



North Shore-Long Island Jewish Health System



2009 Mandatory Program

on

Safety

Quality Care

Infection Prevention & Control

Introduction & Instructions

It is the policy of the North Shore-LIJ Health System to ensure that an annual mandatory education program is provided to all employees including students, volunteers, licensed independent practitioners and voluntary medical staff. In keeping with this policy, we are providing you with this mandatory education material which includes essential information on topics required either by law or by external regulatory agencies.

Instructions:

- Please read this document in its entirety. If you have any questions about the content, please consult with your department manager or site HR.
- To ensure that you receive credit for your participation in this program, you must complete the following forms and return them to your manager:

2009 Mandatory Topics Attestation (Page 13)

2009 Mandatory Topics Evaluation (Page 14)

This annual requirement does not apply to anyone hired in 2009.

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Mission, Vision, Values

Mission:

To improve the health and quality of life for the people and community 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 an employee, you exemplify 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. Our values include:

- Excellence...pursue greatness with passion and promote quality
- Integrity.....be professional, honest and protect privacy
- Teamwork....work together and communicate effectively
- Innovation....initiate change and promote creativity
- Caring.....be compassionate, respectful and supportive

Service Excellence

As an employee of 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. The WE CARE service standards:

STANDARDS	SUPPORTING BEHAVIORS
<u>Working Together</u>	<ul style="list-style-type: none"> • Welcome new employees to the team - be helpful & informative. • All employees must 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. • Be loyal to your co-workers and the organization. • Never say "That's not my job."
<u>Empathy</u>	<ul style="list-style-type: none"> • Be compassionate and considerate at all times. • Recognize and appreciate the feelings of others. • Apologize & express concern anytime an individual is not satisfied.
<u>Courteous Communication</u>	<ul style="list-style-type: none"> • Always wear your 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.
<u>Anticipate and Respond:</u>	<ul style="list-style-type: none"> • 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.
<u>Respect:</u>	<ul style="list-style-type: none"> • 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.
<u>Environment:</u>	<p>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 facility. Maintain organizational integrity by not discussing personal information or commenting negatively about the hospital or your job.</p>

Service Recovery

- 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
Listen to the explanation of the individual's perception of the breakdown
Apologize on behalf of the organization
Satisfy – offer a solution. If not possible, explain your next steps in routing to the appropriate individual
Thank the individual. Every service breakdown is an opportunity to make things right!

Environment of Care

Safety Management

Safety is everyone's business! No matter what your job, 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. Help prevent injury to yourself and others by following these rules:

- Walk – do not run, especially in halls and on stairs. Keep to the right, using special caution at intersecting corridors
- Observe the “No Smoking” rules in your facility
- Remove any foreign objects you see on the floor, clean up spills if appropriate, or report at once to prevent injury to others.
- Report any unsafe conditions; report and remove, if appropriate, any damaged or defective equipment (i.e., broken chair, damaged wheels, etc.)
- Report injuries, however slight, to your supervisor and get immediate first aid

NOTE: Refer to your department Safety Manual for any questions related to safety.

Security Management

- Each employee is responsible for security.
- Wear your health system-issued identification badge all the time while at work.
- Report all security-related incidents (including observed workplace violence) involving personnel, visitors and/or property to a supervisor, security and/or HR.
- Remember that NO weapons are permitted in the work premises.

Medical Equipment

- Medical equipment is maintained by the Engineering/ Biomedical Engineering department in your facility or a contract service company.
- Remove defective equipment from your work area, if appropriate, and notify your supervisor accordingly.
- All medical equipment must be labeled with the date of last inspection and the next due date for inspection.

Utility Systems Management

- Utility Systems include electric service, water, sewer, heating, ventilation and air conditioning (HVAC), communications (telephone) and elevators.
- In the hospital setting, the Department of Engineering oversees the management and maintenance of utility systems.
- In non-hospital settings, the health system's Department of Real Estates oversees the utility systems in conjunction with building landlords, as applicable.
- Staff should be familiar with back-up or emergency utility-related equipment services in their work area.

Electrical Safety

- All electrical equipment in any system facility must be approved by the facility's Engineering Dept and/or Safety Officer before use.
- Perform visual inspection of electrical equipment and outlets before each use
- Remove and/or report any defective equipment (including frayed wiring) immediately.

Hazardous Materials and Waste Management

- Hazardous materials include any biological, chemical or radioactive substances that have negative health and/or environmental implications.
- Hazardous waste includes regulated medical waste such as: pathological tissue, body parts, infectious material, blood and sharps.
- Hazardous chemicals include toxic, corrosive, flammable and reactive agents.
- Material Safety Data Sheets (MSDS) – informational materials that include physical and health hazards associated with a specific agent, necessary PPEs, special precautions to use with the agent, safe handling procedures, spill procedures and control measures.
- Always know the MSDS of an agent before using it. Refer to the MSDS in your department manual.
- Personal Protective Equipment (PPE) – equipment used when handling hazardous materials. PPE includes: gloves, mask, goggles, respirator, etc.
- All containers must have labels indicating contents and associated hazards/warnings.
- Do NOT use any solution or chemicals without labels.

