2024 Annual Education for all Clinical Team Members

General Safety - Hazards

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

IMPORTANT:
Ensure you know where the Oxygen Shut Off Valve is in your department!

Take appropriate measures to:

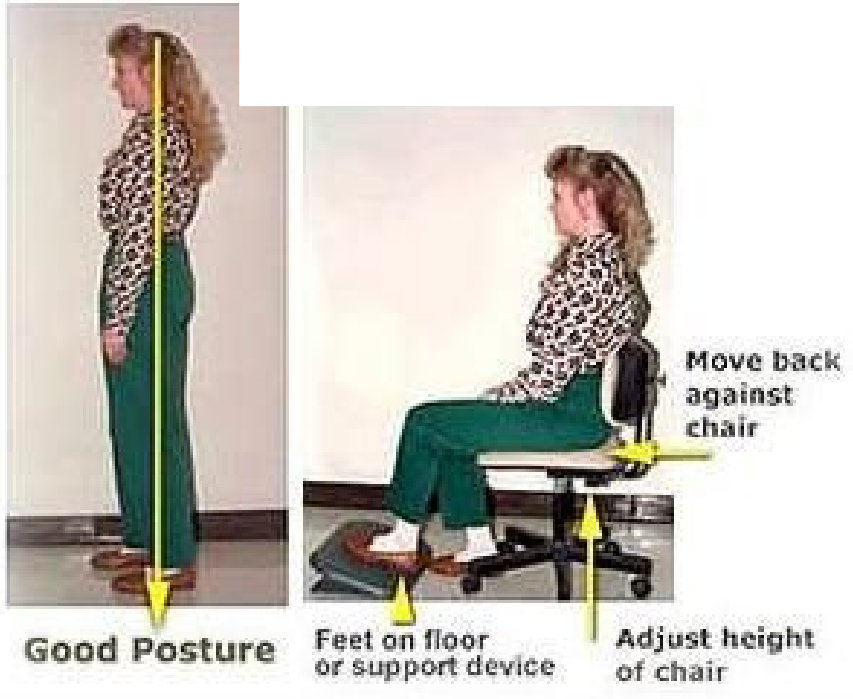
- Eliminate as many of these hazards as possible
- Safeguard against exposure to the hazards that cannot be eliminated

Ergonomics

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.

Staff: Slips, Trips, and Fall Prevention

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 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.

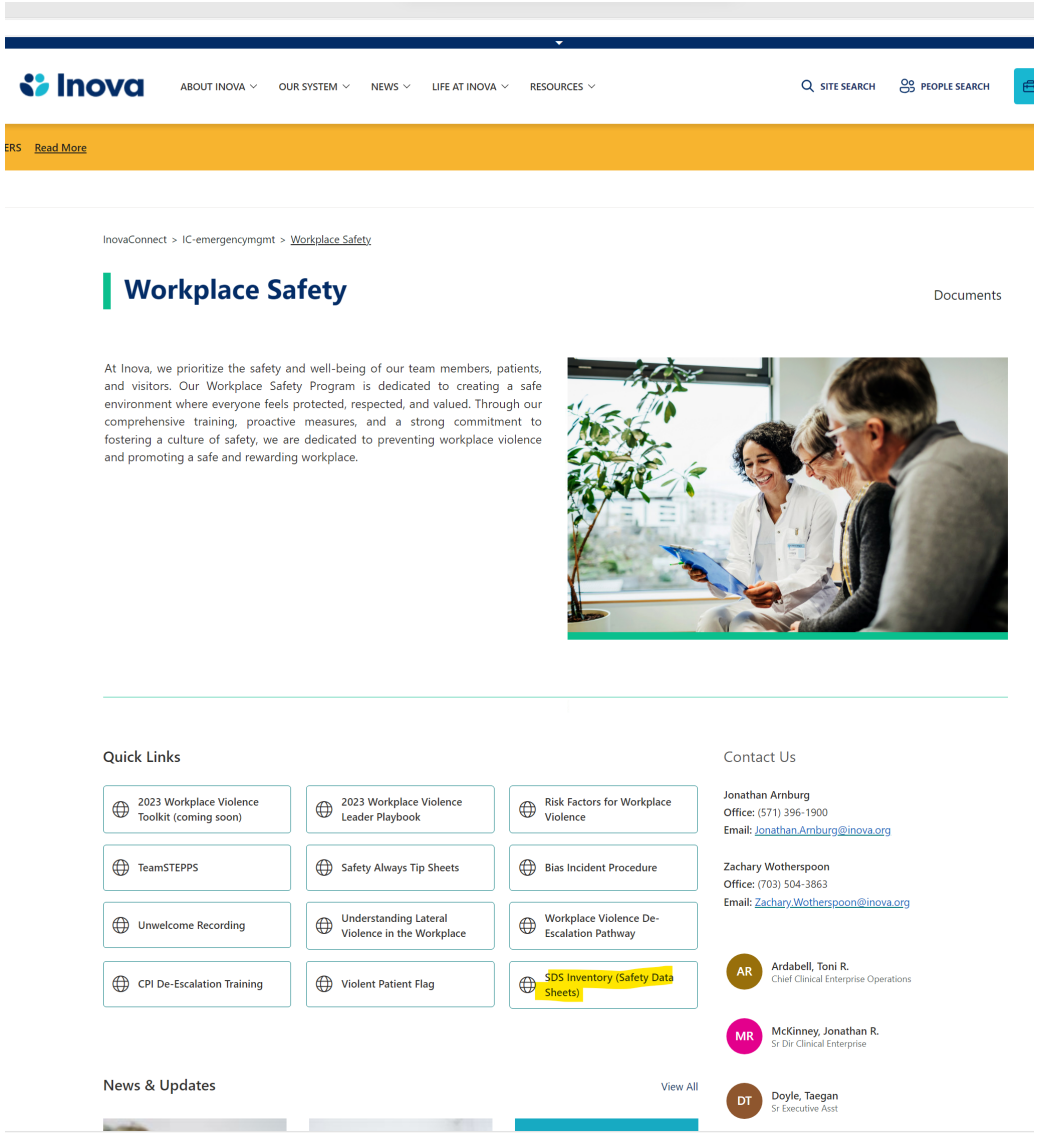
- A physician's order is required for a patient to use his or her own medical device
- Patients using their own medical device during a hospital stay will sign the Devices and Medications Patient Release Form if applicable, on admission
- Biomedical Engineering will check electrical safety for all electrically 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 & Biomedical Hazards

Chemical Hazard Communication Program

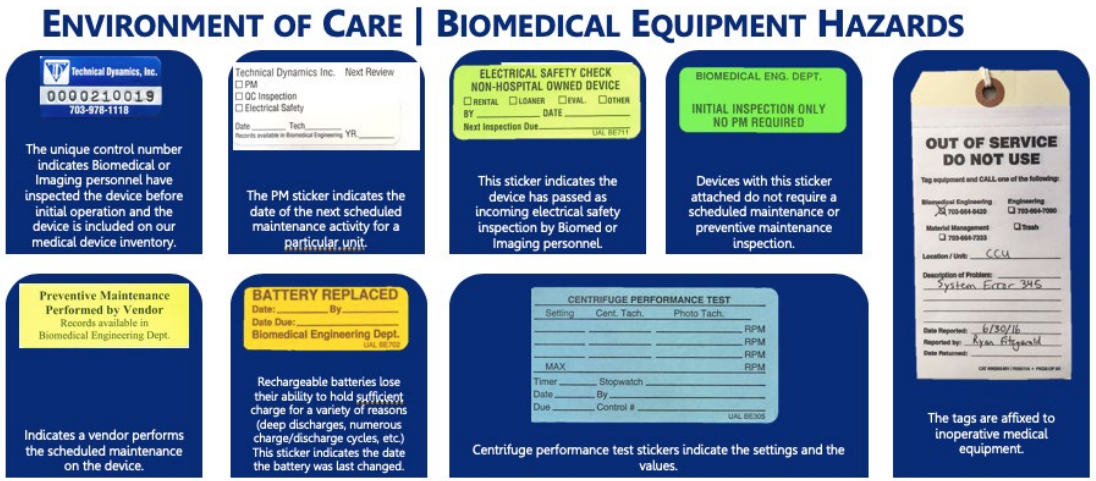
- Promotes the safe use, storage, and disposal of chemicals
- Safety Data Sheets (SDS) provide safety information on each chemical and are in the department where the chemical is used
- Each department maintains a chemical inventory of chemicals in their department
- The written hazardous chemical management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

Safety Data Sheets (SDS) can be found on the InovaConnect under Workplace Safety.



Biomedical Equipment Hazards

Please click here to see a larger view of the image below.



Radiation Safety

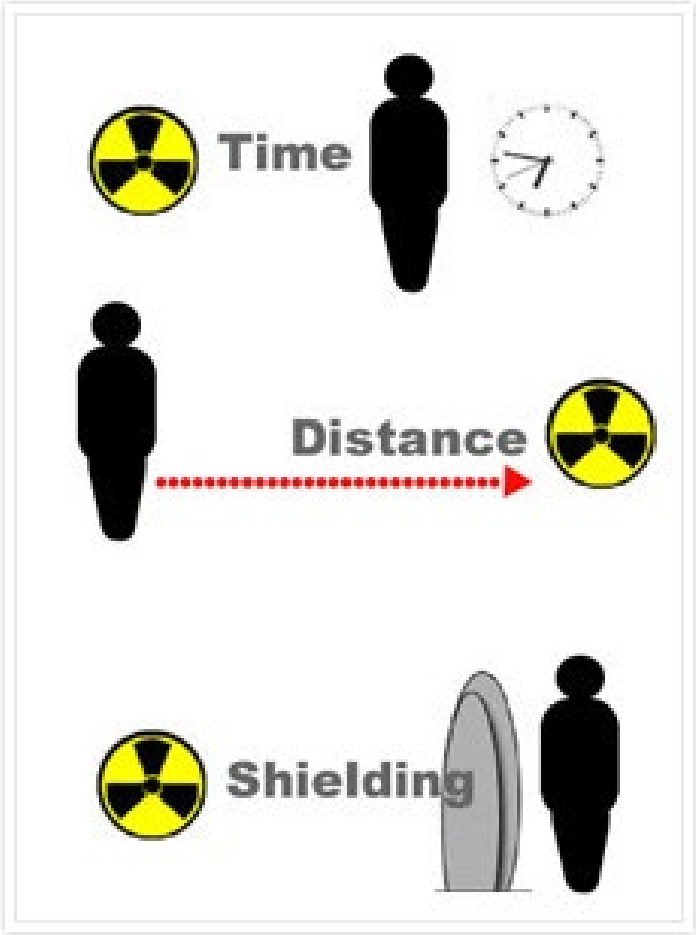
Exposure to radiation can increase the risk of cancer.

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).



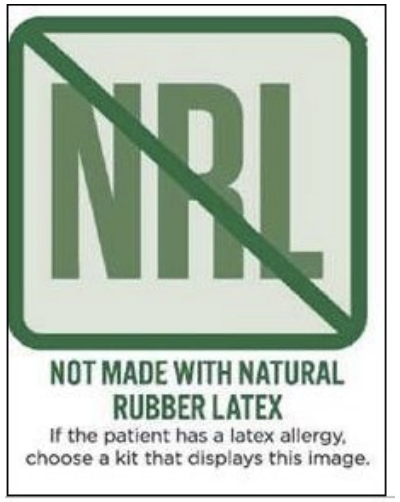
Latex Allergy

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 team member health 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
- Oxygen tanks have a **GREEN** top and gauge – see photo.
- 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.)
- Clin techs, EMT's, medical assistants, transporters and patient safety associates (PSAs) CAN NOT place patients on oxygen or adjust flow rates
- Check for Alarms/Alerts!
- 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**
- Complete an oxygen safety check prior to every transport!

How to administer oxygen SAFELY:

- **S**et the flow meter
- **A**djust the valve to OPEN (or confirm open) and confirm PSI/Duration
- **F**ollow your tubing
- **E**nsure oxygen is properly flowing to the patient

NO YES

MRI Safety

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.

COMPATIBLE TANK

Non-compatible oxygen tank pulled to magnet

NON-COMPATIBLE TANK

MRI Safety: Zones

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.

Zone 1	**This region includes all areas that are freely accessible to the general public. Typically, outside the MR environment itself.**
Zone 2	**This area is the interface between the publicly accessible, uncontrolled Zone 1 and Zones 3 & 4.**
Zone 3	**Region in which free access by unscreened non-MR personnel or ferromagnetic objects or equipment can result in serious injury or death.**
Zone 4	**Area that contains the MR scanner magnet room itself.**

Culture of Safety

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.

WHAT'S YOUR ROLE IN BUILDING OUR CULTURE OF SAFETY?

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 a 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 & 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

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:

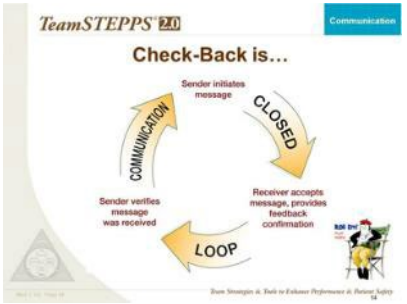
- Multidisciplinary rounds
- ISHAPED Report between nurses at the bedside
- Hand-off report between allied healthcare team members
- Use of Ticket to Ride
- Use of standardized communication such as in the use of SBAR (see link for safety huddle on SBAR)

TeamSTEPPS

TeamSTEPPS®

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

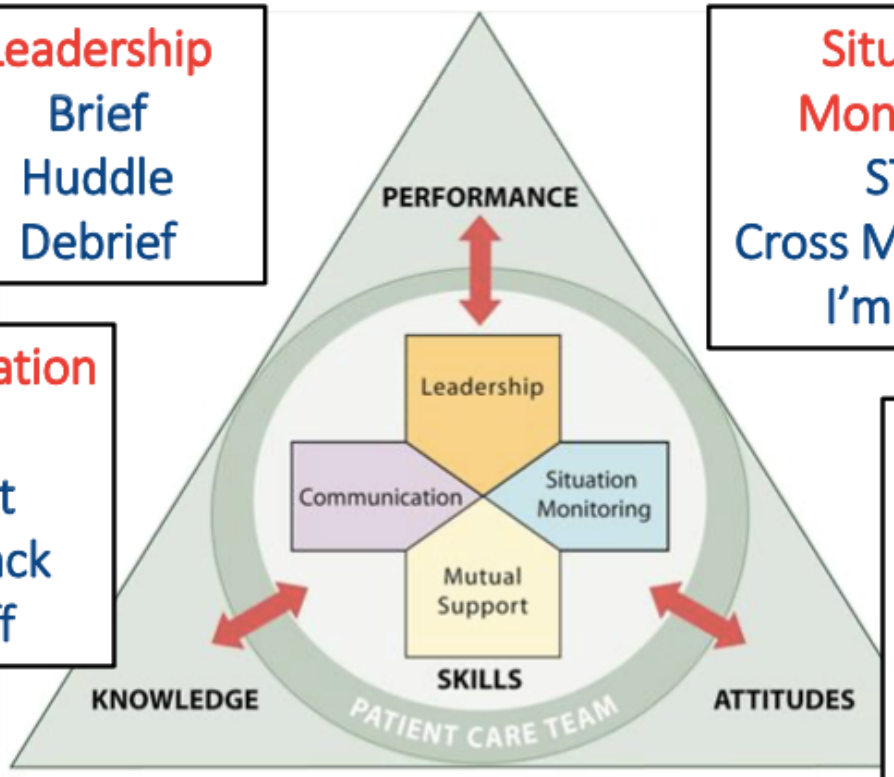
Team Strategies & Tools to Enhance Performance and Patient Safety



Click here to find out more details about Check-Back.

Leadership
Brief
Huddle
Debrief

Situation Monitoring
STEP
Cross Monitoring
I'm SAFE



Communication
SBAR
Call-Out
Check-Back
Handoff

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

Any team member can 'stop the line' if he/she senses or discovers a breach of safety.

Click here to find out more details about CUS.

INOVA

PAUSE for Patient Safety Tool

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**:

P	**Purposeful**
A	**Attention**
U	**Understanding**
S	**Safety**
E	**Every time Every touch**

- ✓ 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**

Escalation for Patient Care Concerns: Job Aid

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

Order of Chain of Command

- **Health Care Provider**
  - **Intern, resident, fellow, PA or NP**
- **Attending Physician**
- **Medical Director (if applicable)**
- **Section Chief &/or Dept. Chair**
- **President of Medical Staff**
- **Chief Medical Officer**

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 must 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

Order of Chain of Command

- **Charge Nurse**
- **Nursing Leader**
- **Administrative Supervisor or Senior Director**
- **Administrator on call**

For details of the procedure for escalation of patient care concerns, click here.

What is Emergency Management at Inova?

- Emergency management is the managerial function charged with creating the framework that reduces Inova's vulnerability to hazards.
- We aim to protect Inova by coordinating and systemizing all activities necessary to build, sustain, and improve Inova's enterprise resiliency
- Develop the proficiency 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 ability to provide world-class healthcare, every time, every touch during disasters or emergencies.

**For information on Inova's Emergency Management Program, please contact you're the System Office of Emergency Management at watchofficer@inova.org

Principles of Emergency Management

Comprehensive

- All threats and hazards
- All stakeholders
- All potential impacts

Coordinated

- Systemized processes
- Common Operating Picture
- Develop a One Inova Response

Progressive

- Strategic Planning (present & future)
- Develop a growth mindset
- Build resiliency into Inova's "culture of preparedness"

Risk Driven

- Identify threats/ hazards
- Focus on operational risk
- Stakeholder business impact analysis focused

Professional

- Knowledge based approach
- Focus on education and training
- Stewardship focused
- Emphasize Continuous Improvement

Critical Functions of Emergency Management

Communication

- Orange Disaster Phones (unit based)
- FirstNet Deployable emergency phones
- Inova Alerts
- Spectralink
- Downtime procedures

Resources and Assets

- Internal Disaster Cache
- Emergency Contracts with Vendors
- Inova Supply Chain Warehouse
- Regional Disaster Cache (RHCC)

Safety and Security

- Access Control
- Armed officer and Behavioral Health Officer deployment
- Weapons Detection
- Enhanced CCTV coverage

Team Member Responsibility

- Participate in training and education
- Focus on department-based response plans
- Develop a “culture of preparedness” mindset

Utility Management

- Generator power (red outlets)
- Emergency water
- Med gas/ Med air emergency shutoffs

Patient and Clinical Support

- Focus on medical equipment
- Continuity of Care
- Managing medical documentation management
- Allocation of scarce resources

** Above are TJC’s list of critical focus areas within emergency management, and Inova’s aligned mitigation strategies

Plain Language Alerts

@ Inova, we use Plain Language alerts

- Plain language alerts will be used to notify the appropriate individuals to initiate an immediate and appropriate response.
- If appropriate/necessary, each alert should have a defined alert type, descriptor, location, and/or directions/action
- Each alert shall have a defined delivery method (overhead or pocket page), defined need for an all-clear follow-up message
- Any Inova team member may initiate an emergency or plain language alert by calling an Inova Emergency Response

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 #

How to survive and active assailant event

@ Inova, we use Run, Hide, Fight

RUN

- Avoid the assailant – if safe to do so, evacuate the immediate areas where the shooter(s) are located, and lock down other units; leave personal belongings behind. Avoid escalators, elevators and encourage others to come with you.
- Secure patients and lockdown critical areas, such as operating rooms, treatment and intensive care units; move mobile and immobile patients to a secure area if possible
- Call 911 when safe to do so.

