Mandatory Program
for
Visiting Students In Clinical Training:

Safety, Quality Care, Infection Control & Prevention

2014-2015 Academic Year

North Shore LIJ

Introduction/Instructions

It is the policy of the North Shore-LIJ Health System to ensure that all team members and students participate in the annual mandatory program on Safety and Quality, Infection Control and Prevention, Management of the Environment of Care, etc., pursuant to training requirements from regulatory agencies (NYS DOH, The Joint Commission, OSHA, etc.).

– To ensure that you receive credit for this program, please:

- Read this document in its entirety
- Answer the review questions (post-test) at the end of the program
- Print and complete the on-line program evaluation (slide #64).
- Print and complete the certificate of completion/Attestation and return to your instructor

Thank you!

Program Objectives

After reviewing the content of this program, the learner will be able to:

1. State the mission, vision, values of the NSLIJHS
2. State responsibilities in upholding the core values of the organization
3. Identify ways to prevent or minimize workplace injuries or illness
4. Describe role in relation to general safety in the workplace including fire safety and security.
5. Verbalize value of teamwork and collaboration
6. Follow and enforce hand hygiene procedures
7. Demonstrate behaviors that illustrate cultural competence
8. Identify at least two patient safety goals related to areas of responsibility
9. Describe standards for service excellence
10. Describe role in relation to HIPPA regulations
11. Describe role in relation to Corporate Compliance policies

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Mission, Vision, Values

Mission

- To improve the health and quality of life for the people and communities we serve by providing world-class service and patient-centered care.

Vision

- To be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

Values and Expectations

- As a student you are asked to uphold the health system's culture and are held accountable for your actions. Our core values are what make the organization successful.

- You are expected to always demonstrate our values in action; they should be part of your daily routine: Always putting our patients first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of our team members and students.

Always Put Our Patients First!

Service Excellence

As a student at the North Shore-LIJ Health System, you are expected to demonstrate, at all times, certain behaviors and attributes that support the health system's Service Excellence standards. The following are some behaviors to be demonstrated when working with patients, families, visitors, physicians and colleagues in the organization:

Working Together:

- – Be helpful and informative.

- – Respond to call bells.

- – If you are unable to assist, find someone who can.

- – Look beyond your assigned tasks, your responsibilities do not end where your co-workers' responsibilities begin.

- – Never say "That's not my job."

Empathy:

- – Be compassionate and considerate at all times.

- – Recognize and appreciate the feelings of others. Apologize and express concern anytime an individual is not satisfied.

Service Excellence (continued)

Courteous Communication:

– Always wear your student ID badge proudly and visibly.

– Promptly introduce yourself, smile warmly, and ask how you can be of service. Answer telephones by the third ring; use the proper greeting, include your unit or department and your name.

Anticipate and Respond:

– Be helpful and assist customers before they ask.

– Escort individuals to other areas of the facility or find someone who can.

– Strive to exceed customer expectations.

– Follow up with the customer in a timely manner to ensure needs were met.

Respect:

– Treat everyone you meet as if he/she is the most important person.

– Ensure that privacy and confidentiality is maintained. They are rights not privileges.

– Respect the culture and ethnicity of all customers.

Environment:

– Practice safety at all times. It is a requirement, and it shows our patients we care.

– Keep all work areas clean, safe and clutter-free.

– Adhere to the dress code of your school.

– Maintain organizational integrity by not discussing personal information or commenting negatively about the hospital or your role.

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Service Excellence (continued)

<u>Service Recovery</u>

A step-by-step process for correction of service breakdowns which a result from misunderstandings, poor service skills, faulty policies or inefficient systems. One technique for the service recovery model is L-A-S-T.

- **_L_**isten to the explanation of the individual's perception of the breakdown
- **_A_**pologize on behalf of the organization
- **_S_**atisfy – offer a solution. If not possible, explain your next steps in routing to the appropriate individual
- **_T_**hank the individual. Every service breakdown is an opportunity to make things right!

Teamwork

Teamwork is coming together, working together,
and succeeding together.

Effective teamwork:

- Allows for getting more done in less time – and with less cost

- Is driven by a clear purpose and a stated goal

- Functions through clearly defined goals

- Promotes a sense of connection and belonging

- Emphasizes the value of diversity

- Allows different preferences to lead to useful and effective problem solving

- Improves communication

- Reduces conflict and stress

- Values the strengths of others

- Equals total team participation

- Leads to increased cooperation

- Leads to increased conflict management

- Assists with change management.

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TeamSTEPPS:
Tools and Strategies to Enhance Performance and Patient Safety

- TeamSTEPPS is a NSLIJHS wide initiative to improve quality and patient safety.
- The Department of Defense and the Agency for Healthcare Research and Quality and several other contributors collaborated and developed the TeamSTEPPS curriculum.
- TeamSTEPPS provides strategies and tools for improving communication and teamwork, reducing error and providing safer patient care.
- Partnering with the patient is a key concept – patients are part of the team.
- All NSLIJHS employees are part of the TeamSTEPPS initiative.

TeamSTEPPS Tools

- **Brief (Plan), Huddle (Problem Solve), Debrief (Process Improvement):** Entire team meets for 3-5 minutes to share information.

- **Situation Monitoring:** Cross monitoring maintains situation awareness and prevents errors. Team members monitor the patient, situation and each other--- This looks like:
  "Watching each other's back,
  Shared Mental Model – "We are on the same page"

- **Mutual Support:** team members use task assistance by offering help, asking for help and using feedback as needed--- This looks like: "Back -Up Behaviors"

TeamSTEPPS Tools (continued)

Conflict Resolution:

Two Challenge Rule: team members are empowered to "Stop the Line"- voice your concern by advocating and asserting your statement at least twice.