Hospital Waste Management

- Refer to the table below when disposing 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

Life Safety

Fire Safety

- Know the fire code in your work area
- Keep fire exit doors clear of equipment and clutter
- Participate in fire drills.

Know the location of the following in your work area:

- Fire alarm pull box stations
- Fire extinguisher(s)
- Exit doors and exit routes

In the event of fire, follow RACE:	To use a fire extinguisher, remember PASS
<u>R</u>emove those in immediate danger of fire	<u>P</u>ull the pin
<u>A</u>ctivate the fire alarm	<u>A</u>im low (base of fire), stand 6 to 8 feet from fire
<u>C</u>onfine the fire	<u>S</u>queeze the handle
<u>E</u>xtinguish fire with proper extinguisher as noted below, if safe to do so.	<u>S</u>weep from side to side

EXTINGUISHER TYPES	CONTENTS	TYPE OF FIRE	
Type A	Silver	Water	Paper, wood, linen, etc
Type B/C	Red, funnel on hose	Carbon Dioxide	Electrical Flammable liquid – grease, oil, alcohol, etc.
Type A/B/C: Multi-Purpose	Red, funnel on hose	Dry Chemical	All of the above

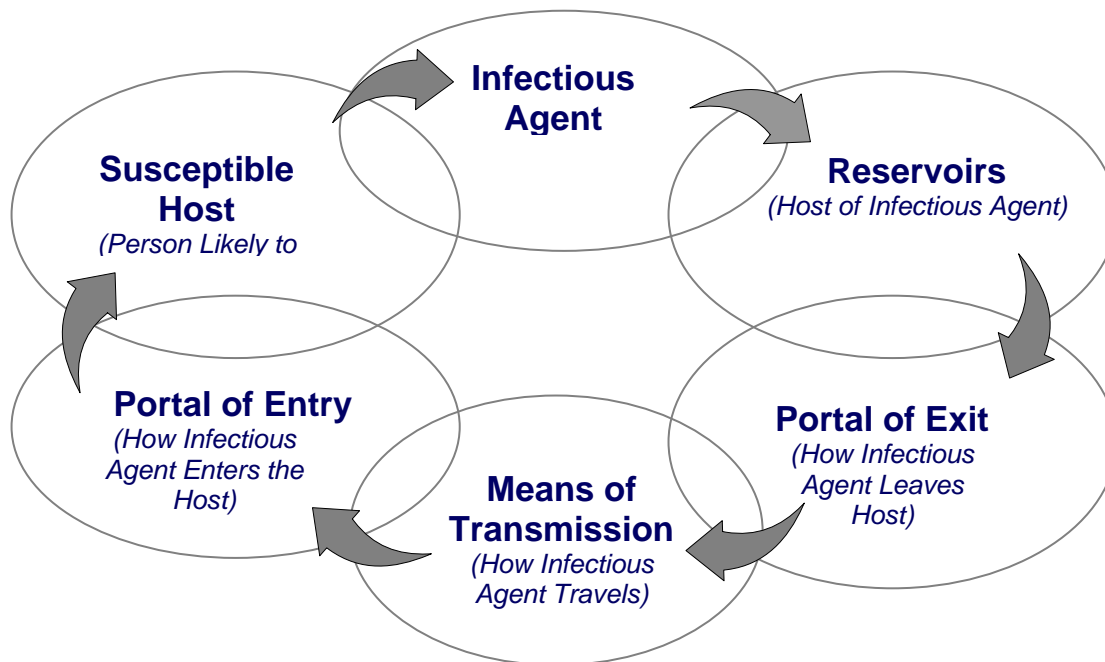
Emergency Management

- Be familiar with your facility's emergency management procedures, particularly the code phrase activation announcement.
- Each hospital has an Emergency Preparedness Committee that meets regularly which is a multidisciplinary team of administrative, clinical, and non-clinical personnel who are responsible to coordinate preparedness activities at the facility.
- Each hospital conducts preparedness exercises simulating influx of patients, internal emergencies, decontamination operations and events requiring coordination with Municipal Emergency Response Agencies.
- The non-hospital patient care facilities (e.g., Goldman Family Care Center, off-site Ambulatory Surgery Centers) conduct their own preparedness exercises.
- Each department has a copy of the facility's Emergency Operations Plan.
- Each department has its own Continuity of Operations Plan (COOPS) that all departmental staff must be familiar with.

Infection Prevention and Control

Principles of Infection Control

Infection Control measures are designed to prevent the spread of microorganisms among patients, personnel and visitors. The chain of infection is based on the premise that transmission of infection occurs when an infectious agent through a defined sequence of events infects a susceptible host. Since agent and host factors are more difficult to control, interruption along any segment of the chain of infection will interrupt the transmission process thereby preventing infection. The measures recommended in this guideline are based on this concept:



When a link is interrupted infection transmission does not occur !!!

