen tank is considered empty when it reads less than 500 PSI.

Storage of Oxygen Tanks

RIGHT



WRONG

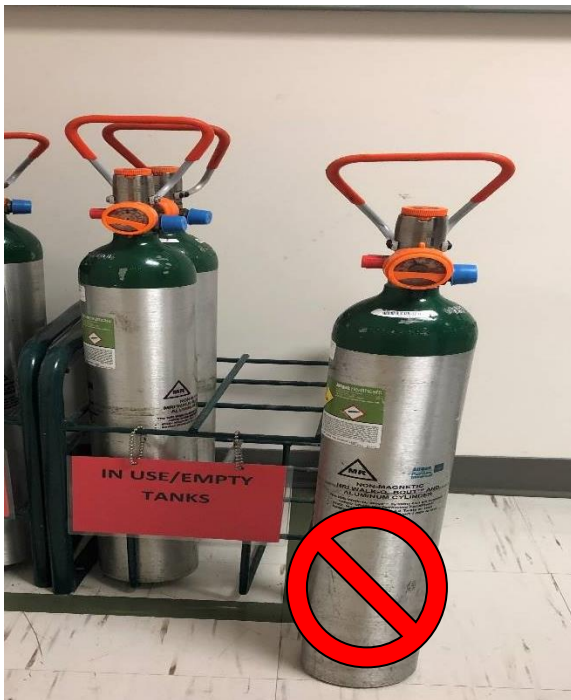


OXYGEN TANKS SHOULD ALWAYS BE STORED IN RACKS LOCATED IN DESIGNATED STORAGE ROOMS/AREAS

WHAT IF.....

QUESTION

WHAT IF.... I see an oxygen tank out of a rack or carrier?



ANSWER

- If the tank is found immediately outside of the rack lift up and place back in appropriate rack
- If tank found outside of carrier in room or any patient care area immediately lay down the oxygen tank.
- Locate a carrier and bring it back to room/area.
- Place tank in carrier.
- Transport back to designated storage area
- Report to nurse in charge and your clinical instructor.

Safety Measures

- **DO NOT** carry an Oxygen Tank
- It should **ALWAYS** be secured and transported in a mobile carrier



All Oxygen Tanks must be returned to their original storage location

OXYGEN TANKS SHOULD NEVER BE LEFT UNSECURED & UNATTENDED

Oxygen tanks should always be secured and never left in a patient room. If you see an oxygen tank unsecured and free standing, lay it down. Get the designated carrier from the nearest storage room. Lift and place the tank into the carrier and transport the oxygen tank and carrier back to the storage room. Remove oxygen tank from the carrier and place in designated rack.



IF YOU SEE SOMETHING SAY SOMETHING

Report it to the person in charge and your instructor

Transportation of Patients who need Oxygen

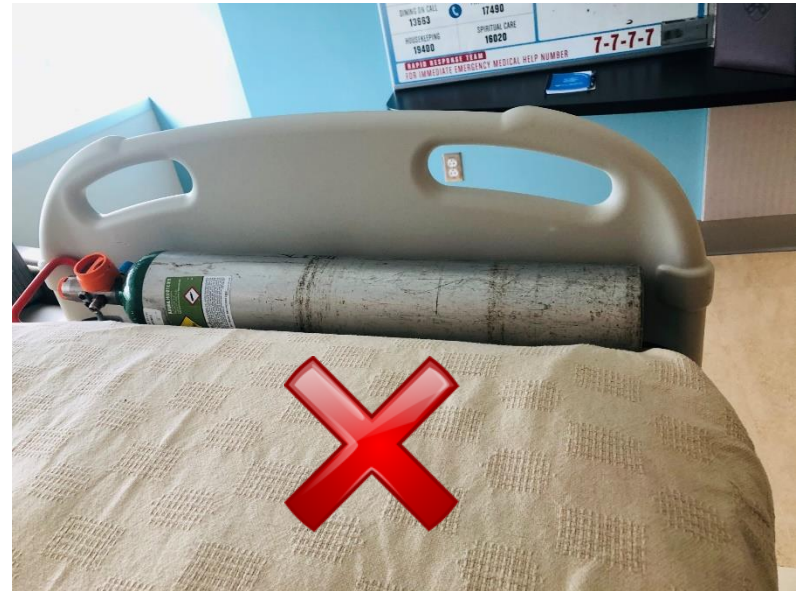
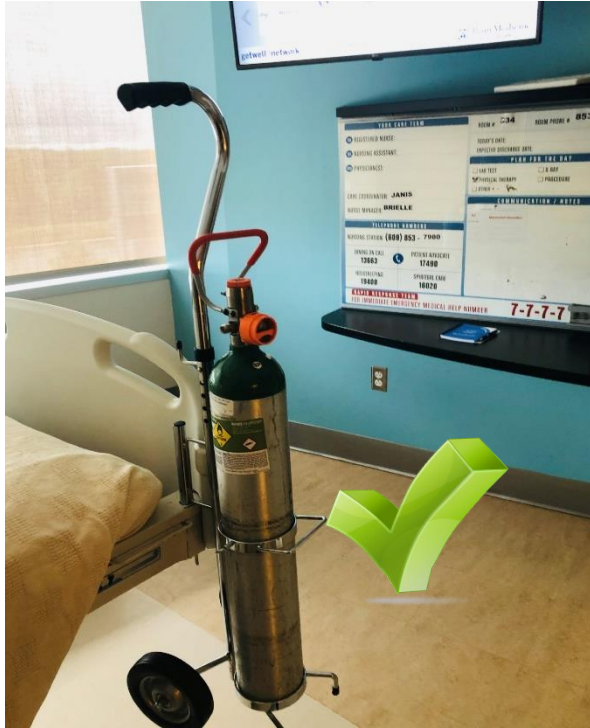
STRETCHER



The oxygen tank should be secured in the holder below the stretcher for any patient being transported via stretcher on oxygen.