HIDE

- If running is not an option
- Hide in a room with thick walls and limited windows.
- Silence electronics
- Secure entryways or rooms by locking door(s) and securing with available furniture/ equipment

FIGHT

- Fight Defend yourself and your patients – as a last resort
- attempt to disrupt or subdue the attacker, using available items, such as a fire extinguisher.

Inova Alerts

Inova Alerts QR code

****Link for team members without an Oracle account**

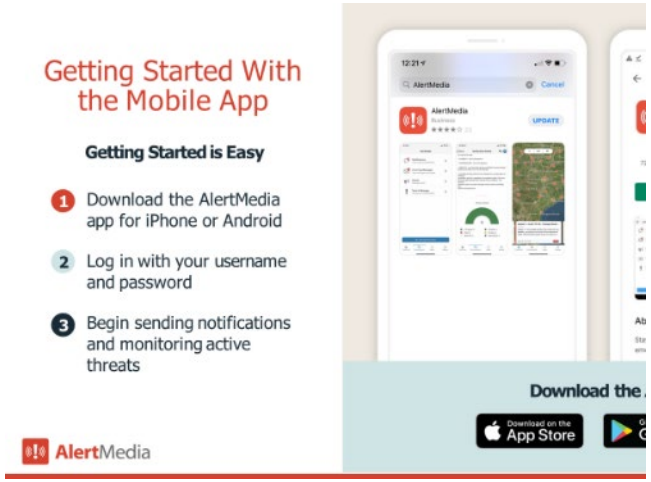
Inova Alerts QR code

Inova Alerts Cell Phone App

****IOS App Store**

Inova Alerts Cell Phone App

****Google Play Store**



Expand you're Preparedness Mindset

NVERS

- Northern Virginia Emergency Response System

VDEM

- Virginia Department of Emergency Management

VDH

- Virginia Department of Health

FEMA

- Federal Emergency Management Agency

CDC

- Center for Disease Control and Prevention

HHS & ASPR

- US Department of Health and Human Services
- Administration for Strategic Preparedness and Response

A "culture of preparedness" begins with you.
You determine Inova's response to emergency situations.

**Click the bullets to explore each organizations resources

Fire Safety: Prevention and Safeguards

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: RACE and PASS

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

Plain Language: Medical Related Alerts

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

Social Determinates of Health

What are social determinants of health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Visit this website from Healthy People 2030 which sets data-driven national objectives to improve health and well-being over the next decade.

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.

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

Informed Consent: Healthcare professions must discuss ALL treatment options with their patients.

This includes the option of no treatment.

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

Note: Minors do not have the right to consent for treatment. Parents must accept or refuse treatment for their minor children.

Verification of LIP Privileges

All licensed independent practitioners (LIP) credentialed and privileges are maintained by the Medical Staff Office.

LIPs include all:

- Physicians
- Nurse Practitioners
- Certified Nurse Anesthetists

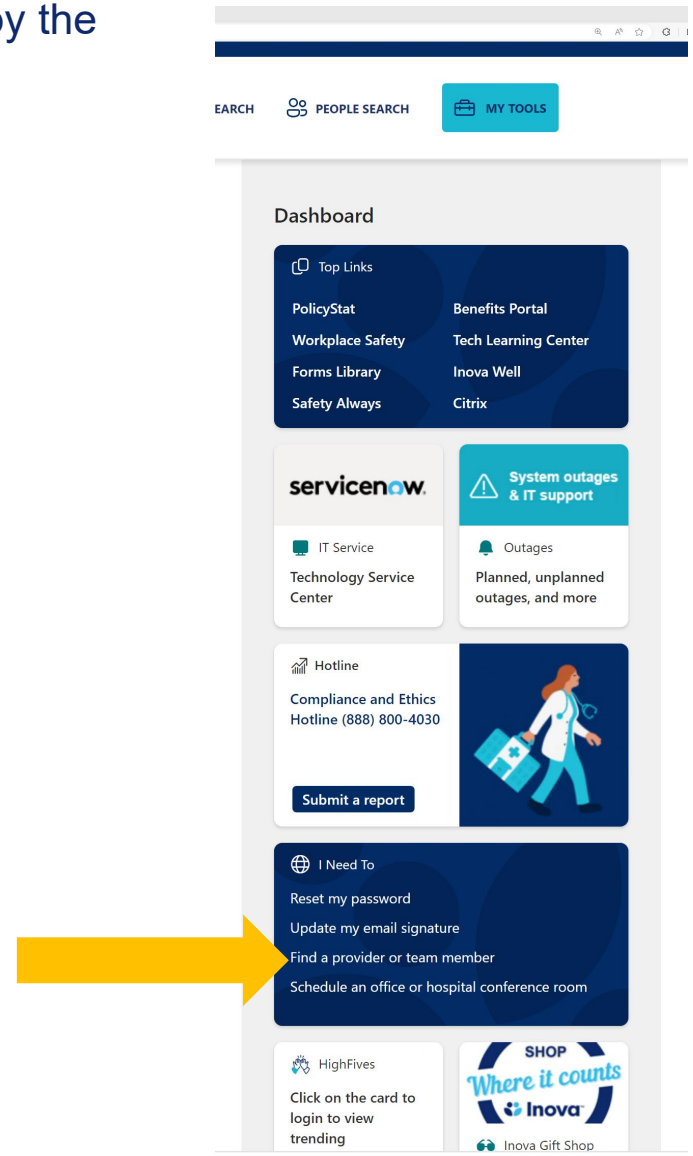
Any staff member has the option of verifying clinical privileges through InovaConnect.

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

How to find LIP Privileges?

- Go to Inova Connect, Click on Find a provider or team member



Visitation Open Hours

Policy Highlights

Privacy: Staff will always seek patient's permission to discuss their health in the presence of others.

Limitations

- Clinically necessary procedures, treatments or patient status may prevent or limit visitation
- Restrictions may be applied during crisis
- 2 visitors in semi-private rooms except for Family Centered Care

Overnight Visitor

- Private rooms: 1 adult will be allowed
- In a semi-private room
  - No overnight guest will be permitted overnight
  - See policy for specifics and exceptions

All visitors must be healthy and compliant and follow infection prevention and control measures.

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

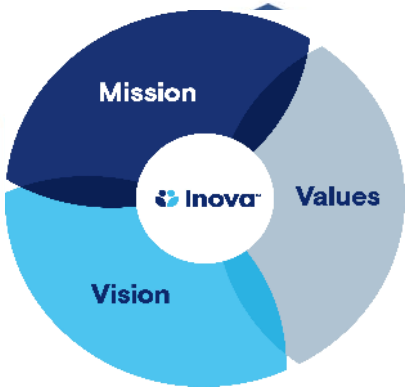
VDH VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
www.vdh.virginia.gov/licensure-and-certification/

Title
Designated Support Person Implementation
Responsible Division
OLC – Acute Care Services

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, & Care Model

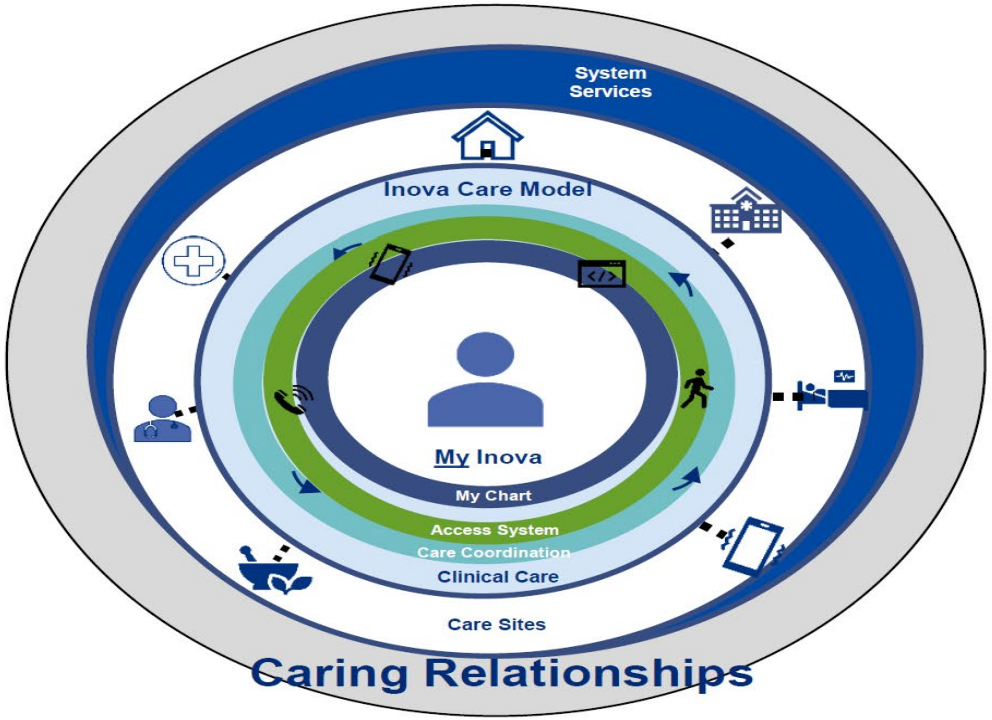


Mandate

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.



Connect, Ask, Respond, Express (The C.A.R.E. Guide)

	Why	How
Connect with the person	• Communicates interest in being in relationship • Invites trust, an integral part of caring relationship	• Make eye-contact, sit down, answer the phone promptly and use an appropriate tone of voice • Use the patient/team member's preferred name to make a personal connection
Ask to understand	• Uncovers unknown challenges, what matters most, and shows a genuine interest in the person • Supports a culture of psychological safety	• Ask questions for clarification, seek permission • Anticipate needs before they are spoken • Be proactive; ask for help when needed
Respond with help	• Demonstrates empathy and that you care to take the time needed • Validates concerns that were brought up while setting clear expectations	• Respond in simple terms; avoid medical jargon • Share known information to help connect the dots
Express appreciation	• Conveys courtesy and respect • Builds confidence and strengthens connections	• Express appreciation for the team to emphasize teamwork • Share next steps including when follow-ups will occur, when test results will be ready, etc.

Diversity, Equity, and Inclusion (DEI) Definitions

Diversity

The variation represented in a group of people. These characteristics include anything that makes up human beings, as well as the differences that comprise groups, communities, and organizations.

Implicit Bias

Also known as Unconscious Bias. The idea that we have unconsciously held attitudes shaped by experience and learned associations that influence our feelings and behaviors towards others.

Equity

The process of ensuring that everyone has the same access or treatment, opportunities, programs, or advancement. Seeks to eliminate barriers while attending to people's unique identities and starting points.

Microaggressions

Subtle acts of exclusion that communicate hostile or negative messages to those with marginalized (also known as unrepresented) identities and thus reduce belonging.

Inclusion

The act of creating an environment in which everyone feels both valued for who they are and that they belong. This is done by celebrating individual uniqueness while building a sense of community and belonging.

Microaffirmations

Subtle acts of inclusion that affirm others' identities and build belonging. Microaffirmations are a positive way to combat microaggressions.

DEI – Inova's Learning Journey

- A full glossary of DEI terms is available as part of Inova's DEI Learning Journey
- 4 core eLearning modules (Embracing Differences, Owning Your Impact, Mitigating Our Bias, & Engaging in Allyship) and leader-only eLearning module (Leading Inclusively) can be accessed via HealthStream
- Accompanying Leader Guides are available in the Resources section of each eLearning
- Each module also has a live, instructor-led session available

Embracing Differences

Owning Your Impact

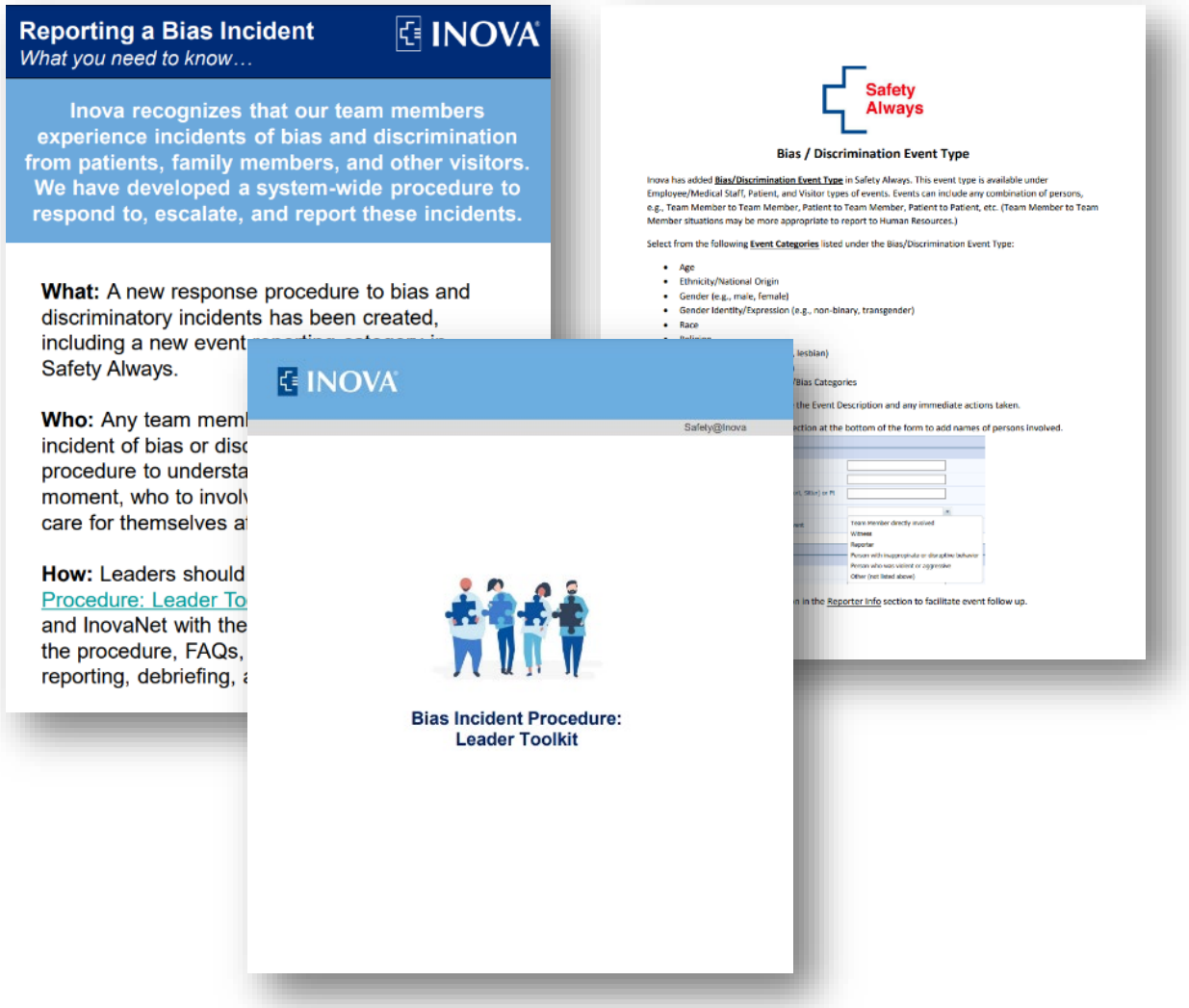
Mitigating Our Bias

Engaging In Allyship

Leading Inclusively

DEI – Bias Incident Procedure

- Developed to address acts of bias and discrimination from patients, families, and visitors against Inova team members
- Bias/Discrimination event type is available in Inova's safety reporting system
- Bias Incident Procedure: Leader Toolkit has resources for impacted team members and their leadership to navigate these incidents
- Additional information, including the Leader Toolkit, can be found on Inova's intranet in the Workplace Safety section



DEI – Patient Policies

Patient Non-Discrimination Policy

Inova provides care and does not discriminate on the basis of race, color, national origin, age, sex, gender identity or expression, sexual orientation, marital status, disability, military status, pregnancy or childbirth, or related medical conditions.

Anti-Discrimination Statement

Inova has zero tolerance for racist or discriminatory behavior at any Inova facility. Anyone witnessing or experiencing an incident should report it immediately to Inova staff or security. We reserve the right to discharge violators and revoke visitation privileges.

Equal Visitation Policy

Patients have the final say regarding which individuals may or may not visit during their hospitalization, regardless of whether they are inpatient or outpatient. Consent for visitation, or withdrawal of consent for visitation, may occur anytime at the patient's discretion.

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

Patient Property Management

For details on this policy, please click here.

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:

Assistive Devices	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.
Electronic Devices	Items such as cell phones, laptop computers, MP3 players.
Patient Belongings	Generally refers to items that the patient has in his/her possession that are considered non-valuable, e.g. clothing, shoes, coats.
Patient Property	A general term used to encompass assistive devices, electronic devices, patient belongings, patient valuables, smoking materials, medication, illegal substances, narcotics and weapons.
Patient Valuables	Generally refers to items of value that the patient has in his/her possession. Typically, this includes money, checks, credit cards, keys, and jewelry.

Developmentally Appropriate Care and Practice

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 person
- 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 pursing interest and hobbies in the healthcare environment
- Involves the adolescent in planning care

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.
- 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.
- 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 and Grievances

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

Contact your *Patient Relations Department* to Respond to all Patient Complaints.

Service Recovery and No-Pass Zone

Service Recovery – How to SOAR

- **S**ee the concern and **S**peak about the issue
- **O**wn it – you heard it; it's yours!
- **A**pologize for it
- **R**esolve it!

- ***S**eek **O**ut **A** **R**esolution*

Key Points

- 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!

Purposeful Hourly Rounding

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

3 P's:

- Pain
- Potty
- Plan of Care

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

Abused, Neglected, or Sexually Assaulted Individuals and Patients

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

Please see Appendix for a complete list of contact numbers.

CMS Reporting Tool for Virginia here.

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.

Abuse & Neglect: Identifying, Reporting, & Documentation Procedures

General Guidelines

- ED patients are screened for abuse and neglect
- In the event when someone reports unwitnessed abuse, neglect, or exploitation of a patient while in the hospital. Notify the charge nurse or immediate supervisor who will notify Senior Leadership, Security, and Risk Management.
- 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

Forensic Assessment & Consultation Team (FACT)

- Inova Safety Net Program that employs sexual assault nurse examiners (SANE), forensic nurse examiners (FNE) and medical forensic examiners
- 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

Patient Safety Goals

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

Improve health care equity: Quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity

Prevent mistakes in surgery: Follow universal protocol (next slide)

Universal Protocol (UP)

This applies to all surgical and non-surgical invasive procedures.

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.