Breaking the chain of infection involves ALL healthcare workers!!

Washing your hands for 15 seconds before and after patient contact is the easiest way to break the chain of transmission!!!!

Modes of Transmission - CDC Precaution System

The two categories of isolation precautions are:

- Standard Precautions
 - Standard Precautions assumes that each person is potentially infectious and contagious.
 - Standard Precautions are designed for the care of all patients in the hospital, regardless of their diagnosis or presumed infectious status.
 - The use of Standard Precautions combines the major elements of Universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substance).
 - Standard Precautions apply to:
 - Blood
 - Vaginal Secretions
 - Synovial Fluid
 - Pericardial Fluid
 - Peritoneal Fluid
 - Cerebrospinal Fluid
 - Mucous membrane
 - Peritoneal Fluid
 - Contaminated items
 - Semen
 - Saliva
 - Pleural Fluid
 - Amniotic Fluid
 - Non-intact skin
 - Any unfixed human tissue or organ
 - Secretions and excretion (except sweat) whether or not they contain visible blood
- This means personal protective equipment should be worn when performing tasks that may be associated with blood and or body fluid. A gown, gloves, mask and goggles or mask with attached face shield is selected and worn based on the type of contamination anticipated.
- Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital.
- If you practice Standard Precautions, you can protect yourself from exposure to the blood and body fluids of others.

TRANSMISSION-BASED PRECAUTIONS

- Used for patients known or suspected to be infected or colonized with pathogens that can be transmitted by airborne or droplet transmission, or by contact with a patient and / or contaminated surfaces. Infection Control must be notified when precautions are initiated. The appropriate precaution must be entered into the electronic clinical information system i.e. Invision System or Keane System.

TRANSMISSION	PRECAUTIONS	EXAMPLES Of DISEASES	IMPLEMENTATION
<u>AIRBORNE</u> Dissemination of airborne droplet nuclei (small particle residue 5um or<) of evaporated droplets or dust particles containing the infectious agent.	Precautions to be observed when caring for patients with diseases transmitted by droplet nuclei.	Pulmonary or Laryngeal Tuberculosis (known or suspected) The following require Airborne & Contact Precautions: Chicken pox Herpes Zoster (disseminated) Measles (Rubeola) Smallpox SARS Avian influenza	<u>Patient room:</u> Single, negative pressure Room with the door closed at all times <u>Patient:</u> Wear standard surgical mask when being transported out of room <u>Healthcare Provider:</u> Fit tested on prescribed respirator (N95)

TRANSMISSION	PRECAUTIONS	EXAMPLES OF DISEASES	IMPLEMENTATION
<p><u>DROPLET</u></p> <p>Generated primarily during coughing, sneezing, talking, suctioning. Transmission occurs when the droplets containing microorganisms are propelled a short distance (<3ft.) and are deposited in the mouth or on the nasal mucosa conjunctiva of a susceptible host.</p>	<p>Precautions to be observed when caring for patients with diseases transmitted by large particle droplets that can be generated by coughing, sneezing or talking.</p>	<p>Invasive H. Influenzae type B - children); N. Meningitides; Plague; Rubella; Mumps; Parvovirus B 19; Influenzae; A or B Streptococcal Pharyngitis Meningitis Pertussis Adenovirus (Droplet & Contact)</p>	<p><u>Patient Room:</u> Private Room</p> <p><u>Patient:</u> Wear mask when being transported.</p> <p><u>Healthcare Provider:</u> Wear mask when working within 3 feet of the patient.</p>
<p><u>CONTACT</u></p> <p><u>Direct:</u> Body surface to body surface ex.: turning a patient</p> <p><u>Indirect:</u> Contaminated instruments, contaminated hands</p>	<p>Precautions to be observed when caring for patients with diseases transmitted by direct or indirect contact (environmental surfaces or care items in patient's environment).</p>	<p>Herpes simplex; Chicken Pox, Lice, Scabies, Impetigo; C. difficile Viral Hemorrhagic infection, RSV, Resistant Organisms: MRSA, VRE, E.coli and Klebsiella ESBL+ Any pan resistant organism</p>	<p><u>Patient Room:</u> Private room, or cohorted with a patient with the same disease or organism If diagnosed with C difficile, bathroom to be cleaned with an EPA approved disinfectant.</p> <p><u>Healthcare Provider:</u> Wear gown and gloves when entering the room in case of inadvertent touching. Wear mask for suctioning and close patient contact.</p>

Nosocomial Infections, also known as healthcare acquired infections

- Nosocomial Infection: An infection a patient develops or acquires after having been in the hospital. Using good handwashing technique is important in protecting patients from a nosocomial infection.
- Approximately 2 million nosocomial infections occur annually in the United States. These infections result in increased morbidity, mortality and healthcare costs.