Transportation of Patients who need Oxygen

PATIENT BED



When a patient has to be transported in a bed and needs oxygen the oxygen tank should be secured in the designated carrier and attached to the bed frame in the appropriate manner

Transportation of Patients who need Oxygen

WHEEL CHAIR



When a patient has to be transported in a wheelchair and needs oxygen the oxygen tank should be secured in the designated mobile carrier. The mobile carrier should be wheeled along side of the patient. The patient is never to be left unattended with an oxygen tank.

Ambulating with Patients who need Oxygen

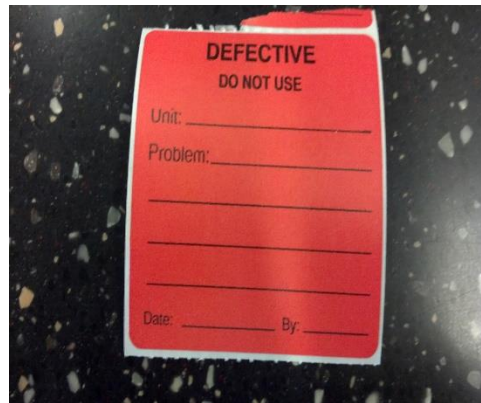


When ambulating patients who need oxygen, the oxygen tank must be secured in the designated mobile carrier and rolled along side of the patient. This must always be managed by a trained staff member.

WHAT DO I DO IF....

QUESTION

WHAT DO I DO IF....
an oxygen tank looks
damaged



ANSWER

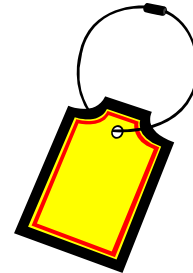
- Do not use oxygen tank
- Tag it with an orange defective label
- Immediately notify the Respiratory Therapist, the nurse in charge and your clinical instructor

QUESTIONS?

If you have any questions regarding any of the information that has been presented, please contact your supervisor immediately.

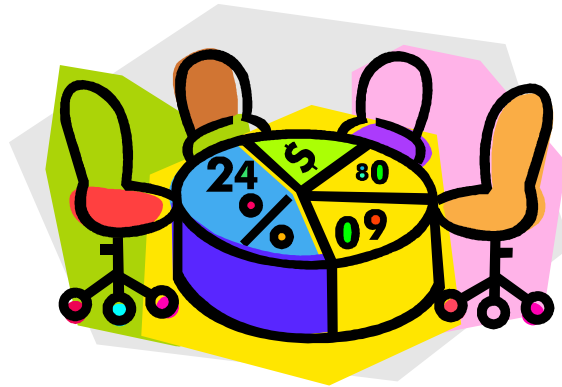
BIOMED

- Yellow inspection sticker
- Indicates when Biomed last inspected
- Important to visually inspect device for damage prior to use
- Orange defective tag should be attached
- Also call Biomed at ext 16192.



Emergency Management Incident Command Center

- Conference Room E
- Security, Directors & Managers
- Your role: do not do anything until you are instructed too.
- Code Triage
- Code Purple
- IT failures
- Storms
- Accidents



CODES

CODE NAME	MEANING	NUMBER
Code Red	Fire	“O”
Code Blue	Adult Cardiac Arrest	5555
RRT (Rapid Response Team)	Adult Medical Emergency	5555
Code White	Pediatric Medical Emergency	5555 or “O”
Code Amber	Infant/Child Abduction	4444
Code Yellow	Bomb Threat	“O”/4444
Code Gray	Security Emergency/Patient Elopement	4444
Code Silver	Hostage Situation	4444
Code Orange	Hazmat Situation	“O”
Code Triage	Disaster Situation	“O”
Code Pink	Imminent Birth	“O”
Code OB	Emergency on 6 th floor	“O”
Code Clear	Situation has been cleared	NA
Code Purple	Volume Surge	NA

CODE NAME	MEANING	NUMBER
Code Strong	Behavioral Emergency	4444
BERT Response	Behavioral Emergency Response Team	4444
Code Stroke	Signs and Symptoms of Stroke	5555
Code Stemi	ST Elevation – MI	5555

Body Mechanics

PREVENTING INJURIES



Protecting Your Back

- 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 use mechanical devices (ie SPH)



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



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 absorb some of the impact of being on your feet all day



What to Do if You are Injured

- Report the injury to your Clinical Instructor
- Proceed to the Emergency Room
- Don't delay in treating injuries. It is easier to treat an acute rather than a chronic problem.

