2023-2024 Orientation & Annual Education
2023 Annual Education for all Clinical Team Members
Occupational Safety and Health Administration (OSHA) separates these hazards into five general categories:

- Biological: infectious agents
- Chemical: toxic or irritating material
- Psychological: factors that create or increase emotional stress or strain
- Physical: agents with the ability to cause physical harm
- Environmental & mechanical: factors that cause or increase the risk of accident, injury, strain or discomfort

Take appropriate measures to:
- Eliminate as many of these hazards as possible
- Safeguard against exposure to the hazards that cannot be eliminated

IMPORTANT:
Ensure you know where the Oxygen Shut Off Valve is in your department!
Ergonomics means designing work equipment and tasks to fit the "natural laws" of the human body. Good ergonomic practices can lead to fewer work-related injuries.

**Ergonomic best practices:**
- Avoid fixed or awkward postures
- Avoid lifting without using proper devices or equipment
- Avoid highly repetitive tasks
- Avoid forceful exertions
- Proper posture and body mechanics
- Avoid reaching, twisting, and bending
- Respond promptly to aches and pains to prevent slight injuries from becoming severe or debilitating

*To practice good posture, imagine a cord attached to the crown of your head. As the cord pulls up: It holds the head high. It pulls the three natural curves of the spine into alignment.*
To help prevent slips and trips
- Keep floors clean, dry, clear, uncluttered
- Increase friction of floors with abrasive coatings, non-skid strips, or rubber mats.
- Repair uneven flooring
- Choose slip-resistant shoes
- Post safety signs around slip hazards (icy sidewalks, wet floors, etc.).
- Use proper lighting

When conditions are hazardous (icy sidewalks, wet floors), avoid slipping and falling by walking like a penguin:
- Keep your feet flat and slightly spread apart
- Point your toes slightly outward
- Take slow, short steps
- Keep your center of balance under you
- Make wide turns at corners
- Keep your arms at your sides
This gives additional balance. It keeps your arms available for support if you fall.
Electrical Safety Summary

Highlights for Electrical Safety
- Most electrical accidents are preventable
- Report hazards promptly
- Use equipment properly
- Inspect and test equipment regularly
- Use lockout/tagout procedures for equipment maintenance
- Use power cords and outlets properly
- Do not overload circuits
- Protect patients from electric shock hazards

Follow Inova procedures for turning in/reporting hazardous equipment to be repaired.

The Joint Commission requires accredited facilities to:
- Assess the risk for electrical power failure
- Plan for the loss of electrical power
- Test the entire emergency power supply system
- Plan for periods of emergency power loss

Please see below for specific information on medical and patient equipment.

- A physician's order is required for a patient to use his or her own medical device
- Patients using their own medical device during a hospital stay will sign the Devices and Medications Patient Release Form if applicable, on admission
- Biomedical Engineering will check electrical safety for all electrically powered devices
- Nursing will assess the patient's ability to use personal medical equipment using the Non-Inova Device Checklist.
- Procedure Details can be found here. Also see System wide policy on Use of Non-Inova Supplied Devices With/Without Medications
Chemical Hazard Communication Program

- Promotes the safe use, storage, and disposal of chemicals
- Safety Data Sheets (SDS) provide safety information on each chemical and are in the department where the chemical is used
- Each department maintains a chemical inventory of chemicals in their department
- The written hazardous chemical management program policy is on InovaNet

Safety Data Sheets (SDS) can be found on InovaNet under References.

Biomedical Equipment Hazards

Please click here to see a larger view of the image below.
Exposure to radiation can increase the risk of cancer.

Therefore, it is important to protect against exposure.

The three key factors for limiting exposure are:

- **Time.** Minimize the amount of time that you are exposed
- **Distance.** Maximize your distance from the radiation source
- **Shielding.** Use appropriate shielding to absorb the energy of radioactive particles

*The goal is to keep your radiation exposure As Low As Reasonably Achievable (ALARA).*
Latex Allergy

Patients
Screening questions provide good tools for identifying patients at risk for latex allergy – follow guidelines in Epic. This can help prevent future problems.

Team Members
During their employment, team members are to report to their immediate supervisor and to TMH should they develop any symptoms or signs that may be related to latex allergy and complete the electronic occurrence report.
Oxygen Safety

- Know your role in oxygen safety and safely transporting patients on oxygen
- Speak up with questions and concerns about oxygen safety
- Practice **PAUSE** to assure safe transporting of patients on oxygen.
- Only licensed or registered clinicians (RN, RT, MD, etc.) may deliver and manipulate oxygen flow rate. Assess and secure care delivery items needed for transport (oxygen, medications, monitoring, etc.)
- Follow the **Do's and Don'ts** of Oxygen Safety
- Check for **Alarms/Alerts**!
- A patient being transported on oxygen must have enough oxygen for duration of transport
- Ready for Use Tank/Cylinders- with greater than or equal to 500 psi are in the green rack. Tank pressure gauge should be in the **Green Zone**
- MRI compatible oxygen tanks are **silver and green**
Hazards can arise when certain items enter the MRI system:

- Ferromagnetic (iron) object can become dangerous projectiles (the projectile effect due to magnet)
- Electronic devices can malfunction due to interference
- Metal implants or wires can conduct electrical currents resulting in burns

MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field. Therefore:

- Post warning signs
- Remove metallic objects from clothing and pockets
- Thoroughly screen patients prior to MRI
- Properly position patients to prevent burns
- Use equipment approved for MRI
- Restrict access to the MRI suite

![Bridgeless Mask]

*STOP! Bridgeless Mask: ONLY used for MRI, & BH Patients. Please use regular masks for all other cases."
Patients: Prior to entering Zone IV, all patients will be screened with a ferromagnetic detection device (i.e., metal detector) and all items not known to be documented as MRI Safe or MRI Conditional will be prevented from entering Zone IV.

Non-Patients: All entering Zone IV are subject to verbal screening

All Persons: Prior to entering Zone IV, all persons will be screened with both a non-ferromagnetic and ferromagnetic detection device (i.e., metal detector). The restrictions and determination of status is the same as under the PATIENTS section above.

<table>
<thead>
<tr>
<th>Zone 1</th>
<th>This region includes all areas that are freely accessible to the general public. Typically, outside the MR environment itself.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone 2</td>
<td>This area is the interface between the publicly accessible, uncontrolled Zone 1 and Zones 3 &amp; 4.</td>
</tr>
<tr>
<td>Zone 3</td>
<td>Region in which free access by unscreened non-MR personnel or ferromagnetic objects or equipment can result in serious injury or death.</td>
</tr>
<tr>
<td>Zone 4</td>
<td>Area that contains the MR scanner magnet room itself.</td>
</tr>
</tbody>
</table>
Inova’s Culture of Safety is a partnership between leadership and team members aimed at protecting our patients from medical errors.

When an error or near miss occurs, we must all commit to using it as an opportunity to improve our understanding of risk and learning from it by developing safer systems.

We can only progress in this area if team members report errors and near misses, and if leaders investigate them fairly – addressing the root causes in addition to the errors themselves.

In supporting a culture of safety, all team members must take ownership to maintain or increase competency or when responsibilities change in the role.

Everyone has a role in building our culture of safety! All members of the Inova team contribute to our culture of safety and continuous improving so that we provide reliable safe care, every time, every touch for an exceptional patient experience. This includes understanding our roles and responsibilities.

Leaders:

- Ensuring reliable systems (policies, procedures, standard work, training, etc.) to facilitate good behavioral choices for team members.
- Fostering a learning environment that encourages reporting of system design risks, potential and real errors.
- Engaging and deciding with the team on system designs to eliminate risks of errors to the organization.
- Conducting a thorough investigations of errors and providing timely feedback to the team.

Team members:

- Adhering to all established processes/procedures/standard work with correct behavioral choices
- Identifying risks and vulnerabilities in work environment, system designs and reporting to the appropriate leader as soon as discovered and reporting in Safety Always
- Upholding the values and mission of the organization
How Values Align With Safety Culture

PATIENT ALWAYS
We work with compassion to ensure every action we take puts the patient and family first.
- I am present; our patients and families know they are my first priority.
- I spend time getting to know each patient’s unique and diverse needs so I can provide individualized care.
- I anticipate needs before they are spoken and address them before they escalate.
- I problem solve in the moment; my empathy drives my urgency.
- I act with certainty, knowing my confidence can be the calm for my patients.

OUR PEOPLE
We create an environment of respect and growth, where contributions are recognized and rewarded.
- I assume positive intent. When there is doubt, I look for clarification, not incrimination.
- I am authentic and self-aware. I ask for help and learn from my mistakes.
- I give credit where credit is due and celebrate my team members’ successes. I give honest, direct, timely, and constructive feedback.
- I challenge myself to learn continuously and grow new skills.
- My passion fuels my resilience. I invest in self-care to counter the rigorous demand of my vocation.

ONE TEAM
We are stronger together as a unified healthcare system, enriched by our diversity and driven by a shared purpose.
- I am an Inova Health System team member and act like the teammate I want to have.
- I work to find innovative solutions that advance our organization as a unified, high performing healthcare system.
- I respect others’ time by being on time; I am present, distraction-free, engaged team member.
- I share knowledge and information with my fellow team members proactively, openly, and directly. I leverage communication to accelerate success.
- I engage and decide. I am intentionally inclusive, seeking diverse views and contributions, so I can make timely and appropriate decisions.

INTEGRITY
We consistently uphold the highest moral and ethical standards and honor our commitments.
- I build trust by keeping confidences and commitments. I do what I say I am going to do.
- I am fair and unbiased. My view is not driven by a personal agenda.
- I am candid and courageous. I respectfully say what I think, even if it is controversial. I question actions inconsistent with our values.
- I consider what meets the highest ethical standards in my decision making, not just what is convenient.
- I lead by example. I am a role model based on the consistency of my ethics.

EXCELLENCE
We act with courage, hold ourselves accountable, and achieve results at the highest level of performance in our field.
- I focus. My pursuit of excellence begins with attention to every detail. I connect my daily efforts to achieve our mission and priorities.
- I keep Inova agile by keeping things simple with timely and flexible responses to what matters most.
- I view change as an opportunity and share my optimism. I am comfortable with ambiguity and risk.
- I drive results with high reliability. I hold myself accountable and invite others to do the same.
- I never give up my pursuit of peak performance. I challenge myself to continuously find a better way.
Key Terms to Understand about Patient Safety

**Patient Safety Event:** An event, incident, or condition that could have resulted or did result in harm to a patient

**Adverse Event:** A patient safety event that resulted in harm to a patient

**Sentinel Event:** A subcategory of Adverse Events, a patient safety event that reached the patient and results in death, permanent harm, or severe temporary harm

**No-harm event:** A patient safety event that reaches the patient but does not cause harm

**Close call (or 'near miss' or 'good catch'):** A patient safety event that did not reach the patient

**Hazardous (or 'unsafe') condition(s):** A circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event

*Not all patient safety events are preventable. Event analysis is warranted in order to identify weaknesses and whether remedial action is indicated*

**What is a Root Cause Analysis (RCA) Team?** A team is formed to perform an evaluation of a particular event or pattern of events in order to identify the root cause(s) and to develop an action plan in response to those root causes
Safety Always: Reporting Occurrences and Incidents

**WHAT** should be reported?
- Errors
- Hazardous conditions
- Processes/Procedures not followed
- Near misses
- Great catches
- Employee injuries

**WHY** should we report?
- Reporting is fundamental to error prevention
- Purpose of reporting is to facilitate organizational learning and process improvement
- Reporting is about keeping our promise to our patients of safe, quality care

**WHEN** should we report?
- As close to the time of the incident as possible
- As soon as we hear about or identify an event

**HOW** should we report?
- Safety Always Tool

**What a Safety Culture looks like:**
- Teamwork
- Open Discussions
- Reporting
- Focus on System
- Ongoing Learning

**WHO** should report?
- Everyone: Physicians, Nurses, Technicians, Administrative staff, Ancillary Personnel, and everyone else on the Inova team
- We all have a responsibility to our patients, team members and visitors.
- When events happen, they must be entered into the system, regardless if harm has occurred

Click [here](#) to see the Safety Always Resource Document on InovaNet.
Team Communication

To ensure patient safety and continuity of care through an interactive process of communicating patient-specific information.

What are the elements of effective team communication?

- Occurs when both the sender and receiver interpret the words in the same way.
- Clarifying Communication
- Reporting Clearly

Coordination of Care happens during:

- Multidisciplinary rounds
- ISHAPED Report between nurses
- Hand-off report between allied healthcare team members
- Use of Ticket to Ride
- Use of standardized communication such as in the use of SBAR (see link for safety huddle on SBAR)
TeamSTEPPS®

TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals.

Team Strategies & Tools to Enhance Performance and Patient Safety

**Leadership**
- Brief
- Huddle
- Debrief

**Communication**
- SBAR
- Call-Out
- Check-Back
- Handoff

**Situation Monitoring**
- STEP
- Cross Monitoring
- I’m SAFE

**Mutual Support**
- Task Assistance
- Feedback
- Assertive Statement
- Two-Challenge Rule
- CUS
- DESC Script

Click [here](#) to find out more details about Check-Back.

Click [here](#) to find out more details about CUS.
PAUSE is an essential tool for many high-risk processes to be completed safely and reliably.

Many high-risk processes require intentional focus to disrupt the fog of auto-pilot so that we are present in the moment for the task(s) at hand. These processes include but are not limited to:

- Proper Patient Identification
- Specimen Collection & Labeling
- 5 Rights of Medication Administration
- Hand Hygiene
- Foley Care
- Central Line Care
- Procedural Time-out
- Sedation Vacation
- Fall Risk Assessment
- Skin Integrity Management
- Mobility

A mindful moment only requires a **30-60 second PAUSE**:

<table>
<thead>
<tr>
<th>P</th>
<th>Purposeful</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Attention</td>
</tr>
<tr>
<td>U</td>
<td>Understanding</td>
</tr>
<tr>
<td>S</td>
<td>Safety</td>
</tr>
<tr>
<td>E</td>
<td>Every time. Every touch</td>
</tr>
</tbody>
</table>

- **Purposeful** and focused so that I am not on auto-pilot.
- Attentive to the important task in front of me.
- Understand the policy/standard work to guide the task correctly.
- Safely care for each patient.
- Every time. Every touch.

Using PAUSE creates the mindful moment for each patient’s safety, **ALWAYS**
**Patient Orders/Patient Status Concerns**

- Communicates acute changes in patient’s condition using **SBAR**
- A care provider with a concern about a patient’s order or status may withhold implementation until clarification is provided
- Use Chain of Command - **Medical**

**Patient Care Concerns**

- A team member who has a concern or dispute regarding patient care shall first attempt to resolve the concern with applicable individual(s)
- Care Concerns may be stated **two** times to assure that they are heard. Communication may be in the form of **CUS**
- A concern that cannot be resolved by the team member shall be communicated to the shift/RN unit supervisor. Use Chain of Command – **Nursing**
- If the team member does not feel the resolution is satisfactory, the team member shall continue to escalate the matter until the concern is addressed to satisfaction

For details of the procedure for escalation of patient care concerns, click [here](#).
What is emergency management?

- Emergency management is the managerial function charged with creating the framework that reduces Inova’s vulnerability to hazards.
- Emergency management protects Inova by coordinating and integrating all activities necessary to build, sustain, and improve the capability to mitigate against, prepare for, respond to, and recover from potential or actual natural disasters, acts of terrorism, or other human-caused disasters.
- Ensures Inova’s care sites continue to provide world-class healthcare, every time, every touch during disasters or emergencies.
- For information on Inova’s Emergency Management Program, please contact your local emergency manager or the system office of emergency management at watchofficer@inova.org
Comprehensive - consider all threats/hazards, all stakeholders, and all impacts

Coordinated - synchronize the activities of all relevant stakeholders to achieve a common purpose

Progressive - anticipate future disasters and take protective, preventive, and preparatory measures to build a disaster-resistant and disaster-resilient Inova.

Flexible - use creative and innovative approaches in solving our challenges

Risk Driven - use sound risk management principles (threat/hazard identification, risk analysis, and impact analysis) in assigning priorities and resources.

Integrated - ensure unity of effort among all Inova sites of care and with our external partners.

Collaborative - create and sustain broad and sincere relationships among individuals and organizations to encourage trust, advocate a team atmosphere, build consensus, and facilitate communication.

Professional - value a science- and knowledge-based approach based on education, training, experience, ethical practice, public stewardship, and continuous improvement
Examples of Disasters and Emergencies

Here are some examples of disasters and emergencies that can impact healthcare operations:

<table>
<thead>
<tr>
<th>Natural Disasters</th>
<th>Human Caused</th>
<th>Technological</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Earthquake</td>
<td>▪ Active assailant</td>
<td>▪ Communication failure</td>
</tr>
<tr>
<td>▪ Flood</td>
<td>▪ Bomb threat</td>
<td>▪ Cyber attack</td>
</tr>
<tr>
<td>▪ Hurricane</td>
<td>▪ Civil disturbance</td>
<td>▪ Medical gas failure</td>
</tr>
<tr>
<td>▪ Ice storm</td>
<td>▪ Hazardous materials incidents</td>
<td>▪ Generator failure</td>
</tr>
<tr>
<td>▪ Severe thunderstorm</td>
<td>▪ Terrorism</td>
<td>▪ Utility failure (Natural gas, HVAC, Steam)</td>
</tr>
<tr>
<td>▪ Blizzard</td>
<td>▪ Major accident (Plane Crash)</td>
<td></td>
</tr>
<tr>
<td>▪ Extreme Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Tornado</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Embodies an all-threats/hazards approach to disasters regardless of size, or complexity

Intended to create an organizational culture that is critical to achieving enterprise resiliency while integrating principles and practices into daily decisions, not just during times of disasters

Why do we take on an integrated approach?
• Lean on existing partnerships
• Coordinated drills, training, exercises
• Enterprise resiliency
  ▪ Enterprise interoperability
  ▪ Integrated Emergency Operations Plan (EOP)
  ▪ Use incident command system (ICS)
Our roles differ from a blue sky to a gray sky day. Team members are expected to know their roles and responsibilities during disasters and emergencies. **All team members are considered essential during an incident** and expected to report to work as scheduled, unless directed otherwise.

**Picture this:** You work for an Inova Hospital and get a call from your leader telling you two buses got into an accident on I-495. Your leader informs you that your hospital is preparing for a Mass Casualty Incident (MCI). Access is restricted on nearby roads, and it is difficult to get onto hospital property due to traffic congestion.

- Do you know how to get to work?
- Did you receive an InovaAlert?
- Is your Go Bag ready to go?

Your day just went from blue sky to gray sky. The time to register for alerts is not during an incident. The time to prepare your go-bag is not right before needing it.
## Your Role During an Incident

### Six critical functions of emergency management

<table>
<thead>
<tr>
<th>Function</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Communication infrastructure may be damaged or Inova’s power supply could become disrupted causing communication pathways to fail. Be familiar with Inova’s redundant communication systems, and business interruption line (1-855-784-4321).</td>
</tr>
<tr>
<td>Resources and assets</td>
<td>Supply chain disruption can occur during disasters and emergencies. Have an understanding of the materials, resources, and supplies available during an emergency or disaster.</td>
</tr>
<tr>
<td>Safety and security</td>
<td>The safety and security of a care site can be impacted during disasters and emergencies. Team members should be aware of their care sites restricted access procedures.</td>
</tr>
</tbody>
</table>
### Your Role During an Incident

#### Six critical functions of emergency management (continued)

<table>
<thead>
<tr>
<th>Team responsibilities</th>
<th>During a disaster or emergency, the probability that team members responsibilities will change is high. Team members need to adapt their roles to meet new challenges. Be familiar with your care site’s emergency operations plan (EOP).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities management</td>
<td>The supply of key utilities must be maintained to continue healthcare operations during disasters or emergency. Be aware of the location of generator powered outlets (red), and the procedure for how to shut off medical gases.</td>
</tr>
<tr>
<td>Patient and clinical support activities</td>
<td>Inova team members should be prepared to address the needs of patients during extreme conditions when infrastructure and resources are taxed.</td>
</tr>
</tbody>
</table>
Inova’s Emergency Operations Plans (EOPs) can be located in PolicyStat.