CUS: team members use this phrase to catch attention

C = concern: state concern, **U = u**ncomfortable: state why you are uncomfortable: **S = s**afety: state there is a safety issue

DESC: team members use to resolve personal conflict

D = describe: verbalize the situation, **E = e**xpress: state your concerns,

S = suggest: state alternatives, **C = c**onsequences: state the consequences

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TeamSTEPPS Tools (continued)

Communication

SBAR: standardized framework for team to communicate about the patient's condition.

S = situation, **B = b**ackground, **A = a**ssessment**,**

R = recommendations

Check Back: closed loop communication validating information exchange. Example - read back of an order

Call Out: communicate critical information during an emergent event. Example: calling out orders during codes

Handoff: standardized framework used for information exchange at critical times such as transitions in care. Example: **I PASS the BATON**

Patient's Bill of Rights

New York State mandates that the Patient's Bill of Rights is distributed to all patients admitted to a hospital.

The Patient's Bill of Rights is available in other languages and can be obtained through the facility's language assistance coordinator. It is each team member's responsibility to ensure that the patient's rights are observed and respected at all times.

As a patient in a hospital in NY State, you have the right, consistent with the law, to:

1. Understand and use these rights. If, for any reason, you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.

3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4. Receive emergency care if you need it.

5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

6. Know the names, positions, and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation.

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Patient's Bill of Rights (continued)

7. A no smoking room. *(Not applicable – NSLIJHS is smoke free)*

8. Receive complete information about your diagnosis, treatment, and prognosis.

9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10. Receive all the information that you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders – A Guide for Patients and Families."

11. Refuse treatment and be told what effect this may have on your health.

12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

13. Privacy while in the hospital and confidentiality of all information and records regarding your care.

14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

Patient's Bill of Rights (continued)

15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16. Receive an itemized bill and explanation of all charges.

17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you, if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

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Limited English Proficiency (LEP)

English may be a second language for some of our patients and visitors. Limited English Proficiency (LEP) applies to individuals who do not speak English as their primary language, and have limited ability to read, write, speak or understand it. LEP patients and visitors have the same rights as any other individuals and should be treated equally.

Regulatory Requirements for LEP patients:

- LEP patients have the right to free language interpretation services.
- Interpreter services must be provided to LEP patients within 10 minutes in an urgent setting (E.D.), and 20 minutes in a non-urgent setting.

Your Role:

- It is your responsibility to assist any patient who approaches you with a request for language interpretation services. Check with the nurse caring for the patient.
- When in doubt, contact the main telephone operator who can connect you to the language assistance coordinator for your facility.

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Communicating with LEP Patients

The following are methods for communicating with LEP patients:

- Foreign Language Speaking Clinicians
    - Physicians, nurses and other licensed professionals can practice their profession in both English and a foreign language.
- Telephonic Interpretation Services
    - Required for key patient contacts with LEP patients such as informed consent, nursing assessment, history and physical, and discharge instructions and patient education.
- Language Bank – Administrative Interpreters
    - A list of staff or volunteers who can serve as interpreters for administrative encounters which includes all communication with a patient that does not involve clinical matters.
- Vital Documents
    - The health system has translated a set of Vital Documents used for patient care. They are available for download from the HealthPort Forms Center.

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Advance Directives

Advance Directives are declarations made by a competent person of their choices about treatment. They serve to protect the patient's right to make his or her own choices/legally valid decisions concerning future medical care and treatment. Examples are:

- Living Will: Written instructions that explain one's health care wishes, especially about end-of-life care.

- Health Care Proxy: Appointment of a health care representative to make healthcare decisions when unable to do so for oneself.

Ethical Issues

Difficult situations can arise when healthcare decisions must be made. For help with ethical problems or questions, notify your instructor or nurse manager immediately so that issues may be referred to the facility's Ethics Committee.

Refer to your facility's Administrative Policy and Procedure Manual which may contain policies to guide ethical decisions relative to Health Care Agents and Proxies, Do Not Resuscitate Orders, Foregoing Life Extending Treatment, etc.

Quality Management

The NSLIJHS vision is to be the most trusted name in healthcare. One of our guiding principles is to ensure quality care by:

- Putting patients at the center of everything that we do

- Promoting clinical excellence and patient safety

- Adopting best practices and evidence-based medicine

- Monitoring different aspects of care such as hand hygiene, medication administration, infection rates and documentation

- NSLIJHS uses the PDCA cycle (plan, do, check, act) as the methodology for improving organizational performance

- Measuring and publicly reporting our progress in terms of quality and patient safety on our quality website: www.northshorelij.com/quality

Quality Management (continued)

Your role in Quality Management Is to:

– Maintain the highest standards of quality care and patient safety

– Be a good team player – assist others

– Observe the patient; assist as needed and/or ask for help

– Involve patients and families in their care

– Always seek assistance and ask questions when you are uncertain or unclear about something

– Document clearly and accurately in the patient's medical record.

If you have ideas about improvement, inform your instructor or the nurse manager of the unit.

Colors of Patient Safety

Starting this January, all patient wristbands are being standardized across North Shore-LIJ.