Handwashing Can Break the Chain of Infection

A. Good Hand Hygiene: Commitment to patient safety through compliance with hand hygiene protocol:

- Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn.
- Washing hands upon entering and exiting a patient room.
- Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
- It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

B. Hand Hygiene With Soap And Water

- Jewelry should be removed except for wedding ring. Wristwatches shall be removed or moved up on the arm.
- Turn on the water and adjust temperature.
- Wet hands and wrist 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 - for 15 seconds.
- Rinse thoroughly under running water and keeping hands downward.
- Dry completely with paper towel, starting from wrist down to fingertips.
- Use paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket.

C. Hand Hygiene with Alcohol Based Hand Gel

- The alcohol based hand antiseptic should adequately wet the hands. It should remain on the hands and allowed to air dry.
- Alcohol gel is appropriate for hand antisepsis before and after patient care, except when hands are visibly soiled.
- Hand hygiene with soap and water is the preferred technique when caring for patients with possible/confirmed *Clostridium difficile*.

Infection Reduction Initiatives

The *North Shore LIJ Health System* is participating in a number of initiatives with the Greater New York Hospital Association (GNYHA)/ United Hospital Fund (UHF), IPRO, and Institute for Health care Improvement (IHI) to improve the quality, safety and outcome of our patients by implementing proven health care interventions. **These collaboratives have challenged the health care community to commit to specific goals for patient safety improvement. The different initiatives are outlined below.**

IHI: Prevention of Central Line Infections: Bundle includes:

1. Hand hygiene: before and after palpating catheter insertion site or accessing or dressing the catheter.
2. Maximum Barrier Precautions: when inserting catheter, mask, cap, sterile gown and gloves need to be worn.
3. **Chlorhexidine skin antisepsis:** scrub back and forth insertion site for at least 30 seconds and allow to completely dry (approximately 2 minutes) for individuals older than 2 months of age
4. Optimum catheter site selection: subclavian site preferred for non- tunneled catheters.
5. Daily review of line necessity: prompt remove of unnecessary lines

IHI: Prevent Ventilator-Associated Pneumonia: Bundle includes:

1. Patient positioning: Head of Bed (HOB) elevated to 30° to 45°
2. Daily Sedation Vacation: assess if ready to extubate daily
3. Peptic Ulcer Disease (PUD) prophylaxis: to decrease risk of ulcers and GI bleeding.
4. Deep Vein thrombosis (DVT) prophylaxis: decrease risk of clot formation and pulmonary embolism

IHI: Prevent Surgical Site Infections: Bundle includes:

1. Appropriate use of antibiotics: right antibiotics given within 1 hour before start of OR and stop within 24 hours.
2. Appropriate hair removal: clipping, depilatory use or no hair removal at all.
3. Maintenance of glucose control: from 24 hours before until 48 hours after surgery.
4. Maintenance of perioperative normothermia: prevent hypothermia during the surgical procedure.

CMS: Surgical Care Improvement Project (SCIP): Goal to reduce preventable surgical morbidity and mortality by 25% by 2010. Includes:

1. Surgical Infection Prevention –see above
2. Cardiovascular complication prevention
3. Venous thromboembolism prevention
4. Respiratory complication prevention

GNYHA/UHF: Target Modes of Clostridium difficile Transmission: Bundles includes:

1. Hand hygiene
2. Decontamination of the environment and equipment
3. Active surveillance for patients with signs and symptoms of Clostridium difficile and prompt isolation when symptoms present.
4. Contact precautions for suspect and confirmed patients with Clostridium difficile

IPRO/GNYHA/UHF: Target Modes of MRSA Transmission: Bundles includes:

5. Hand hygiene
6. Decontamination of the environment and equipment
7. Active surveillance cultures
8. Contact precautions for infected and colonized patients
9. Compliance with Central Venous Catheter and Ventilator Bundles

Infection Control in health care settings has emerged as a top priority across the country. A large and growing body of evidence demonstrates that infections cause significant harm to patients while adding major costs to health care delivery. The Joint Commission on Accreditation of Health Care Organizations has designated infection control as one of its National Patient Safety Goals, and the Centers for Medicare & Medicaid Services is developing several quality improvement measures focusing on infection control.

OSHA’S Bloodborne Pathogens Regulations

A. Purpose of OSHA’S bloodborne pathogen regulation:

To protect employees from exposure and contamination from the blood and/or body fluids of another person and prevent transmission of bloodborne diseases such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

B. BLOODBORNE DISEASES:

	HIV	HEPATITIS B	HEPATITIS C
Description	HIV attacks and destroys the human immune system. This prevents the body from fighting off disease and infection. Eventually the person will develop <i>Acquired Immunodeficiency Syndrome (AIDS)</i>	Hepatitis is an inflammation of the liver, which may cause liver disease. HBV and HCV are the most infectious forms of Hepatitis.	
Transmission	Sexual intercourse; sharing infected needles or accidental pricking by contaminated needle; transfer from infected mother to her baby during pregnancy, childbirth, and/or breastfeeding.	HBV and HCV are transmitted 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, and Blood transfusions.	
Symptoms	The symptoms are flu-like, but many people with the HIV virus show <u><i>no symptoms of AIDS for years.</i></u>	Symptoms are like a mild case of flu, but some people who are infected will not have any symptoms. It can take (2) <i>two to (6) six months</i> for persons infected with Hepatitis B to develop symptoms.	