Inova maintains EOPs to address how it will operate during disasters and emergencies.

EOPs contain response procedures and capabilities, information on what the care site will do when it cannot be supported by the community, recovery strategies, initiating and terminating emergency response and recovery, activating authority and identifies alternate sites for care, treatment and services.
Inova has emergency operations centers (EOCs) that support emergency response, business continuity, and crisis communications during disasters and emergencies.

Inova’s EOCs support incident management functions and provide situation analysis, incident action plan development, and resource management.

Do you know the location of your care site EOC?
The Incident Command System (ICS) is used by public agencies to manage emergencies. ICS is used by Inova during declared disasters and emergencies to ensure Inova can work together with public agencies during emergencies.

Team members should be familiar with the fundamental concepts of incident command.

ICS is an established framework that designates responsibilities and reporting relations for disasters and emergencies.

Not all ICS positions will be active in each incident. The ICS structure is meant to expand and contract as the scope of the incident requires. For small-scale incidents, only the incident commander may be assigned. Command of an incident can transfer between team members as the response expands or contracts.
Inova uses plain language alerts. To report an emergency, dial the designated emergency number and follow these steps:

<table>
<thead>
<tr>
<th>Emergency Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAH</td>
</tr>
<tr>
<td>ICPH</td>
</tr>
<tr>
<td>IFMC</td>
</tr>
<tr>
<td>IFOH</td>
</tr>
<tr>
<td>ILH</td>
</tr>
<tr>
<td>IMVH</td>
</tr>
<tr>
<td>Non-hospital</td>
</tr>
</tbody>
</table>

### Plain Language Alerts

- **State the Alert type**
  - Facility
  - Security
  - Medical

- **State the Event type**
  - Fire
  - Hostile person with a weapon
  - Missing child

- **State the Specific Location**
  - Facility Name
  - Bldg
  - Area
  - Floor
  - Room #
### Facility Alerts

<table>
<thead>
<tr>
<th>Alert Name</th>
<th>Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decontamination</td>
<td>See Decontamination <a href="#">Plan</a> with announcement: Decon team respond immediately</td>
</tr>
<tr>
<td>Evacuation</td>
<td>Covered in this module</td>
</tr>
<tr>
<td>Relocation</td>
<td>Re-location in process announcement</td>
</tr>
<tr>
<td>Code Red - Fire</td>
<td>Covered in this module</td>
</tr>
<tr>
<td>Spill</td>
<td>Spill team will respond</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>Announcement: Designated staff, please prepare appropriately;</td>
</tr>
<tr>
<td>Utility Outage</td>
<td>See Utility Failure <a href="#">Plan</a>. Possible Announcement - Power Outage: Plug critical equipment into red outlets</td>
</tr>
<tr>
<td>Downtime</td>
<td>See Downtime <a href="#">Plan</a> and further information in this module</td>
</tr>
<tr>
<td>Complete Network Outage</td>
<td>Announcement: Please follow downtime procedures and await further instructions</td>
</tr>
<tr>
<td>Emergency Operation Plans</td>
<td>Announcement: Begin unit/department actions, complete the Disaster eWorksheet</td>
</tr>
<tr>
<td>Tornado/Severe Storm</td>
<td>Announcement: Move away from windows, take shelter</td>
</tr>
</tbody>
</table>

### Security Alerts

<table>
<thead>
<tr>
<th>Alert Name</th>
<th>Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active (Assailant or Shooter)</td>
<td>See Run, Hide, &amp; Fight information in this module</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>See <a href="#">policy</a> and Announcement: avoid the area, remain in place</td>
</tr>
<tr>
<td>Hostile Person with a Weapon</td>
<td>See Run, Hide, &amp; Fight in this module</td>
</tr>
<tr>
<td>Missing Person</td>
<td>See Elopement Policy with Announcement of description of person</td>
</tr>
<tr>
<td>Security Assistance</td>
<td>Announcement: Designated staff, please immediately respond</td>
</tr>
</tbody>
</table>
Prevention is the best defense against fire. To help prevent fires related to the common cause of smoking: Inova is Tobacco Free therefore There is **NO SMOKING ON INOVA PROPERTY**

**To help prevent fires related to the common cause of electrical malfunction:**
- Remove damaged or faulty equipment from service and tag “Out of Service”
- Submit malfunctioning equipment for repair

**To help prevent fires related to the common cause of equipment misuse:**
- Do not use any piece of equipment that you have not been trained to use

**Even with the best efforts at prevention, fires sometimes occur. Therefore, your facility has fire safety features. These features include:**
- Fire alarm systems
- Fire extinguishers
- Emergency exit routes and EXIT doors
- Smoke and fire doors and partitions
- A fire plan
- Be familiar with the location, use, and operation of each of these features
Fire safety features:
- Fire alarm systems and extinguishers
- Emergency exit routes/doors
- Smoke and fire doors and partitions

Alarm:
- At hospitals, dial x5555
- For other locations, call 9-1-1
- Pull the nearest fire pull station for confirmed fire

**Inova Alexandria Hospital Only:**
A: Alarm (pull the lever fire alarm pull box)
R: Rescue
A: Alert (dial x5555)
C: Confine
E: Extinguish or evacuate
Some common medical related emergency alerts:

**MSET (Medical Surgical Emergency Team) Cardiac/Respiratory Arrest - Internal**
- Any team member can call an MSET
- Call an MSET when the heart is not beating, when a person is not breathing, or when there is massive bleeding
- Tell Operator: name, MSET, Adult or Pediatric, and location
- Begin CPR if trained

**Rapid Response Team**
- Complaints of chest pain, feels out of breath, feels dizzy or has other serious physical problems
- Tell Operator: name, RRT, location
- Nurse remains at bedside and works with team

**Stroke:** Patient having stroke symptoms

**STEMI:** STEMI, Patient have chest pain

**Delivery Alert:** Baby being born anywhere other than Labor and Delivery
- Imminent delivery: cannot speak or walk during a contraction, active bleeding, saying 'the baby is coming'

**Malignant Hyperthermia Alert:** Call for Anesthesia Stat and include location

**Elopement:** Patient is missing from a unit or department
Downtime Operations

- Downtime can be scheduled or unscheduled
- Team members should follow department/system-specific downtime plan and procedures.
- Departments are responsible for training their teams about downtime.
- Team members should know where the department Business Continuity Access (BCA) computer is and should be able to log in and print (i.e., departmental reports & schedules)
Telephone Failure Operations

Telephone Failures

- Inova has backup telephones that are hard-wired and are used for business continuity.

- Back up phones are typically bright orange. Be sure to learn where your backup phone is located.

- Emergency management has an additional cache of FirstNet phones that can be deployed for single site incidents.
Contact Security

- To report suspicious persons/situations.
- For assistance with uncooperative patients or visitors.
- To report unusual odors where fire or smoke is not present.
- To report incidents of workplace violence (Follow it up with a Safety Always event).

24 Hour Security Phone Numbers

- IAH: 703-504-3565
- ICPH: 571-472-3115
- IFMC: 703-776-3180
- IFOH: 703-391-3797
- IMVH: 703-664-7695
- ILH: 703-858-6401
Run, Hide, Fight

- Used during hostile person(s) with a weapon incident
- Team members must get into a mindset of self-survival during these types of incidents
- Team members should consider using Run, Hide, or Fight and select actions/options which increase a person’s chances of survival
- Depending upon the situation you may be in the sequence of Run, Hide, or Fight might be different

[Click here to watch a Run, Hide, Fight video on YouTube]
Evacuation

Why would we have to evacuate?
- If it is unsafe to remain in the current location
- Evacuation is only used when necessary

Could I use the elevator?
- Only if they are operational and you have not been advised otherwise

How do I evacuate patients?
- In a manner that is safe and maintains patient dignity
- It is critical that patients have necessary identification on them during evacuation (such as a hospital ID band)
- Ambulatory patients may walk if it is safe to do so
- Non-ambulatory patients should remain in their beds or may be transported in wheelchairs if appropriate
- May have to use evacuation equipment
What can you do at work? InovaAlerts

@ Work

Be involved! A culture of preparedness begins with you. You determine Inova’s response to emergency situations.

- Sign up for InovaAlerts (Click here)
- Update your profile to include a phone number to receive voice and/or text alerts

Alerting team members in a timely and accurate manner during disasters or emergencies is essential to keep Inova’s team members safe. We manage InovaAlerts to provide our teams across the System with emergency information quickly and accurately.
What Can You Do @ Work? Go-Bag

@ Work

Be involved! A culture of preparedness begins with you.
You determine Inova’s response to emergency situations.

- When do you have a go bag prepped?
  - All the time!
  - Blizzard, hurricane, surge
  - Disasters don’t follow the calendar

What's in your go bag?

- Water and food

@ Home

What do you keep in your go bag?

- Air mattress (if you already have one)
- Sheets, pillow, blanket
- Clothes for sleep and work
- Towel & toiletries
- Any medications or special need items
- Chargers (phone, tablet, etc.)
- Snacks

Out & About
Be Ready!

Take care of yourself, your family, and neighbors.

Sign up for emergency alerts in your local community (Click here)!

- **Get a Kit** - Assemble a collection of first aid supplies, food, water, medicines, and important papers for you and your family until the emergency passes.

- **Make a Plan** - You and your family members may not be together when an emergency strikes. Planning will improve your chances of keeping in touch, staying safe, and quickly reuniting. Plan to check on neighbors during emergencies (for example during low/high temps or power outages).

- **Be Prepared** - Anticipate emergencies most likely to affect you and your family. Think through the basics of preparing yourself and your family for all hazards.
What Can You Do When Out & About?

Be Safe! Be aware of your surroundings. Anything can happen, anywhere-anytime.

- Stay up to date with the latest traffic information from your local DOT:
  - Virginia
  - District of Columbia
  - Maryland
  - Region

- Download FEMA App

- Be weather aware:
  - Download a weather app
  - Check the National Weather Service Forecast
Part 1

2023 Annual Education: Clinical Team Member

Workplace Violence

**Partner with us to keep everyone Safe@Inova.**

Workplace violence is on the rise in many industries, including healthcare. After hearing from our team members, and convening a multi-disciplinary team, we have made the decision to post updated signage at our care sites reminding all individuals of our zero-tolerance policy for any level of safety threat, and to incorporate workplace violence into our Safe@Inova promise.
Patient Rights

Hospital’s must respect the patient’s:
• Cultural and personal values, beliefs, and preferences
• Right to privacy and effective communication
• Right to pain management
• Right to safety and security
• Right to the fair and equal delivery of healthcare services regardless of source of payment.

Right to receive hospital services without discrimination based on any factor as prohibited by applicable law, including, but not limited to, age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

Patients have the right to:
• Participate in decisions about their care
• Set the course of their treatment
• Refuse treatment
• Know their diagnosis
• Known their prognosis
• Know their treatment options

Please become familiar with all the details regarding patient rights and responsibilities.
Informed Consent: Healthcare professions must discuss ALL treatment options with their patients. This includes the option of no treatment.

Informed consent includes the patient understanding their conditions, the options available and are actively making decisions in their care.

Physicians explain all the options, ensure understanding by the patient, complete the form and obtain signature. Staff may review and witness the patient signing the consent.

A consent expires at the end of 30 days (single surgery/procedure/treatment) or 180 days (series of treatments) or one (1) (series of dialysis) a year. Upon expiration a new consent form shall be completed. The previous, expired form should not be initialed and re-dated by staff.

For each treatment option, the patient needs to know:
- Risks
- Benefits
- Potential medical consequences

The patient can then give informed consent or refusal for treatment. Note: Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.
All independently licensed practitioners credentialed and privileges are maintained by the Medical Staff Office.

**LIPs include all:**
- Physicians
- Nurse Practitioners
- Certified Nurse Anesthetists

Any staff member has the option of verifying clinical privileges through InovaNet.

**Triggers for verification of privileges may include but are not limited to:**
- Prior to scheduling or performing invasive surgical procedures
- Prior to providing moderate sedation
- Unfamiliarity with provider - new to unit or facility
- Concerns with performance during procedure
Visitation: Open Visiting Hours Policy

Policy Highlights
• Visitation is always Patient-Directed
• Privacy: when a visitor is present at the bedside, staff will always seek patient’s permission to discuss their health in the presence of others
• Limitations
  - Clinically necessary procedures or treatments and patient status may prevent or limit visitation
  - Possible during specific situations such as influenza or COVID-19: see COVID-19 Team Member Resources page for specifics
  - Restrictions may be applied during crisis times and team members should be alert to changes
  - 2 visitors in semi-private rooms except for Family Centered Care
• All visitors must be healthy and compliant and follow infection prevention and control measures

Overnight Visitor
• Private rooms: 1 adult will be allowed
• In a semi-private room
  - No overnight guest will be permitted overnight. (except for the parent/guardian of pediatric patients)
  - More liberal overnight guest stay will be considered in semi-private rooms in exceptional scenarios – see policy for specifics
Designated Support Person (DSP)

**Background:** A patient who is a person with a disability has the right to identify a “designated support person” to accompany the patient during an admission.

**Who is a DSP?**
- A person who is 18 years of age or older
- Knowledgeable about the needs of a person with a disability
- Designated, orally or in writing, by the person with a disability or his guardian, authorized representative, or care provider to provide support and assistance necessary due to the specifics of the person’s disability to the person with a disability at any time during which health care services are provided

**Reminders**
- Up to two persons may share DSP duties but only one person per day allowed
- A DSP is NOT considered a visitor or companion and are allowed 24/7 access
- Can be requested at any time during the stay
- Communication - MUST still offer official medical interpreter and get waiver signed when necessary
- Legal decision-maker might not be the same person as the DSP
- The DSP shall receive a wrist band to make staff aware of DSP status
- Please adhere to HIPAA and ask the patient if you can discuss medical treatments or planning in front of DSP (it may be a paid caregiver)
- !Document!
Inova Strategy: Mandate, Care Imperatives, and Care Model

Mandate
Provide a people-centered, high reliability, high value, seamless system of care

Our Imperatives for Transforming Care

- We must create an environment of **zero harm**.
- We must **know each patient and honor** what matters most to them with **empathy and compassion**.
- We must create a culture of **psychological safety** that empowers each team member to fully engage.
- We must **collaborate in teams** with equal voices, embracing patients and their families as integral members of the care team.
- We must **embrace and practice best evidence**, forgoing tradition and individual preference.
<table>
<thead>
<tr>
<th></th>
<th>Why</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect</td>
<td>• Communicates interest in being in relationship</td>
<td>• Make eye-contact, sit down, answer the phone promptly and use an appropriate tone of voice</td>
</tr>
<tr>
<td></td>
<td>• Invites trust, an integral part of caring relationship</td>
<td>• Use the patient/team member’s preferred name to make a personal connection</td>
</tr>
<tr>
<td>Ask</td>
<td>• Uncovers unknown challenges, what matters most, and shows a genuine interest in the person</td>
<td>• Ask questions for clarification, seek permission</td>
</tr>
<tr>
<td></td>
<td>• Supports a culture of psychological safety</td>
<td>• Anticipate needs before they are spoken</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Be proactive; ask for help when needed</td>
</tr>
<tr>
<td>Respond</td>
<td>• Demonstrates empathy and that you care to take the time needed</td>
<td>• Respond in simple terms; avoid medical jargon</td>
</tr>
<tr>
<td></td>
<td>• Validates concerns that were brought up while setting clear expectations</td>
<td>• Share known information to help connect the dots</td>
</tr>
<tr>
<td>Express</td>
<td>• Conveys courtesy and respect</td>
<td>• Express appreciation for the team to emphasize teamwork</td>
</tr>
<tr>
<td></td>
<td>• Builds confidence and strengthens connections</td>
<td>• Share next steps including when follow-ups will occur, when test results will be ready, etc.</td>
</tr>
</tbody>
</table>
Cultural Competency in Health Care

Cultural awareness and sensitivity begins with self knowledge.

Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care.

Culturally competent care promotes health and healing.
Health Literacy

What is health literacy?
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy affects people's ability to:
- Navigate the healthcare system
- Share personal information, such as health history with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

BE A HEALTH LITERACY HERO

Nine out of 10 adults struggle to understand and use health information when it is:
- Unfamiliar
- Complex
- Jargon-filled

Limited health literacy costs the healthcare system money and results in higher-than-necessary morbidity and mortality.

You can improve health literacy by:
- Using plain language
- Simplifying numbers
- Accounting for culture

Checklist for Improving the Usability of Health Information

- Identify the intended users
- Use pre- and post-tests
- Limit the number of messages
- Use plain language
- Practice respect
- Focus on behavior
- Check for understanding
- Supplement with pictures
- Use a medically trained interpreter or translator

Source: Centers for Disease Control and Prevention, 2016

2023 Annual Education: Clinical Team Member

Part 2
Important Points

- Inpatient units provide guidelines to patient
- Hand-off includes patient belongings
- Team member is to inventory property upon admission and document – see location for valuables here
- Belongings – encourage to send home, if kept they are responsible for it
- Receipt required for the return of valuables
- Assistive Devices: containers for dentures and hearing aids to be stored safely when not in use: label the container with patient ID label

Definitions:

<table>
<thead>
<tr>
<th>Assisitve Devices</th>
<th>Items needed in order to perform activities of daily living, including glasses, hearing aids, dentures, canes, and wheelchairs. Items should be stored in patient belongings case, where available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Devices</td>
<td>Items such as cell phones, laptop computers, MP3 players.</td>
</tr>
<tr>
<td>Patient Belongings</td>
<td>Generally refers to items that the patient has in his/her possession that are considered non- valuable, e.g. clothing, shoes, coats.</td>
</tr>
<tr>
<td>Patient Property</td>
<td>A general term used to encompass assistive devices, electronic devices, patient belongings, patient valuables, smoking materials, medication, illegal substances, narcotics and weapons.</td>
</tr>
<tr>
<td>Patient Valuables</td>
<td>Generally refers to items of value that the patient has in his/her possession. Typically, this includes money, checks, credit cards, keys, and jewelry.</td>
</tr>
</tbody>
</table>
At each stage of life, human beings exhibit predictable:

- Characteristics
- Needs
- Developmental challenges
- Milestones

Under The Joint Commission standards, a provider is competent in providing developmentally appropriate care if he or she can:

- Utilize patient data to determine a patient's status
- Identify a patient's needs, considering the patient's chronological/developmental age
- Provide care appropriate to a patient's age and developmental needs and maturity level

Consider the following aspects for the care and practice for each developmental and chronological age:

- Assess the physiologic, psychosocial, developmental and pain management needs for the developmental/chronological age of
- Recognizes normal age-specific and critical lab values and normal vital sign parameters
- Provides equipment appropriate to size and age developmental in a safe environment
- Involves the family/caregiver in plan of care
- Communicates the interdisciplinary team plans with family/caregiver.
- Considers the factors effecting medication administration and monitoring specific for age group to include appropriate dosage based on weight, renal/liver function
Age Specific Care: Infant/Neonatal (Birth – 1 year) & Toddler (1-3 years)

Infant Special considerations
• Encourages family/caregiver involvement as appropriate
• Provides appropriate stimulation
• Provide visual, auditory, and tactile stimulation to support development
• Cognitive and motor development depends upon age in months

Toddler Special considerations
• Utilizes appropriate distraction techniques to implement care
• Provides clear, direct communication
• Provides choices when possible
• Uses play as a means for communication
Age Specific Care: Preschool (3 to 6 years) & School (6 to 12 years)

Preschool Considerations
• Utilizes play for explanation of procedures and treatments.
• Provides choices when possible
• Frames explanations using the five-senses as per patient capabilities, especially when providing explanations prior to procedures or interventions
• Provides a safe environment that allows exploration, wear shoes when walking

School Age Considerations
• Explains therapy in simple, concrete terms
• Provides privacy for the child
• Provides the child with choices when possible
• Encourages peer relations when possible
• Clearly defines and reinforces behavior limitations
Age Specific Care: Adolescent (12-18) & Young/Middle Adult (18 to 45)

Adolescent Considerations
• Explains therapy using correct terminology
• Provides privacy for the adolescent
• Provides the adolescent with choices when possible. Encourages adolescents to express needs
• Assists the adolescent in pursuing interest and hobbies in the healthcare environment
• Involves the adolescent in planning care
• Evaluates the adolescent's compliance with medication and treatment regimen

Young/Middle-Aged Adult Considerations
• Recognizes individuality of young/middle adult
• Respects privacy of young/middle adult
• Recognizes possible life transitions of young/middle adult. Teaches based on learning style of young/middle adult
• Recognizes potential life stressors and coping behaviors
• Recognizes impact of health on family members/significant others
• Involves the young/middle adult in planning care
Age Specific Care: Older Adult (45-60) & Geriatric (60+ years)

Older Adult Considerations

• Recognizes individuality of older adult
• Respects privacy of older adult
• Recognizes possible life transitions of older adult. Teaches based on learning style of older adult
• Recognizes potential life stressors and coping behaviors
• Recognizes impact of health on family members/significant others. Involves the older adult in planning care

Geriatric Considerations

• Recognizes possible life transitions of older adult
• Teaches based on learning style of older adult
• Recognizes potential life stressors and coping behaviors
• Involves the older adult in planning care
Patient Complaints

- Patients have the right to complain about the quality of their healthcare.
- TMs are expected to respond to complaints expressed.
- If unable to resolve the patient complaint, escalate the issue to the appropriate manager and/or the Patient Relations Department.
- When complaints cannot be resolved quickly and easily, patients have the right to file a grievance.
- Patients are given the process for addressing complaints/grievances through printed materials and verbal communication – contains resources and contact information where to complain or file a grievance and other contact info.