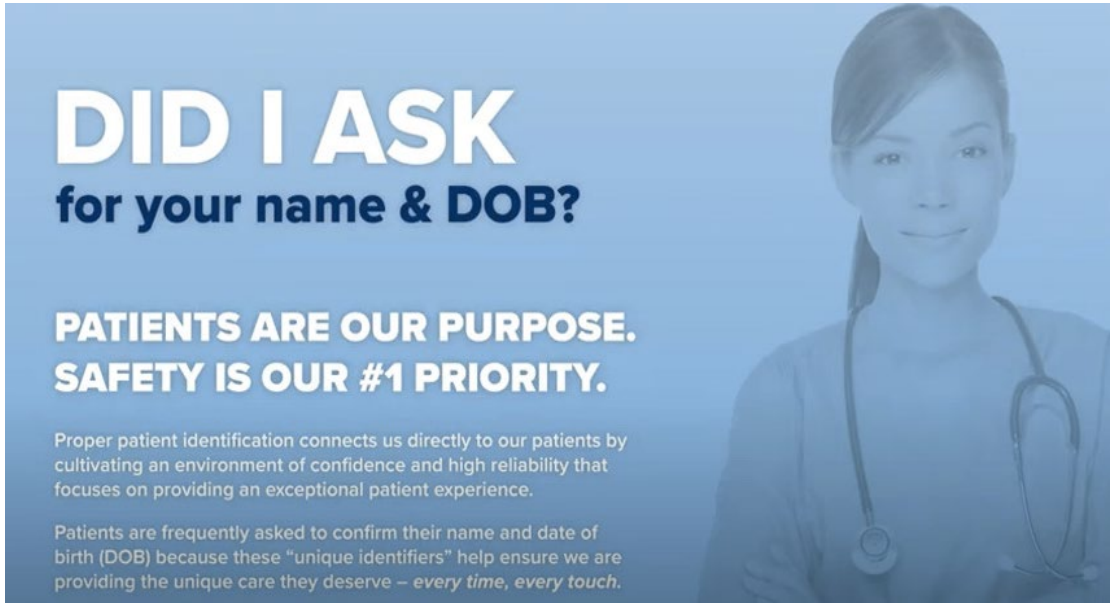
UP.01.02.01 Mark the procedure site.
Rationale: To prevent errors when there is more than one possible location for a procedure.
Note: The licensed independent practitioner remains fully accountable for all aspects of the procedure even when site marking is delegated.

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

Patient Identification



Be familiar with the following:

- Policy on Patient Identification During Admission &Treatment
- Addendum A: Newborns
- Addendum C: Capturing Patient Photo

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.

Alert Bands and Patient Identification

Alert Band	Description
Anticoagulation	Green colored alert bands used for patients on anticoagualtion. Anticoagulant Therapy, Care of the Adult Patient Policy
Deaf or Hard of Hearing	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 9-17-1 Policy
Obstructive Sleep Apnea	Blue colored alert bands used for patients with Obstructive Sleep Apnea . Obstructive Sleep Apnea in Patients Undergoing Surgical/Diagnostis Procedures Requiring Anesthesia Policy
Fall Risk	Yellow colored alert bands used for patients who have been identified as a Falls Risk . Fall Reduction and Recovery for Adult Patients Policy
DNR	Purple colored alert bands used for patients who have been indentified as Do Not Resucstitae (DNR). No CPR/Durable Do Not Resucitate Orders Policy
Allergy	Red colored alert bands used for patients with identified allergies. Allergy Status and Documentation Policy
Limb Alert	Pink colored limb alert band used for patients with identified limb restrictions Limb Alert Arm Band Policy

Click here to see Addendum B on Alert Bands for more details.

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.

Lifting and Transferring Patients

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.

Inova Policy: Safe Patient Handling and Lifting

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

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

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

- 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
- 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 & 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.

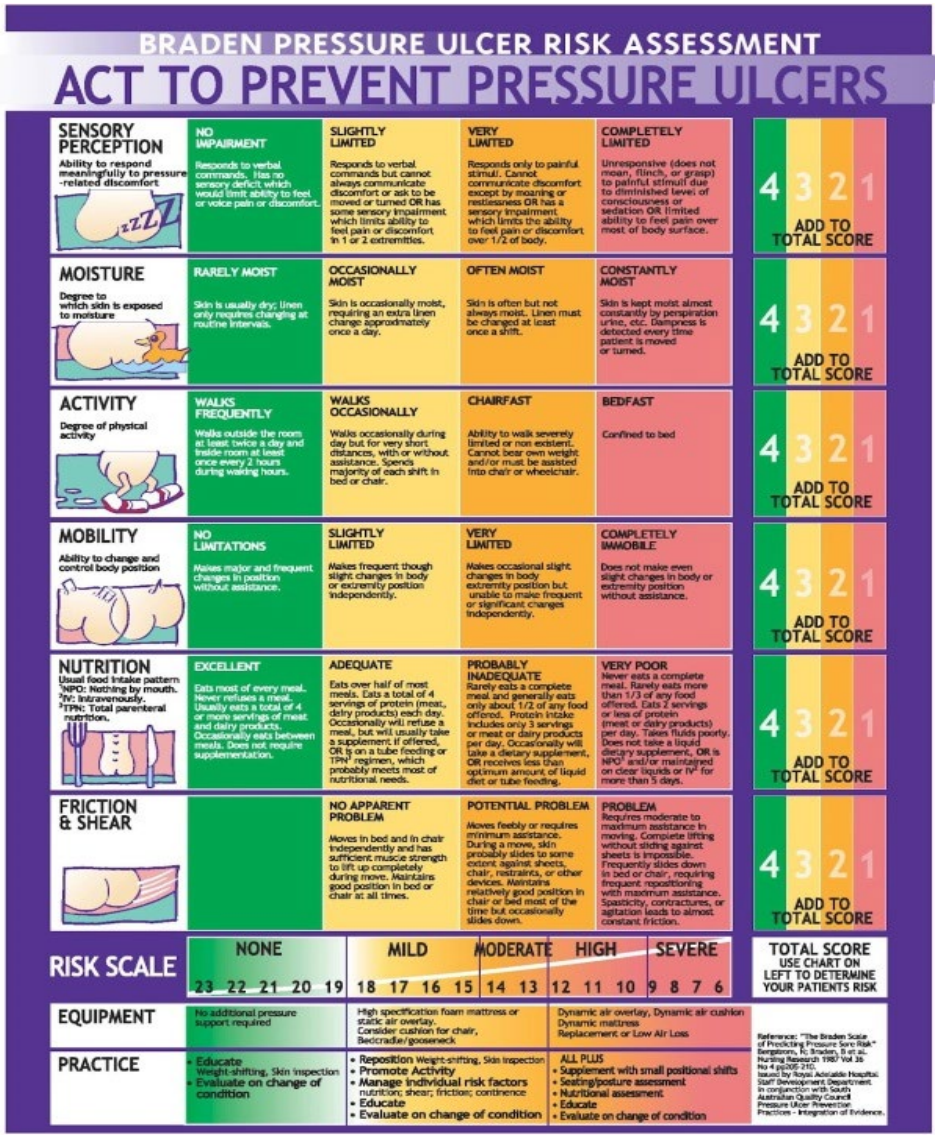
Pressure Injury Prevention

The **National Pressure Injury Advisory Panel (NPIAP)** redefined the definition of a pressure injuries during the NPIAP 2016 Staging Consensus Conference:

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



Please click on the image or here to see a large version of the assessment scale.
Please note that in 2024 the subscales contained here will be a focus.

Pressure Injury Prevention: Stages and Types

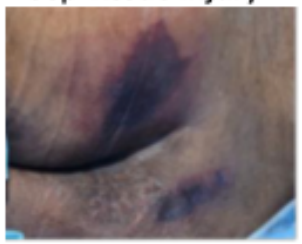
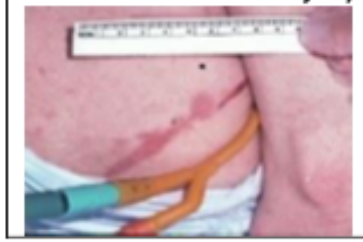
Inova Guidelines for Treatment of Pressure Injuries

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

Injury type	Description	Care per protocol
Stage 1 Pressure Injury 	Intact skin, **NON-BLANCHABLE REDNESS, or changes in sensation, temperature, and firmness** usually over bony prominence or r/t device	Offload Pressure Document wound description in EPIC Treat with-Venelex(*RX) with foam dressing or barrier cream Q shift
Stage 2 Pressure Injury 	Open skin, or serous filled blister usually over bony prominence or r/t device	Offload Pressure Document wound description in EPIC Treat with-Venelex(*RX) with foam dressing or barrier cream Q shift
Stage 3 Pressure Injury 	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.	Offload Pressure Document wound description in EPIC **Consult Wound Nurses** **Consult Nutrition** Treat with-Hydrogel or wet to dry dressing to wound base covered with dry dressing or foam Q shift
Stage 4 Pressure Injury 	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	Offload Pressure Document wound description in EPIC **Consult Wound Nurses** **Consult Nutrition** Treat with-Hydrogel or wet to dry dressing to wound base covered with dry dressing or foam Q shift

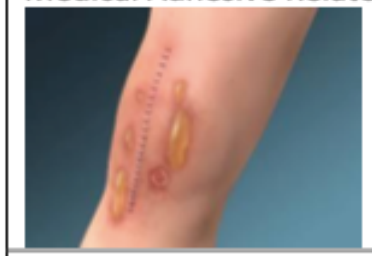
Pressure Injury Prevention: Stages and Types

WOCN Consensus Guidelines for Treatment of Pressure Injuries

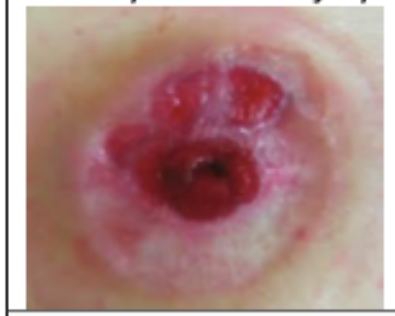
Injury type	Description	Care per protocol
Unstageable Pressure injury 	Skin and tissue loss in which the extent of damage cannot be determined because it is obscured by slough or eschar (can be wet or dry). Indicates full thickness skin injury.	Offload Pressure Document wound description in EPIC **Consult 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

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

Pressure Injury Prevention: Stages and Types

Injury type	Description	Care per protocol
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

Pressure Injury Prevention

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.

- Click here for the Inova Pressure Injury Prevention Resource Guide
- 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!**

Four Eyes Skin Assessment

What is the Four Eyes Skin Assessment?
It's all in the name. This collaborative method utilizes two different staff (two sets of eyes = four eyes) to identify and record pressure injuries It's a quick, simple and effective way to document skin injuries and identify risk factors upon admission, but there are more benefits than just efficiency.

What does this mean at Inova?

- A 2-person skin assessment be completed at admission and transfers.
- Ideally, the 2-person team would be comprised of 2 RNs, however in the absence of a second RN, it is appropriate to have a Clinical Technician assist as a second set of verifying eyes.
- All units should document completion of the 2-person skin assessment using "4EYESINOVA" system smart phrase available to all Inova nurses.

Why this is important?
Pressure injuries that are missed on admission to the hospital are considered hospital-acquired/unit-acquired.

Medical Ethics: End-of-Life Care Definitions

Palliative Care: Focus 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 by the patient and may extend beyond the traditional concept of family in the legal sense

Hospice Care: For those whose disease is not responsive to curative treatment, 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: For those with a life limiting or serious illness, which includes symptom management and psychosocial support

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
Oral or written document expressing wishes regarding medical treatment in the event of decisional incapacity.

Durable Do Not Resuscitate (DDNR) Order
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
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.

"My Voice is My Choice"

Physician Orders for Scope of Treatment
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
Adult legally appointed by the individual in an advance directive to make healthcare decisions in the event of the individual's decisional incapacity.

Advance Directives Purpose, Requirement, Policy

Purpose

- Legal documents allowing 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, includes a conversation guide and definitions, created to support team members in having these discussions with patients.
  Where can I find it? ACP Site: Inova.org (External)
- Patient shall be asked by nursing staff if they have an AD and provide info upon request
- TMs will assist in helping patient/family if needed/requested by directing to designated resources

Please be familiar with Inova Policy on Advance Directives here.

No CPR/Durable DNR Orders: Definitions

Allow Natural Death: 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:** 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): Involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

General Policy Description for Restraints (See here)

- Use requires an active order by a physician or appropriately privileged Nurse Practitioner or Physician Assistant 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 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

Types of Behaviors	Possible Causes of Behavior Types	
Agitation Disruptive of diagnostic procedures Disruptive of treatment or treatment area Property Damage Pulling/removing lines, tubes, and drains Violence or combativeness	Acute Delirium Brain Injury (Traumatic hemorrhagic, infectious, toxic, or surgical) Anxiety/ Fear Disorientation/Confusion Dementia Electrolyte Imbalance Elimination Issues Hypoglycemia Hypoxia Intoxication	Medications Pain/comfort Pre-existing psychological problems Post anesthesia Sensory overload Sepsis Sleep deprivation Substance withdrawal Unfamiliar surrounding

Restraints: Least Restrictive to Most & Alternatives

Table of Behavior Types, Possible Causes of Behavior and Interventions and Alternative to Restraints				
Types of Behaviors	**Possible Causes of Behavior Types**		**Interventions & Alternatives to Restraints & Seclusion**	
Agitation Disruptive of diagnostic procedures Disruptive of treatment or treatment area Property Damage Pulling/removing lines, tubes, and drains Violence or combativeness	Acute Delirium Brain Injury (Traumatic hemorrhagic, infectious, toxic, or surgical) Anxiety/ Fear Disorientation/Confusion Dementia Electrolyte Imbalance Elimination Issues Hypoglycemia Hypoxia Intoxication	Medications Pain/comfort Pre-existing psychological problems Post anesthesia Sensory overload Sepsis Sleep deprivation Substance withdrawal Unfamiliar surrounding	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 Fluid/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

Please click here to see a larger view of these two images.

Table of Restraint Types

Selection of Least to Most Restrictive Type

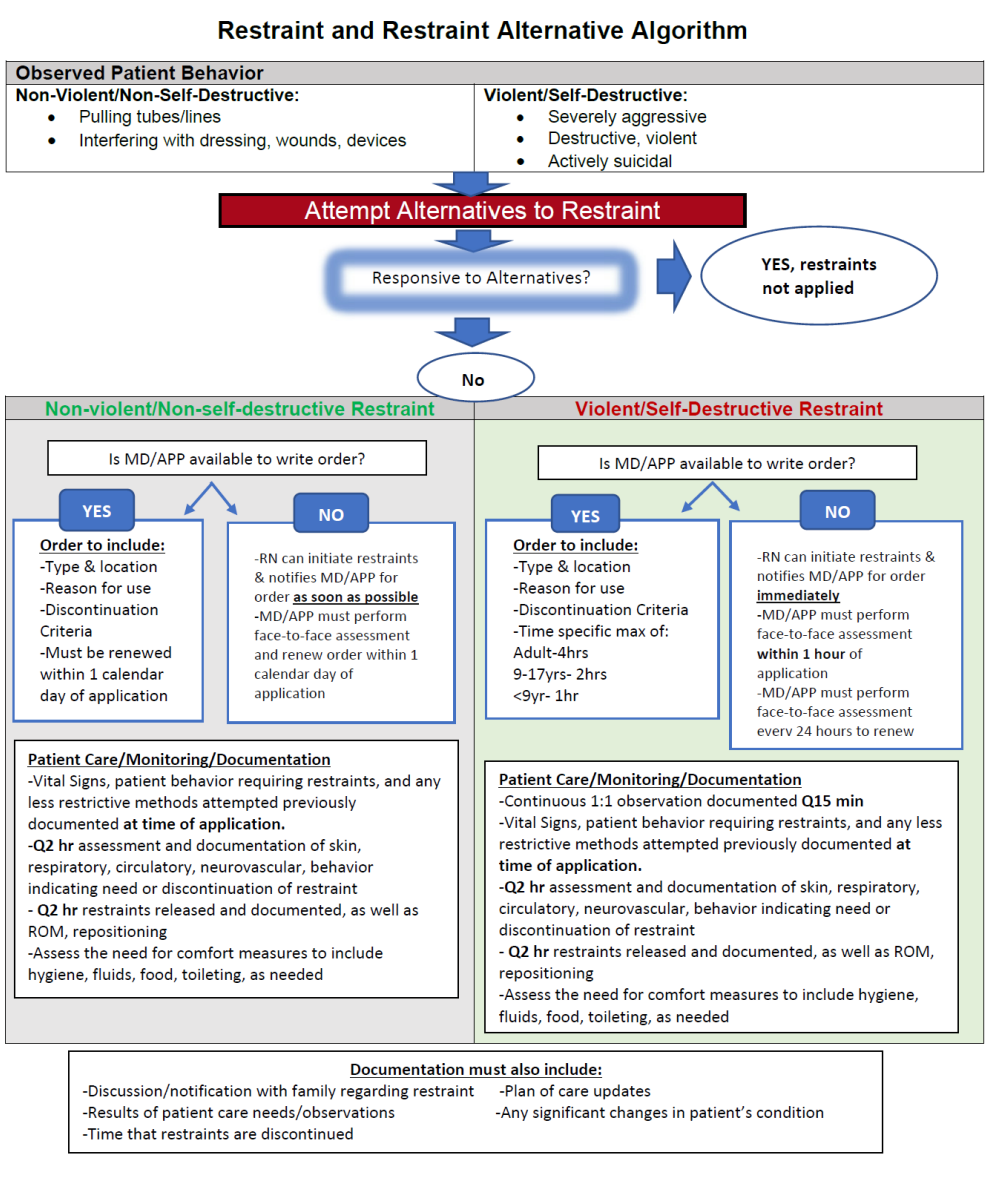
Least Restrictive Restrictive ← → Most

Freedom Sleeve	4 Side Rails	Mitts	Soft Limb Wrist or Ankle	Enclosed Bed	Rubber Security Device to Wrists or Ankles	4 – Point Restraints
Protects tubes/ IV lines and skin from patient's picking/pulling	Help prevent bed exiting	Prevent removal of peripheral IVs, nasally inserted feeding tubes, and Foley use catheter	If mitts are ineffective in preventing removal of tubes/drains	Prevent injury from hitting against the rails or falling out of bed unable to control movements	Prevent combative, violent behavior which could lead to injury to self or others	Prevent combative, violent behavior involving the use of all limbs which could lead to injury to self or others

Restraint 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 B.