Vaccine	There are NO vaccinations or cure for HIV/AIDS.	There is a <u>VACCINE</u> available. The HBV vaccine is given in a series of three shots. All three shots must be taken at the appropriate time, in order for the vaccine to be effective. A blood test will be done 1 – 2 months after the series has been completed to determine positive antibodies; if negative, the series of Hepatitis B Vaccine should be repeated. You can get this vaccine at no cost in <i>Employee Health Service</i> .	There is no vaccine available for Hepatitis C at this time
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To be in compliance with these regulations, the organization must:

A. Develop an *Exposure Control Plan* which is:

- A written plan that outlines the steps to follow to prevent employees from exposure to bloodborne pathogens
- This plan is contained in the Infection Control Manual under “O”.

B. Establish and maintain Methods of Preventing or Reducing Exposure, which should include the use/application of the following:

- STANDARD PRECAUTIONS – assumes all patients’ blood and body fluids are potentially infectious regardless of diagnosis.
- ENGINEERING CONTROLS
 - Handwashing facilities
 - Puncture resistant sharps disposal containers
 - Passive and Active safety devices “automatic”
 - Splatter shields on medical equipment
 - Mechanical pipetting devices
- WORK PRACTICE CONTROLS –
 - Sharps: Do not recap needles, use puncture resistant containers for disposal, etc.
 - Avoid unnecessary use of needles and sharps
 - Pass sharp instruments by use of a designated “neutral” or “safe zone”
 - Disassemble sharp equipment by use of forceps or other device
 - Use forceps, suture holder, or other instruments for suturing
 - Place sharps in a puncture resistant container located in patient rooms, medication carts and soiled utility room walls.
 - Never add sharps to a full sharps container.
 - Clean blood and body fluid spills
 - Replace gloves when torn or punctured
 - Use devices for resuscitation
 - Use protective coverings on work areas
- PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE includes gloves, fluid resistant gowns or aprons, face shields, protective eyewear and masks, resuscitation bags or other ventilation devices.

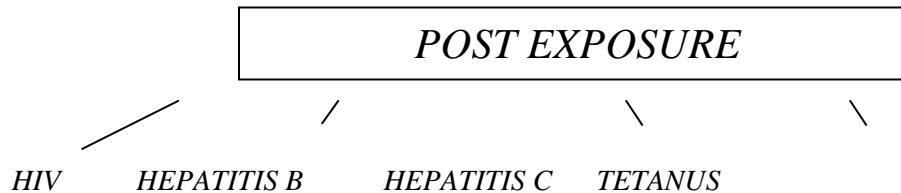
 - PPE when worn properly protects you from infectious hazards
 - PPE includes gloves, fluid resistant gowns or aprons, face shields, protective eyewear and masks, resuscitation bags or other ventilation devices.
 - PPE must be appropriate for the task you are doing. You should wear as much or as little PPE needed to keep blood or other potentially infectious materials from getting on your clothing and skin.

- PPE should be worn whenever you anticipate that you may be exposed to an infectious agent. All PPE should be removed IMMEDIATELY and disposed of according to Hospital policy.

- HEPATITIS B VACCINATION

- POST EXPOSURE FOLLOW-UP AND PROPHYLAXIS

Exposure means that you come in contact with the blood or body fluids of another person from a needle stick or cut from a sharp object, a splash on an open cut / sore / wound, or a splash to your mouth or your eyes. Post exposure follow-up includes evaluation for:



After you go to Employee Health Services or Emergency Department

After you go to the Emergency Department, they will:

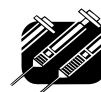
- Do a Hepatitis Screen to check if you have HBV antibodies (unless you know your HBV antibody status)
- Do a Hepatitis C baseline test and ALT (liver enzyme).
- Update tetanus vaccination if necessary.
- Ask for consent to do HIV screening.
- Evaluate the risk for HIV for possible prophylaxis against HIV infection
- Have you follow up results with the EHS physician/nurse
- Keep all information confidential

Post Exposure Management When the Exposure Source Is A Health Care Worker

- Ethical obligation for reporting the exposure to patient
- Arrange for follow-up prophylaxis and testing

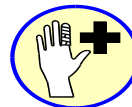
1. Needle stick or sharp object injury:

- Wash the area thoroughly with soap and water



2. If blood spills or splashes on non-intact skin:

- Wash hands thoroughly with soap and water



3. If blood spills or splashes in your eyes:

- Be aware of location of eye wash station
- Flush eyes with large amounts of water
- DO NOT use soap or other chemicals



4. If blood spills or splashes into mouth or onto mucous membranes:

- Rinse immediately with large amount of water

In all type of blood and/or body fluid exposures follow the recommendations outlined above and:

- Notify Supervisor
- Complete an occurrence report
- Go to the Emergency Department within 30 minutes of the incident.