What is a patient grievance?

A patient grievance is a written or verbal complaint regarding the patient's care, abuse or neglect, or issues related to the hospital's compliance with the Centers for Medicare & Medicaid Services' (CMS) Hospital Conditions of Participation (CoP).

No disciplinary or punitive action will be taken because an employee, physician, or other individual who provides care, treatment, and services, reports safety or quality-of-care concerns to The Joint Commission.

Inova’s Policy on Patient Complaint and Grievance Process
Service Recovery and No-Pass Zone

Key Points

- Taking actions to set things right with a customer when we have failed to meet the customer’s expectations
- It is a sincere, respectful, courteous and professional way we listen and address our customers’ concerns
- ALL team members are responsible for service recovery!
- A concern recovered appropriately and quickly can improve our customer’s opinion, creating loyalty

Timing is Everything!

Service Recovery – How to SOAR

- See the concern and Speak about the issue
- Own it – you heard it; it’s yours!
- Apologize for it
- Resolve it!

Seek Out A Resolution

NO-PASS ZONE

ALL staff answering
ALL call lights
ALL the time
**Goal:** Meet the unique needs of each patient and family...every time, every touch.

**Steps:**
1. Enter patient room and use appropriate safety and service protocols
2. Ask the patient about their number one concern and address this concern
3. Address/assess the 3 P’s
4. Assess additional comfort needs
5. Conduct a safety and environmental assessment
6. Update the patient’s communication (white) board with pertinent information (plan of care, activities, pain rating, etc.)
7. Close the conversation

**Reminders:**
- Completed Q1H, 6 am – 10 pm & Q2H, 10 pm – 6 am
- Completed by nurses and clin techs
- Use Caring Connections: eye contact, smiling, conversations at eye level; stop multitasking and slow down
ISHAPED

- A patient-centered report enhancing communication and coordination of care

- Used to transfer information, authority and responsibility for the patient while creating an opportunity for the other nurse and patient/family to ask questions, clarify and confirm information and the plan care

- It is a patient-centered bedside process includes standardized critical elements that can be applied across all inpatient units and specialties

<table>
<thead>
<tr>
<th>ISHAPED Bedside Handoff</th>
<th>A specific type of handoff supporting communication of critical information and dialogue between clinicians who are providing care for a patient. It is designed to support patient-centered care by including the patient in the bedside report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I- Introduction:</td>
<td>Introduce oncoming nurse at the bedside using C.A.R.E. communication (Connect with the person; Ask to understand; Respond with help; Express appreciation) and information introducing the patient</td>
</tr>
<tr>
<td>S- Story:</td>
<td>Includes diagnosis, reason for admission</td>
</tr>
<tr>
<td>H- History:</td>
<td>Includes past medical history</td>
</tr>
<tr>
<td>A- Assessment:</td>
<td>Includes a system review appropriate for patient clinical status</td>
</tr>
<tr>
<td>P- Plan:</td>
<td>Includes daily or shift goals, discharge plan, and, if applicable, core measures</td>
</tr>
<tr>
<td>E- Error Prevention:</td>
<td>Communicates high risk and critical information including, but not limited to, any precautions (i.e. falls, aspiration)</td>
</tr>
<tr>
<td>D- Dialogue:</td>
<td>Question and answer occurs, patient and family have opportunity to participate</td>
</tr>
</tbody>
</table>
The patient has the right to be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.

Healthcare providers are mandated reporters for:
- Any suspected child physical and/or sexual abuse of neglect
- Any suspected physical and/or sexual abuse or neglect of persons aged 60 or older or those who have been deemed incapacitated
- Any non-self-inflicted injuries from firearms, knives or other fighting instruments

Please see this link for the policy details on Abused, Neglected, or Sexually Assaulted Individuals and Patients at Inova. Please see Appendix B for the definitions related to abuse/neglect.

Please see the Domestic Violence/Intimate Partner Violence Policy for more specific details related to it.

Please see the Procedures to follow for all suspected abuse and neglect situations.

Please see Appendix for a complete list of contact numbers.

Commonwealth of Virginia
Department of Social Services
- Adult Protective Services
  - 24-hour / toll free (888) 832-3858
  - TTY (703) 449-1186
- Child Protective Services
  - 24-hour / toll free (800) 552-7096
  - TTY (800) 828-1120
- Family Violence & Sexual Assault
  - 24-hour/toll free (800) 838-8238
- Suicide Hotline
  - National (800) 273-8255 (available 24 hours/day)

CMS Reporting Tool for Virginia here.
**General Guidelines**

- ED patients are screened for abuse and neglect
- Case Management (CM) is notified when a patient is suspected of or known to be a victim of abuse (to include strangulation), neglect or sexual assault
  - Will assist staff through the reporting process and will notify physician
  - If a Discharge Planner is not available, the staff member will contact the appropriate law enforcement agency and/or child protective services or adult protective services when applicable. Contact the Forensic Assessment and Consultation Team department at Inova for guidance
- If a patient dies in the hospital & abuse or neglect is suspected, notify the appropriate law enforcement agency

**Documentation**

- Accurate documentation of all injuries and recording of all obtained information and proceedings and/or interventions shall be entered into the patient’s EHR
- Photographs & imaging studies may be obtained without patient or caregiver consent in cases of suspected physical abuse or neglect incapacitated adults and shall be included in the EHR
- When a forensic examination is performed, two charts will be generated:
  A. A medical chart in EHR which contains basic information regarding need for a forensic examination, etc.
  B. A legal chart which contains forensic evidence
• Inova Safety Net Program that employs sexual assault nurse examiners (SANE), forensic nurse examiners (FNE) and medical forensic examiners

Cases seen by FACT Department:

<table>
<thead>
<tr>
<th>Case Type</th>
<th>2015</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Exams</td>
<td>67</td>
<td>214</td>
</tr>
<tr>
<td>Sexual Assault (adult and pediatric)</td>
<td>496</td>
<td>747</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>633</td>
<td>1035</td>
</tr>
</tbody>
</table>

• Provides medical-legal care to individuals who have reported sexual assault, domestic violence, strangulation, or child abuse for all Northern Virginia

• Evidence collection, photo documentation of injuries, medications to prevent sexually transmitted infections, providing resources for patients in their communities

• 24/7 response, reachable at (703) 776-6666 or through xtend page under /IFH FACT

• Available to help team members throughout the Inova Health System and community partners with any questions or concerns
The purpose of these goals is to improve patient safety. The Joint Commission chose these because they focus on problems in health care safety and how to solve them.

**Identify patients correctly:** Use at least two ways to identify patients

**Improve staff communication:** Get important test results to the right staff person on time

**Use medicines safely:** Label medicines, extra care with blood thinners, medication reconciliation

**Use alarms safely:** Make improvements to ensure that alarms on medical equipment are heard and responded to on time. NOTE: Make sure you are educated about the purpose and proper operation of alarm systems for which you are responsible. It is your responsibility to seek assistance for any questions or concerns

**Prevent infection:** Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning

**Identify patient safety risks:** Reduce the risk for suicide

**Prevent mistakes in surgery:** Follow universal protocol (next slide)
UP.01.01.01 Conduct a preprocedure verification pause.
**Rationale:** Make sure that any procedure is what the patient needs and is performed on the right person. The frequency and scope of the verification process will depend on the type and complexity of the procedure. Note: Missing information or discrepancies are addressed before starting the procedure.

UP.01.02.01 Mark the procedure site.
**Rationale:** To prevent errors when there is more than one possible location for a procedure. Note: The licensed independent practitioner remains fully accountable for all aspects of the procedure even when site marking is delegated.

UP.01.03.01 A time-out is performed before the procedure.
**Rationale:** Conduct a final assessment that the correct patient, site, and procedure are identified. Activities are suspended to the extent possible so that ALL team members can focus on active confirmation. Note: When two or more procedures on same patient and the person performing the procedure changes: a separate time-out is required for each.

Please be familiar with the following Inova Specific Policy & Procedures
- Universal Protocol Policy
- Bedside Safety Checklist
- Procedural Safety Checklist
- Surgical Safety Checklist
- Ambulatory Procedure Time Out for Providers
We must always introduce ourselves and our role to each patient, every time.

Two patient identifiers are always used whenever interacting with or referring to patients.

**Our #1 Safety Priority is Patient Identification using two unique identifiers:**
- Full patient name
- Date of birth (month/day/year)
- Newborn: Name & Medical record # are used
- The Final Four (last 4 digits of MRN) is a redundancy safety check included for the two highest risk patient care tasks:
  - Specimen collection during labeling of specimen collected to prevent mislabeled or unlabeled specimens
  - Radiology/diagnostic testing prior to performing test

During the encounter at Inova, the patient will **NEVER** be referred to by room number, procedure or diagnosis.

Be familiar with the following:
- [Policy on Patient Identification During Admission &Treatment](#)
- **Addendum A: Newborns**
- **Addendum C: Capturing Patient Photo**
Alert Bands and Patient Identification

### Part 2

**2023 Annual Education: Clinical Team Member**

<table>
<thead>
<tr>
<th>Alert Band</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation</td>
<td>Green colored alert bands used for patients on anticoagulation. <a href="#">Anticoagulant Therapy, Care of the Adult Patient Policy</a></td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td>Orange colored alert bands used for patients who are Deaf or Hard of Hearing (H.O.H.) Language Services for Individuals who are Deaf or Hard of Hearing 9-17-7 Policy</td>
</tr>
<tr>
<td>Obstructive Sleep Apnea</td>
<td>Blue colored alert bands used for patients with Obstructive Sleep Apnea. <a href="#">Obstructive Sleep Apnea in Patients Undergoing Surgical/Diagnostic Procedures Requiring Anesthesia Policy</a></td>
</tr>
<tr>
<td>Fall Risk</td>
<td>Yellow colored alert bands used for patients who have been identified as a Fall Risk. <a href="#">Fall Reduction and Recovery for Adult Patients Policy</a></td>
</tr>
<tr>
<td>DNR</td>
<td>Purple colored alert bands used for patients who have been identified as Do Not Resuscitate (DNR). No CPR/Durable Do Not Resuscitate Orders Policy</td>
</tr>
<tr>
<td>Allergy</td>
<td>Red colored alert bands used for patients with identified allergies. <a href="#">Allergy Status and Documentation Policy</a></td>
</tr>
<tr>
<td>Limb Alert</td>
<td>Pink colored limb alert band used for patients with identified limb restrictions. <a href="#">Limb Alert Arm Band Policy</a></td>
</tr>
</tbody>
</table>

Click [here](#) to see Addendum B on Alert Bands for more details and to access the hyperlinks that take you to InovaNet policies.

Note on **Limb Alert** Band: Patients with a limb alert armband will not have IV insertion, venipuncture or blood pressure readings on the affected limb unless determined to be medically necessary after a conversation with the provider.

**Research Active Notification in EpicCare:**

- A patient in a research study will have pink box in the upper right corner of the patient screen.
- Clicking the pink banner "active" hyperlink provides more information.
Healthcare staff who lift and transfer patients are repeatedly exposed to the three major risk factors for injury during physical tasks:

- Awkward posture
- Force
- Repetition

Staff risk injury even if they use proper body mechanics. Therefore, OSHA recommends that manual lifting should be minimized.

Patient factors (such as the patient's ability to bear weight) and environmental factors should be looked at. TMs will take reasonable care to protect their own health and safety as well as that of their colleagues against injury, harm, or danger.

Important Points:

- When indicated, lifting, transferring, or moving of patients shall occur using mechanical lifting or transfer equipment
- Lifting/transfer devices should transfer with patients between areas of care (i.e. Sally Tube, Air Tap, Tap, slings)
- Manual lifting is only authorized in a medical emergency, as directed by the healthcare provider in charge of the patient’s care, or when performed by rehabilitation staff as needed for assessment or therapeutic treatment
- When manual lifting is necessary, correct body mechanics and ergonomics shall be used
Lifting and Transferring Patients

Patient Assessment
• The patient’s need for transfer/lifting equipment will be assessed at admission and with any changes in the patient’s condition
• The patient’s requirement for transfer or lifting devices will be communicated at hand-off

Equipment Maintenance
• Lifting and transfer equipment shall be inspected as scheduled by Biomedical Engineering
• Lifts found to be non-operational shall be tagged and/or a call placed immediately to Biomedical Department and/or Engineering
• After use, the equipment and any attachments shall be wiped down with an approved cleaner and returned to the unit’s designated clean area if appropriate
• The manufacturer should be contacted directly for questions or emergency issues

Key Points
• Plan any patient move, lift or transfer in advance
• Ensure that the lift or transfer equipment is not contra-indicated for the patient condition (i.e., unstable spine, unstable pelvis fracture, unstable sternum, open chest)
• Obtain the proper lifting equipment and arrange the environment to assure sufficient space to maneuver lifting equipment and maintain patient safety
• Have adequate number of staff at hand to assist
• Explain all moves, lifts, and/or repositioning to the patient
• Include during Hand-off, equipment that was utilized for lifting/repositioning

Remember: Always plan any patient move, lift or transfer in advance!
See procedural guidelines here.
Lifting and Transferring Patients - Equipment Specifics

**Slide boards**: used for lateral transfers, repositioning patients in bed; cannot stay underneath patient

**Sally Tube**: lateral transfers, repositioning

**Sara Stedy**: standing aid assist

**HoverMatt**: lateral transfers and repositioning patients – no weight limit

**HoverJack**: lift patients who have fallen onto the floor

**Prevalon Turn and Position System 2.0 (TAP) & Prevalon AirTAP**: turning and positioning

See Addendum [here](#) for a table to guide you in selecting equipment.
The National Pressure Injury Advisory Panel (NPIAP) redefined the definition of a pressure injuries during the NPIAP 2016 Staging Consensus Conference. The updated information can be found below.

What is a pressure injury?
A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device.

Wound healing is dependent upon:
- Adequate tissue perfusion and oxygenation
- Adequate nutrition to support wound healing
- Appropriate control of blood glucose
- Absence of infection

Wound healing is adversely affected by:
Corticosteroids, aging process, stress, smoking, immunosuppression, elevated blood glucose level, any systemic condition that adversely affects the general health status
## Pressure Injury Prevention: Stages and Types

**Inova Guidelines for Treatment of Pressure Injuries**

This guideline should be used at the discretion of the clinician based on the patient’s entire clinical picture.

<table>
<thead>
<tr>
<th>Injury type</th>
<th>Description</th>
<th>Care per protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Pressure Injury</td>
<td>Intact skin, <strong>NON-BLANCHABLE REDNESS</strong>, or changes in sensation, temperature, and firmness usually over bony prominence or r/t device</td>
<td>Offload Pressure&lt;br&gt;Document wound description in EPIC&lt;br&gt;Treat with Venelex(RX) with foam dressing or barrier cream Q shift</td>
</tr>
<tr>
<td>Stage 2 Pressure Injury</td>
<td>Open skin, or serous filled blister usually over bony prominence or r/t device</td>
<td>Offload Pressure&lt;br&gt;Document wound description in EPIC&lt;br&gt;Treat with Venelex(RX) with foam dressing or barrier cream Q shift</td>
</tr>
<tr>
<td>Stage 3 Pressure Injury</td>
<td>Full thickness wound over bony prominence exposed subcutaneous tissue (adipose). Slough or eschar may be present but not obscuring the base. Tunneling or undermining may be present.</td>
<td>Offload Pressure&lt;br&gt;Document wound description in EPIC&lt;br&gt;&lt;br&gt;Consult Wound Nurses&lt;br&gt;Consult Nutrition&lt;br&gt;Treat with Hydrogel or wet to dry dressing to wound base covered with dry dressing or foam Q shift</td>
</tr>
<tr>
<td>Stage 4 Pressure Injury</td>
<td>Full thickness wound over bony prominence or r/t device with exposed fascia, bone, muscle, tendon, ligaments or cartilage. Slough or eschar may be noted along with tunneling and undermining</td>
<td>Offload Pressure&lt;br&gt;Document wound description in EPIC&lt;br&gt;&lt;br&gt;Consult Wound Nurses&lt;br&gt;Consult Nutrition&lt;br&gt;Treat with Hydrogel or wet to dry dressing to wound base covered with dry dressing or foam Q shift</td>
</tr>
</tbody>
</table>
### WOCN Consensus Guidelines for Treatment of Pressure Injuries

<table>
<thead>
<tr>
<th>Injury type</th>
<th>Description</th>
<th>Care per protocol</th>
</tr>
</thead>
</table>
| Unstageable Pressure Injury              | Skin and tissue loss in which the extent of damage cannot be determined because it is obscured by slough or eschar (can be wet or dry). Indicates full thickness skin injury. | Offload Pressure  
Document wound description in EPIC  
Consult Wound Nurses  
Consult Nutrition  
If dry, leave open to air.  
If wet, treat with-Hydrogel or wet to dry dressing to wound base covered with dry dressing or foam Q shift |
| Deep Tissue Injury                       | Intact or non-intact skin with persistent NON-BLANCHABLE deep red, maroon or purple discoloration or blood filled blister.  
Area may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss | Offload Pressure  
Document wound description in EPIC  
Consult Wound Nurses  
Treat with-Venelex (**RX**) with foam dressing Q shift |
| Medical Device Related / Mucosal Pressure Injury | Pressure injury stages as above but related a certain medical devices  
Pressure to mucosal membranes are categorized differently due to the anatomy preventing staging like those involving the skin | Offload Pressure  
Document wound description in EPIC  
Assess skin under devices at least Q shift  
Consult Wound Nurses  
Treat with-Venelex (**RX**) and foam dressing or barrier cream to below the waist mucosal injuries |

*Notify Primary Attending Physician of all POA and newly acquired pressure injuries*
### Pressure Injury Prevention: Stages and Types

<table>
<thead>
<tr>
<th>Injury type</th>
<th>Description</th>
<th>Care per protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Tears</td>
<td>Traumatic mobilization of the epithelium off the dermis</td>
<td>Document wound description in EPIC Cleanse with NS, replace skin flap if able,</td>
</tr>
<tr>
<td></td>
<td>Type 1 – flap present and covering</td>
<td>non-adherent dressing followed by dry dressing secured with roll gauze and/or</td>
</tr>
<tr>
<td></td>
<td>Type 2 - Partial flap coverage</td>
<td>minimal tape.</td>
</tr>
<tr>
<td></td>
<td>Type 3 – No flap present</td>
<td></td>
</tr>
<tr>
<td>Moisture Associated Skin Damage</td>
<td>M ASD - Red painful skin with possible fissure cracks in base of skin fold</td>
<td>Document wound description in EPIC Cleanse with bath wipes, gently pat dry,</td>
</tr>
<tr>
<td></td>
<td>related to prolonged exposure to heat and moisture.</td>
<td>Apply barrier cream.</td>
</tr>
<tr>
<td>Incontinence Associated Damage</td>
<td>IAD - Erosion of skin layer caused by prolonged exposure with urine or stool.</td>
<td>Document wound description in EPIC Frequent Incontinence Care</td>
</tr>
<tr>
<td></td>
<td>Scattered red denuded skin r/t groin and buttock in incontinent patients</td>
<td>Apply barrier cream Q shift and PRN</td>
</tr>
<tr>
<td>Medical Adhesive Related Skin Injury</td>
<td>MARSI - Injuries secondary to tape resulting in:</td>
<td>Document wound description in EPIC Cleanse with NS, apply non-adherent dressing</td>
</tr>
<tr>
<td></td>
<td>Skin stripping</td>
<td>followed by dry dressing secured with roll gauze and/or minimal tape or foam</td>
</tr>
<tr>
<td></td>
<td>Tension blistering</td>
<td>dressing</td>
</tr>
<tr>
<td></td>
<td>Dermatitis rash reaction</td>
<td></td>
</tr>
</tbody>
</table>
## Pressure Injury Prevention: Stages and Types

<table>
<thead>
<tr>
<th>Injury type</th>
<th>Description</th>
<th>Care per protocol</th>
</tr>
</thead>
</table>
| Fungal Rash             | Red, bumpy sometimes painful and itchy rash in skin folds with satellite lesions | Document wound description in EPIC  
Ensure proper # of layers on bed (2)  
Cleanse areas with soap and water, gently pat dry, Apply Nystatin (*RX) powder or Antifungal barrier cream (*RX). |
| Ostomy Related Injury   | Peristomal skin erosion from leakage of stool under the pouch wafer          | Document wound description in EPIC  
Change pouching system Q 3-5 days and PRN leakage.  
Empty pouch when 1/3 to 1/2 full  
Treat open peristomal skin with “crusting technique” using stoma powder and barrier wipe  
**Consult Wound Nurses** |
| Foot or Leg Ulceration  | Full thickness wounds from non-pressure related etiologies:  
Diabetes  
Venous insufficiency  
Arterial disease  
Neuropathy, etc. | Document wound description in EPIC  
If dry, leave open to air  
If wet, cover with foam dressing  
**Consult Podiatry or Wound Nurses** |

(*RX) Contact Attending Provider for order per Protocol
Please refer to Inova’s Policy for Pressure Injury Prevention for Inpatient Units.