Restraints and Seclusion Orders

	Non-Violent or Non-Self-Destructive Reasons	Violent or Self-Destructive Reasons
Orders for Restraint or Seclusion	• Physician/APP order required prior to application except in an emergency, in which trained personnel can apply prior but must obtain an order **as soon as possible.** • No PRN or standing orders are acceptable. • Order must indicate clinical justification and discontinuation criteria. • Restraints/seclusion should be discontinued at earliest time possible, regardless of the scheduled expiration time. • A renewal order is required each calendar day and is based on a face-to-face assessment by the Physician/APP or specially trained Behavioral Health RN.	• Physician/APP order required prior to application except in an emergency, in which trained personnel can apply prior but must obtain an order **immediately or within a few minutes or the restraints/seclusion must be discontinued.** • No PRN or standing orders are acceptable. • Order must indicate clinical justification and discontinuation criteria. • Restraints/seclusion should be discontinued at earliest time possible, regardless of the scheduled expiration time. • Renewal orders are required: 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 • Orders may be renewed according to the time limits, for a maximum of 24 hours and then renewed based on a face-to-face assessment by the Physician/APP or specially trained Behavioral Health RN.

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

Click here to see a close up of the orders.

Restraints & Seclusion: Assessment & Reassessment

	Non-Violent or Non-Self-Destructive Reasons	Violent or Self-Destructive Reasons
Physician/APP or Specially Trained Behavioral Health RN Face-to-Face Assessment and Reassessment	• Every calendar day • Must evaluate and address any medical/surgical reasons that could underlie the patient's interference with medical equipment. • Face-to-face documentation must include: 1. An evaluation of the patient's immediate situation 2. The patient's reaction to the intervention 3. The patient's medical and behavioral condition 4. The need to continue or discontinue the restraint or seclusion	• Initially, must be within 1 hour of application or patient must be released. • Every 24 hours to renew the order. • Must evaluate and address any medical/surgical reasons that could underlie the patient's assaultive, aggressive, destructive, or self-injurious behavior. • Face-to-face documentation must include: 1. An evaluation of the patient's immediate situation 2. The patient's reaction to the intervention 3. The patient's medical and behavioral condition 4. The need to continue or discontinue the restraint or seclusion

Click here to see a close up of the table.

Restraints & Seclusion RN Assessment

	Non-Violent or Non-Self-Destructive Reasons	Violent or Self-Destructive Reasons
Registered Nurse (RN) Assessment and Reassessment	• Initially, upon application, including vital signs • Must document attempt to use less restrictive method at the initiation of restraints • Every 2 hours must document: 1. Skin, respiratory, circulatory, and neurovascular assessment to identify any signs of injury 2. ROM and repositioning of the patient 3. Patient's current behavior indicating continuation for restraints or readiness for restraint release 4. Educate patient on discontinuation criteria • Every 2 hours assess the need for comfort measures including hydration, food, and hygiene	• Initially, upon application, including vital signs • Must document attempt to use less restrictive method at the initiation of restraints • Continuous observation and every 15-minute documentation, on the violent restraint monitoring form, may be performed by competent, unlicensed personnel • Every 15 minutes, document that continuous monitoring is occurring • Every 2 hour must document: 1. Skin, respiratory, circulatory, and neurovascular assessment to identify any signs of injury 2. ROM and repositioning of the patient 3. Patient's current behavior indicating continuation for restraints or readiness for restraint release 4. Educate patient on discontinuation criteria • Every 2 hours assess the need for comfort measures including hydration, food, and hygiene

Click here to see a close up of the table.

Restraints and Seclusion: Removal

	Non-Violent or Non-Self-Destructive Reasons	Violent or Self-Destructive Reasons
Removal of Restraints/Seclusion	• Restraints may be removed for care without requiring a new order. • Restraints are removed when discontinuation criteria have been met. • There is no trial release period, if the restraints are removed because discontinuation criteria have been met, a new order must be obtained to reapply them whether it is within the original timeframe or not.	• Restraints may be removed for care without requiring a new order. • Restraints are removed when discontinuation criteria have been met. • There is no trial release period, if the restraints are removed because discontinuation criteria have been met, a new order must be obtained to reapply them whether it is within the original timeframe or not.

Click here to see a close up of the table.

Restraint – Physical Hold

A physical hold is a form of restraint as it restricts the patient's free movement.

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 to administer a medication against the patient's wishes

<u>Not</u> 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 and requests, staff may "hold" the patient to safely administer an injection, obtain a blood sample, insert an intravenous line, or conduct a procedure

Physical holds for violent or self-destructive behavior must be ordered and documented in EPIC.

Reminder for Posey Soft Wrist Restraint

Updates to Restraint Application

- There have been serious safety events related to the Posey soft wrist restraints slipping at the buckle, resulting in additional slack and allowing patients to interfere with life sustaining equipment
- The new recommendation from the manufacturer is to tie a knot behind the buckle (see photo) to prevent slippage
  - This practice change is effective immediately
- Restraint education and competency is a *regulatory requirement*
- Clin Techs are not allowed to apply, tie or discontinue restraints, unless there has been a return demonstration competency in place by their home unit.

Patients at Risk for Suicide

Inova Policy on Suicide Screening, Assessment, and Prevention for Hospital Patients

- All patients 12 and above presenting to the hospital will be screened for suicide risk using the Columbia-Suicide Severity Rating Scale C-SSRS.
- Every patient has the right to a safe environment so staff will observe and report any identified environmental risks
- We annually report data related to National Patient Safety Goal 15
- 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
- Staff providing 1:1 observation must have documented competency.

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

Screening Patients for Suicide

All patients 12 and above presenting to the hospital will be screened for suicide risk using the Columbia-Suicide Severity Rating Scale C-SSRS. Completion of this tool will generate a suicide risk score that will be documented in Epic.

No Risk	No intervention required but any nursing clinical concerns should be reported to provider for additional assessment. Consider rescreening if clinical situation changes using the CSSRS "since last contact screener"
Low Risk Wish to die or suicidal ideation without method, intent, plan or behavior. No reported hx of suidal ideation or behavior	Provide BH resources (case management to be contacted if applicable) or safety plan completed if applicable. Document interventions. Consider rescreening if clinical situation changes using CSSRS "since last contact screener"
Moderate Risk Suicidal ideation with method, WITHOUT plan, intent or behavior in the past month. No suicidal behavior withing the las 3 months.	Perform all level Low interventions, and; Q shift RN reassess using "CSSRS since last contact screener." RN to call provider of screening results (except for ED) and provider to further evaluate risks. Inform patient to report increase in suicide ideation and concern. ED/ECC only: Manually order the suicide precautions order set if you believe patient needs 1:1 until provider assesses patient to evaluate risks. Educate patient to report increase in suicidal ideation or concern. Document interventions

Screening Patients for Suicide

High Risk
Suicidal ideation with intent or intent with plan in the past month.
Suicidal behavior within the past month.

•All Low and Moderate interventions, and, as indicated;
•Check patient for contraband using (Proscreen 200, body check, mouth check)
Skin assessment
Patient to wear gowns/ disposable scrubs
•ED/ECC only: RN to order the suicide precautions order set via the BPA
•Initiate 1:1 constant observation (within 3 feet at all times even in BR)
•Patient to move to room closer to nursing station if applicable
•Remove and secure patient belongings
•Mouth checks performed following medication administration
•Remove all bedding except for 2 heavy blankets
•Safety tray/finger foods with no utensils
•Document interventions
•Complete rescreening every shift using CSSRS “since last contact screener”
•Environmental check/room check needs to be completed via cipher
(See Addendum E , Addendum F). Review document that includes suicide precaution room set-up called Shadow Board (See Addendum H)
•Contact appropriate department to ensure room is ligature risk free if applicable
•RN is responsible for the final approval of the room

Safety Checklist for Suicidal Patients

Policy Title: IHS Suicide Screening, Assessment, and Prevention for Hospital Patients Policy
Addendum Title: Safety Checklist for Suicidal Patients
Addendum Letter: E

Review with every change of caregiver

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 three (3) 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

□ Ensure only Bridgeless Mask is used for this patient population - obtain from unit secretary or supervisor.
□ Remove all items from the room, including closets, drawers and the bathroom, that could be used to cut, stab, strangle, poison, or could be broken/ manipulated to cause harm, including but not limited to:
- Gloves
- Glass and plastic items including all plastic and trash bags
- Aerosol cans including alcohol foam hand cleanser
- Telephone and cord
- 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
□ Ensure only Bridgeless Mask is used
□ 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, laces 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
□ Ensure PSA fills out required 15 minute paper documentation and it is placed in chart prior to PSA leaving
□ RN to be notified immediately of any unsafe patient behavior (for example, leaving room, aggressive behavior) and Code Strong Assistance team called as needed 5555, except for IFMC which uses the number 4911

Link to Safety Checklist for Suicidal Patients here.

In Summary…

Inova's Standard of Care to Decrease Suicide Risk:

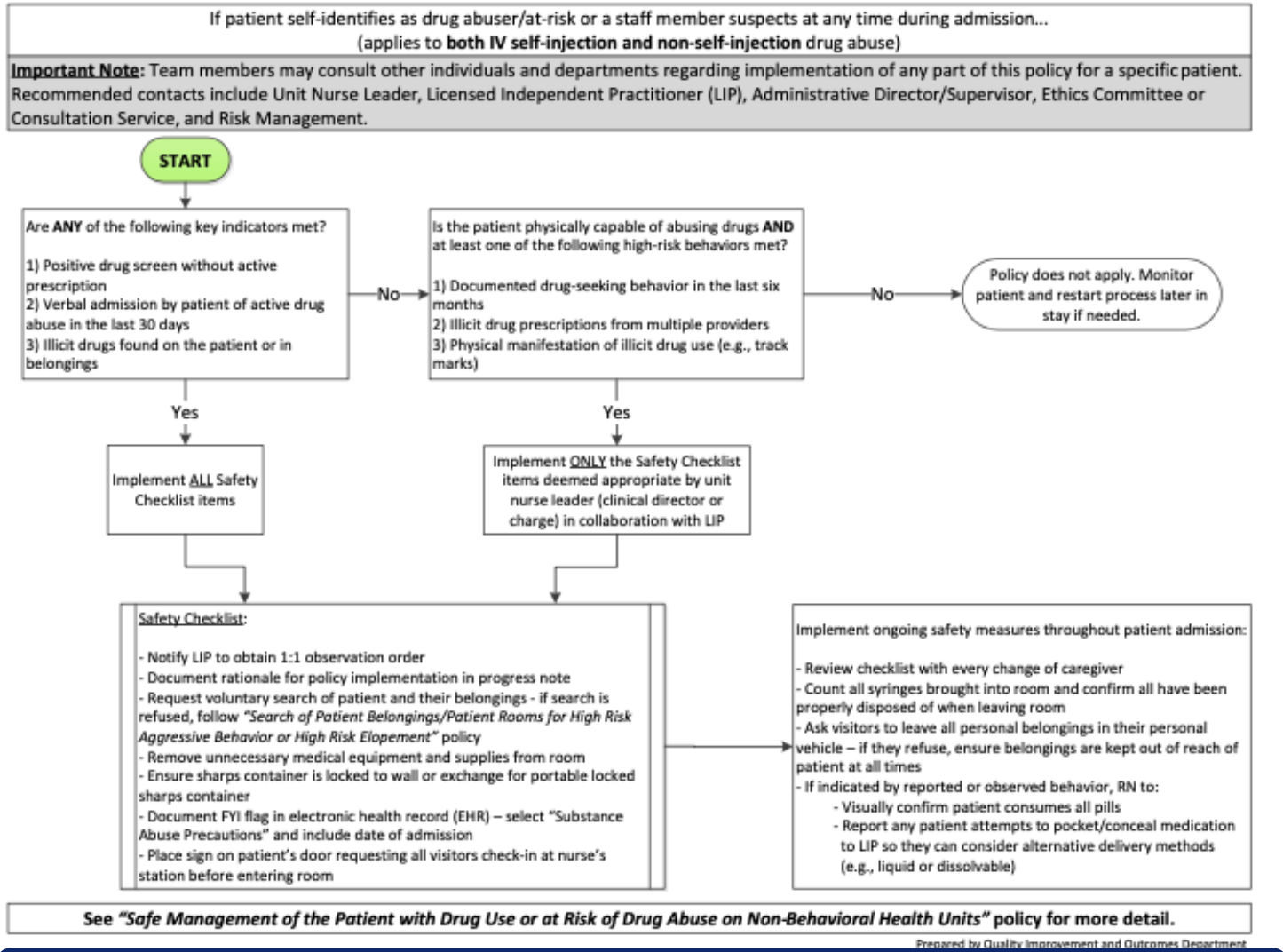
- All patients 12 and older are screened for suicide risk upon admission to the ER or inpatient areas using the C-CCRS short version
- All patients who screen positive will be placed on 1:1 care
- Psych Liaisons will further evaluate the patient using the SAFE-T protocol
- Inpatient nurses will continue to assess using the C-CCRS frequent screening
- Discharge planning must include attention to behavioral health issues including resources for emergency suicide support

Safety Checklist: Drug Use or at Risk of Drug Abuse

- 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



Click on the image above to see a larger version of the policy and process flow.

Patients at Risk of Suicide - Ligature Risk

What is a ligature risk?

- Anything that could be used to attach a cord, rope, or other material for purposes of hanging or strangulation
- 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 to seriously impede the tying or prevent a ligature to it or 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

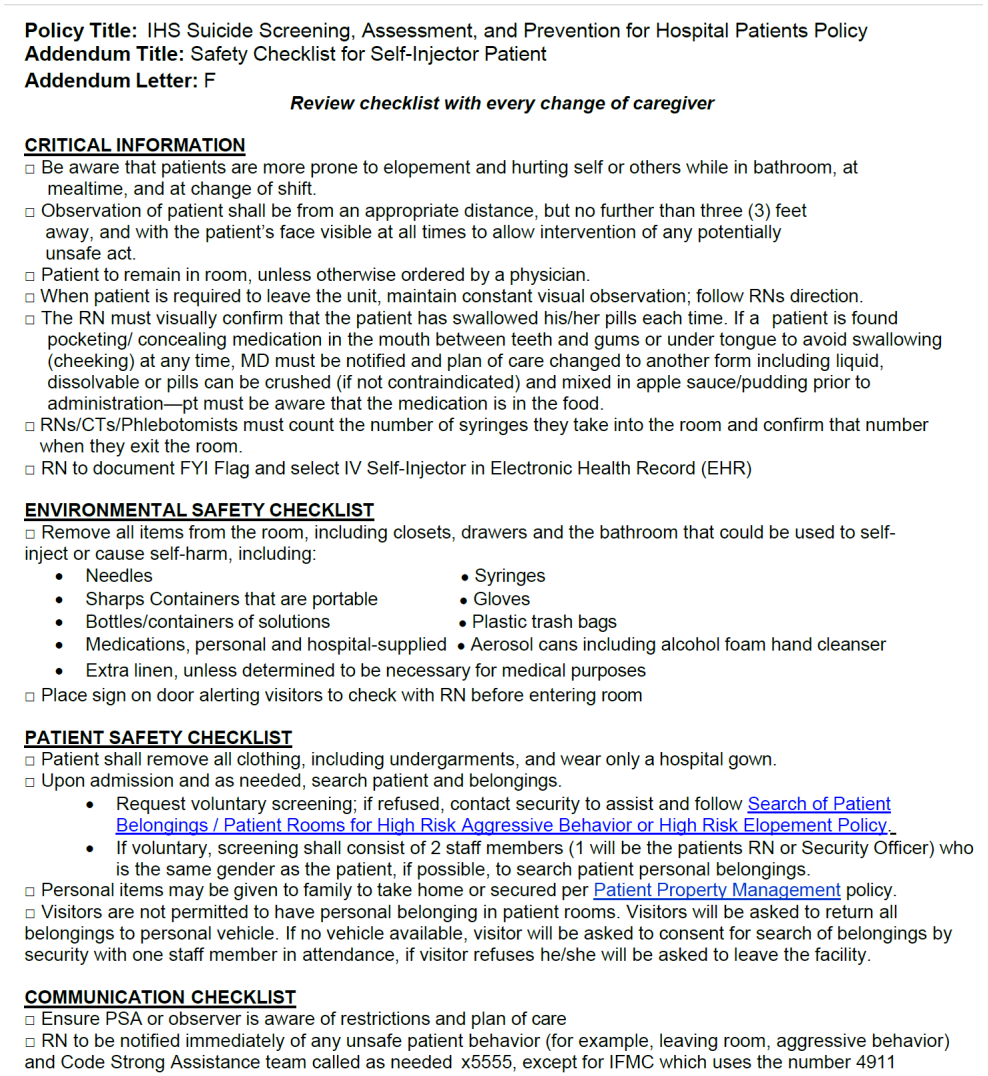
See the Patient Safety and Ligature Identification Checklist here.

Safety Checklist: Drug Use or at Risk of Drug Abuse

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 indicators 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.



Policy Title: IHS Suicide Screening, Assessment, and Prevention for Hospital Patients Policy
Addendum Title: Safety Checklist for Self-Injector Patient
Addendum Letter: F

Review checklist with every change of caregiver

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.
□ Observation of patient shall be from an appropriate distance, but no further than three (3) feet away, and with the patient's face visible at all times to allow intervention of any potentially unsafe act.
□ Patient to remain in room, unless otherwise ordered by a physician.
□ When patient is required to leave the unit, maintain constant visual observation; follow RNs direction.
□ The RN must visually confirm that the patient has swallowed his/her pills each time. If a patient is found pocketing/ concealing medication in the mouth between teeth and gums or under tongue to avoid swallowing (cheeking) at any time, MD must be notified and plan of care changed to another form including liquid, dissolvable or pills can be crushed (if not contraindicated) and mixed in apple sauce/pudding prior to administration—pt must be aware that the medication is in the food.
□ RNs/CTs/Phlebotomists must count the number of syringes they take into the room and confirm that number when they exit the room.
□ RN to document FYI Flag and select IV Self-Injector in Electronic Health Record (EHR)

ENVIRONMENTAL SAFETY CHECKLIST

□ Remove all items from the room, including closets, drawers and the bathroom that could be used to self-inject or cause self-harm, including:

- Needles
- Sharps Containers that are portable
- Bottles/containers of solutions
- Medications, personal and hospital-supplied
- Extra linen, unless determined to be necessary for medical purposes
- Syringes
- Gloves
- Plastic trash bags
- Aerosol cans including alcohol foam hand cleanser

□ Place sign on door alerting visitors to check with RN before entering room

PATIENT SAFETY CHECKLIST

□ Patient shall remove all clothing, including undergarments, and wear only a hospital gown.
□ Upon admission and as needed, search patient and belongings.

- Request voluntary screening; if refused, contact security to assist and follow Search of Patient Belongings / Patient Rooms for High Risk Aggressive Behavior or High Risk Elopement Policy.
- If voluntary, screening shall consist of 2 staff members (1 will be the patients RN or Security Officer) who is the same gender as the patient, if possible, to search patient personal belongings.

□ Personal items may be given to family to take home or secured per Patient Property Management policy.
□ Visitors are not permitted to have personal belonging in patient rooms. Visitors will be asked to return all belongings to personal vehicle. If no vehicle available, visitor will be asked to consent for search of belongings by security with one staff member in attendance, if visitor refuses he/she will be asked to leave the facility.