ALLERGY

FALL RISK

CRITICAL AIRWAY

DO NOT USE EXTREMITY
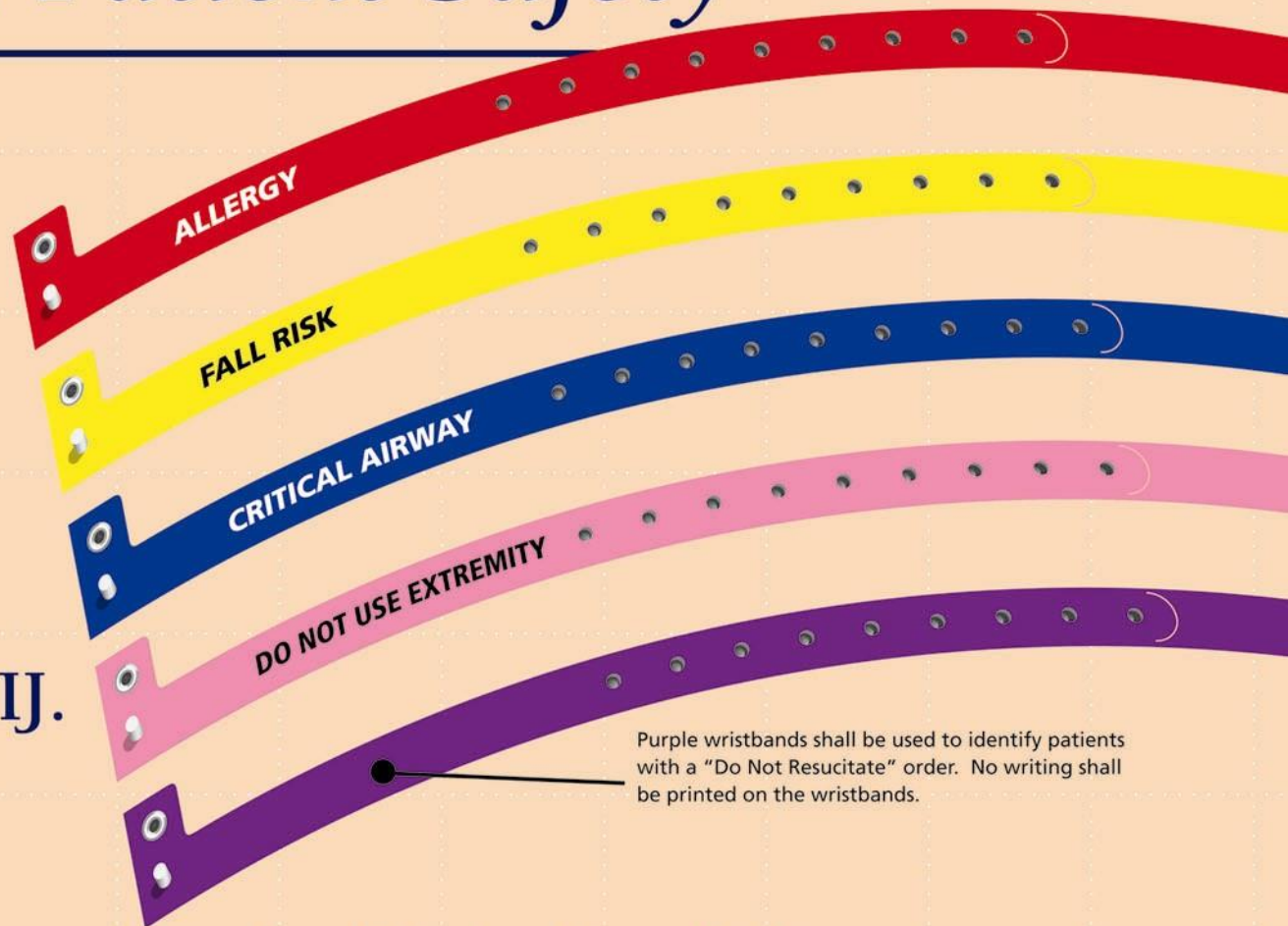
Purple wristbands shall be used to identify patients with a "Do Not Resucitate" order. No writing shall be printed on the wristbands.

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Every employee should be familiar with the colored bands to provide an exceptional patient experience. Need help? Contact your supervisor or Nurse Educator.

The Joint Commission National Patient Safety Goals (NPSG)

Each year, the Joint Commission issues National Patient Safety Goals (NPSG), the purpose of which is to improve patient safety and assist organizations to focus efforts on urgent safety issues.

All team members should be familiar with these goals and the requirements as they pertain to his/her position. The current National Patient Safety Goals focus on:

- Identifying a patient correctly. For example, we want to make sure the correct patient receives the correct blood during transfusion. Use two patient identifiers such as name and date of birth.

- Improving staff communication, especially surrounding the reporting of abnormal test results that are critical to the patient's care.

- Using medications safely, especially related to labeling of medications used during procedures and for those medications that are used to thin a patient's blood.

TJC National Patient Safety Goals (continued)

- Preventing infection by always practicing proper hand washing and using proven guidelines to prevent infections that are difficult to treat.

- Checking patient's medicines when they come to our facility and when they leave our facility. We need to make sure a current list of medicines is given to the patient and these are explained.

- Identifying patient safety risks, such as which patients are most likely to be at risk for suicide.

- Preventing errors in surgery, especially related to preventing surgery from being performed on the wrong site or wrong person.

  - For the most current JC NPSG please visit and click on area of interest:

    http://www.jointcommission.org/GeneralPublic/NPSG/10_npsgs.htm

Reporting safety/quality concerns

- Any team member who has a concern about the quality of safety of care provided in the organization may report these concerns to the Joint Commission or any regulatory agency. No disciplinary action will be taken as a result.