Please refer to Inova’s Policy for Wound Care. Please also see NDNQI training in HealthStream on Pressure Injuries.

A risk assessment will be performed on every patient to predict risk of pressure ulcer formation on admission and, thereafter, per facility policy.

- Braden Scale Risk Assessment Tool
- Star Kids Assessment Tool
- At Risk Patients

Pressure Injury Prevention Procedure Highlights are below. See here for complete procedure.

- See Inova Skin Care Guidelines here
- Turn and reposition Q2H
- Keep skin clean and dry
- Encourage activity, self-care and turning
- Utilize heel protector boot, chair cushions, wedges and pillows to off-load at risk areas
- Use no more than two layers of linen underneath the patient whenever possible
- Use lift/draw sheets to reduce shear
- Silicone heel foam may be used per WOCN recommendations
- See Therapeutic Bed Criteria and Use policy
- Manage incontinence, see Fecal and Urinary Incontinence in Adults
- Document! Document! Document!
Medical Ethics: End-of-Life Care Definitions

**Palliative Care:** Interdisciplinary care to relieve suffering and improve quality of life for patients with serious illness and their families

**Designated Decision Maker:** Makes decisions for the patient if lacking capacity to make decisions for themselves

**Family:** Defined only by the patient and may extend beyond the traditional concept of family in the legal sense

**Hospice Care:** It is the active, interdisciplinary care of patients whose disease is not responsive to curative treatment. Care that affirms life and regards dying as a normal process which supports but neither hastens nor postpones death for patients with a prognosis of six months or less.

**Supportive Care:** Care of any patient with a life limiting or serious illness, which includes symptom management and psychosocial support, regardless of the goals or outcomes

**Comfort Measures Only:** Medical treatment of a dying person where the natural dying process is permitted to occur while assuring maximum comfort

Please review and be familiar with the [Policy](#) for Caring for the Patient Near the End of Life

**IFMC Only - No One Dies Alone Program** - Please see addendum [here](#)

**Organ Donation:** Patients should be made aware of the option to donate organs and tissues. See policy [here](#).
Advance Care Planning (ACP)

Advance Directive
This is an oral or written document in which a person expresses wishes regarding medical treatment in the event of decisional incapacity.

Durable Do Not Resuscitate (DDNR) Order
This is a written medical order, made with the patient’s or decision-maker’s consent, to withhold CPR in the event of cardiac or respiratory arrest.

Decisional Capacity
This is the ability of an adult patient to make an informed decision about the provision, or the withholding or withdrawing, of a specific medical treatment or course of treatment.

Physician Orders for Scope of Treatment
This is a written medical order, made with the patient’s or decision-maker’s consent, for specific medical care to be provided or withheld in the event of a medical emergency.

Power of Attorney
This is an adult legally appointed by the individual in an advance directive to make healthcare decisions in the event of the individual’s decisional incapacity.

“My Voice is My Choice”

Resources can be found on InovaNet. (accessible within Inova network only)
Advance Directives (AD) Purpose, Requirement, Policy

**Purpose**
- Legal documents that allow patients to remain as partners in their health care, even when a medical event leaves them unable to speak for themselves
- All TMs must know how to identify, document and follow an AD and respecting decisions
- The EHR should contain a copy of the directive and/or include the important points of the directive

**Requirement: Applies to all adult patients (18 & above) – admitted as inpatient, ED, observation status, or same-day surgery**
- Advance Care Planning (ACP) toolkit, to include a conversation guide and definitions, was created to support our clinical team members in having these discussions with patients. Where can I find them? ACP Sites: InovaNet (Internal) & Inova.org (External)
- Patient shall be asked by nursing staff if they have an AD
- Patient shall receive information regarding AD upon request
- TMs will assist in helping patient/family if needed/requested by directing to designated resources
- TMs should know about AD, review it and place in EHR
- Do not make assumptions of what is in the AD – have a clear understanding and make a good faith effort to follow it

Please be familiar with Inova Policy on Advance Directives here.
Allow Natural Death: A decision based on the expressed preferences or best interests to allow a natural death by forgoing some or all life-sustaining treatment

Code Status: Physician’s orders for specific medical care to be provided or withheld in the event of a medical emergency, including whether CPR shall be provided or withheld in the event of cardiac or respiratory arrest

Life-Sustaining Treatment: Care that utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function, including hydration, nutrition, maintenance medication, and cardiopulmonary resuscitation

Legal Decision-Maker: Designated under the laws of the Commonwealth of Virginia to make decisions for the patient if the patient lacks capacity to make decisions

Surrogate: In the absence of a durable power of attorney for healthcare or legal guardian, the hierarchy of designated decision-makers in Virginia is:
1) spouse, unless legally separated or a divorce action has been filed
2) adult children
3) parent of patient
4) adult brother or sister of patient
5) any other adult relative of patient in descending order of blood relationships
6) a person designated under ‘close friend.’ A close friend may not authorize a DNR order in the Commonwealth of Virginia

See the No CPR/Durable Do Not Resuscitate Orders Policy for specifics.
See complete Procedure here.
No CPR/Durable Do Not Resuscitate Order Types

No CPR - Support OK
- No resuscitative measures will be utilized
- Other treatments before a cardiac or respiratory arrest may be utilized, including rapid response, intubation, and admission to the ICU
- Providers should document other patient/family refusals when other than CPR
- Apply No CPR – Support OK armband

No CPR – Allow Natural Death (“AND”)
- No resuscitative measures will be utilized
- Therapy already initiated will be continued as medically appropriate
- No additional treatments will be added except for comfort
- Provider may consider entering the Comfort Care Order Set for End of Life and/or consulting Palliative Care as appropriate
- Apply No CPR – AND armband

See No CPR/Durable Do Not Resuscitate Orders Procedure here. This procedure contains complete details.
Restraint and Seclusion: Overview

Restraints (see policy)
- **Physical Restraint**: It is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body. Four siderails up is considered a restraint.
- **Inova does not use chemical restraints.**

Seclusion (only on behavioral health units): This refers to involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

General Policy Description for Restraints (See Addendum D)
- Use requires an active order by a physician or credentialed APP with indication/criteria for use and discontinuation
- Patients are monitored, assessed and reassessed at specific intervals
- TMs will attempt to contact the family/companion promptly to inform them of the restraint episode (with patient’s permission unless not cognitively intact)
- Documentation in the medical record is specific

Mandatory Death Required Reporting
Each death that occurs while a patient is in restraint or seclusion or both at a hospital must be reported to the Centers for Medicare and Medicaid Services. Please review all the specifics regarding this requirement here.

Competency Requirements: Initial and annual education and demonstration required for team members applying or caring for a patient in restraints.

Please see key components of the competency requirements here.

Please see Addendum B for information on Restraints for Behavioral Health.
Restraints Types and Behavior Causes

Nonviolent or non-self-destructive reasons for restraints:
to support medical healing

Violent or self-destructive reasons for restraints or seclusion:
necessary to prevent injury to patient, staff and/or others

Behavior Types and Causes
• Always explore possible causes of behaviors and intervene to eliminate the cause and/or implement alternatives to restraint and seclusion
• Please explore the image to the right for types and causes of behavior
Restraints from Least Restrictive to Most and Restraint Alternatives

**Interventions and Alternatives to Restraints & Seclusion**

- 1:1 verbal interaction
- Adjust lighting
- Alternative therapy kits
- Ambulation
- Analgesia
- Assistance from family/companionship
- Bowel/bladder assessment/elimination schedule
- Bed alarm system
- Calm environment/decrease noise
- Change treatment regime
- Diversion activities: TV, music
- Fluids/hydration
- Frequent observation Keep frequently used items accessible
- Move closer to nursing station
- Oxygenation assessment
- Patient education
- Physiological assessment/treatment
- Reality orientation
- Remove/cover tubes
- Reposition/camouflage lines
- Snacks at bedtime
- Treatment of electrolyte imbalance
- Treatment of hypoglycemia/hyperglycemia
- Use of cushions or pads

**TABLE OF RESTRAINT TYPES**

<table>
<thead>
<tr>
<th>Least restrictive</th>
<th>Mitts</th>
<th>Soft Limb Wrist or Ankle</th>
<th>Enclosed Bed</th>
<th>Rubber Security Device to wrists or ankles</th>
<th>Most Restrictive</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Side Rails</td>
<td>Help prevent bed exiting</td>
<td>If mitts are ineffective in preventing removal of tubes/drains</td>
<td>Prevent injury from hitting against the rails or falling out of bed unable to control movements</td>
<td>Prevent combative, violent behavior which could lead to injury to self or others</td>
<td>4-Point Restraints</td>
</tr>
<tr>
<td></td>
<td>Prevent removal of peripheral IVs, nasally inserted feeding tubes, and Foley use catheter</td>
<td>Prevent injury from hitting against the rails or falling out of bed unable to control movements</td>
<td>Prevent combative, violent behavior which could lead to injury to self or others</td>
<td>Prevent combative, violent behavior involving the use of all limbs which could lead to injury to self or others</td>
<td></td>
</tr>
</tbody>
</table>
Please see to the right the Restraints and Restraint Alternative Algorithm. This algorithm guide starts with what you are observing in the patient and helps you decide on the best course of action.

Click here to see a close-up of Addendum C.
Restraints and Seclusion Orders

Clinical Leadership Notification
- Initial use of restraints requires notification to nursing leader or designee as soon as possible
- Thereafter, a nursing leader is notified every 24 hours if either of the above conditions continues

Orders for Restraint or Seclusion

<table>
<thead>
<tr>
<th>Nov-Violent or Non-Self-Destructive Reasons</th>
<th>Violent or Self-Destructive Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orders for Restraint or Seclusion</td>
<td></td>
</tr>
<tr>
<td>• Required prior to application</td>
<td></td>
</tr>
<tr>
<td>• No PRN or standing orders are acceptable</td>
<td></td>
</tr>
<tr>
<td>• Indicates clinical justification and discontinuation criteria</td>
<td></td>
</tr>
<tr>
<td>• Restraints/Seclusion should be discontinued at earliest time possible, regardless of the scheduled expiration time</td>
<td></td>
</tr>
<tr>
<td>• Orders may be renewed according to the time limits for a maximum of 24 consecutive hours and based on a face to face assessment by the PHYSICIAN APP</td>
<td></td>
</tr>
</tbody>
</table>

Orders
- Physician/APP order required prior to application except in an emergency, trained personnel can apply but must obtain an order **within 4 hours**

Renewal order required each calendar day and is based on a face to face assessment by the Physician/APP

Orders
- PHYSICIAN/APP order required prior to application except, in an emergency, trained personnel can apply but must obtain an order immediately or **within a few minutes or the restraints/seclusion must be discontinued**

Renewal order required every:
1. **4 hours** for adults 18 years of age or older
2. **2 hours** for children and adolescents 9 to 17 years of age
3. **1 hour** for children under 9 years of age

At the 24-hour mark for all ages, another face to face assessment must be performed and a new order must be placed.

The physician/APP will be available to the staff during the time of the restraints or seclusion.
Restraints and Seclusion Provider Assessment & Reassessment

<table>
<thead>
<tr>
<th>Nov-Violent or Non-Self-Destructive Reasons</th>
<th>Violent or Self-Destructive Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHYSICIAN/APP Face to Face Assessment and Reassessment</strong></td>
<td></td>
</tr>
<tr>
<td>• Every calendar day</td>
<td>• Initially, must be within 1 hr of application or patient must be released.</td>
</tr>
<tr>
<td></td>
<td>• Every 24 hours in order to renew</td>
</tr>
</tbody>
</table>

The PHYSICIAN/APP or specially trained RN must evaluate and address any medical/surgical reasons that could underlie the patient’s interference with medical equipment or their assaultive, aggressive, destructive, or self-injurious behaviors.

PHYSICIAN/APP or specially trained RN documents in the medical record the following four components of the Face to Face assessment:

• An evaluation of the patient’s immediate situation
• The patient’s reaction to the intervention
• The patient’s medical and behavioral condition
• The need to continue or terminate the restraint or seclusion

When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse or trained physician assistant, he or she consults with the attending physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by hospital policy.

If the attending physician did not order the restraints or seclusion, the ordering PHYSICIAN/APP notifies the attending physician.
Nov-Violent or Non-Self-Destructive Reasons | Violent or Self-Destructive Reasons
--- | ---
**Assessment and Reassessment by Registered Nurse (RN) for the use or discontinuation of restraints or seclusion**
- Prior to Application and every 2 hours | - Prior to application and every 2 hours with continuous observation and documentation every 15 minutes.

**Assessment and Reassessment by RN for the use or discontinuation of restraints or seclusion Includes:**
- Vital signs – prior to initial application and then per physician order
- Signs of injury associated with restraints
- Circulation and range of motion in extremities
- Hygiene and elimination
- Physical and psychological status and comfort
- Readiness for discontinuation of restraint

Patient needs, such as hydration, elimination, repositioning, and comfort measures, will be assessed with each observation and provided for as needed.

Restraint devices should be released every 2 hours and a skin and neurovascular assessment performed with observation and interaction to determine physical assessment of skin integrity; circulation, respiration; readiness for restraint release; and whether less restrictive alternatives to restraint use are feasible.
## Restraints and Seclusion Monitoring and Removal

<table>
<thead>
<tr>
<th>Nov-Violent or Non-Self-Destructive Reasons</th>
<th>Violent or Self-Destructive Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One to One Monitoring</strong></td>
<td></td>
</tr>
<tr>
<td>• No</td>
<td>• Continuous Observation</td>
</tr>
<tr>
<td><strong>Removal of Restraints/Seclusion</strong></td>
<td></td>
</tr>
<tr>
<td>• There is no trial release period</td>
<td>• There is no trial release period</td>
</tr>
<tr>
<td>• Restraints may be released for care if removed, the caregiver must remain with the patient</td>
<td>• Restraints may be removed for care</td>
</tr>
<tr>
<td>• If removed because the threat to removing tubes (non-violent) is believed to have subsided, then a new order is required for re-applying them whether it is within the time frame of the original order or not.</td>
<td>• If removed because the behavior (violent) is believed to have subsided, then a new order is required for re-applying them whether it is within the time frame of the original order or not.</td>
</tr>
</tbody>
</table>

**Debriefing:** Once restraints are removed, a debriefing session will be held within 24 hours on all inpatient units to include behavioral health. The debriefing should include identification of the behavior which led to the use of restraint, what actions or responses could have been different to avoid restraint, and modification of the patient’s treatment plan, if necessary.
Did you know that a Physical Hold is considered a Restraint? Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move freely, to include utilization of a physical hold is a form of a restraint.

Why is this a restraint? Physically holding a patient can be just as restrictive and just as dangerous, as restraining methods that involve devices.

Example of Physical Holding
• Holding a patient in a manner that restricts the patient's movement against the patient’s will
• The application of force to physically hold a patient, in order to administer a medication against the patient’s wishes

Not Considered Physical Holding
• Physical Escort using a “light” grasp to escort the patient to a desired location where the patient can easily remove or escape the grasp
• Picking up, redirecting, or holding an infant, toddler, or preschool-aged child for comfort
• If patient consents to an injection or procedure, but can’t hold still, or cooperate, and patient requests, staff may “hold” the patient in order to safely administer an injection, obtain a blood sample, insert an intravenous line, or conduct a procedure
Inova Policy on Suicide Screening, Assessment, and Prevention for Hospital Patients

- An evidence-based tool will be used to screen and assess patients in the hospital for their risk for suicide
- Every patient has the right to a safe environment that is appropriate to their clinical condition, including environmental safety for those patients identified to be at risk for suicide
- The governing body oversees the implementation and effectiveness of this policy, to include at least annual reporting of data related to National Patient Safety Goal 15

**Key Indicators:** These key indicators help identify a patient who is potentially suicidal, though not all patients who have key indicators necessitate an intervention.

**Patients at risk for Suicide Requirements**
- Patients at risk for suicide will be reassessed daily, or more often as their clinical condition indicates
- All staff who care for patients at risk for suicide will receive annual training on the care of suicidal patients with RNs also receiving training/competency on CSSR-S
- Only staff members with documented competency for 1:1 care of the suicidal patient will perform the role of the 1:1 observer
- Staff are expected to be observing for and reporting any identified risks in the environment
All patients 12 and above presenting to the hospital will be screened for suicide risk using the Columbia-Suicide Severity Rating Scale [C-SSRS](https://www.cchsdd.org/c-ssrs). Completion of this tool will generate a suicide risk score that will be documented in Epic. (See the following grid for risk levels and interventions.)