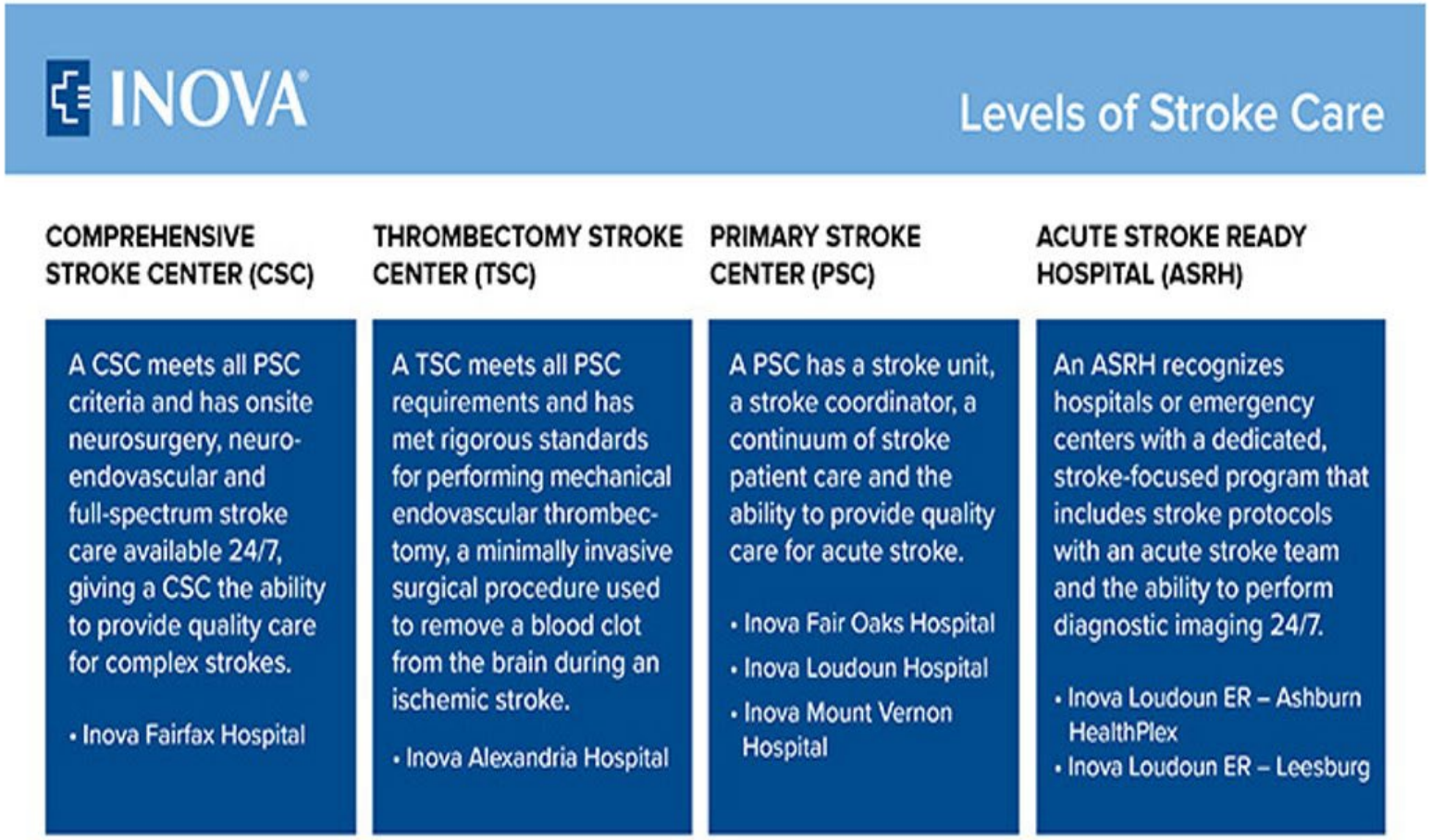
COMMUNICATION CHECKLIST

□ 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 x5555, except for IFMC which uses the number 4911

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.

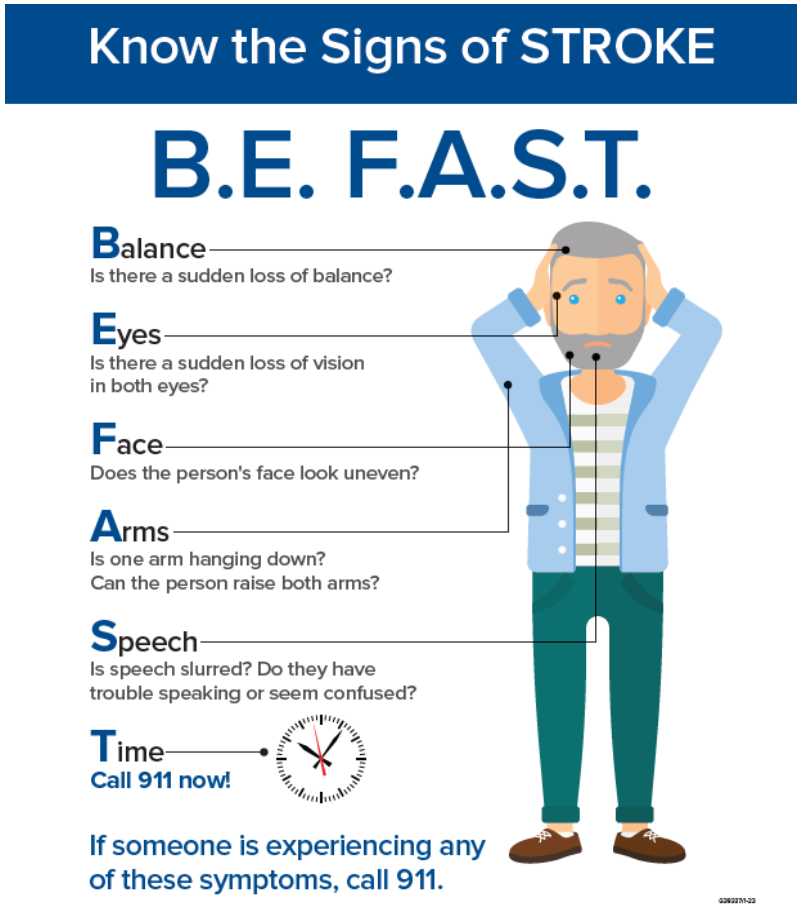


Stroke Recognition and Alert

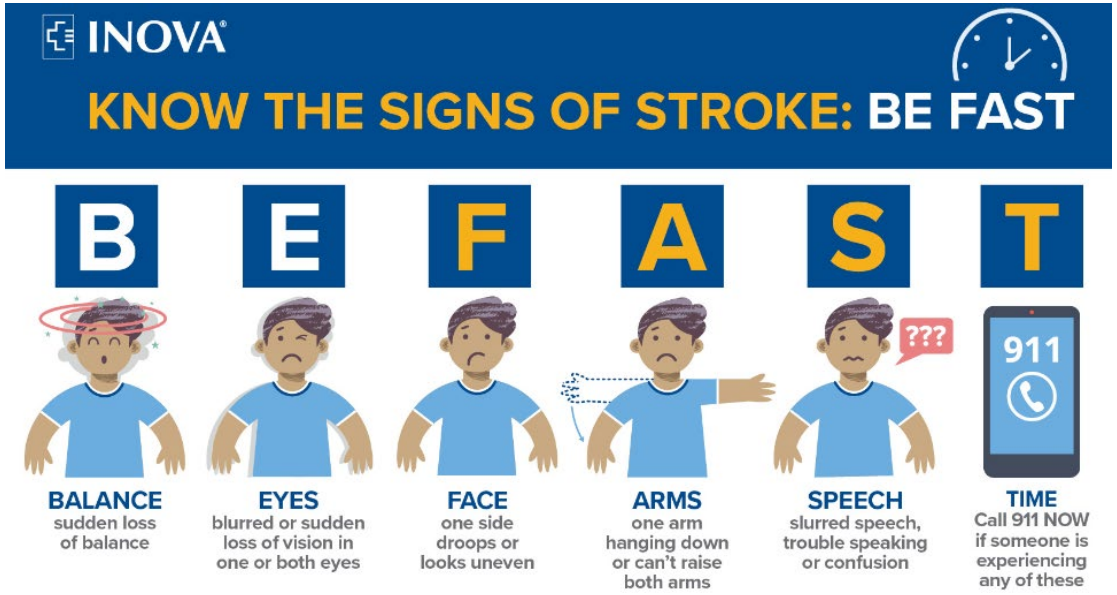
Rapid recognition of stroke symptoms and prompt treatment is essential for optimal patient outcomes, including reducing morbidity and mortality.

For signs of stroke, immediately **call 5555** and request **Stroke Alert or Pediatric Stroke Alert at IFMC.**

Adults



Children: 28 days old to 17 years of age



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

Elopement

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 identified a risk for elopement:

- Patient will be reassessed Q shift and when there is a 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

For more detailed information access the Elopement Policy at Inova

Fall Prevention Program: 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 TMs 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

Fall Prevention Program: Adult Hospitalized Patients

High Fall risk Criteria in place for First 24 Hours of Admission

- Post-operative patients
- Obstetric patients with an epidural, or spinal anesthesia, vaginal bleed
- Active seizures
- Active GI bleed
- Active withdrawal from alcohol or drugs
- Admission for syncope and/or dizziness
- Admission due to a fall (yellow gown required)

After 24 hours, the patient must be reassessed for appropriate fall risk and may be downgraded based on individual assessment.

*The RN always has the discrepancy to make the patient a high risk for fall prevention, regardless of assessment.

Please click **here** to see the Fall Prevention Plan Risk Assessment, Interventions, and Patient and Family Education Addenda to the Policy.

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, etc.
- 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)

JHFRAT
Risk Score = or >13
or
Edmonson = or > 90

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

Adults: If a Fall Occurs...

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

Pediatrics: 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

INOVA Children's Hospital

Pediatric Patient Fall Debrief Tool

Place Patient Label Here

Falls Debrief Attendees:

☐ Bedside RN: _____ ☐ CD: _____

☐ Charge RN: _____ CD Notified: Y / N CD Participated: Y / N

☐ CLC: _____ ☐ CNO: _____

☐ AS: _____ CNO Notified: Y / N CNO Participated: Y / N

☐ MD/NP/PA: _____ ☐ Other: _____

Date of Fall: _____ Time of Fall: _____ Unit: _____ Time: _____

Location of Fall: Patient Room Patient Bathroom Hallway Other: _____

Brief description of event: _____

S

Was the patient assisted by staff at the time of the event?	☐ Yes	☐ No
Did any staff sustain injury during the event?	☐ Yes	☐ No
Was a Safety Always completed?	☐ Yes	☐ No
Pre-fall assessment done within 12 hours?	☐ Yes	☐ No
Were the appropriate interventions implemented based on fall risk?	☐ Yes	☐ No

Note: This algorithm does not apply to Developmental Falls without injury

PATIENT FALL HAS OCCURRED:
- Call for help if needed and notify the MD/NP/LIP caring for the child to come and assess.
- **Assess for airway, breathing, circulation, level of consciousness, pain, and decreased sensation or numbness.**
- Note position of patient and surrounding environment.

No Injury

Assess for contributing factors and determine if prevention plan is needed.

- Assist the patient back to bed and into a position of comfort.
- Obtain full set of vital signs.

NOTIFY (*To Participate in Debrief*)
- Charge RN notifies Admin Director (AD)
- AD will notify the Clinical Director (CD on call for off shift times and holidays) and CNO.
- Include time of debrief in notification.

DOCUMENT
- Assessment and vital signs (in EHR)
- Nursing Note (in EHR) – include who was notified and any follow-up needed.
- Complete Safety Always

FOLLOW-UP
- Complete post-fall debrief
- Monitor patient as needed

Injury has occurred: Assess for degree of injury before moving the patient.
- Suspected minor injuries ~~include~~: Skin lacerations, bruising, broken bones of the toes or fingers.
- Suspected major injuries include:
  - Head/neck injury, loss of consciousness
  - Large bone ~~fractures~~(i.e. leg or arm)

Minor Injuries:
- Determine if injuries need to be attended to before or after recovery.

Major Injuries:
- Obtain full set of vital signs and perform an assessment.
- For suspected head/neck injury include neuro vitals and implement c-spine precautions.
- Immobilize any suspected fractures prior to moving patient.
- For major injuries, do not allow patient to be moved until the team arrives and assesses.

- Assist the patient back to bed with the necessary assistance appropriate for the level of injury.
- Obtain full set of vital signs.

Post-Fall Algorithm Color Key:
- Assessment
- Injury Management
- Recovery from Position of Fall
- Communication

Page 1 of 1

Revised April 2019

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!

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.

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:

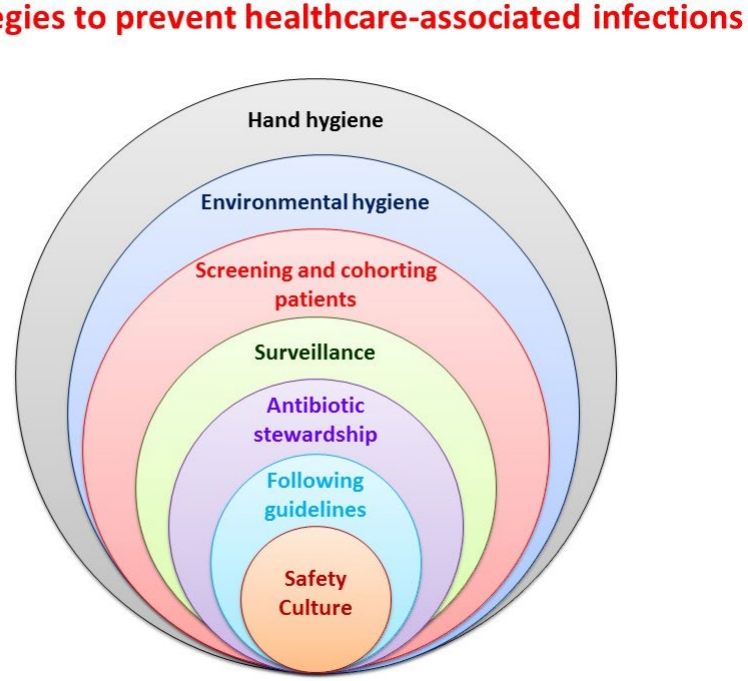
- Decrease in oxygen saturation or oxygen reading of less than 93%
- If the patient stops breathing, even for short periods of time
- If the patient is breathing too fast or too slow: < 10 breaths/min or > 20 breaths/min
- If the patient falls asleep while talking to you or is hard to wake up
- Any other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

Healthcare Associated Infections (HAIs): Threat to Patient Safety

In American hospitals alone, the Centers for Disease Control and Prevention (CDC) estimates that HAIs account for an estimated ***1.7 million infections*** and ***99,000 associated deaths*** each year (i.e., 1 in 31 patients).

- Patients may experience undue suffering, increased length of stay or additional procedures, irreparable harm, loss of limb, or even death.
- Many infections are caused by antibiotic-resistant bacteria and yeast.

It is estimated that HAIs in U.S. hospitals have ***direct medical costs of at least $28.4 billion*** each year. They also account for an additional ***$12.4 billion in costs to society*** from early deaths and lost productivity.



Many HAIs are preventable

Healthcare-Associated Infection

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

What is it? A Central Line-Associated Blood Stream Infection (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 for a link of intrinsic and extrinsic risk factors for CLABSI.

CLABSI Prevention Details

- Perform hand hygiene before line insertion, manipulation, dressing changes
- Select insertion site with least infection risk: subclavian sites are lowest-risk & femoral sites are highest-risk for adults
- During insertion, all must wear sterile gloves & gown, cap, mask, & large drape must cover patient (Maximal Barrier Precautions)
- Unless contraindicated:
  - Use Chlorhexidine-based antiseptic for skin preparation
  - Use a long-acting antiseptic dressing on patients > 2 months of age.
- Timely dressing changes for soiled or loose dressings in addition to routine schedule
- Daily review of catheter necessity
- Daily CHG treatment 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 handout for families/patients on Prevention of CLABSI

See Inova's CVC Job Aide in PolicyStat for more information.

Catheter-Associated Urinary Tract Infection (CAUTI)

What is a CAUTI?

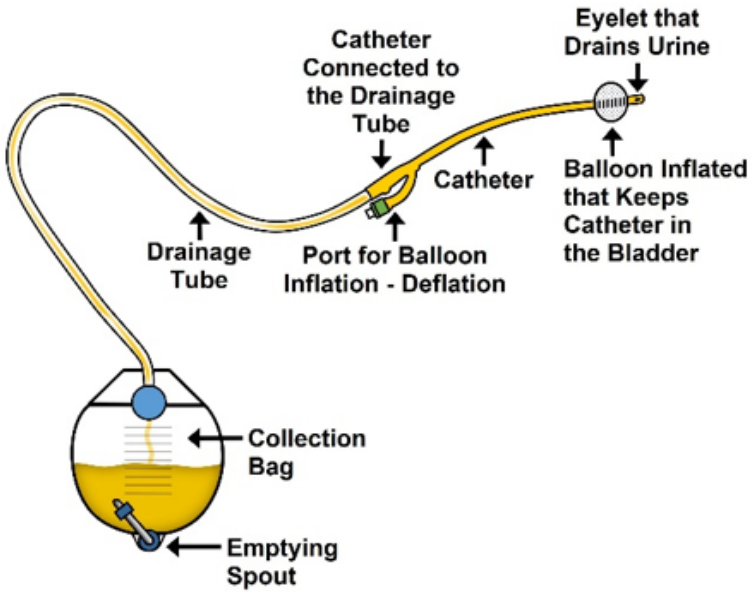
- UTIs are the most common type of healthcare-associated infection and approximately 75% are associated with a urinary catheter
- Catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed
- Please ask the patient if they have an allergy to latex 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 and Post-cleaning with peri-care wipes
- Use securement device for patient
- Secure tubing to bed to prevent dependent loops
- 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
- Collect specimen aseptically from sample port
- 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 < 18 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

CAUTI Bundle

- 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 2/3rd 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

24-hour Post Indwelling Urinary Catheter Removal Bladder Scanning Algorithm

Surgical Site Infections (SSI)

SSI Prevention Bundle

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 for procedures involving instrumentation implantation **OR Nasal universal decolonization** with Povidone Iodine (PVI)
- ***Skin Prep:*** Avoid hair removal with a razor. Use a clipper and perform clipping outside of the OR.
- **Surgical skin preparation** should be a CHG or iodine solution containing alcohol
- ***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
- *Normal body temperature:* 96.8-100.4 with active/passive warming strategies
- ***Post Op:*** Protect the incision 24-48 hrs post-op with a sterile dressing***.*** Sterile gloves & equipment when changing dressing
- **Educate** patient/family about SSI prevention

The CDC has produced a Frequently Asked Questions handout for families/patients on Prevention of SSI.