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Rapid Response Team-RRT

- RRT is an Institute for Healthcare Improvement Initiative – 100K Lives Campaign – now Save 5 Million Lives Campaign.

- RRT was part of the 2009 Joint Commissions National Patient Safety Goals. They have been moved from requirement to a standard. (NPSG.16.01.01 Rapid response)

- By calling a hospital's Rapid Response Team when a patient first begins to show signs or symptoms of deteriorating health, patients are able to benefit from the expertise of health care colleagues before the situation gets worse. The goal is to respond to a "spark" before it becomes a "forest fire."

- RRTs have shown to reduce transfers to ICU, decrease ICU and hospital length of stays. They are associated with a decrease in cardiac arrests outside of ICU and a decrease in mortality rates in the hospitalized patient.

Activating RRT

The RRT is to designed to intervene when a patient's condition starts to deteriorate **BEFORE** the onset of a cardiac arrest.

Criteria for Activation of the Rapid Response:

(examples include, but are not limited to)

- Heart rate <40–45 per minute or >130–140 per minute.
- Systolic Blood Pressure < 90mmHg.
- Respiratory Rate <8–10 per minute or >28–35 per minute
- Oxygen saturation <90% (despite the use of Fi02 50% or greater).
- Change in mental status, level of consciousness or agitation (new onset or worsening of condition).
- Urinary Output <50ml over 4 hours.
- Hypothermia <95 F (except in PACU).
- Underlying concern about the patient even if the above criteria are not met.

All team members including patient and family can activate RRT

Safety Management

Safety is everyone's business! No matter what your job or role, you share the responsibility for maintaining safe conditions to protect yourself, other hospital staff, patients and visitors. This team effort will create a safe and healthy environment for all.

- Walk – do not run, especially in halls and on stairs. Keep to the right, using special caution at intersecting corridors.

- Remove any foreign objects from the floor, clean up spills if appropriate, and report at once to prevent injury to others.

- Report all injuries, however slight, to your supervisor and get immediate first aid.

- Report any unsafe conditions, i.e., damaged equipment, immediately to the appropriate department.

- Obey the "No Smoking" policy.

NOTE: within the hospital setting You should refer to the site-specific EOC Safety manual.

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Disaster Preparedness

- Each hospital has an Emergency Preparedness Committee that meets regularly. It is a multidisciplinary team of administrative, clinical, and non-clinical personnel responsible to coordinate preparedness activities in the facility.

- Each department has a copy of the facility's Emergency Operations plan.

- Each department has its own continuity of Operations Plan (COOPS). All team members must be familiar with their department's plan.

- Each hospital conducts preparedness exercises simulating influx of patients, internal emergencies, decontamination operations and events requiring with Municipal Emergency Response Agencies.

Hospital Incident Command System (HICS)

The health system uses the Hospital Incident Command System (HICS) response method during an emergency. The following are the 4 levels of HICS:

- LEVEL I: The alert level is activated when there is a potential for impact on hospital operations such as an event that may produce casualties, or an impending weather event.

- LEVEL II: Activated for an incident with minor impact on hospital operations (e.g., a community hospital may activate at this level if 5-10 patients expected in ED or 1 major trauma).

- LEVEL III: Activated for an incident with moderate impact on hospital operations (e.g., a community hospital may activate at this level if 10-20 patients expected in ED or 2 major trauma, physical plant or utility disruption affecting a major area or general operations).

- LEVEL IV: Activated for an incident with significant impact on hospital operations during potential for long term duration (e.g., a community hospital may activate at this level if 20 or more patients expected in ED or a level III incident lasting more than 24 hours).

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Emergency Management

All team members and students must be familiar with the facility's emergency management procedures, including code phrase activation announcements as posted on the Education and Research tab of HealthPort:

- Emergency Codes and Contact Numbers *(current)*
- Emergency Codes Standardization – Consistent and Comprehensive – 15 New Codes

Each department has a specific function outlined in the Emergency Preparedness Plan and will follow this plan:

- Your department will execute a phone call chain (refer to your department manual)
- Your supervisor will assign responsibilities for individual team members
- Always carry and display your hospital identification badge
- Personnel not needed in their own department will report to the personnel pool.

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Hospital Codes

North Shore LIJ Patients First

All hospital emergency, security and clinical codes are being standardized across North Shore-LIJ. It is your responsibility to learn and understand each code in order to prioritize patient safety and quality.

NEW HOSPITAL CODES

Code Amber
Pediatric or infant has been abducted or is missing

Code Flight
Adult patient has eloped or is missing

Code Blue
Adult Cardiac/Respiratory Arrest – plus announce location

Code White
Pediatric Cardiac/Respiratory Arrest – plus announce location

Code 100
Neonatal Resuscitation – plus announce location

Code Gray
Security Stat – plus announce location

Code Green
Security Stat – plus announce location because of violence with weapon

Code HEICS
Activation of EOP – plus activation level (I, II, II, IV)

Code Decon
Activation of Decon response team

Code Red
Fire – plus announce location

Code Stroke
Activation of Stroke Team – plus announce location

Code Trauma
Activation of Trauma Team – plus announce level and location

Code Fusion
Transfusion Emergency – plus announce service and location

Rapid Response
Activation of Rapid Response Team – plus announce medical/surgical/pediatric and location

STAT Response by Department
Announce Service STAT to location – (service e.g. Respiratory, OB, Cath Lab)

"All Clear"
Announced twice following resolution of incident

Contact your supervisor or facility Safety Officer with any questions.

Visit *HealthPort* for additional information.