<table>
<thead>
<tr>
<th>RISK STRATIFICATION</th>
<th>RESPONSE PROTOCOL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOW RISK</strong></td>
<td><strong>If patient scores as LOW RISK</strong></td>
</tr>
<tr>
<td>NO COLOR/ONLY YELLOW</td>
<td>□ Nurse notifies the provider of screening results</td>
</tr>
<tr>
<td></td>
<td>□ Pt is NOT placed on 1:1</td>
</tr>
<tr>
<td></td>
<td>□ Pt is discharged with Behavioral Health Resources</td>
</tr>
<tr>
<td></td>
<td>□ Wish to die or suicidal ideation WITHOUT method, intent, plan, or behavior (CSSRS Suicidal Ideation #1 or #2)</td>
</tr>
<tr>
<td></td>
<td>□ No reported history of suicidal ideation or behavior</td>
</tr>
<tr>
<td><strong>MODERATE RISK</strong></td>
<td><strong>If patient scores as MODERATE RISK</strong></td>
</tr>
<tr>
<td>ANY ORANGE</td>
<td>□ Nurse notifies the provider of screening results</td>
</tr>
<tr>
<td></td>
<td>□ Provider will further evaluate for risk and determine need for 1:1</td>
</tr>
<tr>
<td></td>
<td>□ Pt is NOT placed on 1:1 unless provider determines need</td>
</tr>
<tr>
<td></td>
<td>□ Pt is discharged with Behavioral Health Resources</td>
</tr>
<tr>
<td></td>
<td>□ Suicidal Ideation with method, WITHOUT plan, intent, or behavior in past month (CSSRS Suicidal Ideation #3)</td>
</tr>
<tr>
<td></td>
<td>□ No Suicidal behavior within the last 3 months (CSSR Suicidal Behavior #6)</td>
</tr>
<tr>
<td><strong>HIGH RISK</strong></td>
<td><strong>If patient scores as HIGH RISK</strong></td>
</tr>
<tr>
<td>ANY RED</td>
<td>□ Nurse immediately notifies the provider of screening results</td>
</tr>
<tr>
<td></td>
<td>□ Pt will be placed on 1:1 sitter</td>
</tr>
<tr>
<td></td>
<td>□ EOC is secured</td>
</tr>
<tr>
<td></td>
<td>□ Psych consult is ordered for further assessment</td>
</tr>
<tr>
<td></td>
<td>□ LOC recommendation is made by psych</td>
</tr>
<tr>
<td></td>
<td>□ Pt is discharged with Behavioral Health Resources</td>
</tr>
<tr>
<td></td>
<td>□ Suicidal ideation with intent or intent with plan in the past month (CSSRS Suicidal Ideation #4 or #5)</td>
</tr>
<tr>
<td></td>
<td>□ Suicidal behavior within the past month (CSSR Suicidal Behavior)</td>
</tr>
</tbody>
</table>
CRITICAL INFORMATION
- Be aware that patients are more prone to elopement and hurting self or others while in bathroom, at mealtime, and at change of shift
  - Patients shall be served finger food meals without metal or plastic utensils. No cans or glasses
  - Observation of patient shall be from an appropriate distance, but no further than six (6) feet away, with patient’s face visible, at all times so as to intervene at any time with any potentially unsafe act and patient’s face is in view.
- Maintain constant visual observation when patient is required to leave the unit; follow RN’s direction
- Patient to remain in room, unless otherwise ordered by a physician

ENVIRONMENTAL SAFETY CHECKLIST
- Remove all items from the room, including closets, drawers and the bathroom, that could be used to cut, stab, strangulate, poison, or could be broken/manipulated to cause harm, including but not limited to:
  - Gloves
  - Telephone and cord
  - Glass and plastic items including all plastic and trash bags
  - Aerosol cans including alcohol foam hand cleaner
  - Extra Linens
  - Sharps Boxes that are portable
  - Call Engineering for assistance to secure cords, including:
    - Handheld call bell
    - Bed electric cord
    - Window blind cords
- Place sign on door alerting visitors to check with RN before entering room

PATIENT SAFETY CHECKLIST
- Patient shall remove all clothing and wear only a hospital gown
- Room should be free of any patient belongings
- Upon admission and as needed, search patient and belongings including items brought in by visitors
  - Request voluntary screening, if refused, contact security to assist
  - Screening shall consist of 2 staff members (1 will be the RN or a Security officer) to search patient personal belongings
- Personal items may be given to family to take home or secured per Patient Property Management policy.
- Search items brought by visitors. Items not permitted:
  - Cigarettes, matches, lighters
  - Illegal drugs or medications
  - Weapons
  - Toxic substances including mouthwash
  - Sharp items including scissors, razors, knives, clippers, tweezers, nail files, needles, metal, soda cans, umbrellas, keys, wire hangers, compact mirrors
  - Electrical cords, ropes, strings, lace and belts
  - Never leave medications at the bedside. Personal medications must be sent to Pharmacy or home with a family member

COMMUNICATION CHECKLIST
- Ensure PSA or observer is aware of restrictions and plan of care
- RN to be notified immediately of any unsafe patient behavior (for example, leaving room, aggressive behavior) and Code Strong Assistance team called as needed 6555, except for IFMC which uses the number 4911

In Summary…
Inova’s Standard of Care to Decrease Suicide Risk:
- All patients 12 and older are screened for suicide risk upon admission to the ER or inpatient areas using the C-CCRS short version
- All patients who screen positive will be placed on 1:1 care
- Psych Liaisons will further evaluate the patient using the SAFE-T protocol
- Inpatient nurses will continue to assess using the C-CCRS frequent screening
- Discharge planning must include attention to behavioral health issues including resources for emergency suicide support
• Applies to non-behavioral health units
• Includes guidelines for the safe management of patients with drug abuse or risk of drug abuse in the hospital setting including self-injection and non-injectable drug abuse
• Policy can be found on PolicyStat and here

Key Indicators
A. Positive drug screen without active prescription
B. Verbal admission by patient of active drug abuse in the last 30 days
C. Illicit drugs found on the patient or in belongings
D. High-risk behaviors
   - Documented drug-seeking behavior in the last six months
   - Illicit drug prescriptions from multiple providers
   - Physical manifestation of illicit drug use, including but not limited to track marks
If key indicators A, B, or C for intravenous self-injectors or non-self-injectors are present and the patient is physically capable of abusing drugs, team members shall implement all items on the Addendum A: Safety Checklist for Patients with Drug Use or at Risk of Drug Abuse.

If only key indicator D for high-risk behaviors for intravenous self-injectors or non-self-injectors is present and the patient is physically capable of abusing drugs, team members shall implement only those items on the Addendum A: Safety Checklist for Patients with Drug Use or at Risk of Drug Abuse deemed appropriate by the Charge Nurse and/or unit Clinical Director in collaboration with the Licensed Independent Practitioner (LIP) responsible for the patient’s care.

Please click the image to the right to see a PDF of the checklist.
What is a ligature risk?

- It includes anything that could be used to attach a cord, rope, or other material for purposes of hanging or strangulation.
- This includes handles, coat hooks, pipes, shower rails, radiators, bedsteads (framework of bed on which mattress is placed), window or door frames, ceiling fittings, hinges, and closures.
- Anti-ligature fittings should be in place designed in a way to seriously impede the tying or prevent a ligature to it or is designed to break away.
- Risks include plastic bag, bra straps, torn strips of clothing, phone charger cord, phone cord, rubber strips from door seals, ties, shoelaces, cords, belts, IV tubing and any patient equipment with cords/tubes.
- It is important to monitor the environment of patients at risk.

See the Patient Safety and Ligature Identification Checklist here.
Inova Health System Team Member Education for Stroke

- Inova strives to ensure all clinical Team Members receive education on stroke recognition and management appropriate to their care area and role.
- Inova’s commitment to excellence in stroke care is reflected in Joint Commission stroke center designations across our health system.
Rapid recognition of stroke symptoms and prompt treatment is essential for optimal patient outcomes, including reducing morbidity and mortality.

For signs of stroke, immediately call 5555 and request Stroke Alert.
Stroke Alert: Four Priority Actions & Nursing SBAR

- After identifying signs of a stroke and calling a Stroke Alert, nurses and clinical technicians should take four priority actions while awaiting the Stroke Team.
  - These actions support efficient patient assessment by the Stroke Team and transfer to the CT scanner, which helps to ensure optimal outcomes.

- Nurses should deliver a relevant, abbreviated SBAR to the Stroke Team.

**Four Priority Actions After Calling Stroke Alert**
- Vital signs
  - ED: Obtain weight
- Blood glucose
- Last Known Well time
- Prepare for transport to CT
  - Connect patient to portable monitor

**Stroke Alert Nursing SBAR**
- Last Known Well time
- Neurological change
- Relevant medical history
  - Prior stroke/TIA, recent surgery
  - Atrial fibrillation, hypertension
  - Diabetes, seizure
- Medications and time last given
  - Anticoagulants, antiplatelets
  - Opioids, sedatives
Alerts for Elopement – Dial 5555
• Security Alert - Elopement Adult (18 years and older)
• Security Alert – Elopement Pediatric (17 years old or younger)

All patients will be assessed to determine if they are at risk for elopement. If risk for elopement:
• Complete elopement risk assessment -
  - Q Shift
  - Change in clinical status
• Document in EpicCare

Plan of Care (POC)
• Identify patients at risk by a green gown for adult patients
• Remove personal belongings from patient room to deter elopement
• See Addendum A: Script for Staff when Securing Patient Belongings
• Request sitter for patients identified as an elopement risk after collaboration with healthcare team
• Increase patient observation
• Communicate status of patient
• Consider additional interventions for elopement prevention and include in POC
Fall Prevention Program for Adult Hospitalized Patients

Definitions

• Fall: A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface on another person, or on an object
• Assisted Fall: A fall in which any team member was with the patient and attempted to minimize the impact of the fall by slowing the patient’s descent to the floor
• Injury/Harm: A negative (harm) to physical condition related to a fall event

Fall Risk Assessment

• Evidenced-based fall risk assessment completed and documented on all patients:
  - Upon arrival to the Emergency Department
  - Upon admission, every shift, and with any change in condition
  - Upon transfer to a different level of care
• Communicate Fall Risk with TM and Patient/Family – ISHAPED, White Board

Fall Risk Assessment Tools

• John Hopkins Fall Risk Assessment Tool (JHRAT)
• Edmonson Psychiatric Fall Risk Assessment Tool
• Acute Rehab Fall Prevention Guidelines and Interventions: Inpatient Acute Rehab Interdisciplinary Guidelines for Fall Prevention Intervention

Highlights of Universal Fall Precautions (see here for full list).

• Orient patient to physical surroundings and assure all necessary items are within reaching distance
• Remove all hazards/clutter
• Keep bed in lowest position with wheels locked
• Provide non-skid socks
• Purposeful hourly rounding (3 Ps)
• Provide education to patient and family per hospital education platform
• Use Teach Back/demonstration of use of call bell, fall prevention safety plan; importance to involve patient and family
Adults: Moderate Fall Risk Precautions

- Universal Fall Precautions
- Bed Exit Alarm for all confused patients
- Assess need for floor mat at bedside: Use Floor Mat and Low Bed Guidelines
- Place patient close to the nurse’s station as needed when available
- **Dangle-stand-walk** when getting OOB
- Toileting Regimen:
  - Assist patient to bathroom every 2 hours
  - Always remain with patient during toileting
  - Reinforce prevention of fall and patient safety
  - Educate families on toileting safety and staff assistance
  - Bedside commode should remain in bathroom, out of reach/site to prevent toileting related fall
- Use assistive devices, including bedside commode, as needed for patients with limited mobility
- Gait belt available as needed in room for patients to assist with mobility
- Re-orient confused patients regularly
- Diversion activities as needed based on mental status assessment
- Physical Therapy/Occupation Therapy consult order from physician for patients with gait/mobility impairment
- Remote video monitoring (where available) for impulsive but directable behavior
- Sitter as needed

JHFRAT
Risk Score of 6-13
Adults: High Fall Risk Precautions

• Universal Fall Precautions
• Moderate Fall Precautions Interventions
• Yellow wrist band for fall alert
• Bed alarm on at all times while patient in bed
• Chair-pad alarm for patient in chair when appropriate
• Pharmacy evaluation and intervention when requested (anticoagulants including Heparin infusion, Coumadin, or Lovenox greater than 40 mg/dose)
• Consider use of low bed: [Use Floor Mat and Low Bed Guidelines]
• Visual cue at entrance to patient room (yellow fall sign, yellow dome light (where available)

Any patient admitted due to a fall OR experiencing a fall during a current hospitalization:
• Yellow Gown worn while hospitalized
• Excludes patients wearing street clothes in acute inpatient rehab and the behavioral health units

JHFRAT
Risk Score = or >13
or
Edmonson = or > 90
Follow Patient **Unassisted Fall Algorithm.**

**Communications**
- Notify the Attending Physician; provide assessment findings and clarify need for:
  - Ongoing neurological checks as indicated
  - Diagnostic tests, consults, treatments and monitoring
- Notify Administrative Supervisor, unless Rapid Response Team was initiated
- Notify family/companion of incident and plan of care
- Conduct post-fall huddle as soon as possible but at least before the end of the shift with care team and patient and/or family/companion if appropriate

**Document the following in the patient’s electronic medical record:**
- Patient circumstances regarding the fall (e.g., location, time of fall, related activity)
- Complete physical assessment with vital signs, including blood pressure in lying, sitting and standing positions, unless limited by possible significant injury
- Who was notified and follow-up (what happened after the fall)
- Ordered interventions and patient response
- Update plan of care
- Complete an electronic event report and appropriate documentation [Addendum I-Post Fall Review Process](#)

**See Addendum J: Apparent Cause Analysis (ACA) Evaluation Tool for Unassisted Patient Fall**
Pediatric Specifics: Fall Risk Assessment and Prevention

Please see Pediatrics Policy specifics [here](#)
Newborn Fall Prevention Policy can be found [here](#)

Pediatrics Fall Risk Assessment Tool: The Humpty Dumpty Falls Scale

Falls assessment is performed:
- with physical assessment upon admission & Q shift
- with a change in patient condition or transfer
- after initiating new medications affecting blood pressure, level of consciousness, or potentially resulting in dizziness or urgency

Identification
- Less than 3 are high risk falls – not banded. If able to pull themselves to a standing position – place in crib with extended side rails
- 3 years and older if high risk – wear “Falls Alert” band

Intervention Highlights (also see image to right for specifics)
- Indicate the patient’s fall risk on the white board and communicate in handoff
- Provide education to patient/family member regarding safety practices
- Each patient’s falls risk is displayed on unit census board
- Document in medical record

**Patient Falls Safety Protocol**

**Low Risk Standard Protocol (score 7-11)**
- Bed in low position, brakes on
- Side rails up as appropriate for age
- Use of non-skid footwear for ambulating patients
- Use appropriate sized clothing
- Assess elimination needs: assist q2 hours as needed
- Call light is within reach
- Environment is clear of unused equipment
- Assess for adequate lighting
- Patient and family education
- Document fall prevention teaching
- Hourly rounding

**High Risk Standard Protocol (score 12 and above) All of the low risk standards PLUS:**
- Accompany patient with ambulation
- Developmentally appropriate bed
- Consider moving patient closer to the nurses’ station
- Evaluate medication administration times
- Keep door open at all times unless on isolation
- A Humpty Dumpty Falls Sign and/or dome light (where available) is displayed is displayed outside the patient’s room
- Bed exit alarms and floor mats in place as needed
- Yellow Falls Band placed on patient
- Patient white board updated with falls precautions information

*All Falls documentation will be entered in the patient’s electronic health record (EHR). This document may be used as a guide in the event of an EHR downtime.*
Pediatric Specifics: If a Fall Occurs...

- Follow the **Pediatric Inpatient Unassisted Fall Algorithm** for assessment, notification and documentation guidelines.
- Notify the appropriate team members outlined in the algorithm.
- Complete a post-fall debriefing using the **Pediatric Post-Fall Debrief Tool**.
- Notify the family (if not present at the time of the patient fall) of the incident and plan of care.
Respiratory Status and Sedation

Respiratory problems are the earliest signs of instability & are the most common events before a heart attack or over sedation in the hospital. Patients with known or suspected Obstructive Sleep Apnea (OSA) will have increased monitoring to prevent respiratory complications.

Please see OSA policy.

Signs of respiratory problems include:
- Rapid or slow breathing
- Low oxygen readings
- New or sudden confusion
- Careful vital sign measurement saves lives!

How do you check respirations and what do you include?
- Count the number of times the chest rises and falls for a FULL minute (this is breaths per minute)
- Oxygen saturation (“O2 sat”) is only ONE piece of the puzzle (include how much oxygen the patient is receiving (“room air, 2L/min, face mask, etc.”))
- “Don’t tell the patient you are counting respirations. The rate may change when the patient is aware of his breathing

Notify the RN immediately:
- Decrease in oxygen saturation or oxygen reading of less than 93%
- If the patient stops breathing, even for short periods of time
- If the patient is breathing too fast or too slow: < 10 breaths/min or > 20 breaths/min
- If the patient falls asleep while talking to you or is hard to wake up
- Any other findings that seem abnormal

Those at risk for breathing problems & excessive drowsiness and who need to be watched closely include people:
- Age of 55+ and/or those who smoke or snore
- Stop breathing for short periods of time during sleep
- Obese/overweight people
- Limited functional status - requiring assistance with ambulation
- Pain is controlled after a period of poor pain control
- Started taking strong pain medicines less than 24 hours ago
- It is especially important to alert the RN immediately if a patient is becoming sleepier while you are in the room or with each patient visit.
A healthcare-associated infection (HAI) is an infection that develops after contact with the healthcare system.

**HAIs may be caused by bacteria, viruses, fungi, or parasites. These infectious organisms may come from:**
- Environmental sources (dust, dirty equipment & linen, etc.)
- Patients
- Staff members
- Hospital visitors
- Depending on the agent, infection may be transmitted person-to-person by direct contact, respiratory droplets, or infectious airborne particles
Central Line-Associated Blood Stream Infection (CLABSI)

What is it?
A CLABSI is a primary bloodstream infection that develops from a central venous catheter (CVC) in place for at least 2 days before onset of the bloodstream infection. It is associated with increased morbidity and mortality as well as prolonged hospitalization and increased medical costs.

Please see [here](https://www.mercystvsem.com/post/central-line-sites) for a link of intrinsic and extrinsic risk factors for CLABSI.

CLABSI Prevention Details

- Perform hand hygiene before line insertion or manipulation
- Select insertion site with least infection risk: subclavian sites are lowest-risk & femoral sites are highest-risk
- During insertion, all must wear sterile gloves & gown, cap, mask, & large drape must cover patient
- Unless contraindicated:
  - Use Chlorhexidine-based antiseptic for skin preparation
  - Use a long-acting antiseptic dressing on patients > 2 months of age. (This can be a CHG-impregnated disc or a CHG-impregnated dressing)
- Daily review of catheter necessity
- Daily bath with CHG when catheter is present
- Disinfect hubs prior to entry by robustly cleaning the hub with an alcohol swab and use alcohol impregnated caps on the hubs when not in use
- Educate patient and family about CLABSI prevention. The CDC has produced a [Frequently Asked Question](https://www.mercystvsem.com/post/central-line-sites) handout for families/patients on Prevention of CLABSI

What is a CAUTI?
• UTIs are the most common type of healthcare-associated infection and approximately 75% are associated with a urinary catheter
• Catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed
• Please ask the patient if they have an allergy to latex or iodine prior to retrieving a urinary catheter kit!