SSI Intrinsic Risk Factors

Table 3. Selected Risk Factors for and Recommendations to Prevent Surgical Site Infection (SSI)

Risk Factor	Recommendation	Quality of Evidence
Intrinsic, patient-related (preoperative)		
Unmodifiable		
Age	No formal recommendation: relationship to increased risk of SSI may be secondary to comorbidities or immunosenescence[341–343]	N/A
History of radiation	No formal recommendation. Prior irradiation at the surgical site increases the risk of SSI, likely due to tissue damage and wound ischemia.[183]	N/A
History of skin and soft-tissue infections	No formal recommendation. History of a prior skin infection may be a marker for inherent differences in host immune function.[344]	N/A
Modifiable		
Glucose control	Control serum blood-glucose levels for all surgical patients including patients without diabetes.[345]	HIGH
Obesity	Increase dosing of prophylactic antimicrobial agent for morbidly obese patients.[73,346]	HIGH
Smoking cessation	Encourage smoking cessation within 30 days of procedure.[4,347–351]	HIGH
Immunosuppressive medications	Avoid immune-suppressive medications in perioperative period if possible	LOW
Hypoalbuminemia	No formal recommendation. Though a noted risk factor,[352] do not delay surgery for use of total parenteral nutrition.	N/A
S. aureus nasal colonization	Decolonize patients with nasal mupirocin or povidine-iodine prior to surgery	MODERATE

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
- Prolonged sedatives
- 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 retention – aspiration risk
- Inadequate cuff pressure in the endotracheal tube
- Nasogastric tubes
- Fluid overload

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 such as spontaneous awakening or breathing trials
- Fluid management
- Ensure secretions are cleared from above the ET or trach prior to extubation
- Daily oral hygiene
- 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.

List of MDROs 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 Hand Hygiene, disinfection of equipment and environment
- Patients with MDROs should be placed on Contact Isolation Precautions

Please see Inova's Policy on MDRO here.

Preventing *Clostridioides difficile* Infection (CDI)

***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 surfaces in 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

The **Bristol Stool Chart** can be used for documentation and hand off report. Only diarrheal stools (6-7) should be tested for CDI.

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
- ✓ Disinfect any equipment coming out of patient room with bleach
- ✓ 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
- ✓ After discharge or transfer, EVS will terminally clean room with bleach

CHG Treatment

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 treatment 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)

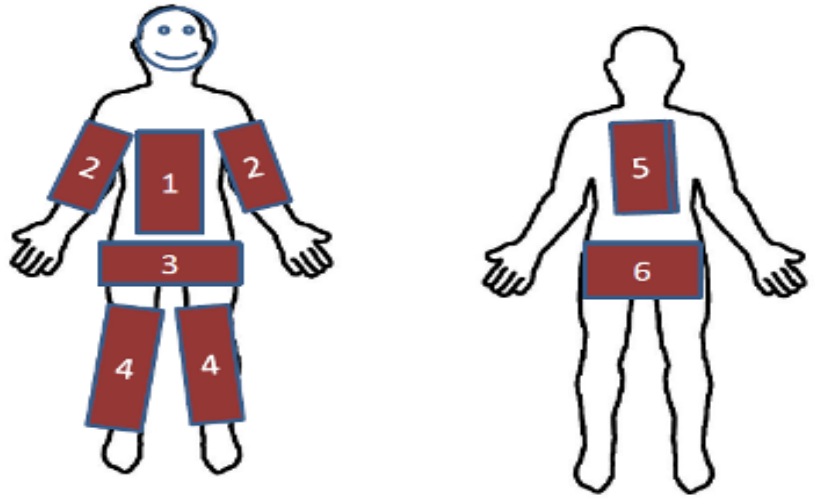
For complete policy information, click here.

CHG Bath: How To Use

Use all 6 warmed cloths in packet
Allow to air dry. Do not towel off.

1. Neck, Chest, Abdomen
2. Both Arms, Shoulders, Armpits, Fingertips
3. Inguinal areas, avoid mucus membranes
4. Both Legs: Thighs to Toes
5. Back: Neck to Waistline
6. Buttocks

Note: Pre-packaged cleansing wipe or washcloth for Patient's face. Cleanse perineal area with prepackaged cleansing wipe or incontinent wipes.



For Pediatrics: please click here.

Bloodborne Pathogens Overview

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

For any questions regarding bloodborne pathogens, please contact the Team Member Health Department.

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

Bloodborne Pathogens Exposure

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.

Standard Precautions

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

Standard Precautions provides adequate protection against bloodborne infections and include specific information on:

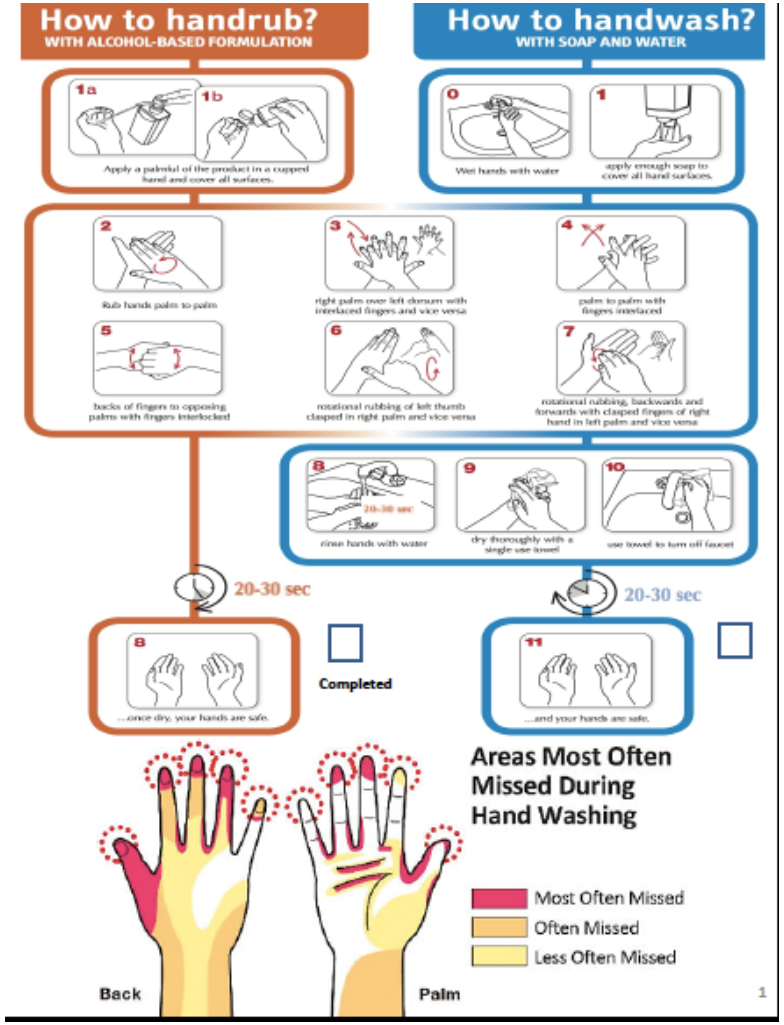
- Hand Hygiene
- Personal Protective Equipment
- Respiratory Hygiene/Cough Etiquette
- Patient Placement
- Patient-Care Equipment and Instruments/Devices
- Textiles and Laundry
- Care of the Environment
- Eating, Drinking, and Applying Cosmetics
- Safe Injection Practices
- Worker Safety
- Other Environmental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

More detailed information will be covered on the following slides.

10 Way to Protect Your Patients

Standard Precautions: Hand Hygiene - Handwashing or ABHR

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.



Click on the image above to see a larger version.

Standard Precautions: Personal Protective Equipment (PPE)

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.

Standard Precautions: Respiratory Hygiene/Cough Etiquette

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
- Staff may wear a mask for source control or for their protection if they chose

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

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

Use of Disinfectants Policy

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

Standard Precautions: Eating, Drinking, & Applying Cosmetics

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

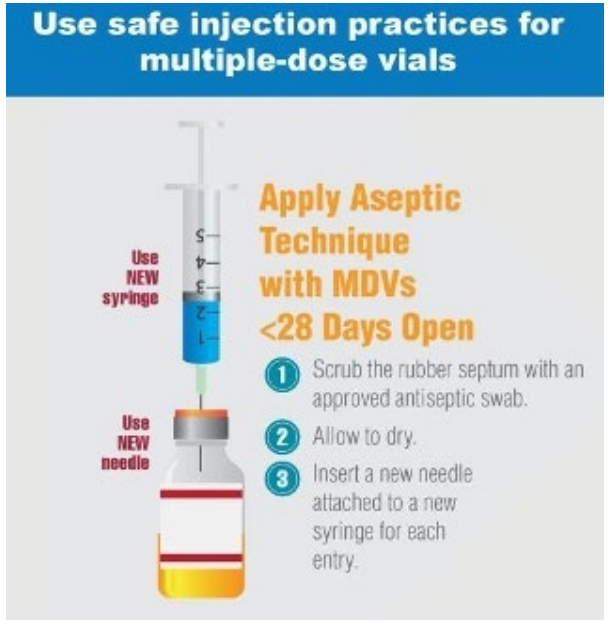
Eating, Drinking, or Applying Cosmetics is only permitted in designated locations such as:

- 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.

Standard Precautions: Worker 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 or other sharp equipment 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

Standard Precautions: Environmental Considerations - RMW

Regulated Medical Waste (RMW): Also known as 'biohazardous' waste or 'infectious medical' waste, that may *pose a risk of transmitting a communicable disease.*

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.

Standard Precautions: Other Environmental Considerations

Please click here to see a larger image of the Know Where to Throw document.

Hazardous Drug Precautions: Policy

The National Institute for Occupational Safety and Health (NIOSH) considers a drug to be hazardous if it exhibits one or more of the following characteristics in humans or animals:

- carcinogenicity
- teratogenicity or developmental toxicity
- reproductive toxicity
- organ toxicity at low doses
- genotoxicity
- structure and toxicity profiles of new drugs that mimic existing hazardous drugs

- ***This includes chemotherapy drugs AND many other drugs given to patients across all specialties.**

- Staff to observe mandated precautions for at least 48 hours after last HD administration.

- To find the information you need to stay safe while caring for our patients, access the **IHS Safe Handling/Precautions for Hazardous Drugs and Substances Policy**.

Visible signage should be posted in inpatient HD administration areas to include date & time of last HD administration. The start and stop date/time of precautions must be filled out.

***This is required per USP <800>**

Hazardous Drug Precautions: PPE

Appropriate PPE is required when:

- Handling, disposing of, or cleansing bodily fluids and contaminated linens of patients who have received HD in the **last 48 hours**
- Cleaning, disinfecting, and deactivating surfaces exposed to HD
- Addressing spill management, in accordance with local waste management process

Personal Protective Equipment (PPE) for HDs

- **Gloves**
  - Chemotherapy gloves (ASTM D6978)
  - Powder free and made of nitrile, polyurethane, neoprene, or latex
- **Gowns**
  - Disposable, lint free, and rated to resist chemotherapy
  - No cloth lab coats, scrubs, or isolation gowns
- **Eye/Face shields**
  - If risk of splashes or spills
- **Respirators**
  - When there is risk of respiratory exposure to HDs, including spills
  - Surgical masks do not protect against HD exposure
- **Shoe/Sleeve and hair/facial hair covers**
  - Lint free, disposable

Hazardous Drug Precautions: Linen Handling

Click here to view Addendum A: Procedure for Clinical Team Members for more guidance on handling HD contaminated linen

- HD PPE should be worn when handling bed linens and towels contaminated by an HD spill or by bodily fluids following HD **within 48 hours of administration**.
- Linens visibly contaminated with body fluids should be double bagged with specially marked linen bags and sent to laundry services.
- Supplies are available for the double bagging process. Contaminated linen will be placed first in a water-soluble bag and then it will be placed in an outer yellow biohazard bag. It can then be placed with the rest of the soiled linen. The contaminated linens can be laundered in the water-soluble bag and reduces additional HD exposure.

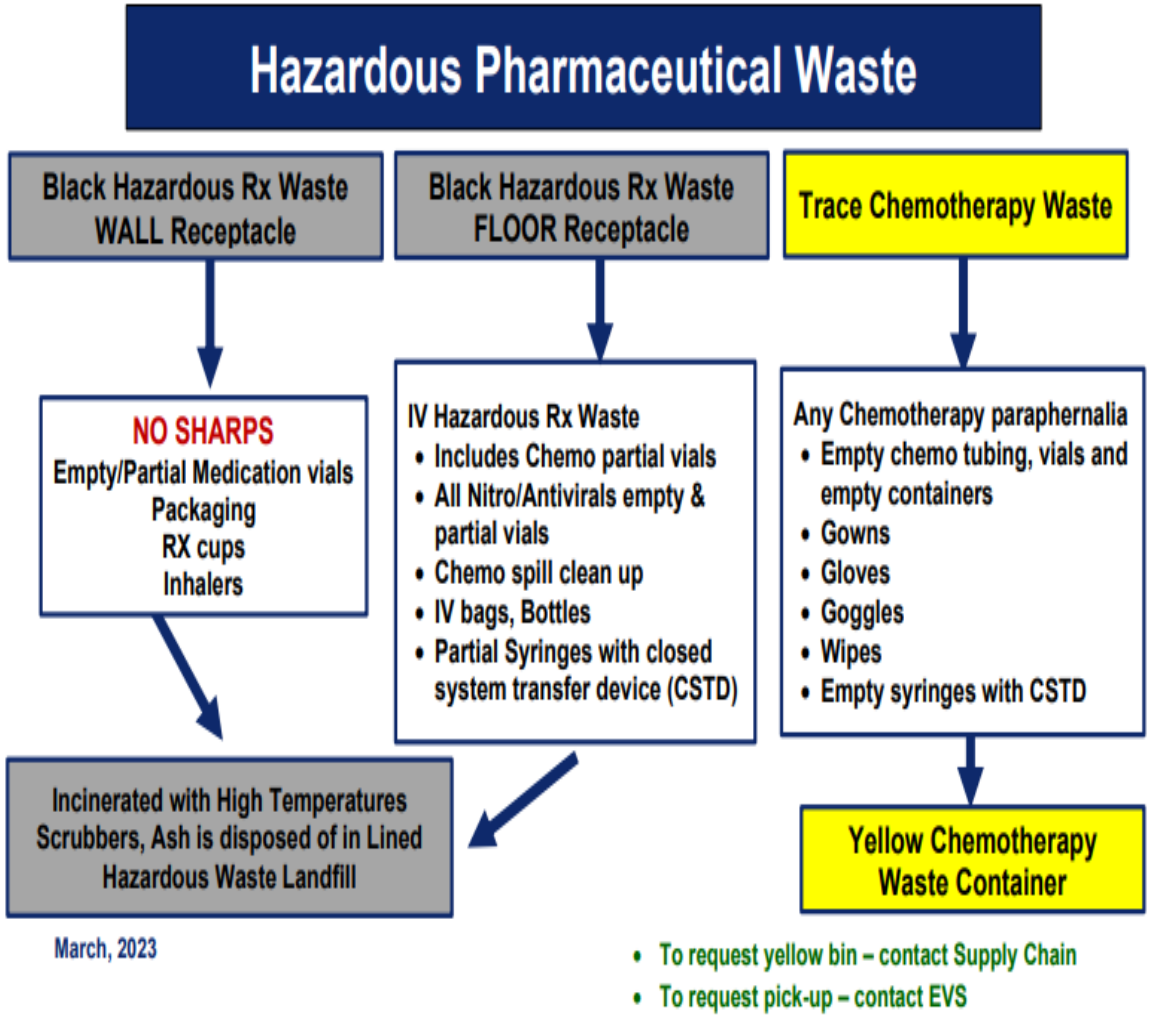
Water Soluble Bag (inner)

Yellow Bag (outer)

Hazardous Drugs Precautions: Disposal

Click here to view Addendum B: Hazardous Pharmaceutical Waste Process for more information about HD disposal

- In the 48 hours following HD administration, diapers and briefs should be discarded in the yellow bin (trace hazardous waste) for both pediatric and adult patients
- The registered nurse validates that unlicensed team members involved in patient care, such as clinical technicians and medical assistants, understand required precautions



Isolation Precautions: Policy

- 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

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*

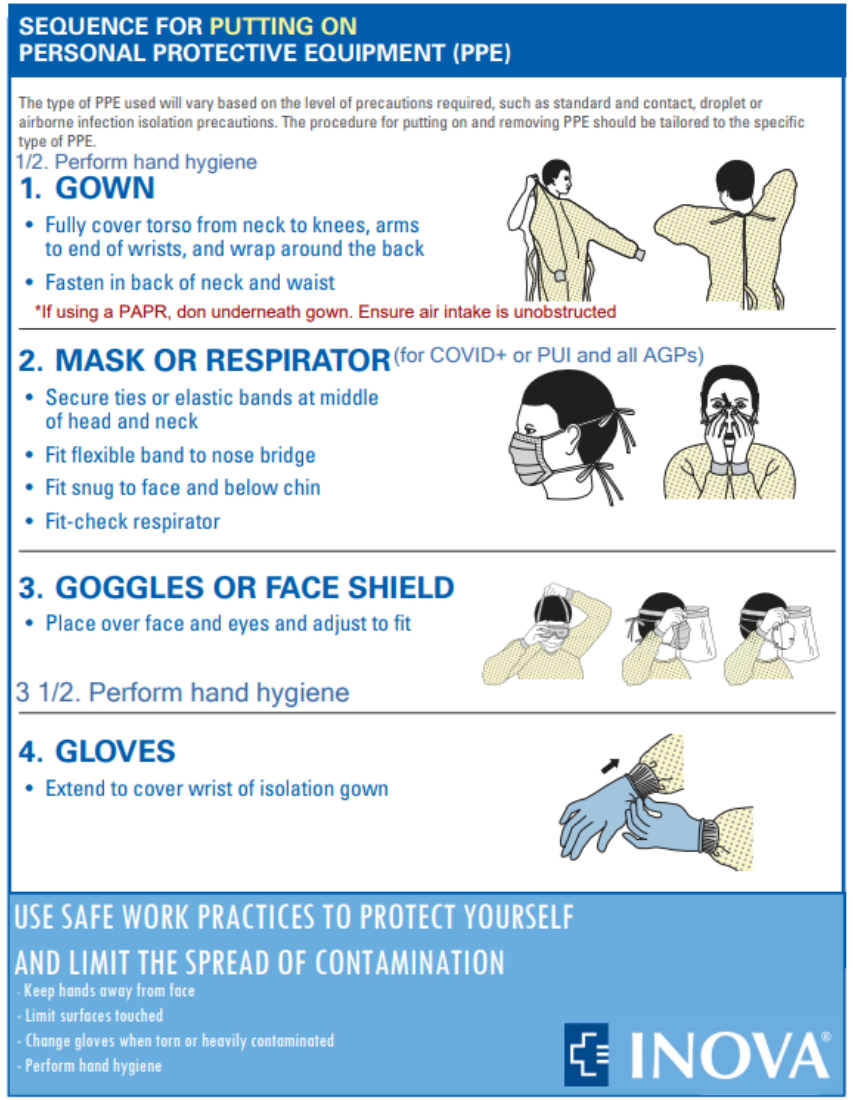
Putting on a Respirator (Donning)

PPE Donning in this order:

- Hand Hygiene
- Gown
- Mask or respirator
- Goggles or face shield
- Gloves

Before using a disposable respirator, always look closely for:

- Damaged, wet, visibly contaminated or torn disposable respirator – discard if present



Click on image above for PDF.