Hospital Waste

(KEEP RED BAG WASTE SEPARATE FROM CLEAR BAG WASTE)

Refer to the table below when disposing of waste:

TYPE OF CONTAINER	TYPE OF WASTE
Red bags	<ul style="list-style-type: none">– 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	<ul style="list-style-type: none">– Items with small amounts of blood or body fluids– Precaution waste– Items contaminated with urine or fecal matter– Food and food related items– Paper
Sharps container	<ul style="list-style-type: none">– Needles, scalpel blades, surgical staples, etc.– Any item which can puncture skin

Disinfection/Sterilization

All patient care equipment and supplies will be decontaminated and disinfected in order to prevent cross-contamination and the transmission of pathogens throughout the facility.

Three general categories of use of medical items are recognized, each of which requires different levels of sterilization or disinfection. The categories are:

- Critical: Items introduced directly into the bloodstream or normally sterile areas of the body (e.g., needles, catheters, hemodialyzers, blood tubing): These items must be sterilized.
- Semi-critical: includes equipment that comes in contact with intact mucous membranes (e.g., fiberoptic endoscopes,), these items must receive high-level disinfection or sterilization.
- Non-critical: includes equipment that touches intact skin (e.g., blood pressure cuffs, stethoscopes) these items can receive low or intermediate levels of disinfection.

Shelf Life of Trays - Event Related Sterility

It is essential to the function of the facility, that items which have been sterilized are still sterile at the time of their use.

- An indefinite shelf life label will be placed on each hospital-processed item. No expiration date will be present.
- A sterilizer load indicator will be placed on each package for recall purposes only.
- Medication packaged for sterilization in peel-pouch packages for use on a sterile field will have no expiration date label. Instead, a strip of sterilization tape will be placed on the paper side of the package indicating the name of the medication and the manufacturer's expiration date for the medication.
- Rigid containers - shelf life has been established for six months from the date of sterilization.
- Items purchased as sterile - shelf life is established by manufacturer (see individual items for expiration date or statement).
- In a situation where a dust cover is removed but the package remains unopened, this package will be opened and reprocessed. The integrity of the package must be intact to maintain sterilization.
- Expired items and/or items opened or where the integrity of the packaging material is in question must be discarded if disposable or reprocessed in accordance with policy and manufacturer guidelines if reusable.

All items sterilized in the Central Sterile Department will be considered sterile unless opened, damaged or otherwise suspected of being compromised:

- Damaged is defined as holes/torn, wet, moist, unsealed or broken locks.
- Items in a plastic dust protector, which is unsealed, should be considered un-sterile.

Tuberculosis (TB) Awareness

Tuberculosis is a communicable disease caused by the *Mycobacterium Tuberculosis*. It is spread through airborne routes when a person who has TB disease coughs, sneezes, or talks, releasing droplets of the bacteria into the air. Inanimate objects do not transmit mycobacterium tuberculosis.

- Tuberculosis infection means that your body has been exposed to the tuberculosis bacteria and that your immune system has started to fight the disease (by producing antibodies) without making you feel sick.
- Tuberculosis disease means that your body could not fight the tuberculosis bacteria, and it has spread to the lungs or other parts of the body, causing damage. If this infection is not treated with medication you can become very sick!

Signs and Symptoms Disease

Chronic cough
Fever

Night sweats
Loss of weigh

Exhaustion and weakness
Loss of appetite

An individual with infections and is smear positive should have three sputum specimens for AFB collected q 8 hours (one early morning specimen) which are negative prior to discontinuing Airborne Precautions.

Risk Factors

Some risk factors for TB disease development would include:

- HIV Infection
- Poor health due to aging, malnutrition, or cancer chemotherapy
- Chronic renal failure
- Lungs scarred by silicosis
- The homeless and drug addicts

TB Awareness

1. If you have been exposed to a TB patient:

- Notify Employee Health Services and Infection Control
- Have a Tuberculin Skin Test - repeat the test in eight to ten (8 - 10) weeks
- If Tuberculin Skin Test is positive, a chest x-ray is done.
- Plus a medical evaluation and follow-up in Employee Health Services as per hospital's policy and procedure will be done.
- Report to Employee Health Services if symptoms of tuberculosis present there after.
- The individual diagnosed with pulmonary TB should have three negative sputum specimens for AFB before returning to work.

2. For a patient "Suspected" of having Tuberculosis Disease:

- Notify Infection Control Department
- Begin the Tuberculosis Protocol as stated in the Infection Control Manual
- Place patient on "Airborne Precautions." The patient must be in a private room with negative pressure and the door must be closed at all times.
- All staff that enters the room must wear a respirator (N 95), as specified by hospital policy. (You must be fit-tested before using any type of respirator)
- Maintain the patient on precautions until the patient is no longer infectious.