Prevention Guidelines
• Follow best practice for insertion and maintenance - Follow Inova’s Procedure on PolicyStat
• Perform peri-care every 12 hours, after all bowel movements, and PRN
• When removing a urinary catheter, follow the bladder scanning algorithm

Best Practices for Insertion
• TWO-person procedure using Inova Indwelling Urinary Catheter Checklist
• Use smallest size catheter unless otherwise clinically indicated
• Insertion Checklists can be found in PolicyStat: Urinary Catheter Policy
• Pre-cleaning with peri-care wipes
• Post-cleaning with peri-care wipes
• Use securement device
• Place orange sticker on drainage bag with date, time & initials
• When emptying bag, drain into single-use collection container

Catheter-Associated Urinary Tract Infection (CAUTI)

**Maintenance Guidelines**
Reassess the need for continued use of a urinary catheter every shift/PRN, utilizing the Addendum A Nurse Directed Algorithm for Urethral Catheter and document in electronic health record (EHR)

*This Nurse directed Algorithm/Protocol is approved by Inova’s Medical Executive Committee and reviewed annually.*

- Maintain bundle compliance:
  - Hand hygiene before and after care
  - Assure catheter is secured properly
  - Check tubing for dependent loops; secure tubing to bottom sheet using green clip provided
  - Always keep drainage bag below patient’s bladder; ensure bag is not touching the floor
  - Maintain closed sterile drainage
  - Empty the bag when 1/2 to 2/3 full with new graduated cylinder
  - Provide perineal care every 12 hours, after bowel movements, and PRN

- Refer to Lippincott – Indwelling urinary catheter (Foley) care and management.
- In the absence of problems, indwelling catheters need not be changed unless ordered by a physician
- If patient exhibits signs of infection, notify physician. Abnormal urine quality (e.g., change in color, odor, clarity) is not an indication for a urine culture
- If culture is to be obtained and the urinary catheter has been in place for greater than 2 weeks, change prior to collecting sample
- If urinary catheter is blocked, intermittent irrigation may be necessary; notify physician

The CDC has produced a Frequently Asked Questions handout for families/patients on Prevention of CAUTI.
Catheter-Associated Urinary Tract Infection (CAUTI)

ADDENDUM A

Nurse Directed Algorithm for Urethral Catheter: Criteria, CAUTI Bundle, & Removal

STEP I: EXCLUSIONS to this protocol:
- Pediatric patients except obstetric patients < 16 years of age
- Patients undergoing additional procedures(s) requiring spinal/general anesthesia within 3 days of the initial procedure
- Obstetric patients on Labor and Delivery units
- Indwelling catheters placed by urology
- Status/post spinal surgeries
- Status/post solid organ transplantation

STEP II: Assess for Appropriateness Criteria for Urethral Catheter Insertion and/or Continuation:
- Acute urinary retention due to medication, nerve injury (Refer to Addendum I Table 2) or extensive perineal trauma following delivery
- Bladder outlet obstruction due to severe prostate enlargement, blood clots, or urethral compression (Refer to Addendum I Table 3)
- Need for accurate hourly measurement of urinary output in the critically ill patient who is in the ICU and is hemodynamically unstable (on vasopressors, in mass diuresis, or for the management of obstetric patient receiving magnesium sulfate in the ICU and Labor & Delivery.) (Refer to Addendum I Table 1)
- To assist in healing of open sacral or perineal Stage III or IV wounds in incontinent patients.
- To improve comfort for end of life
- Need for strict prolonged immobilization (e.g. potentially unstable spine or multiple traumatic injuries such as pelvic fractures).

Selected perioperative needs:
- Urologic surgery or other surgery on contiguous structures of the genitourinary tract
- Anticipated large-volume infusions or diuretics during surgery (remove in PACU)
- Anticipated prolonged duration of surgery (remove in PACU)
- Need for intraoperative monitoring of urine output (remove in PACU)
- Until complete regression of anesthesia and full sensation has returned

If criteria above are not met and no MD order exists for continuing catheter, RN to remove foley catheter and document removal in the EHR

24-hour Post Indwelling Urinary Catheter Removal Bladder Scanning Algorithm

- Assess need for catheter each shift
- Follow RN Directed Algorithm (above)
- Practice 5 Moments for Hand Hygiene
- Secure catheter appropriately
- Check tubing for dependent loops
- Keep drainage bag below patient’s bladder at all times; avoid contact with the floor
- Maintain closed sterile drainage
- Empty the drainage bag frequently (bag is no more than 2/3 full or at least every 8 hours whichever occurs first, and before transporting patient) to prevent reflux and document urine volume in Epic; avoid contact between the drainage tap & the container.
- If culture needed, obtain urine sample(s) using aseptic technique via the sampling port
- Provide perineal care Q12H, after bowel movements & PRN
- Enter foley care and pericare in I&O flowsheet
Surgical Site Infections (SSI)

Please click here for a complete list Risk Factors for SSI

Prevention Bundle of SSIs

- **Pre-operative bath:** Chlorhexidine Gluconate (CHG) night before & morning of surgery; *certain procedures may require CHG bath for 2 nights prior to surgery
- **Methicillin-resistant Staph aureus (MRSA) and methicillin-sensitive Staph aureus (MSSA) screening:** nasal decolonization treatment for positive cultures
- **Skin Prep:** avoid hair removal with a razor & surgical skin preparation should be alcohol containing CHG or iodine
- **Antibiotics:** weight-based, appropriate for type of surgery and timing (30 mins - 1 hour prior to incision & redosing if operation is > 4hrs), discontinuation after 24 hrs, treat remote infections prior to surgery
- **Normal blood sugar level:** 80-120mg/dl and < 200 up to 48 hrs post-op
- **In the OR:** Aseptic technique & appropriate ventilation in the OR
- **Normal body temperature:** 96.8-100.4 with active/passive warming strategies
- **Post Op:** Sterile gloves & equipment when changing dressing
- Protect the incision 24-48 hrs post-op with a sterile dressing
- Educate patient/family about SSI prevention

The CDC has produced a [Frequently Asked Questions](#) handout for families/patients on Prevention of SSI.
Part 42023 Annual Education: Clinical Team Member

**Ventilator-Associated Event (VAE)**

**What is it?**
A lung infection or pneumonia that develops in a person who is on a ventilator.

**Risk Factors for VAE**
- Lying flat in bed
- Prolonged ventilatory support
- Self-extubation/reintubation
- Infants, young children, and people >65
- Compromised health conditions such as organ failure, trauma/burns, a chronic disease, immunosuppression, depressed level of consciousness, and cardiothoracic surgery
- Gastric distension – aspiration risk
- Inadequate pressure in the endotracheal tube cuff
- Nasogastric tubes

**Prevention**
- If possible, maintain the head of the bed at an angle of 30°-45°
- Use aseptic technique for suctioning patient and use in-line suction catheter
- Meticulous hand hygiene before and after ventilator contact or suctioning
- Maintain adequate cuff pressure
- Daily assessment of readiness to wean; wean patient from ventilator as soon as clinically indicated
- Ensure secretions are cleared from above the ET or trach prior to extubation
- Daily oral hygiene – every 24 hours with antiseptic solution
- Change ventilatory circuit only when necessary & disinfect equipment properly
- Mobility – get patient up/out of bed
- Educate patient and family about VAE prevention

The CDC has produced a [Frequently Asked Questions](#) handout for families/patients on Prevention of VAE
Multi-Drug Resistant Organisms (MDRO) Infection

What is a MDRO?
Any organism that is resistant to classes of antibiotics to which the organism would normally be expected to be susceptible.

Complete list of MDROs defined here.
Examples:
• Staphylococcus aureus (MRSA): Resistant to Oxacillin/Methicillin
• Enterococcus faecalis or faecium (VRE): Resistant to Vancomycin
• Candida auris
• Carbapenem-resistant Enterobacterales (CRE): Resistant (Only) to Ertapenem, Imipenem, or Meropenem - please see supplemental measures for CRE

The CDC has produced Frequently Asked Question handouts for families/patients on Prevention of Antibiotic Resistance: VRE, MDRO and MRSA

Risk Factors:
• Existing severe illness, underlying disease/condition such as diabetes, chronic kidney disease, or skin lesions
• Previous use of antibiotics
• Invasive procedures or medical devices
• Repeated contact with the healthcare system or a long stay in the hospital
• Previous colonization with a MDRO
• Advanced age
• Use of immune-suppressing medicine

Prevention:
• Diagnose and treat infections effectively
• Using antibiotics prudently and take antibiotics as prescribed
• Preventing spread of infections (through appropriate use of isolation precautions)
• Patients with MDROs should be placed on Contact Isolation Precautions

Please see Inova’s Policy on MDRO here.
**Clostridioides Difficile** - also known as *C. diff* - is a spore-forming bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon.

**How does it spread?** *C. diff* infections occur while a patient is on antibiotics or right after taking antibiotics. Hospital acquired transmission can occur via the hands of healthcare personnel. The spores from an active illness enter the environment following diarrhea and contaminate many areas of the healthcare setting. An infection can occur when the spores enter the body via the mouth. Patient care activities that pose a higher risk for transmission include:

- Surfaces that become contaminated with feces can serve as a reservoir
- Sharing patient care items without proper disinfection
- Contaminated hands performing activities such as administration of tube feedings or medications or procedures, such as intubation

**C. diff causes HARM to Patients**

- Average length of stay increases by 1-3 weeks
- Average total cost of an inpatient *C. diff* infection is $35,000
- Deaths per year in the USA: 12,800

**Preventing the spread of *C. diff***

- Hand washing with soap and water is needed to remove *C. diff* spores. Do not use alcohol-based hand sanitizer.
- Bleach Blitz: Use bleach to disinfect high touch points in your patient rooms each shift
- Early isolation: Initiate Contact Special isolation precautions after 2 liquid stools (Type 6 or 7 on Bristol Stool Chart) within 24 hours, until you can have a discussion with primary MD
- Family Education: Educate family and visitors of proper hand hygiene techniques and isolation precautions
- Notify EVS manager after *C. diff* patient transfers/discharges to conduct ATP testing of the room

The **Bristol Stool Chart** can be used for documentation and hand off report. Only diarrheal stools (6-7) should be tested for CDI.
Medical evidence has shown that proper bathing and skin cleansing reduces the patient’s endogenous skin flora, which can help reduce the risk of healthcare associated infections.

**Inclusion Criteria**
Patients meeting the following high-risk criteria and weighing more than 2kg shall receive a daily bath with pre-packaged 2% Chlorhexidine gluconate (CHG) bath cloths, unless contraindicated.

**High risk criteria include patients:**
- In intensive care units
- On contact/contact special isolation for a multidrug-resistant organism. *Exception:* Patients placed on contact isolation precautions due to a pending MRSA active surveillance culture without prior positive history are not included in this population.
- Receiving dialysis
- With a central line
- In-house prior to surgical procedure (night before and day of surgery)

For complete policy information, click [here](#).
Bloodborne diseases are spread from person to person as a result of unprotected exposure to:
- Infected blood
- Other potentially infectious materials: click here
- Non-intact skin: Direct inoculation - exposure of blood or OPIM to pre-existing lesions, cuts, abrasions, or rashes (dermatitis) provides a route of entry into the body
- Moist body tissues: splashing blood or serum into an individual's unprotected eyes, nose, or mouth in clinical or laboratory settings poses a genuine risk of infection

Important bloodborne diseases include:
- HIV infection/AIDS
- Hepatitis B
- Hepatitis C
- And many others

The Bloodborne Pathogens Standard (BPS) helps protect workers from exposure to HIV and other bloodborne pathogens. The Bloodborne Pathogens Standard:
- Covers any worker who might encounter blood or other potentially infectious materials (OPIM) as part of his or her job
- Requires employers to take certain steps to help protect these workers

**Blood/Body Fluid Exposure:** After a blood/body fluid exposure: Perform necessary first aid to exposure area, contact Team Member Health or the Nursing Supervisor during off hours, and complete a Safety Always report
- **For a splash to the eyes:** Flush eyes at eye wash station for 15 minutes with warm water

For any questions regarding bloodborne pathogens, please contact the Team Member Health Department.
Duties that might put you at risk for an occupational exposure may include:

- Perform drawing of blood from patients
- Process blood for experimentation
- Work with human blood or body fluids
- Use unfixed tissue in preparations or experimentation
- Work in an area where HIV or HBV research is being performed or produced
- Clean glassware contaminated with blood or OPIM
- Dispose of waste contaminated with blood or OPIM
- Transport blood or OPIM
- Work in a laboratory where equipment or work benches can become contaminated
- Handle containers of infectious wastes
- Clean blood spills, including dried blood
- Handle laundry that contains sharps or is soiled with blood or OPIM
- Perform lifesaving procedures

Risk Factors for Infection

- Pathogenicity of organism
- Dose (how much blood or infectious agent)
- Route of entry (injection vs. contact with mucous membrane or open wound)
- Host susceptibility
- Work practices

Occupational Exposure Prevention

The risk of occupational exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, HBV vaccination, warning signs or labels, and other provisions described throughout this module.
One of the key parts of the Bloodborne Pathogens Standard is to require the use of Standard Precautions. Standard Precautions are to be used in the care of all patients. These are guidelines to decrease the risk of occupational exposure to blood or body fluids. Assume that every direct contact with body fluids is infectious and requires every team member (TM) exposed to a direct contact with body fluids were infected with a bloodborne pathogen.

Team Member Responsibilities
- Complete this training annually
- Follow the Exposure Control Plan and the Standard Precautions Policy
- Using work practices, engineering controls, and personal protective equipment as outlined in this module
- Obtaining the HBV vaccine if in a high risk area
- In the event of an occupational exposure, wash exposed area with soap and water for 15 minutes if eye or mucous membrane contact, flush with sterile water or saline for 5 minutes. Then, the TM shall notify their immediate supervisor and must complete an electronic occurrence report, Safety Always and report to TM Health. See policy for Management of Occupational Exposures to Blood Borne Pathogens- Hepatitis B&C, HIV
- Pursuing follow-up care after an occupational exposure – see policy above for details

Exposure Control Plan
Written plan provided to eliminate or minimize occupational exposure to BBP. Updates include:
- Changes in technology that reduce/eliminate exposure (engineering controls)
- Annual documentation of consideration and implementation of safer medical devices
- Input from non-managerial employees (who are responsible for direct patient care) in selecting and evaluating safer medical devices
Standard Precautions provides adequate protection against bloodborne infections and include specific information on:

- Hand Hygiene
- Personal Protective Equipment
- Respiratory Hygiene/Cough Etiquette
- Patient Placement
- Patient-Care Equipment and Instruments/Devices
- Textiles and Laundry
- Care of the Environment
- Eating, Drinking, and Applying Cosmetics
- Safe Injection Practices
- Worker Safety
- Other Environmental Considerations (Regulated Medical Waste)

More detailed information will be covered on the following slides.
Hand hygiene is the single most important procedure for preventing infections. Inova follows all Category IA, IB, and IC CDC Hand Hygiene recommendations. Additionally, Inova follows the World Health Organization (WHO) 5 Moments for Hand Hygiene. Please see Inova’s Hand Hygiene policy for more details.
PPE should be worn as described below when the nature of the task or anticipated patient interaction indicates that contact with blood, body fluids, or other potentially infectious material (OPIM) may occur.

Use caution to prevent contamination of clothing and skin during the process of removing PPE. Before leaving the patient’s room or cubicle, remove and discard PPE in an appropriate waste container.

Use of Glove Highlights
- Wear when anticipating contact with blood, body fluids, OPIM, and contaminated items
- Perform hand hygiene after glove removal and before donning new gloves
- Note: Latex gloves have proven effective in preventing transmission of many infectious diseases to team members, however, for some, exposure to latex may result in allergic reactions. See more here.

Use of Gown Highlights
- Wear disposable isolation gown to protect skin and prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, or OPIM
- Dispose of gown and wash hands or use an alcohol-based hand rub

Use of Mouth, Nose, and Eye Protection Highlights
- Wear mask and eye protection or a face shield to protect mucous membranes from splashes or sprays of blood, body fluids, or OPIM.

Please check the COVID-19 Team Member Resources website for the latest information on COVID-19 and other PPE requirements.
Respiratory Hygiene and correct use of cough etiquette techniques are important source control measures to contain respiratory secretions to prevent droplet and environmental transmission of respiratory pathogens. This is especially important during seasonal outbreaks of viral respiratory infections in communities.

Use the following measures to contain respiratory secretions in patients and accompanying individuals who have signs and symptoms of a respiratory infection

- Post signs at entrances, lounges and patient waiting areas with instructions to patients and other persons to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions
- Provide tissues and no-touch receptacles for disposal of tissues
- Provide hand washing facilities and instructions for performing hand hygiene in or near waiting areas
- Provide easily accessible dispensers of alcohol-based hand rubs and, where sink is available, supplies for hand washing
- During periods of increased prevalence of respiratory infections in the community, offer masks to coughing patients and other symptomatic persons

Staff must follow influenza prevention guidelines:

- Get the influenza vaccine
- Follow standard precautions
- Follow specific isolation precautions when patient is diagnosed -see droplet precaution slide
Standard Precautions: Patient Placement, Laundry, Equipment, & Environment

Patient Placement
- Place patients on isolation who pose a risk of infection transmission to other patients (e.g., non-contained drainage, diarrhea, unexplained rash, suspected viral respiratory or gastrointestinal infections)
- If a private room is not available, consult with the facility’s Infection Preventionist or patient placement coordinator regarding placement

Textiles and Laundry
- All linen is considered contaminated
- Handle, transport, and process used linen soiled with blood, body fluids, or OPIM in a manner that prevents skin and mucous membrane exposures and contamination of clothing
- Handle used textiles and fabrics with minimum agitation

Use of Disinfectants Policy

Patient-Care Equipment and Instruments/Devices
- Wear PPE according to the level of anticipated contamination
- Do not re-use single use or disposable items

Care of the Environment
- Clean and disinfect bedside equipment and environmental surfaces
- Do not touch telephones, computer keyboards, and patient medical records with contaminated hands or gloves
- Clean and disinfect multi-use electronic equipment that are used during the delivery of patient care, and mobile devices that are moved in and out of patient care areas
Hand hygiene should be performed **prior** to eating, drinking, or applying cosmetics.

**Prohibited locations for Eating, Drinking, and Applying Cosmetics (but are not limited to):**
- Nursing station - Exception: covered drinks are permitted where a hydration station is clearly marked
- Direct patient care area or where there is risk of exposure to BBP
- Hallway

**Eating, Drinking, or Applying Cosmetics only permitted in designated locations such as:**
- Cafeteria, café, or coffee bar
- Public lobby seating area
- Staff lounge
- Staff kitchen
- Office that is not visible to patients or the public
- In a marked hydration station, there may be covered drinks

**Environmental requirements:**
- Food and beverage must be covered during transport within the hospital
- Return hard plastic trays to the cafeteria in a timely manner
- Dispose of trash and leftover food or beverage appropriately
- Clean spills immediately and place a caution sign as needed at the site of the spill
Standard Precautions: Safe Injection Practices

The following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable, intravenous delivery systems:

- Use aseptic technique to avoid contamination of sterile injection equipment
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed
- Use fluid infusion and administration sets for one patient only and dispose appropriately after use
- Use single-dose vials for parenteral medications whenever possible
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use
- If multi-dose vials must be used, sterile needle or cannula and syringe must be used to access the multi-dose vial
- Do not keep multi-dose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations and/or facility's policy
- Discard if sterility is compromised or questionable
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients

Please review the CDC Brochure on Sharps Safety.
What do I do when the sharps container is 3/4 full?
- Lock the top of the container shut
- Place container in one red leak-resistant plastic bag
- Place red bag (with sharps container in it) in a reusable, red, plastic infectious waste container
- Sharps disposal vendors will exchange wall mounted containers

Other important information:
- Dispose of sharps in the area in which the items were used
- Place reusable syringes and needles in a puncture-resistant container for transport
- Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable
Regulated Medical Waste (RMW): Also known as 'biohazardous' waste of 'infectious medical' waste, that may be posing a significant risk of transmitting infection.

Segregation and Disposal of RMW

General RMW
- Segregate RMW from Ordinary Waste at the point of generation
- RMW shall be placed into red bag inside a reusable red, plastic, infectious waste container
- Any free liquids must be contained in sturdy, highly leak-resistant containers that resist breaking and with the addition of a solidifier
- All heavy materials must be supported in boxes

Pathological Waste:
- All pathological waste must be segregated from other RMW
- It must be placed in one (1) red leak-resistant plastic bag and then placed in a rigid, leak resistant container labeled Pathological Waste

Sharps
- All sharps must be placed directly into rigid, puncture resistant containers
- When ¾ filled, the top of those containers shall be sealed and the container placed in one (1) red leak-resistant plastic bag inside a reusable, red, plastic infectious waste container
- Facilities using an outside vendor for sharps disposal shall require the vendor to comply with all applicable laws and regulations governing sharps disposal

Accidental spills of blood/body fluid in patient care areas should be handled properly per facility's specific policy on blood/body fluid spill management.
Standard Precautions: Other Environmental Considerations - RMW

What falls in the category of RMW?