N95 Respirators (Most Common)

The letter "N" means the respirator is not resistant to oil. The "95" means it filters out 95% of particles that are at least 0.3 microns, and possibly smaller, in diameter. The N95 is best suited for healthcare pathogens.

Pointers:

- You must be fit tested to the specific N95 that fits you. You can only use N95s that you have been most recently fit tested for.
- The N95 must fit properly and seal to the face to protect you. 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
- You should be re-fit tested annually or if you have any dramatic weight loss/gain or change in facial profile shape (from surgery, dental procedures, etc.)

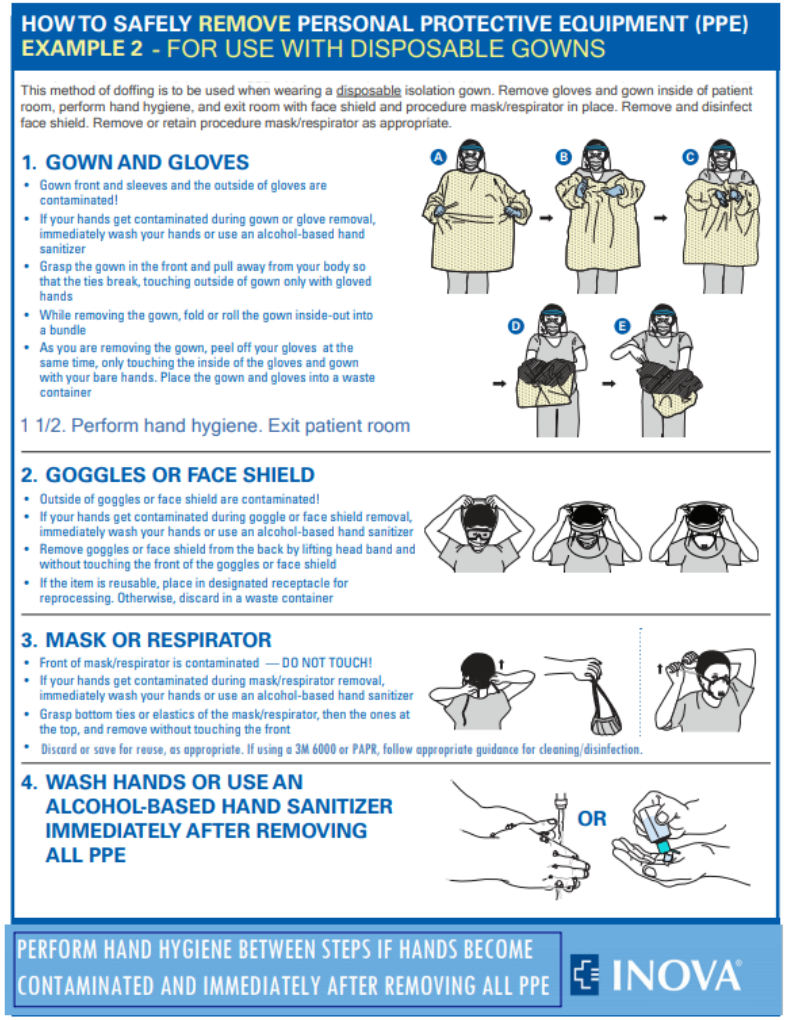
Respirators are only effective when the seal around your nose and mouth is tight. If you cannot achieve a proper fit, do not enter Airborne Isolation. Consult your Supervisor.

Inova Respirators At a Glance		
3M 1860	**3M 1870+**	**3M 8210**
		
Two Sizes - Disposable **Wear in Surgical Areas Only**	**One Size - Disposable** **Wear in Surgical and non-surgical areas**	**One Size – Disposable** **Wear in Non-Surgical Areas Only**

Removal (Doffing) of the N95 Respirator

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 on image above for PDF. Removal is on page 2 (reusable gown) and page 3 (disposable gown).

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, for patients with certain known or suspected infectious agents as recommended in Appendix A, and Multi-drug Resistant Organisms, and when the patient exhibits evidence of syndromes listed in (Appendix B). Some diseases require laboratory confirmation so we use precautions as a precaution, waiting for confirmation. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body that cannot be contained and present a potential for extensive environmental contamination and risk of spread of infectious agents.

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 see the MDRO policy for definitions and isolation policies.

Contact Precautions

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 disinfectant.

Environmental Measures: Daily clean of room and monitor screen with facility approved disinfectant. Upon transfer or discharge EVS will perform a terminal clean.

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* as well as 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

Droplet Precautions

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 InovaConnect for more information.

Airborne Precautions

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 a patient or 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

Airborne Precautions

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)

Diseases: Require Airborne AND Contact Isolation

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:

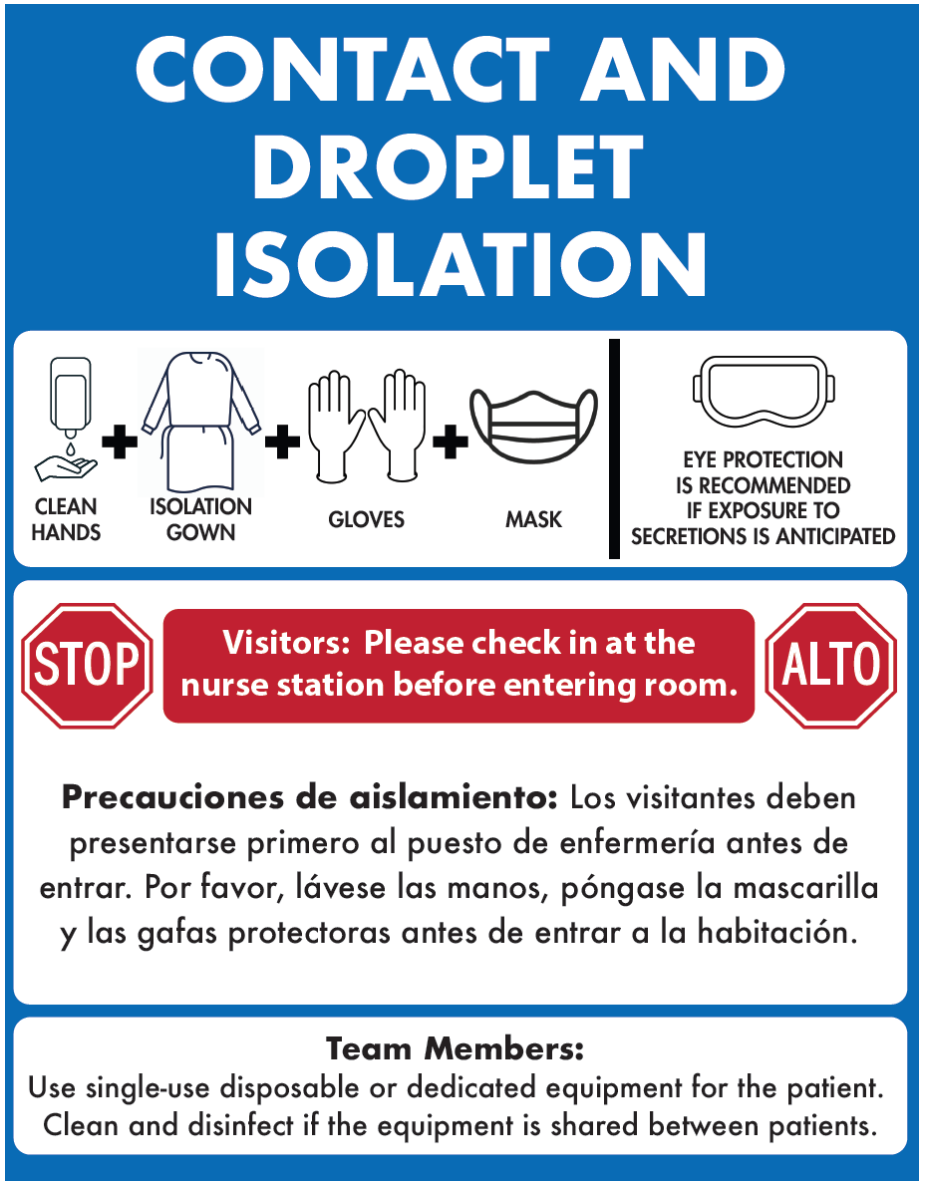
- SARS-CoV2 (Coronavirus Disease)
- Viral hemorrhagic fever
  - *Ebola virus, Lassa virus, Marburg virus
- Other emerging infections

Diseases: Require Contact AND Droplet Isolation

- Infants and children with RSV
- Patients with multi-drug resistant organism (MRSA, other MDRO, 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: 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

For the protection of severely immunocompromised patients

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

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 quarter 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

Tuberculosis Signs, Symptoms & Risk Factors

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

IF YOU HAVE ANY OF THE SIGNS, SYMPTOMS AND/OR RISK FACTORS PLEASE CONTACT TEAM MEMBER HEALTH!

Risk Factors include:

- Birth, travel, or residence in a country with **elevated** TB rate > or equal to 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 Virus (HBV)

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

Hepatitis B Virus (HBV) - Vaccine

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.

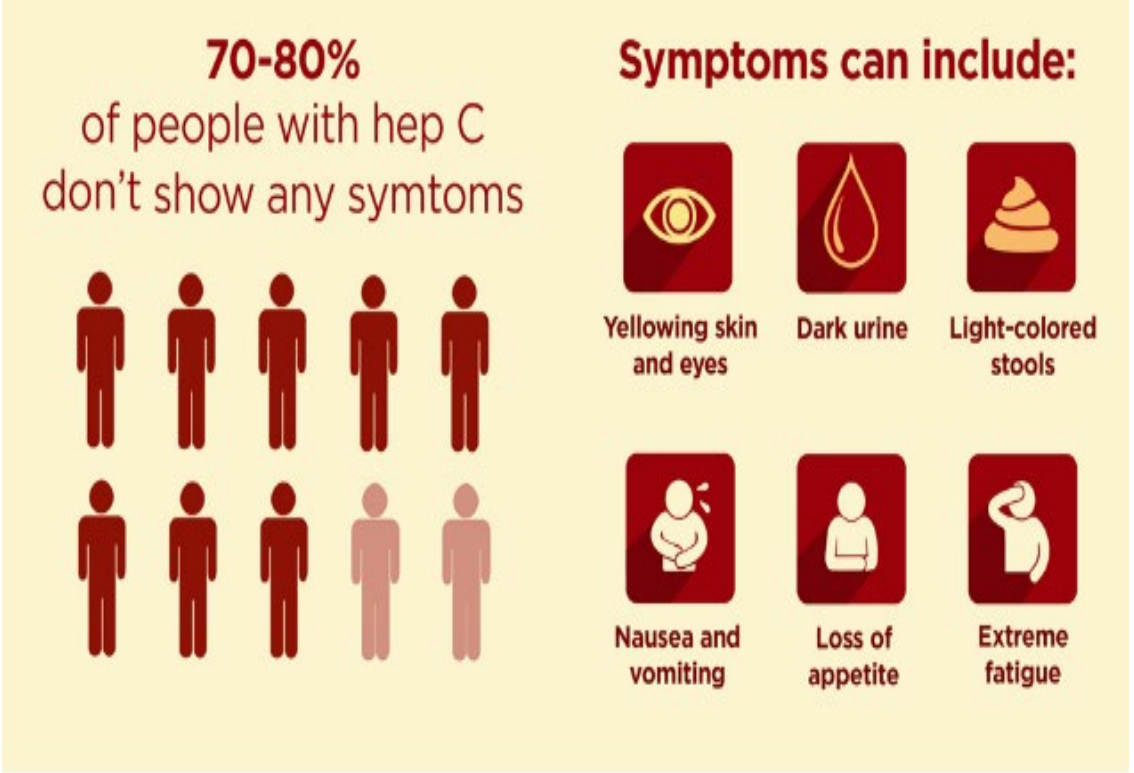
Hepatitis B vaccine consists of a series of either two or three injections initial, one a month later, and one six months from the first.

Hepatitis C Virus (HCV)

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%.

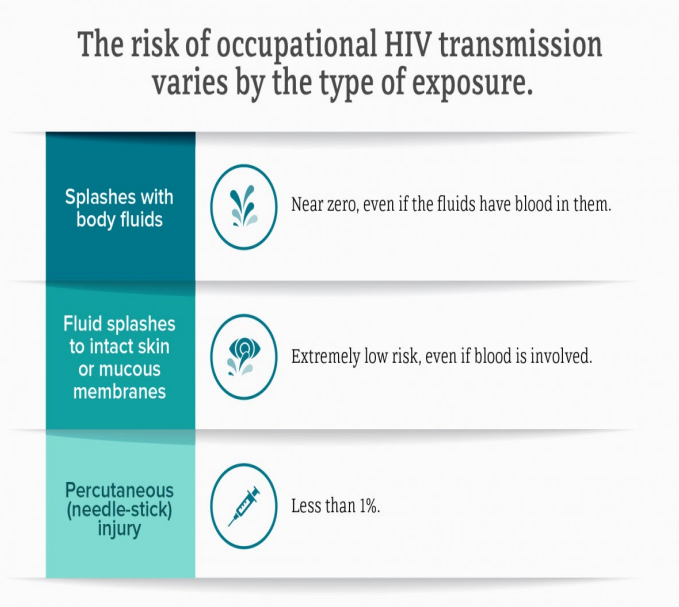
Estimated 4.1 million Americans have been infected with HCV, of whom 3.2 million are chronically infected.

- 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



Human Immunodeficiency Virus (HIV)

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.

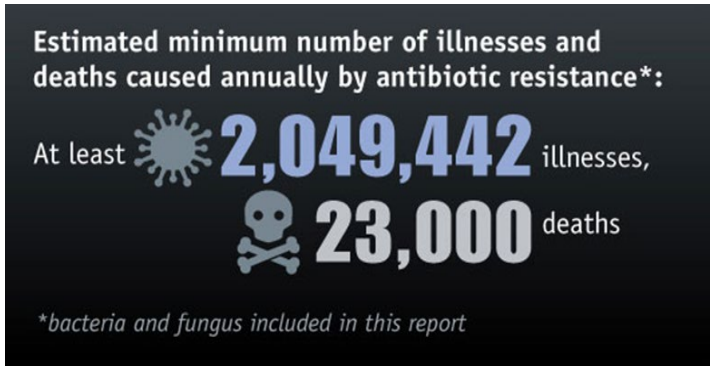


Some infected with HIV have no symptoms for up to ten years. Within a month or two after exposure to the virus some experience flu-like illness such as fever, headache, fatigue, weight loss, diarrhea, night sweats, enlarged lymph nodes. These symptoms usually disappear within a week to a month and are 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.

Antimicrobial Stewardship - The Basics

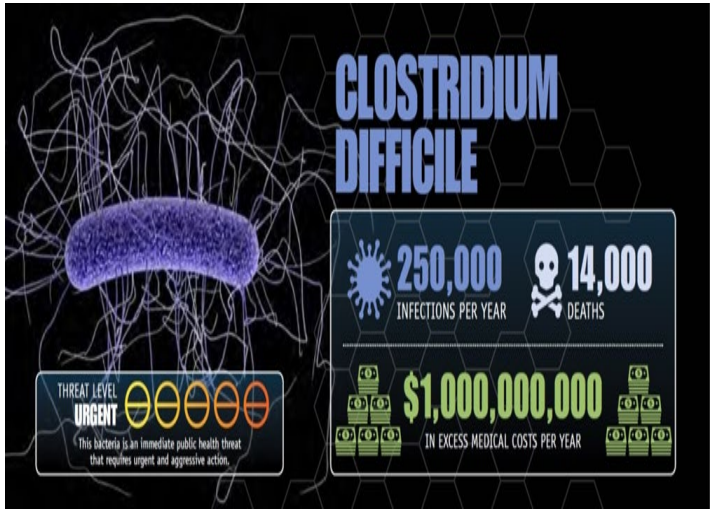
Need for Antimicrobial Stewardship: Up to 50% of antibiotics prescribed in U.S. hospitals are unnecessary or inappropriate, leading to increased antimicrobial resistance and C.diff infections



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

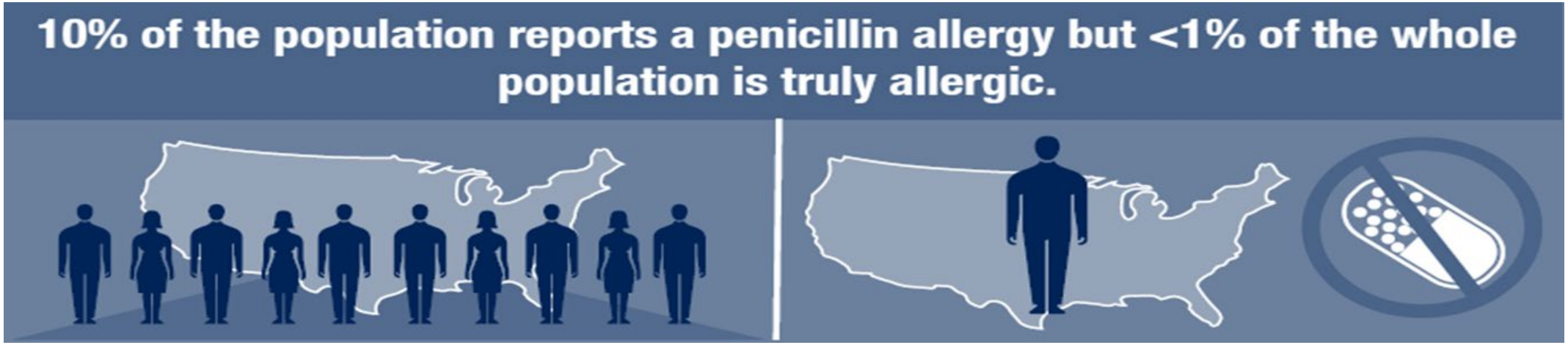
Antimicrobial Stewardship - Penicillin Allergies

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?