Fire Safety

Fire safety is a responsibility we all share. Here are some guidelines to keep in mind:

- Know who your Safety Officer is and how to contact him or her
- Keep fire exit doors and exit access corridors clear of equipment and clutter
- Know the location of the following in your work area:
  - Fire alarm pull box stations
  - Fire extinguisher(s)
  - Means of egress
- All team members and students participate in fire drills.
- Refer to the site-specific EOC Safety manual for details of the fire and life safety systems and procedures.

Fire Safety: RACE and PASS

In the event of fire, follow these steps in this order - RACE:

Remove those in immediate danger of fire; call aloud the facility fire code phrase

Activate the fire alarm

Confine the fire

Extinguish fire with proper extinguisher if safe to do so

In the event you have to use a fire extinguisher, follow PASS:

Pull the pin

Aim low (base of fire), stand 6 to 8 feet from fire

Squeeze the handle

Sweep from side to side

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Fire Safety:
Types of Fire Extinguishers and Their Use

Type of Fire	Examples	Extinguisher Type/ Color	Extinguisher Content

TYPE A FIRE	Ordinary Combustible:
	    Paper, wood, linen, etc
	    Normally extinguished by cooling
		Type A (Silver)	Water

TYPE B FIRE	Flammable Liquid:
	    Grease, oil, alcohol, gasoline, benzene etc.
	    Best extinguished by smothering
		Type B/C
		(Red & funnel on hose)
			Carbon Dioxide

TYPE C FIRE	Electrical Equipment:
	    Wiring
	    Best with non-conductive extinguishing agent		

All of the above	All of the above	Type A/B/C Multi Purpose (Red & funnel on hose)	Dry chemical

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Hazardous Materials, Waste and Chemicals

Hazardous Materials - any biological (i.e., infectious material, sharps, etc.), chemical (toxic, corrosive, flammable, etc.) or radioactive substance that has negative health and/or environmental implications.

Hazardous Wastes include hazardous chemicals, drugs or other materials deemed hazardous by the U.S. Environmental Protection Agency (EPA) and NYS Department of Environmental Conservation (DEC).

Hazardous Chemicals include toxic, corrosive, flammable and reactive agents.

Precautions for handling all of the above:

- Ensure that all containers have labels indicating contents and associated hazards/warnings

- Do NOT open/use any containers that do not have the appropriate label and associated warnings

- Use Personal Protective Equipment (PPE) to protect self and others from unnecessary exposures or contamination. PPE includes: gloves, mask, goggles, respirator, etc.

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Material Safety Data Sheets (MSDS)

MSDS are informational materials that include physical and health hazards associated with a specific agent. It also includes information concerning procedures for the safe handling of the agent, spills and control measures.

Always know the MSDS of an agent before using it.

Know the hazards associated with all the chemicals or solutions you work with.

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Electrical Safety

In the hospital setting, only operate electrical equipment that has been pre-approved for use by the facility's Engineering Department and/or Safety Officer.

Guidelines to keep in mind before using any electrical equipment:

- Perform visual inspection of electrical equipment before each use.

- Visually check that wall outlets are in good condition .

- Electrical equipment located in patient areas must be grounded (3-prong plug) and UL-approved.

- Electrical equipment located in non-patient areas must be UL-approved.

- Remove any defective equipment from your work area, if appropriate, label it "defective" and notify your supervisor accordingly.

Medical Equipment Safety

Medical equipment is maintained either by the Engineering/Biomedical Engineering department in your facility or a contract service company

•Before you use patient-based medical equipment, be sure that it is labeled as follows:

- The date of last inspection

- Next due date for inspection

Remove defective equipment from your work area, label it "defective" and notify your supervisor accordingly.

Utility Systems

As a team member, familiarizing yourself with the utility systems is an important part of your guidelines for work. As a student become familiar with the utility systems on the unit you are assigned to. Utility systems include electric service, water, sewer, heating, ventilation and air conditioning (HVAC), communications (telephone) and elevators.

In the hospital setting, the Engineering Department oversees the management and maintenance of utility systems.

You should be familiar with back-up or emergency utility-related equipment services in the work area.

Waste Management

Guidelines for disposing of different kinds of waste:

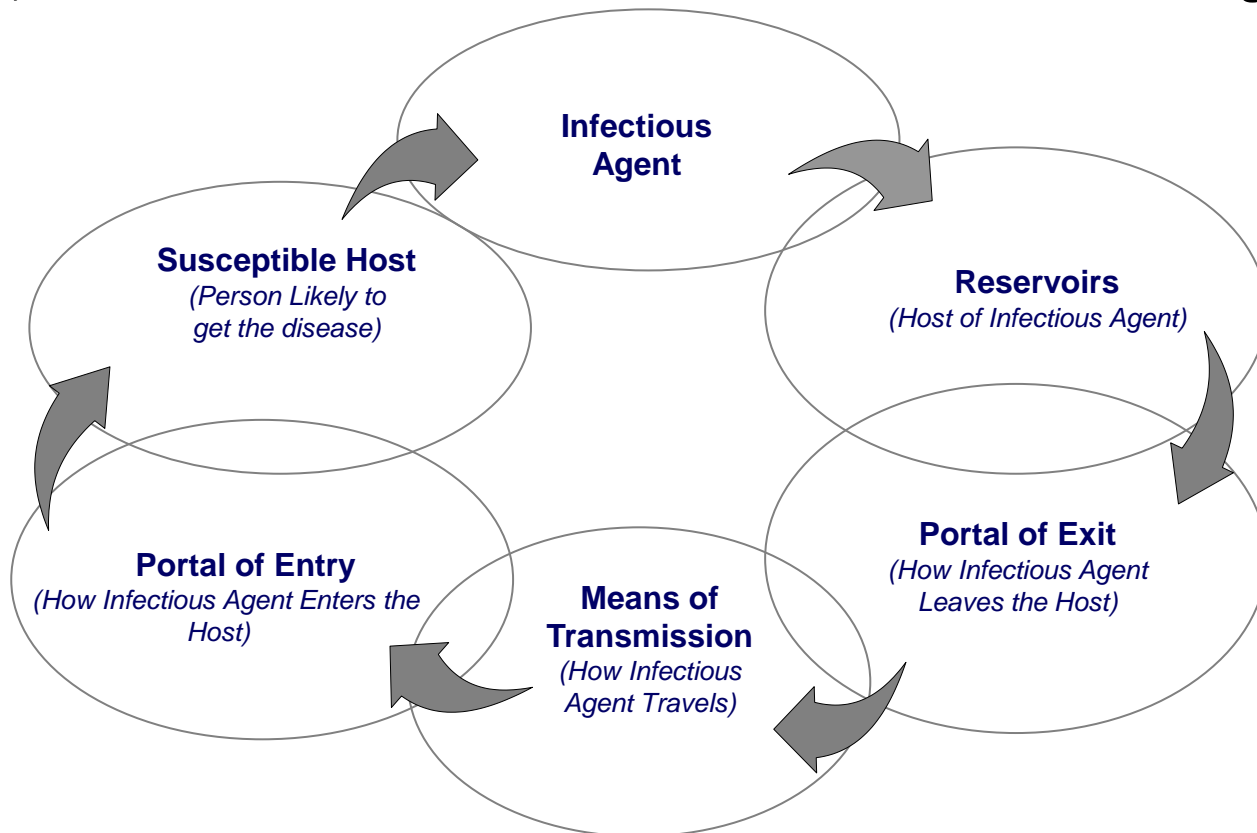| CONTAINER	TYPE OF WASTE
Red Bags	➢ Regulated medical waste ➢ Items soaked or dripping with blood or body fluids ➢ Containers of blood or body fluids ➢ Tubing with blood and/or body fluid
Clear Bags	➢ Items with small amounts of blood or body fluids ➢ Precaution waste ➢ Items contaminated with urine or fecal matter ➢ Food and food related items ➢ Paper
Designated Sharps Containers	➢ Needles, scalpel blades ➢ Surgical staples, etc ➢ Any item which can puncture skin and may be contaminated

Security

Security is essential to the work environment. All team members are responsible for security and should not take it lightly. Some guidelines to keep in mind:

– Wear your identification badge all the time while at clinical. The ID badge should be worn above the waist and facing out.

– Report all security-related incidents involving team members, patients, visitors and/or property to a supervisor, security and/or HR.

– Report all acts of workplace violence to your instructor, Security or Human Resources at once. Workplace violence includes: Physical assaults, threats, harassment, act of intimidation and verbal abuse.

– Per policy, no weapons are permitted in the work premises unless with a law enforcement official (police, sheriff, marshal, FBI, etc.).

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Infection Control: Chain of Infection

Infection control is an important part of maintaining a safe and secure work environment. Understanding the chain of infection (below) will prepare you, should there be a threat of infection. Since the agent and the host are difficult to control, the focus of infection control is directed toward breaking the chain.

Infectious Agent

Reservoirs
(Host of Infectious Agent)

Portal of Exit
(How Infectious Agent Leaves the Host)

Means of Transmission
(How Infectious Agent Travels)

Portal of Entry
(How Infectious Agent Enters the Host)

Susceptible Host
(Person Likely to get the disease)

The Chain of Infection

Breaking the Chain of Infection

Breaking the chain of infection involves ALL healthcare workers!

The best way to break the chain of infection is to follow the hand hygiene protocol.

Your role in breaking the chain of infection is:

- Always wash your hands; use of gloves does not preclude the need for hand washing
- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn
- It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites
- Wash hands immediately after gloves are removed and between patient contacts
- Wash hands before and after eating, and after using the toilet.

Hand Hygiene with Soap and Water

Procedure:

- Remove jewelry except for wedding ring. Wristwatches should be removed or moved up on the arm.

- Turn on water, adjust temperature.

- Wet hands & wrists thoroughly holding hands downward at all times so any runoff will go into the sink and not down the arms.

- Use plenty of soap and apply with vigorous contact on all surfaces and between fingertips <u>for a minimum of 15 seconds.</u>

- Rinse thoroughly under running water while keeping hands in a downward position.

- Use paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket.

- Dry hands with paper towels.

- Hand hygiene with soap and water is the technique to be used when caring for patients with possible/confirmed *Clostridium difficile.*

Hand Hygiene with Alcohol Based Hand Gel

Procedure:

- Apply the sanitizer to the palm of one hand and rub hands together.

- Cover all surfaces of the hands and fingers with sanitizer.

- Rub hands until dry.

- Alcohol gel is appropriate for hand antisepsis before and after patient care, except when hands are visibly soiled.

- Do not use alcohol gel if hands are visibly soiled.

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Standard Precautions Protocol

Standard Precautions Protocol are designed for the care of all patients and based on the assumption that each patient is potentially infectious and contagious.

Contains recommendations for the use of personal protective equipment (PPE) when performing tasks that may be associated with blood and/or body fluid which can help protect self and patients from exposure to the blood and body fluids of others. PPE includes: gown, gloves, mask and goggles or mask with face shield, based on the type of contamination anticipated.