- Human blood and body fluids
- Includes any body fluid that is visibly contaminated with blood or when it is difficult or impossible to differentiate between body fluids
- Blood-saturated items
- Visibly bloody gloves or plastic tubing
- Visibly contaminated PPE
- Saturated gauze, bandages, or grossly soiled disposables (dressings, lap pads, peri-pads, etc.)
- Containers, catheters, or tubes with fluid, blood or blood products not discarded or flushed (i.e., blood sets, suction canisters and drainage sets - need absorbent material in container)
- Dialyzers & tubing
- Specimens: microbiology, placentas, surgical
- Blood spill clean-up materials
- Non-paper materials that contain HIPAA-protected information

ALL ORDINARY WASTE (other trash and non-RMW) should be placed in clear plastic bags.

When in doubt if it is RMV:

- Ask your supervisor
- Call Infection Prevention and Control Dept
- Discard as regulated medical waste

See RMW Policy [here](#).

Note: Warning Signs & Labels
Fluorescent orange/orange-red label must be provided on containers of RMV such as storage devices and contaminated equipment.
### Know Where to Throw

**Because it’s our shared responsibility to protect the environment, our community and our staff**

#### HIPAA-PROTECTED
-任何纸张产品或CDs包含有HIPAA保护信息应被丢弃在Confidential Shredding Bin（非纸张物品应丢弃在Confidential Shredding Bin）

#### GENERAL TRASH
- 号码纸
- 铝箔
- 零食包装
- 用过的保护性设备
- 用过的手套
- 用过的口罩
- 咖啡杯
- 塑料容器
- 食品容器
- 非危险性药物
- 有标签的设备

#### RECYCLING
- 纸
- 塑料瓶
- 烧烤用具
- 木头
- 旧书

#### REGULATED MEDICAL WASTE
- 血液和体液
- 空的、未使用的注射器
- 未使用的针头
- 未使用的血液收集装置
- 废弃的生化测试用品
- 废弃的化学试剂
- 废弃的放射性物质
- 废弃的有害物质

#### SHARPS
- 尖锐物
- 空的、未使用的针头
- 未使用的血液收集装置
- 生化测试用品
- 化学试剂
- 放射性物质
- 有害物质

#### HAZARDOUS PHARMACEUTICAL WASTE
- 药瓶
- 药丸

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Still don’t know where to throw? Check out our interactive Waste Sorting Tool on InovaNet; Keyword: “Waste Management”

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Please click [here](#) to see a larger image of the Know Where to Throw document.
Transmission-based Isolation Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.

For some diseases that have multiple routes of transmission (e.g., Chicken pox), more than one Transmission-Based Precaution category may be used.

See Appendix A for recommended precautions for specific infections.

When a patient has an organism or infection requiring transmission-based isolation precautions, it will be documented in patient record.

A face shield or goggles are required for all direct patient care.

Personal Protective Equipment (PPE) help interrupt the mode of transmission of specific organisms or infections.

- Use of PPE does not replace the need for hand hygiene.
- PPE requirements outlined in the policy are minimum requirements for PPE and additional PPE should be used in accordance with the Standard Precautions policy.

General Guidance:

- PPE donning (putting on) in this order: Hand hygiene, gown, mask or respirator, goggles or face shield, hand hygiene again, and gloves.
- PPE doffing (removal) in this order: Gown and gloves together, goggles or face shield, and mask or respirator and followed by hand hygiene.
- For reusable gowns, unsnap gown in preparation for removal, remove gloves, then remove gown and place in linen hamper. All following steps as above.
- For visual instructions see here.
- Guidance to Reduce Skin Irritation Caused by Personal Protective Equipment.
Putting on a Respirator (Donning)

PPE Donning in this order:
• Hand Hygiene
• Gown
• Mask or respirator
• Goggles or face shield
• Gloves

Before using always look at the respirator closely and check it for:
• Holes in the filters
• Loss of elasticity or tears in the head straps or hoses
• Broken or loose connectors and/or fittings
• Cracked or scratched face pieces
• Detergent residue
• Dirt in the valves
• General cleanliness
N95 Respirators (Most Common)

"N": filters items that have no oil present
“95”: Filters out 95% or greater particles that are at least 0.3 microns in diameter

**Pointers:**
- Particulate respirators do not work for oil or chemical fumes or fire
- Seal is very important: Must fit properly and seal to the face to protect you or it won’t protect you from airborne contaminants. This means that it cannot be worn by team member with any facial hair that comes between the sealing surface of the mask and face
- Must wear the correct size and type of respirator (as of the most recent fit-test)
- You should be re-fit tested if you have any dramatic weight loss/gain or change in facial profile shape (from surgery, dental procedures, etc.)

Respirators are only effective when the seal around your nose and mouth is tight. If you cannot achieve a proper fit, do not enter the contaminated area. Consult your Supervisor.

<table>
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<th>KC Duckbill</th>
<th>3M 6000</th>
<th>3M 8210 / 8210 Plus</th>
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<td>Two Sizes</td>
<td>Three Sizes</td>
<td>One Size (Universal Fit)</td>
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<tr>
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<td>Disposable</td>
<td>Reusable</td>
<td>Disposable</td>
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<tr>
<td>Wear in Surgical Areas Only</td>
<td>Wear in Surgical Areas Only</td>
<td>Wear in Surgical and Non-Surgical Areas</td>
<td>Wear in Non-Surgical Areas Only</td>
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**Please click [here](#) for more information on Inova respirators.**
When preparing to leave an isolation room, follow these guidelines for removal (doffing) of Personal Protective Equipment (PPE):

- **Remove gown and gloves before leaving the patient room**: to remove the gown, roll the gown down the front of the body removing the contaminated gloves as the gown is removed past the wrists. Using bare hands, contact the inside of the gown to discard into the trash
- **Remove goggles or face shield**
- **Remove respirator (do not touch the front)**
- **Wash hands/use alcohol-based hand rub**

Click here to see a video on donning and doffing an NP95 with a face shield for a Patient Under Investigation (PUI) or is positive for COVID-19 and undergoing Aerosol Generating Procedures.
Contact Precautions

Contact transmission is the most common mode of transmission of infectious agents and may be divided into two subgroups:

- Direct (patient contact) or
- Indirect (contact with a contaminated object or environment)

Contact Precautions are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the patient or the patient’s environment.

In addition to Standard Precautions, use Contact Precautions, as recommended in Appendix A for patients with known or suspected infections, Multi-drug Resistant Organisms, or evidence of syndromes (Appendix B) that represent an increased risk for contact transmission. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body which suggest potential for extensive environmental contamination and risk of infection.

Common Infections and Conditions requiring Contact Precautions:
(This list is not comprehensive - see Appendix A for comprehensive list)

- Major draining abscess
- Multidrug-resistant organisms' infection or colonization
- Parainfluenza respiratory virus infection, respiratory in infants and young children
- Rotavirus, particularly in infants and young children
- Viral Type A Hepatitis in diapered or incontinent patients
- Human metapneumovirus
- Head lice
- Respiratory syncytial virus infection in infants, young children and immunocompromised adults
- Scabies
- Scalded skin syndrome, staphylococcal

Please note that there are interim guidelines in place for patients with VRE and MRSA. Please follow the latest guidelines per Infection Prevention and Control.
**Patient Placement:** Single-patient room when available. When single patient rooms are not available, please follow these principles for decisions on patient placement.

**Patient Transport:**
- Limit movement and transport of the patient from the room for essential purposes only
- If needing to transport following these guidelines

**Patient Equipment:**
- Dedicate the use of patient care equipment to a single patient
- If use of common equipment is unavoidable, these items must be disinfected between patients with a facility approved bleach product

**Environmental Measures:** Daily and terminal clean of room and monitor screen with facility approved bleach product

**Ambulation of an Inpatient:** The decision to ambulate a patient outside his/her room is done on a case-by-case basis in collaboration with the patient care team and Infection Prevention. See details here.

**Examples that require this isolation:** Multi-drug resistant organisms, Shingles (Herpes Zoster - If disseminated in a patient or in an immunocompromised patient, use airborne and contact isolation), Respiratory Syncytial Virus (RSV, for pediatrics or immunocompromised adults), Hepatitis A (Diapered or incontinent patients)
Contact Special Precautions

This is a special subset of Contact Precautions that should be used for patients with spore-forming organisms such as *C. difficile* and Norovirus. In addition to contact precautions outlined previously, additional precautions must be taken.

**Hand Hygiene:** Hand hygiene should be performed using soap and water rather than an alcohol-based hand sanitizer following contact with the patient or their environment. Rationale: Alcohol-based hand sanitizers are not effective at killing bacterial spores.

**Ambulation of an Inpatient:** Ambulation of this type of patient outside of his/her room is not allowed. Rationale: Bacterial spores and/or Norovirus pose a significant risk for environmental contamination and limiting the risk for environmental contamination is vital to preventing health-care associated spread.

**Disinfection:** All equipment and the environment must be disinfected with bleach wipes.

**Examples that require this isolation:** *C. difficile* and Norovirus
Respiratory droplets carry infectious pathogens and transmit infection when they travel from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient by coughing, sneezing or talking.

**Patient Placement:** Single-patient room. When a single patient room is not available, please see the following guidelines.

**PPE Guidelines:** Don a surgical or isolation mask upon entering the room. Additional PPE usage will be determined by patient care activities in the room, as per Standard Precautions.

**Patient Transport:** Limit transport and movement of patients outside of the room to essential purposes. Notify the receiving unit of patient’s isolation status. Instruct and assist the patient to wear a surgical or isolation mask and instruct to follow Respiratory Hygiene/Cough Etiquette while outside the room. The transporter does not wear a mask when in the process of transporting the patient who is on Droplet Precautions if the patient is following precautions.

**Ambulation of an Inpatient:** The decision to ambulate a patient outside his/her room is done on a case-by-case basis in collaboration with the patient care team and Infection Prevention. If permitted, it requires the patient to use hand hygiene, wear a disposable mask covering the nose and mouth while outside the room. The patient must be accompanied by health care provider.
Droplet Precautions

Common Infections and Conditions requiring Droplet Precautions: (This list is not comprehensive - see Appendix A for comprehensive list)

Examples that require this isolation:
- Meningococcal meningitis
- Whooping cough (Pertussis)
- German measles (Rubella)
- Mumps (infectious Parotitis)
- Diphtheria (pharyngeal)
- Influenza

Seasonal Influenza Isolation Duration: 7 days from the onset of symptoms or until the patient is fever free for 24 hours* whichever is longer.
Visit the Influenza Page on InovaNet for more information.
Airborne transmission occurs by dissemination of either airborne droplet nuclei or small particles containing infectious agents that remain infective over time and distance. Microorganisms carried in this manner may be dispersed over long distances by air currents and be inhaled by susceptible individuals who have not had face-to-face contact with the infectious individual.

**Patient Placement:** Requires an Airborne Infection Isolation Room (AIIR), also called a negative pressure room. Follow these [current guidelines](#). If no AIIRs are available, place a mask on the patient and place in an examination room with the door closed.

**PPE:** Must wear National Institute for Occupational Safety and Health (NIOSH) approved respiratory protection, such as N95 (details of this are covered in separate course). Visitors wear a surgical mask.

**Patient Transport:** Limit transportation and movement of patients outside of the room. Notify receiving unit of patient’s isolation status. Instruct patient to wear a surgical mask. For patients with skin lesions associated with varicella or smallpox or draining skin lesions caused by M. tuberculosis, cover the affected areas to prevent aerosolization with contact skin lesions. Transporting staff do not need to wear a mask or respirator during transport. The patient is to wear a mask and infectious skin lesions are to be covered.

**Ambulation:** not allowed
Common Infections and Conditions requiring Airborne Precautions:
(This list is not comprehensive - see Appendix A for comprehensive list)

Examples that require this isolation:
- Pulmonary tuberculosis
- Measles (Rubeola)

AIRBORNE ISOLATION

Visitors: Please check in at the nurse station before entering room.

Precauciones de aislamiento: Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Por favor, lávese las manos y póngase la mascarilla antes de entrar a la habitación. Mantenga la puerta cerrada.

Team Members: Keep door closed.
Transmission occurs by both the airborne and contact routes as previously described. Follow airborne precautions requirements for patient placement and ambulation.

**PPE:** Must wear NIOSH-approved respiratory protection, gown, and gloves

**Transport:** Follow airborne plus contact precautions requirements for transport

**Examples that require this isolation:**
- SARS-CoV2 (Coronavirus Disease)
- Viral hemorrhagic fever
  - Ebola virus, Lassa virus, Marburg virus
- Other emerging infections
Diseases that Require Contact AND Droplet Isolation

- Infants and children with RSV
- Patients with multi-drug resistant organism (MRSA, VRE, etc.) with another infection that requires droplet (such as influenza)

Examples that require this isolation:

- Co-Infections
  - A patient with a MDRO and influenza
Diseases that Require Contact, Airborne, & Droplet Isolation

- SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19)
- Dedicated medical equipment should be used when caring for patients with suspected or confirmed SARS-CoV-2 infection
- Bundle care to limit time in the room and exposure
- **Aerosol Generating Procedures (AGP):** See list [here](#). AGP should be performed in an airborne infection isolation room (AIIR/negative pressure) when possible, for Patient/Person Under Investigation (PUI) for confirmed COVID-19 patients. N95, equivalent respirator or PAPR should be used for all AGPs
- Limit transport and movement of the patient outside of the room to medically essential purposes
- Patients should wear an Inova-supplied non-medical grade mask for duration of stay (as medically tolerated)
- Patient may remove mask when alone in room
Neutropenic Isolation

**NEUTROPENIC ISOLATION**

**Visitors: Please check in at the nurse station before entering room.**

**Precauciones de aislamiento:** Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. No debe entrar si cree que está enfermo. No se permite entrar con plantas vivas ni flores a la habitación. Por favor, lóvese las manos y pángase la mascarilla antes de entrar. Mantenga la puerta cerrada.

**Team Members:** Keep door closed. No fresh flower or plants are allowed in the patient’s room.
Measles (rubeola)

What are the symptoms of measles?
- A typical case of measles begins with mild to moderate fever, cough, runny nose, red eyes and sore throat
- 2 or 3 days after symptoms begin, tiny white spots (Koplik’s spots) may appear inside the mouth
- 3 to 5 days after the start of symptoms, a red or reddish-brown rash appears
- The rash usually begins on a person’s face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet

How does measles spread?
- Measles spreads when an infected person breathes, coughs, or sneezes
- Measles is so contagious that any child who is exposed to it and is not immune will probably get the disease

How do I know if I am immune?
- You are considered immune if you have a history of 2 MMR vaccines OR a documented positive titer for Rubeola
- IgG Rubeola testing (Titer) is required if you do not have documentation of immunization

If measles is suspected in a patient:
- Place a mask on an individual prior to entering the healthcare facility and place the patient in a negative pressure room (AIIR) as soon as possible
- If measles is suspected, please contact Infection Prevention at your respective facility immediately!

If you are having signs or symptoms:
- If you have symptoms and are not already at work – do not come to work
- Please contact Team Member Health immediately to report your symptoms
- If you need to seek medical help, please call ahead so the doctor’s office or clinic is aware that you may have measles so that they may take the appropriate precautions

Please click [here](#) to see some images of a measles rash
Part 42023 Annual Education: Clinical Team Member

Tuberculosis (TB) Overview

- Caused by bacterium (Mycobacterium tuberculosis)
- Infection is acquired by inhalation of airborne particles ("droplet nuclei")
- Particles are generated when persons with TB cough, sneeze, or speak
- Particles can remain suspended in the air for long periods of time
- Worldwide, one third of the population is infected with Mycobacterium tuberculosis
- In the United States, TB rates have been decreasing since 1993

In May 2019, the CDC updated their recommendations on TB screening for Health Care Workers focusing more on the treatment Latent TB Infection (LTBI). Treatment of LTBI infection is essential to controlling and eliminating TB in the United States. Latent TB infection is treated to prevent progression to TB disease. People with LTBI have TB bacteria in their bodies, but they are not sick or infectious because their immune systems are keeping the TB bacteria under control.

Treating LTBI greatly reduces the risk that a person with TB infection will progress to TB disease.

**Latent TB Infection**
- TB bacteria infect the body and can live for years without making you sick
- Do not feel sick
- Do not have any symptoms
- Cannot spread TB to others
- May take 2-10 weeks for infected person to have a positive TB Screening test

**Active TB Infection**
- Usually feel sick
- Usually have one or more symptoms
- May be able to spread TB bacteria to others
- Symptoms: fever, chills, night sweats, loss of appetite, weight loss, fatigue, productive cough sometimes with blood, chest pain, coughing of blood
- Confirmed by x-ray
- Medical management/treatment available
Symptoms of TB disease include:
- a bad cough that lasts 3 weeks or longer
- pain in the chest
- coughing up blood or sputum
- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

Risk Factors include:
- Birth, travel, or residence in a country with elevated TB rate \( \geq 3 \) months
- Medical conditions increasing risk for progression to TB disease such as: diabetes, chronic renal failure or on hemodialysis, gastrectomy, jejunoileal bypass, solid organ transplant, low body weight, head and neck cancer
- Immunosuppression, current or planned - HIV infection, injection drug use, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone greater or equal to 15mg/day for over 1 month) or other immunosuppression medication
- Close contact to someone with infectious TB disease at any time

Be familiar with Inova's TB Control Plan
Hepatitis B is caused by a virus that attacks the liver and can cause lifelong infection, cirrhosis, liver cancer, liver failure, or death. In 2018, a total of 3,322 cases of acute hepatitis B were reported to the Centers for Disease Control and Prevention, for an overall incidence rate of 1.0 cases per 100,000 population. HBV infection is a well recognized occupational risk for healthcare personnel.

The average volume of blood inoculated during a needlestick injury with a 22-gauge needle is approximately 1 µl, a quantity sufficient to contain up to 100 infectious doses of HBV.

HBV can survive outside the body at least 7 days and still be capable of causing infection.

About 30 of infected persons have no sign or symptoms of HBV. If symptoms occur, they usually begin to appear on the average of 12 weeks (range 9-21 weeks) after exposure to hepatitis B virus. If you have symptoms, they might include jaundice abdominal discomfort dark urine clay-colored bowel movements joint pain fatigue loss of appetite nausea.
HBV IS PREVENTABLE!

All team members who have been identified to be at risk for possible exposure to bloodborne pathogens will be offered the hepatitis B vaccination at no cost to the team member.

The vaccine prevents hepatitis B infection and its serious consequences. Team members may elect to decline the vaccine.

If the vaccine is administered before infection, it prevents the development of the disease and the carrier state in almost all individuals.

Hepatitis B vaccine consists of a series of either two or three injections initial, one a month later, and one six months from the first.
Hepatitis C virus is a liver disease. After a needlestick or sharps exposure to HCV-positive blood, the risk of HCV infection is approximately 1.8%.

Estimated 4.1 million Americans have been infected with HCV, of whom 3.2 million are chronically infected.

- Long term effects of HCV if untreated
- Chronic infection 75-85 of infected persons
- Cirrhosis 20 of chronically infected persons
- Deaths from chronic liver disease 1-5 of infected persons may die
- Leading indication for liver transplant
HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Once a person has been infected with HIV, it may be many years before AIDS develops. HIV kills or damages cells in the body's immune system, gradually destroying the body's ability to fight infection and certain cancers. Occupational HIV transmission is extremely rare. Only 58 cases of confirmed occupational HIV transmission to health care personnel have been reported in the United States.

Some infected with HIV have no symptoms for up to ten years. Within a month or two after exposure to the virus some experience flu-like illness such as fever, headache, fatigue, weight loss, diarrhea, night sweats, enlarged lymph nodes. These symptoms usually disappear within a week to a month and are often mistaken for those of another viral infection. During this period, the individual is very infectious.

The average risk for HIV transmission after a percutaneous exposure to HIV-infected blood has been estimated to be approximately 0.3. HIV does not survive well outside the body, making the possibility of environmental transmission remote.
Just a reminder that the latest Team Member Resources for COVID-19 care for both patients and team members can be found [here](#). This site will provide the latest communication, guidelines, huddle messages as well as the ability to search for specific information. Stay up-to-date by visiting often!
Need for Antimicrobial Stewardship: Up to 50% of antibiotics prescribed in U.S. hospitals are unnecessary or inappropriate, leading to increased antimicrobial resistance and C.diff infections.