3. Multiple Drug Resistant Tuberculosis - (MDR-TB)

- Drug resistant tuberculosis does not respond to the usual anti-tubercular drug therapies
- MDR-TB develops when people stops taking their medication before the treatment is completed.

- People who cultivate these drug resistant strains are as contagious to others as are people with regular tuberculosis

4. Tuberculin Skin Testing (TST)

The purpose of Tuberculin Skin Testing is to identify persons infected with the bacteria that cause tuberculosis. It is done yearly or more frequently if you have been exposed to tuberculosis, or if you work in a high-risk area.

NOTE: For additional information, refer to the Infection Control Manual on HealthPort.

Avian Flu

Influenza viruses that infect primarily birds are called “Avian Influenza Viruses”. Avian influenza viruses do not usually infect humans; however, several instances of human infections and outbreaks of avian influenza have been reported since 1997. Most cases have resulted from contact with infected poultry or contaminated surfaces, but there is evidence of limited human-to-human transmission.

Patients who present to health-care setting with fever and respiratory symptoms should be managed according to CDC recommendations of respiratory hygiene and cough etiquette and questioned regarding recent travel history.

If travel history within 10 days to a country with avian influenza activity and have severe febrile respiratory illness or evaluate for avian influenza initiate airborne precautions.

Clinical Recognition of Suspected Bioterrorism Events

All healthcare workers must be alert to illness patterns / symptoms that might signal an unusual infectious disease outbreak.

- Sudden increase in unusual diseases in relation to:
 - Age (i.e. chickenpox –in adults)
 - Non-endemic diseases (plague, anthrax, viral hemorrhagic fever)
 - Geographic location (persons attending same event, town, block, etc.)
- Any sudden increase in the following non-specific symptoms, especially if in previously healthy persons should be evaluated:
 - Respiratory illness with fever (widened mediastinum, pneumonia with hemoptysis)
 - Gastrointestinal illness
 - Encephalitis / meningitis
 - Neuromuscular illness (flaccid muscle paralysis)
 - Fever with rash (vesicular / pustular rash starting on face and hands with lesions at same stage of development)
 - Bleeding disorders
- Simultaneous disease outbreaks in humans and animal populations

JCAHO 2009 Patient Safety Goal

The Joint Commission on has identified National Patient Safety Goals. The goal to reduce the risk of health care-acquired infections is as follows:

- Comply with current CDC hand-hygiene guidelines
- Manage as sentinel events all identified case of unanticipated death or major permanent loss of function associated with a health care-acquired infection.
- Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
- Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
- Implement best practices for preventing surgical site infections.

Infection Control Manual

The Infection Control Manual contains updated policies and procedures, which all employees of the hospital are to follow. It serves as the employee guide to the Infection Control Program of the hospital, and is a useful resource on Infection Control topics. **The Infection Control Manual is on Healthport.**

Cultural Diversity

Wherever there are human beings living and working together, there is diversity; we have differences. However, we are actually more alike than we are different. Culturally sensitive people possess knowledge, skill and an accepting attitude towards those who differ from them.

Cultural competence in healthcare implies that the healthcare provider is aware, understands and attends to the total context of each patient situation. With expanding diversity in the United States, we are more likely to encounter co-worker and patient care situations that require “culturally competent” care.

Be aware of non-verbal communication such as: facial expressions; gestures; physical contact; use of personal space; and your voice tone and volume.

You may not be sending the message you intend when dealing across cultures. You may be misinterpreting the sender’s message because of cultural differences. It is important to be aware of mixed messages and not to make assumptions about the behavior of others.

It All Comes Down to Respect – Remember, cultural and language differences may create misunderstandings which can negatively impact clinical situations and working relationships among individuals. It is important that all employees are aware of these differences and learn how to negotiate in culturally sensitive ways.

Limited English Proficiency

Individuals who do not speak English as their primary language and have a limited ability to read, write, speak or understand English are termed as having Limited English Proficiency (LEP).

Patient Rights - All LEP Patients Have the Right to FREE Language Interpretation Services - Public Information signage and patient brochures communicate these rights to patients.

Timeframes - Interpreter services must be provided within 10 minutes in an urgent setting (E.D) and 20 minutes in a non-urgent setting

Communicating with Patients in Need of Interpretation Services - All offers of interpretation services and the actual use of these services must be noted in the medical record.

1. Foreign Language Speaking Clinicians – NSLIJ clinicians (physicians, nurses and other licensed professionals) can self-attest to their language proficiency and speak *directly to their patients, within the scope of their practice*, in both English and a foreign language; however, they may not provide medical interpretation services for other providers or their patients.
2. Telephonic Interpretation Services – are required for Key Patient Contacts with LEP Patients when the clinician can not provide care in the patients preferred language. Key Patient Contacts include: Informed Consent, Nursing Assessment, History and Physical, and Discharge Instructions and Patient Education.
3. Language Bank: Administrative Interpreters – staff members who self-attest to their language proficiency may serve as interpreters for administrative encounters with LEP Patients. Administrative encounters include all communication with a patient that does not involve clinical matters.
4. If applicable - Full Time Interpreters or Dual-Role Interpreters (staff members that provide medical interpretation services in addition to the responsibilities of their job title): Some sites offer medical

interpretation programs for staff; however, no staff member may provide medical interpretation services without passing a proficiency assessment and also receiving ongoing proficiency assessments.