Transmission-Based Precaution Protocol

Transmission-Based Precautions Protocol are used for patients known or suspected to be infected organisms that can be transmitted by airborne or droplet transmission, or by contact with a patient and/or contaminated surfaces.

Modes of Transmission	Precautionary Measures		
	Patient Room	**Patient**	**Healthcare Provider**
Airborne droplets, evaporated droplets or dust particles	Single, negative pressure room with door closed at all times	Wear standard surgical mask when being transported out of room	N95 Respirator
Droplets – generated primarily during coughing, sneezing, talking, suctioning	Private room	Wear mask when being transported out of room	Procedure/regular mask
Contact – body surface to body surface	Private room or cohorted with a patient with the same disease		Wear gown and gloves when entering the room in case of inadvertent touching Wear mask when suctioning and close patient contact

Antibiotic Resistant Organisms

- MRSA

- VRE

- VISA

- VRSA

- ESBLs
  E.coli
  Klebsiella pneumoniae
Organisms with Increasing Resistance
Streptococcal pneumoniae
Pseudomonas-Stenotrophomonas maltophilia
Multiply Drug Resistant TB

North Shore LIJ

Clostridium Difficile

- Leading cause of hospital acquired diarrhea
- Antibiotics major factor
- Spore forming
- Difficult to kill – sterilization needed
- Lasts in environment
- Hand washing – alcohol based gel ineffective

OSHA'S Blood Borne Pathogen Regulations

The purpose of the OSHA Bloodborne Pathogens Regulations are to protect individuals working in a hospital environment from risk of exposure to bloodborne pathogens including Hepatitis B, Hepatitis C and HIV/AIDS. First aid team members, housekeeping personnel, nurses and other healthcare providers are examples of workers who may be at risk of exposure. It also protects team members from exposure and contamination from blood and/or body fluids of an infected person.

Individuals who could be exposed to blood and other potentially infectious material as a result of performing their duties should observe the following:

- Engineering controls such as: handwashing facilities, puncture resistant sharps disposal containers for used needles and other contaminated sharp instruments, splatter shields on medical equipment, splash guards, etc.

- Work practice controls such as: not recapping needles, avoiding unnecessary use of needles and sharps, cleaning blood and body fluid spills as per protocol, and replacing gloves when torn or punctured.

- Avail yourself of the Hepatitis B vaccination.

OSHA'S Blood Borne Pathogen Regulations (continued)

Post Exposure and follow Up

"Exposure" means that you have come in contact with the blood or body fluids of another person.

If you have been exposed to:

• Needle stick or sharp object injury	➡ Wash the area thoroughly with soap and water
• Blood spills or splashes on NON-INTACT skin	➡ Wash thoroughly with soap and water
• Blood spills or splashes in your EYES	➡ Go to the closest eyewash station and flush eyes with large amounts of water; DO NOT use soap or other chemicals

• You should also:

– Notify your instructor and the nurse manager

– Go to the Emergency Department.

North Shore LIJ

Human Immunodeficiency Virus (HIV)

Description:

– Condition wherein HIV attacks and destroys the human immune system.

– This prevents the body from fighting off disease and infection.

– Without medical intervention and follow-up, the person may develop Acquired Immunodeficiency Syndrome (AIDS).

Transmission:

– Sexual intercourse; sharing infected needles or accidental pricking by contaminated needle; transfer from infected mother to her baby during pregnancy, childbirth, and breastfeeding.

Symptoms:

– Flu-like; many people with HIV may not have symptoms of AIDS for years.

Vaccine:

– None.

Hepatitis B Virus (HBB) and Hepatitis C Virus (HBC)

Description:

- Hepatitis B and Hepatitis C are an inflammation of the liver which may cause liver disease.

Transmission:

- From one person to another by: breaks in the skin or mucous membrane; needle-sticks; sexual intercourse; splashes of blood or body fluids getting into existing cuts or abrasions; or blood transfusions.

Symptoms:

- HBB: Like a mild case of flu; some people will not have any symptoms; it can cake 2 to 6 months to develop symptoms.
- HBC: Like a mild case of flu; some people will not have any symptoms.

Vaccine:

- HBB: Available
- HBC: None.

North Shore LIJ

HIPPA: Health Insurance Portability and Accountability Act

HIPPA Regulations were designed to:

1. Protect individuals' rights to privacy and confidentiality

2. Assure the security of electronic transfer of personal information

HIPAA applies to us all--in all settings. That means at school, at home, on the shuttle buses, as well as the hospitals and clinics.

Potential Consequences of HIPAA Violations

Legal consequences

- Civil or criminal penalties
- Fines plus imprisonment

Potential Professional consequences:

- Disciplinary action by governing board of education

Potential Academic consequences:

- Reprimands
- Loss of points toward grade or failure of course
- Dismissal from School

North Shore LIJ

Who has Access to Protected Health information (PHI) ? The 'Need-to-Know' Principle

- PHI should be shared with as <u>few individuals as needed</u> to ensure patient care and then only to the extent demanded by the individual's role.

As a nursing student, you will discuss PHI only as it applies to your education or your patient's care.

Protecting your patient's PHI

- Take all reasonable steps to make sure that individuals without the 'need to know' do not overhear conversations about PHI.
- DO NOT conduct discussion about PHI in elevators or cafeterias.
- Do not let others see your computer screen while you are working. Be sure to log out when done with any computer file.