**What is Antimicrobial Stewardship?** “…coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration.” (Fishman N. Infect Control Hosp Epidemiol, 2012)

**Goals include:**
- Use antibiotics that treat only the bacteria involved
- Use for the shortest effective period of time
- Use the right dose for the specific infection
- Use the oral over IV when possible
- Cure the patient’s infection!

**How can you help with Antimicrobial Stewardship?**
- Collecting valuable information like accurate and detailed allergy and medication histories
- Educating patients on their antibiotics and helping them understand why antibiotics aren’t always helpful
- Collecting high quality cultures and appropriately timed drug levels
When you review allergies please update the allergies tab by asking the following questions:

- What medication specifically were you taking when the reaction occurred?
- What kind of reaction occurred?
- How long ago did the reaction occur?

Why are penicillin allergies important?

- An allergy to penicillin could contraindicate the patient to the most effective and best tolerated treatment
- Examples: Zosyn, cetraxone, cefepime, cefazolin, meropenem, ertapenem, nafcillin, ampicillin, amoxicillin, cephalexin etc..
- Many of these antibiotics have a <2% risk of reaction
- Risk of future reactions the longer it’s been since the initial reaction
- If the reaction was a minor rash or nausea the benefit of using the treatment of choice would far outweigh the risk
- If the reaction was anaphylaxis we’d probably not want to risk challenging
There is a tremendous opportunity for you to help patients understand why they are or are NOT receiving antibiotics when not truly indicated, like upper respiratory infections.

The CDC has handouts we recommend for explaining when it is and is not appropriate to receive antibiotics. If you have questions regarding education materials please visit Inovanet.

**SIX SIMPLE AND SMART FACTS ABOUT ANTIBIOTIC USE**

1. **Antibiotics are life-saving drugs**
   Using antibiotics wisely is the best way to preserve their strength for future bacterial illnesses.

2. **Antibiotics only treat bacterial infections**
   If your child has a viral infection like a cold, talk to a doctor or pharmacist about symptom relief. This may include over-the-counter medicine, a humidifier, or warm liquids.

3. **Some ear infections DO NOT require an antibiotic**
   A doctor can determine what kind of ear infection your child has and if antibiotics will help. The doctor may follow expert guidelines to wait a couple of days before prescribing antibiotics since your child may get better without them.

4. **Most sore throats DO NOT require an antibiotic**
   Only 1 in 5 children seen by a doctor for a sore throat has strep throat, which should be treated with an antibiotic. Your child’s doctor can only confirm strep throat by running a test.

5. **Green colored mucus is NOT a sign that an antibiotic is needed**
   As the body’s immune system fights off an infection, mucus can change color. This is normal and does not mean your child needs an antibiotic.

6. **There are potential risks when taking any prescription drug**
   Antibiotic use can cause complications, ranging from an upset stomach to a serious allergic reaction. Your child’s doctor will weigh the risks and benefits before prescribing an antibiotic.
Zero Harm to Patients

Zero Harm to Patients–High Reliability

Our goal is to become a High Reliability Organization.
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<th><strong>Please choose the best answer(s) for the following questions.</strong>&lt;br&gt;<strong>Please place your answer on the Answer Sheet.</strong></th>
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| **1.** It is an employee’s duty and management’s expectation that those tasked with patient handling activities, e.g. lifting, transferring, or moving a patient, will take reasonable care to protect their own health and safety as well as that of their colleagues against injury, harm, or danger. | A. True  
B. False |
| **2.** Any staff member has the option of verifying clinical privileges of Licensed Independent Practitioners (LIP) through InovaNet. | A. True  
B. False |
| **3.** When patient complaints cannot be resolved easily, patients have the right to file a grievance with The Joint Commission. | A. True  
B. False |
| **4.** With regard to victims of abuse and neglect, The Joint Commission requires that accredited facilities: | A. Identify victims of abuse or neglect  
B. Educate healthcare staff  
C. Assess and refer victims to available resources  
D. Report abuse and neglect  
E. All are correct answers |
| **5.** All patients 12 and above presenting to the hospital will be screened for suicide risk using the Columbia-Suicide Severity Rating Scale (C-SSRS). | A. True  
B. False |
| **6.** Which of the following are stroke warning signs? | A. Sudden confusion, trouble speaking or understanding  
B. Sudden numbness or weakness of face, arm or leg, especially on one side of the body  
C. Sudden trouble seeing in one or both eyes  
D. Sudden trouble walking, dizziness, loss of balance or coordination  
E. Sudden severe headache with no known cause  
F. All the signs above are stroke warning signs |
| **7.** The Joint Commission expects hospitals to implement practices to prevent healthcare-associated infections (HAIs). What is one of these practices? | A. Use of proper hand hygiene  
B. Use of iodine for disinfecting surgical tools  
C. Use of Contact Precautions for all admitted patients  
D. Use of Airborne Precautions for all admitted patients |
| **8.** What is a key tool for protecting healthcare workers from exposure to bloodborne pathogens? | A. Prophylactic drugs  
B. Standard Precautions  
C. Vaccination against HIV/AIDS  
D. Refusing to treat patients with hepatitis |
| **9.** Which of the following are considered the Five Moments for Hand Hygiene? | A. Before touching a patient  
B. Before clean aseptic procedure  
C. After body fluid exposure risk  
D. After touching a patient  
E. After touching patient surroundings  
F. All of the above are correct. |
| **10.** I will commit to washing my hands to prevent any patient, parent, child, sibling or friend from being harmed by a hospital acquired infection. | A. I commit  
B. I do not commit |
11. Which of the following is considered Regulated Medical Waste?  
A. Containers, catheters, or tubes with fluid, blood or blood products not discarded or flushed  
B. Used band aid  
C. Indwelling empty drainage catheters  
D. Basins, bedpans, or empty urinals  

12. Which of the following is a part of Contact Precautions?  
A. Healthcare staff must wear personal respirators  
B. Patients are isolated in private rooms or cohorted.  
C. Rooms have special air handling and ventilation systems.  
D. Healthcare staff must be decontaminated after contact with the patient.  

13. Safety Data Sheets (SDS) can be found on InovaNet under References.  
A. True  
B. False  

14. It is every employee’s responsibility to know their role in an emergency/disaster situation.  
A. True  
B. False  

15. A ligature risk includes anything that could be used to attach a cord, rope, or other material for purposes of hanging or strangulation.  
A. True  
B. False  

16. Which of the following is the correct protocol for a fire alarm?  
A. RACE or ARACE (at IAH)  
B. PPE  
C. MSET  

17. A provider is competent in providing developmentally appropriate care if he or she can:  
A. Utilize patient data to determine a patient's status  
B. Identify a patient's needs, taking into account the patient's chronological and developmental age  
C. Provide care appropriate to a patient's age and developmental needs  
D. All the above answers are correct  

18. All patients are at greater risk of experiencing a fall when in the hospital and are considered a fall risk.  
A. True  
B. False  

19. It is important to provide care that supports the visual, auditory, and tactile stimulation needs of a patient that is of the newborn or infant age range.  
A. True  
B. False  

20. Match the Age-Specific Care with the appropriate Age Group:  
   _____ Toddler (1-3 years old)  
   _____ Preschool (Age 3-6 years old)  
   _____ School Age (6-12 years old)  
   _____ Adolescent  
A. Explains therapy using correct terminology.  
B. Frames explanations using the five-senses as per patient capabilities, especially when providing explanations prior to procedures or interventions.  
C. Uses play as a means for communication  
D. Clearly defines and reinforces behavior limitations.  

21. Which of the following is true in caring for patients that are young/middle adult age (18-45 years old)?  
A. The care provider recognizes possible life transitions of the patient.  
B. The care provider explains therapy in simple, concrete terms.  
C. The care provider utilizes play for explanation of procedures and treatments.
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<td><strong>22.</strong></td>
<td>In planning care for the older adult (age 45 - 60 years) it is important to recognize the impact of health on family members/significant others.</td>
<td>A. True</td>
<td>B. False</td>
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<td><strong>23.</strong></td>
<td>In planning care for the patient in the geriatric age range (over 60 years old) it is important to consider the factors effecting medication administration and monitoring to include appropriate dosage, renal/liver function.</td>
<td>A. True</td>
<td>B. False</td>
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| **24.** | Which of the following are included in the Restraint and/or Seclusion Policy and Philosophy at Inova? | A. Promotes an environment that minimizes the use of restraints and seclusion  
B. Preserves the rights, dignity, and well-being of all patients while keeping patients, staff and visitors safe  
C. Not to be used as a means for coercion, discipline, staff retaliation, or to detain a capacitated patient who is making an informed decision in refusing treatment.  
D. The least restrictive form of restraint will be used.  
E. Shall be discontinued at the earliest possible time regardless of the scheduled expiration of the order.  
F. Inova does not use chemical restraints at any facility  
G. All the above |
| **25.** | A physical hold is a considered a restraint since it physically immobilizes or reduces the ability of a patient to move freely. | A. True | B. False |
| **26.** | Physical holds for violent or self-destructive behavior must be ordered and documented in EPIC. | A. True | B. False |
| **27.** | Suicide screening is completed using the: | A. Safety Surveille Suicide Risk Assessment  
B. Inova Depression Screen  
C. Columbia Suicide Severity Risk Screen  
D. Virginia DHSS Suicide Safety Risk Tool |
| **28.** | Prior to entering an MRI Zone IV, all persons will be screened with both a non-ferromagnetic and ferromagnetic detection device (i.e., metal detector). | A. True | B. False |
| **29.** | For those patients that are screened and found at high risk for suicide, discharge planning must include attention to behavioral health issues including resources for emergency suicide support. | A. True | B. False |
| **30.** | Which of the following are used to prevent Central Line-Associated Blood Stream Infections (CLABSI)? | A. Daily review of catheter necessity  
B. Daily bath with CHG when catheter is present  
C. Disinfect hubs prior to entry by robustly cleaning the hub with an alcohol swab and use alcohol impregnated caps on the hubs when not in use  
D. Educate patient and family about CLABSI prevention.  
E. All the above are correct |
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| 31. Preventing a Catheter-Associated Urinary Tract Infection (CAUTI) includes which of the following? | A. Checking tubing to prevent dependent loops  
B. Always keeping the drainage bag below the patient’s bladder  
C. Providing perineal care every 12 hours, after bowel movements, and PRN  
D. Secure tubing to bottom sheet using the clip provided  
E. All the above are correct |
| 32. Patients at risk for suicide will be reassessed daily, or more often as their clinical condition indicates. | A. True  
B. False |
| 33. Informed consent includes:                                           | A. The patient understanding their conditions  
B. The patient aware of options available to them  
C. Patients being active in making decisions in their care  
D. All the above are correct |
| 34. The three key factors for limiting radiation exposure are:           | A. Time. Minimize the amount of time that you are exposed.  
B. Distance. Maximize your distance from the radiation source.  
C. Shielding. Use appropriate shielding to absorb the energy of radioactive particles.  
D. All the above are correct |
| 35. Patients have the right to:                                          | A. Participate in decisions about their care  
B. Set the course of their treatment  
C. Refuse treatment  
D. Know their diagnosis  
E. Know their prognosis  
F. Know their treatment options  
G. All the above are correct |
| 36. Which of the following are considered universal fall precautions?   | A. Orient patient to physical surroundings  
B. Assure all necessary items are within reaching distance  
C. Remove all hazards/clutter  
D. Keep bed in lowest position with wheels locked  
E. Provide non-skid socks  
F. Purposeful hourly rounding (3 Ps)  
G. All the above are correct |
| 37. It is important to "DO" which of the following in regard to oxygen safety: | A. Be sure that patient has a full oxygen tank or at least a tank with 500 psi for any transport.  
B. Remain with patient until the receiving caregiver accepts the patient and confirms proper oxygen safety checks are completed.  
C. Escalate to RN if patient reports any concerns or O2 tank alarms  
D. All the above are correct |
Welcome to Equal Access: Language and Disability Services Training.
INOV'A's Language and Disability Department offers the following services: Spoken and Sign Language interpretation, Document Translations, and accommodations for patients with Special Needs.
Our Spoken Language services include interpretation over phone and video, in-house and contracted in-person interpreters, and more than 500 bilingual staff who have completed our Medical Interpreter Certification class.
Our Sign Language services are available either on-demand over video conferencing, also know as VRI, or through in-person interpreters when arranged though our scheduling office.
Our Document Translation service centralizes INOVA’s production of vital documents into our top languages.
Our Special Needs program offers Auxiliary Aids to meet the communication and mobility needs of patients with disabilities. This service is offered in coordination with our Patient Relations partners at each hospital.
All four services, Spoken, Sign, Translations, and Special Needs, help ensure effective communication and equal access, and support our commitment to meet the unique needs of each of INOVA’s patients, companions and visitors.
Language and Disability is dedicated to providing these services in a way that is timely, effective, safe, high quality, patient-centered and compliant with all applicable Federal laws.
Effective communication is essential to providing safe care.

Remember: Effective communication is essential to providing safe care. We risk serious errors when language services are not used appropriately, or not used at all.
How can you do your part in making sure that we provide excellent care even to those with unique needs?
1) Offer services every time
2) Use the appropriate service
3) Document every interaction

In three simple ways:
1) **Offer services every time**
2) **Use the appropriate service**
3) **Document every interaction**

One: Offer language and disability assistance every time you interact with a patient, companion or visitor who may need them in order to have equal access to safe medical care. Even the best available services are of little benefit if they are not used.
Two: Use the appropriate service for each patient and each occasion, taking into account the patient’s preferences to make this choice.

1) Offer services every time
2) Use the appropriate service
3) Document every interaction
1) Offer services every time
2) Use the appropriate service
3) Document every interaction

Three: Document every interaction that requires language or disability services, noting what service line was used.
Let’s consider these three steps in more detail.

1) Offer services every time
2) Use the appropriate service
3) Document every interaction
One: Offer services every time.

INOVA policy states: “Any patient or companion who is limited English proficient or deaf or hard of hearing must be offered interpreter services or auxiliary aids free of charge.”
1) **Offer services every time**

Offer services at every point of contact, assessing and reassessing the patient’s communication needs throughout their stay, as these may change depending on the circumstances. Remind the patient that they will not be charged for these services.

Offer services at every point of contact, assessing and reassessing the patient’s communication needs throughout their stay, as these may change depending on the circumstances. Remind the patient that they will not be charged for these services.
Two: Use the appropriate service.
Some short interactions can be interpreted remotely, by phone or video.
Others will require an on-site interpreter.
Some will require the support of our scheduling office.

2) Use the **appropriate** service
Only you and your patient can determine which interpretation service or auxiliary aid is most appropriate for each occasion.

2) Use the appropriate service
“Appropriate” also means avoiding options that, although appearing convenient, are against INOVA policy and federal law, such as the use of untrained hospital personnel, family members (unless specifically requested by the patient in a signed waiver), anyone under 18, and technology solutions, such as Google Translate, which operate on statistics and can miss the nuances of a spoken message.
2) Use the **appropriate** service

Bilingual providers:
- may not need an interpreter
- should complete a language proficiency test

Providers who would like to communicate directly with their patients in a non-English language are encouraged to take our language proficiency test and be added to our database of Screened Bilingual Providers.
3) **Document** every interaction

Three: document every interaction.
3) **Document every interaction**

Documentation should include:

- requests for services
- refusal of services
- services provided
- notes exchanged with a Deaf patient
- challenges or unusual circumstances

Documentation is crucial and should include requests for services, refusal of services, services provided, notes exchanged with a Deaf patient while interpreter services are being arranged, and any challenges or unusual circumstances.
3) **Document every interaction**

If it isn’t documented, it didn’t happen.

No matter how many services were actually provided, “if it isn’t documented, it didn’t happen.”
Where can you find additional information? Our Language and Disability page on InovaNet can be accessed through our Blue Tab, right under Tools and References.
Our page contains a complete list of all language and disability resources available at each INOVA location. Please become familiar with those that apply to your facility.
Telephonic Interpretation in 350 languages is available across INOVA and can be obtained from ANY INOVA phone at our 5 hospitals, by dialing 53-5264, and selecting one of our four over-the-phone interpreter vendors. All of them can initiate 3rd-party calls in the event that a patient or family member at home needs to be reached. Please visit our InovaNet page for information on how to access this service from our non-hospital locations.
Video Remote Interpreting devices, or VRI, used for American Sign Language and two dozen spoken languages, are located in most EDs, Labor and Delivery units, HealthPlexes, Urgent Care Centers, main registration points, and through the Nurse Administrators. A complete list of locations can be found on InovaNet.
Language and Disability Services manages the translation of vital documents into our top languages system-wide to assure the highest possible quality and the most cost-effective process. We can also help you ensure that your document meets the non-discrimination notice requirements from Section 1557 of the Affordable Care Act. Please do not translate INOVA materials without coordinating with us. You may submit documents for translation to Translations@inova.org.
Auxiliary Aids such as Pocketalkers for hard-of-hearing patients, point-to-speak cards for the speech impaired, and magnifying sheets for those with low vision, are available in your Communikit, a resource located in all Nursing Units and Registration areas.

Auxiliary aids must be provided within 30 minutes of the patient or companion's request.
Each unit and Ambulatory facility is responsible for ordering their replacement CommuniKit items. Other articles not included in the Communikit box, such as the disposable Posey Amplifier, can be obtained from designated locations at each Operating Unit, or ordered directly from Lawson. Please visit our page on InovaNet for complete instructions.
If a patient or companion arrives with a service dog, you may only ask the following two questions:

One: Is this a service dog required because of a disability?

And Two: What service does the dog perform for you?

If the person is able to answer these two questions, the dog must be allowed to remain on the premises as long as it is under control and not a direct threat to others. The dog’s handler is responsible for walking and feeding his service animal.
If a patient requires mobility accommodations they will most likely know how we can best assist them, so please follow their lead on what services would best meet their needs.
24/7 support can be obtained by paging 98824, or through one of our Hospital Operators. Please page us immediately when a deaf patient arrives at your facility, even if they request to use a Video Remote Interpreting device, so that our staff is informed of their presence and can make additional arrangements if needed.
Language and Disability Services aims to eliminate the barriers that may exist between you and your patients with unique needs, so that EVERY INOVA patient can have equal access to excellent care.
Questions or feedback?

LanguageandDisabilityServices@inova.org

Please let us know how we can better serve you.

Thank you for completing the Language and Disability Services annual HealthStream module.
Language and Disability Services: Post-Test

Staff must have 7 out of 8 correct answers to pass

Please circle the best answer.

1. Spoken Language interpretation can be delivered:
   A. By a Staff Interpreter
   B. Over the phone
   C. By a bilingual staff member who has completed INOVA’s Interpreter Certification class
   D. All of the above

2. Sign Language interpretation can be delivered:
   A. Only by an on-site interpreter
   B. Only through a Video Remote Interpreting device (VRI)
   C. By an on-site interpreter or through VRI
   D. Over the phone

3. “Translating” is:
   A. Same as interpreting; makes no difference what you call it
   B. Producing a written version of a document in another language
   C. Something any bilingual staff member should do without training or supervision
   D. All of the above

4. Effective communication:
   A. Is essential to providing safe care
   B. Has little impact on reducing the risk of serious errors
   C. Would be nice to have, but we don’t live in a perfect world
   D. All of the above

5. Selecting the appropriate language service for my patient means:
   A. Taking into account the patient’s preferences
   B. Avoiding the use of untrained hospital personnel
   C. Avoiding the use of family members (unless specifically requested by the patient in a signed waiver)
   D. All of the above

6. When should you document that you’ve used an interpreter?
   A. Never. I have great memory.
   B. Only when I have a deaf patient. Spoken languages are not that important.
C. Every time. If it isn’t documented, it didn’t happen.
D. Only when someone reminds me.

7. How can you contact Language and Disability Services?
A. Through the numbers posted on our page on InovaNet
B. By XTend paging 98824
C. From the Hospital Operators
D. All of the above

8. Language and Disability Services aims to:
A. Give some patients preferential treatment
B. Make your work more difficult and slow you down
C. Eliminate the barriers that may exist between you and your patients with unique needs, so that every INOVA patient can have equal access to excellent care.
D. All of the above
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