NOTE: Vital Documents - Translations of significant Hospital forms are available in 14 languages

Your Role

It is your responsibility to assist any patient who approaches you with a request for language interpretation services. Make sure that you are familiar with how these services are organized within your department. When in doubt, contact the main telephone operator who can connect you to the Language Assistance Coordinator for your facility.

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 employee's responsibility to ensure that the patient's rights are observed and respected at all times.

As a patient in a hospital in New York 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, or source of payment.
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.
7. A No Smoking room.
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.
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.
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 requested, in writing. 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 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 with regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Advance Directives: Advance Directives are declarations made by 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 and Health Care Proxy.

Ethical Issues: Difficult situations can arise when healthcare decisions must be made. For help with ethical problems or questions, notify your supervisor immediately so that issues can be referred to your facility’s Ethics Committee. Your facility’s Administrative Policy and Procedure Manual contain policies to guide ethical decisions relative to Health Care Agents and Proxies, Do Not Resuscitate Orders, Foregoing Life Extending Treatment, etc.

Risk Management

Risk Management - the analysis, assessment and prevention of incidents and risks which can result in injury to employees, visitors and patients.

Risk Reduction - programs exist throughout the health system to minimize injury to employees, visitors and patients. Programs include: Patient Safety Initiatives; Safety and Environment of Care Training Program; Infection Control Program, etc.

Reporting Work-Related Injuries - if you are injured or suffer a work-related condition, you are required to notify your supervisor immediately no later than the end of your shift. If you require immediate medical attention, your Supervisor will refer you either to the Emergency Department or Employee Health Service.

Quality Management

Reporting Safety / Quality Concerns

- Any employee or physician who has a concern about the quality or safety of care provided in the organization is encouraged to report these concerns to the facilities Quality Management Department or to the System Quality Management Department located at 145 Community Drive.
- Concerns regarding the quality or safety of care provided in the organization may also be report to the Joint Commission or any regulatory agencies or organizations.
- No disciplinary action will be taken because an employee or physician reports safety or quality of care concerns to the Joint Commission or any regulatory agencies or organizations.
- The health system is committed to ensuring that there is no retaliatory disciplinary action against employees or physicians when they do report safety or quality of care concerns to the Joint Commission or any regulatory agencies or organizations.

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
- Allows for fulfillment
- Promotes a sense of connection and belonging
- Emphasizes the value of diversity
- Identifies the assets and blind spots
- Improves communication
- Reduces conflict and stress
- Values the strengths of others
- Allows different preferences to lead to useful and effective problem solving
- Equals total team participation
- Leads to increased cooperation
- Leads to increased conflict management
- Assists with change management.

2009 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

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 medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication

Read back spoken or phone orders to the person who gave the order.

Create a list of abbreviations and symbols that are not to be used.

Quickly get important test results to the right staff person.

Create steps for staff to follow when sending patients to the next caregiver. The steps should help staff tell about the patient's care. Make sure there is time to ask and answer questions.

Use medicines safely

Create a list of medicines with names that look alike or sound alike. Update the list every year.

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

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

Prevent infection

Use the hand cleaning guidelines from the World Health Organization or Centers for Disease Control and Prevention.

Report death or injury to patients from infections that happen in hospitals.

Use proven guidelines to prevent infections that are difficult to treat. Use proven guidelines to prevent infection of the blood.

Use safe practices to treat the part of the body where surgery was done

Check patient medicines

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Prevent patients from falling

Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

Help patients to be involved in their care

Tell each patient and their family how to report their complaints about safety.

Identify patient safety risks

Find out which patients are most likely to try to kill themselves.

Watch patients closely for changes in their health and respond quickly if they need help

Create ways to get help from specially trained staff when a patient's health appears to get worse.

Prevent errors in surgery

Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.

Mark the part of the body where the surgery will be done. Involve the patient in doing this.

Source: The Joint Commission



2009 Mandatory Program 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 Patient's Bill of Rights
Risk Management
Quality Management

Print Name: _____

Print Department: _____

Signature: _____

Please return this page to your manager who will file it in your employee department file.

2009 Mandatory Program Evaluation

We need your feedback to improve and enhance this program. Please complete the evaluation below.

Instructions: For each statement below, please circle a number indicating the extent to which you agree or disagree.

	Disagree strongly (1)	Disagree (2)	Neutral (3)	Agree (4)	Agree strongly (5)
The course content was easy to understand.					
The subject matter was covered thoroughly in each section.					
Each section stressed the importance of its subject.					
The course content was relevant to my role in the organization.					
I can use the information from this course in my job.					

Please add any comments or suggestions in the spaces below.

Please return this page to your manager who will forward it to the site HR.

THANK YOU!