When preparing educational assignments or other course required documents take extra care to:

- identify the patient/client by initials only
- use other demographic data only to the extent necessary to identify the patient and his/her needs to the instructor.
- protect the computer screen, PDA, clip board, or notes from other individuals who don't have a 'need to know'
- protect your printer output from others who don't have a 'need to know'
- protect your floppy/zip/CD-ROM/PDA from loss

In the student role you are <u>NOT to photoduplicate or fax</u> patient documents in the process of working with your patient's PHI.

Destroying PHI/PMI

- DO NOT put notes with PHI/PMI in the trash or paper recycle cans.
- A paper shredder is available in all areas of the hospitals.

Email and Social Networks

Email, social media networks and programs like Instant Messaging can be a lot of fun and they are also useful. However, you have to be extremely careful when using them to ensure confidentiality of our patients' protected health information.

Facebook and Twitter

- Increasingly, Facebook and Twittter are becoming a vehicle for business and personal communication. The Health System's confidentiality policy and the HIPAA privacy rules apply equally to anything posted on Facebook, that is patient health information or confidential business information.

- Absolutely **no** Health System information should be posted on your personal Facebook or Twitter account or similar social media sites. This includes protected health information, stories about things that happened in the workplace and confidential business information. Even if it seems harmless or doesn't identify the patient, you cannot put any Health System information on personal Facebook pages. Think before you act. Protect patient privacy and protect the Health System's confidential business information.

Your Role Related to Corporate Compliance Policies

- Consistent with the Health System's Code of Ethical Conduct, Associated Individuals are expected to perform their duties and responsibilities free from the influence of Conflicts of Interest and devote their professional loyalty, time and energy to applicable teaching, research, patient care, and service on behalf of the Health System.

- **Gifts from Industry** are prohibited regardless of any value because even gifts of a nominal value may be viewed to influence or potentially influence Individuals in the conduct of their duties or responsibilities.

- **Patient Gifts**: Individuals also are prohibited from accepting a personal, individual Gift of any kind from patients, former patients, their friends and relatives as individuals unless:

o The Gift is a modest token of appreciation rather than intended to influence behavior;

o The Gift does not involve cash or a cash equivalent such as a gift card; and

o The circumstances are such that refusal could hurt a patient's feelings or otherwise be counterproductive to a patient relationship.

When feasible, Individuals should direct the donor to the relevant Health System Foundation so that such Gifts can be made to the appropriate entity.

*Any questions related to the NSLIJHS Corporate Compliance policies please contact the Corporate Compliance Office at (516) 465-8097.

North Shore LIJ

Cultural Diversity and Inclusiveness

With nearly 42,000 team members working to provide world-class healthcare, the health system is proud to be a diverse employer who believes in equal opportunity employment. As such, the health system treats all team members the same regardless of race, color, gender, ancestry, age, disability, religion or creed, sexual orientation, marital status, citizenship status, physical handicap, medical condition, military status, veteran's status, pre-disposing genetic characteristics, special disabled veteran status or any other protected status.

Your role as a student :

- Deliver "culturally competent" care to patient care situations and encounters with staff.

- Responsible to be culturally sensitive and to possess knowledge, skills and an accepting attitude towards those who differ from you.

- Be aware, understand and attend to the total context of each patient situation.

North Shore LIJ

Non-Discrimination and Non-Harassment

The North Shore-LIJ Health System (NSLIJHS) is committed to maintaining a work environment that is free from unlawful discrimination and harassment. The health system will not tolerate unlawful discrimination or harassment against its workforce by anyone based on: age. race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation , military or veteran status, sex/gender, disability, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status.

- It is everyone's responsibility to ensure that discrimination and harassment are avoided.
- All instances of discrimination or harassment should be reported immediately to Site HR.
- In addition, the health system forbids retaliation against anyone for:
  - reporting discrimination or harassment
  - assisting in making a discrimination or harassment complaint
  - cooperating in an investigation of alleged discrimination or harassment.

Non-Verbal Communication and Positive Approaches

As a student in our hospitals, keep the following guidelines in mind when interacting with residents, visitors and co-workers who may have different cultural beliefs or practices:

- Non-verbal communication:

  - Facial expression – may give many messages, positive and negative

  - Gestures – may be invasive, offensive or unpleasant

  - Contact – the individual may or may not want to be touched by others

  - Use of space –may be too close when speaking.

- Positive approaches to Diversity in Culture:

  - Seek and praise the uniqueness of others

  - Be willing to listen with an open mind

  - Remain open to ideas and people whose values are different.

It All Comes Down to Respect – Cultural and language differences may create misunderstandings which may negatively impact clinical situations and working relationships among individuals.

North Shore LIJ

Equal Employment Opportunity

It is the policy of the North Shore-LIJ Health System (NSLIJHS) to provide equal employment opportunity and treat all team members equally regardless of: Race, color, gender, ancestry, age, disability, religion or creed, sexual orientation, marital status, citizenship status, physical handicap, medical condition, military status, veteran's status, pre-disposing genetic characteristics, special disabled veteran status or any other protected status.

2013-2014 Mandatory Program
Visiting Students In Clinical Training Attestation/Acknowledgement Form

I hereby acknowledge that I have read and understood the contents in this packet as follows: Service Excellence, Environment of Care, Life Safety, Emergency Management, Infection Prevention & Control, Cultural Diversity, Limited English Proficiency, The Patients'/Residents' Bill of Rights, and Quality Management, HIPPA, Corporate Compliance

Print Name:_____

School: _____

Date Completed:_____

Signature:_____

Please return this page to your instructor/coordinator- retain a copy for your files.

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