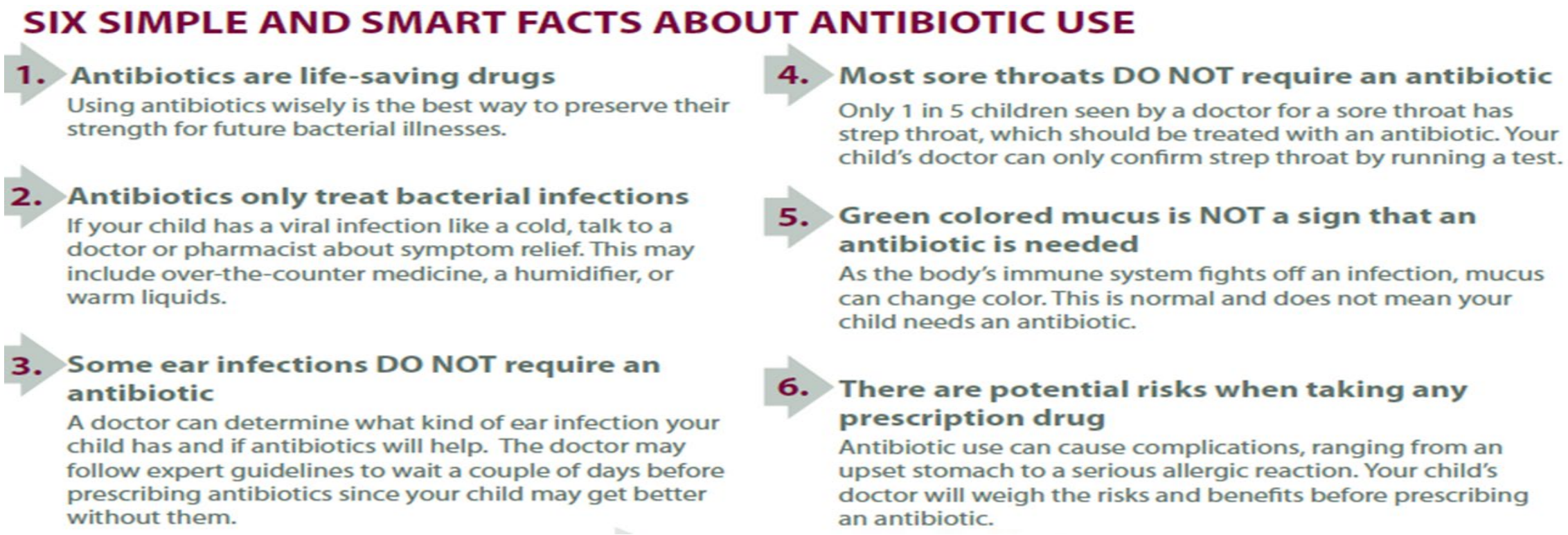
- An allergy to penicillin could contraindicate the patient to the most effective and best tolerated treatment
- Examples: Zosyn, cetriaxone, cefepime, cefazolin, meropenem, ertapenem, nafcillin, ampicillin, amoxicillin, cephalexin etc..
- Many of these antibiotics have a <2% risk of reaction
- Risk 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



Antimicrobial Stewardship - Patient Education

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.



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.

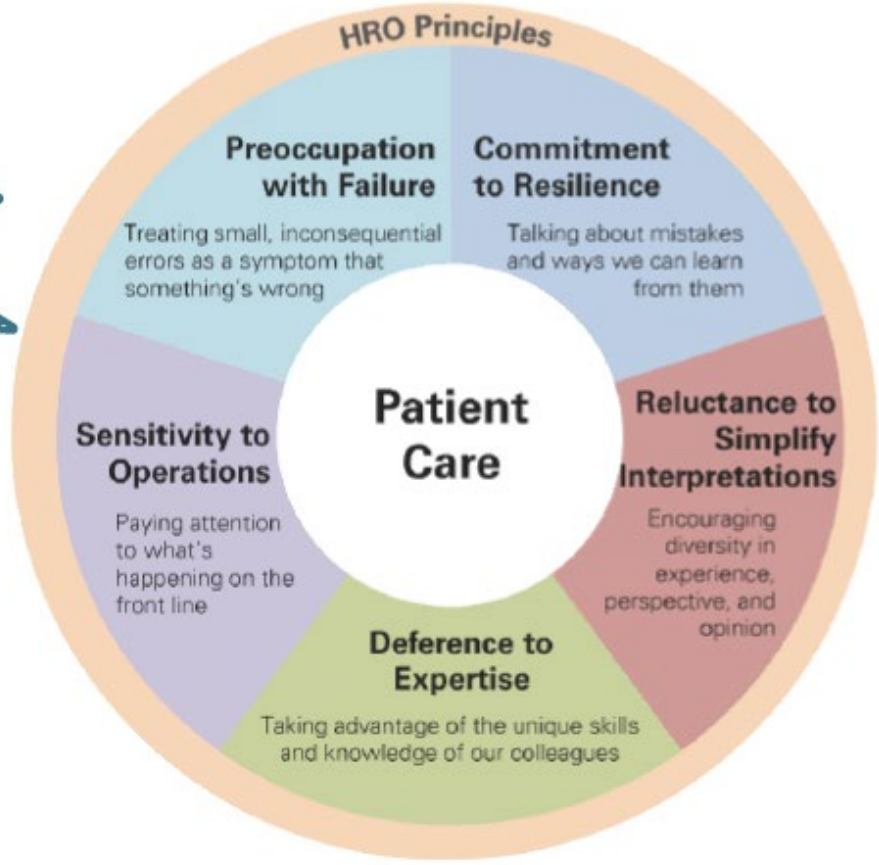
6. There are potential risks when taking any prescription drug

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



2024 Annual Education Clinical - Quiz

Please choose the best answer(s) for the following questions. Please place your answer on the Answer Sheet.	
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 InovaConnect.	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

2024 Annual Education Clinical - Quiz

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 InovaConnect under Workplace Safety.	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: _C____ Toddler (1-3 years old) __B___ Preschool (Age 3-6 years old) __D___ School Age (6-12 years old) __A___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.

	D. The care provider utilizes appropriate distraction techniques to implement care.
22. 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.	A. True B. False
23. In planning care for the patient in the geriatric age range (over 60 years old) it in important to consider the factors effecting medication administration and monitoring to include appropriate dosage, renal/liver function.	A. True B. False
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

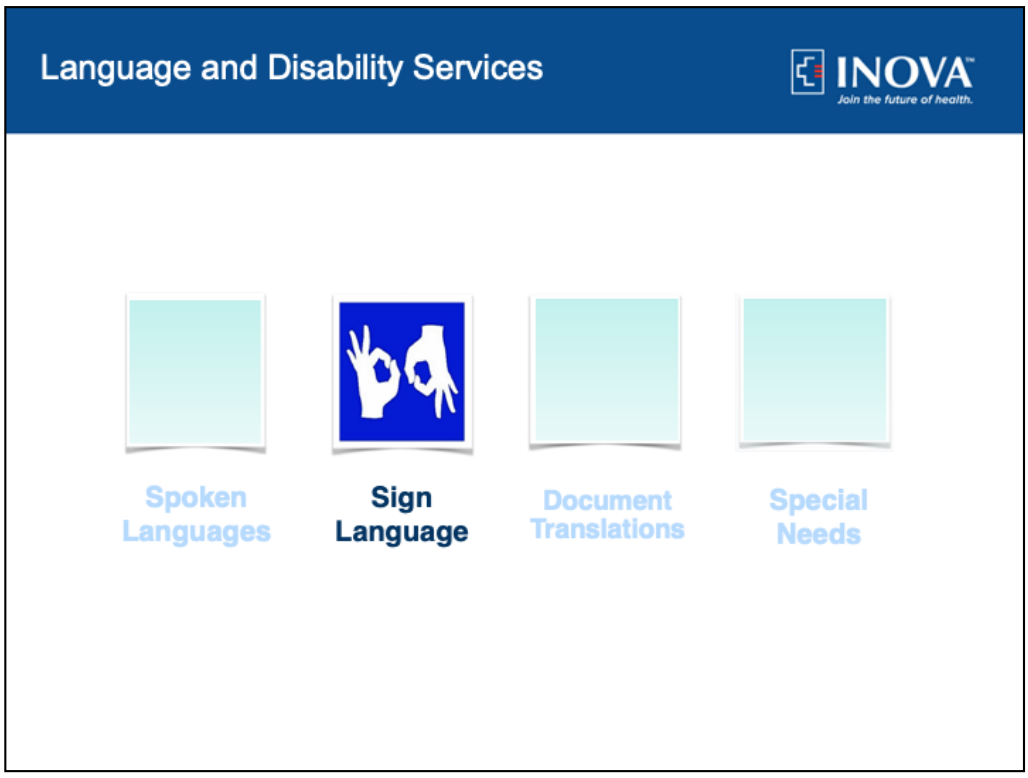
31. Preventing a Catheter-Associated Urinary Tract Infection (CAUTI) includes which of the following?	A. Checking tubing to prevent dependent loops B. Always keeping the drainage bag below the patient's bladder C. Providing perineal care every 12 hours, after bowel movements, and PRN D. Secure tubing 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
38. The National Institute for Occupational Safety and Health (NIOSH) considers a drug to be hazardous if it exhibits one or more of the following characteristics in humans or animals:	A. Carcinogenicity and/or genotoxicity B. Reproductive, teratogenicity or developmental toxicity C. Structure and toxicity profiles of new drugs that mimic existing hazardous drugs D. Organ toxicity at low doses E. All the above are correct

2024 Annual Education Clinical - Quiz

Welcome to Equal Access: Language and Disability Services Training.

INOVA'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.

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?

In three simple ways:

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.

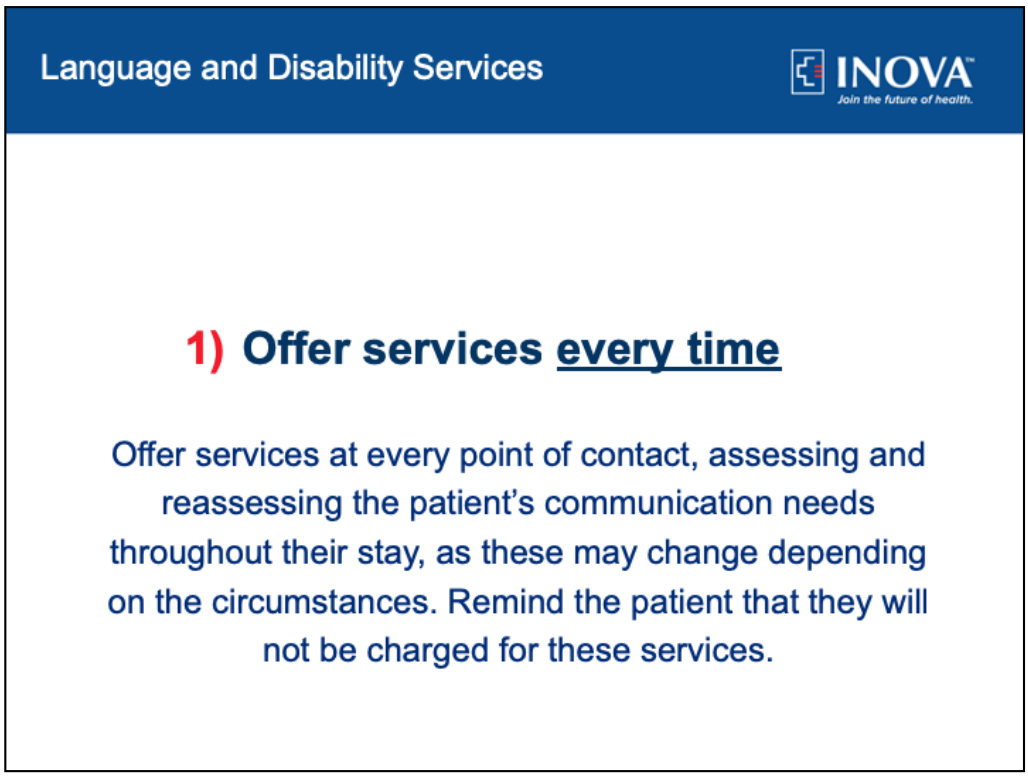
Two: Use the appropriate service for each patient and each occasion, taking into account the patient's preferences to make this choice.

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.

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."**



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.

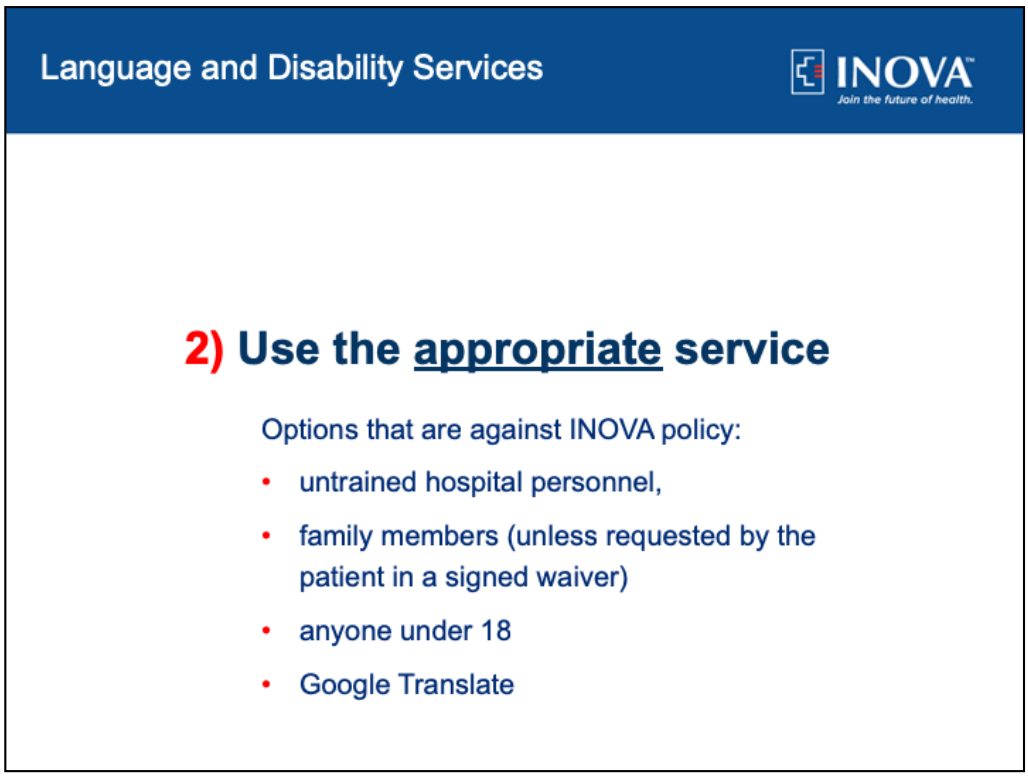
Two: Use the appropriate service.

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.

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



"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.

Language and Disability Services

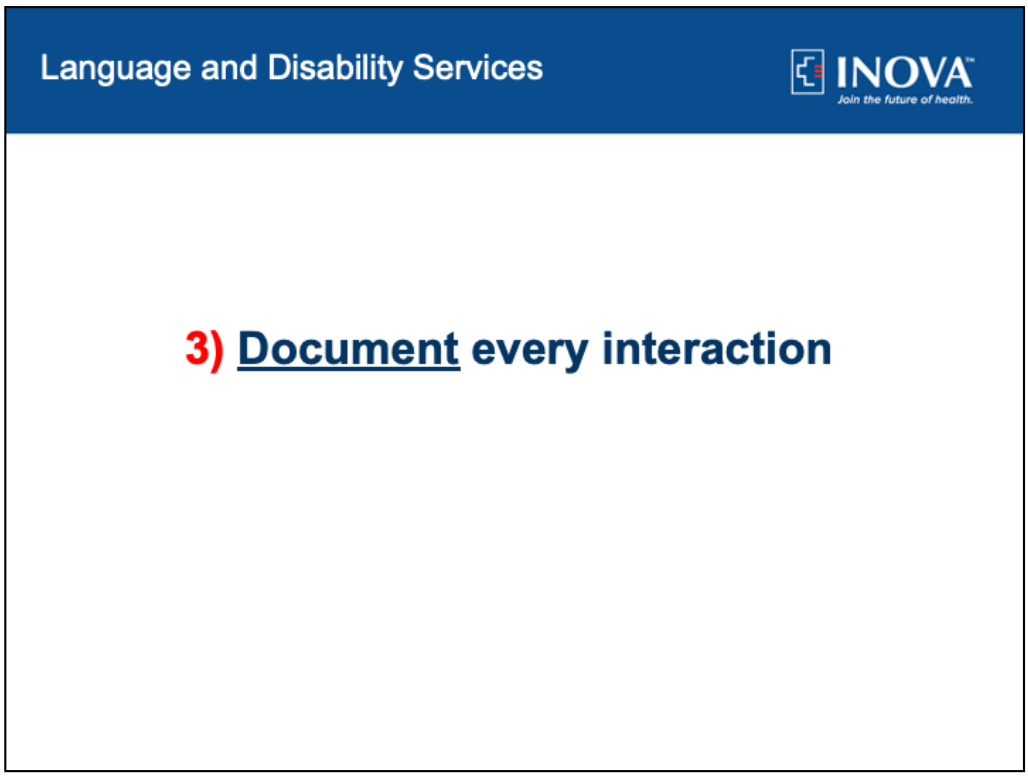
INOVA
Join the future of health.

2) Use the appropriate service

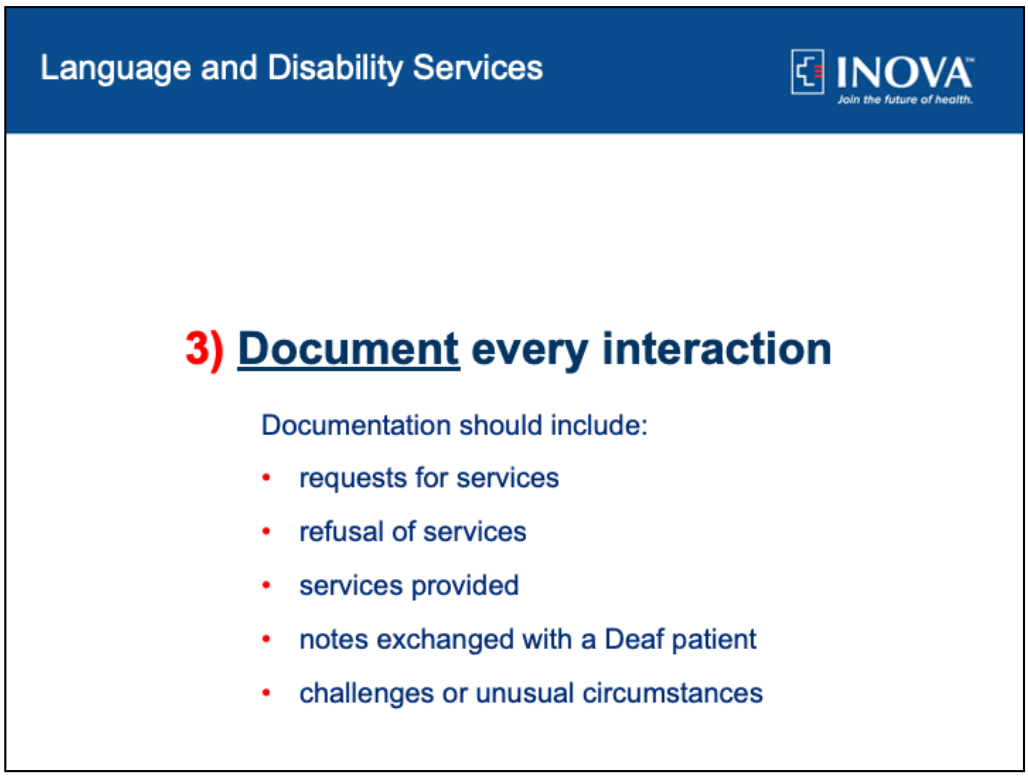
Bilingual providers:

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

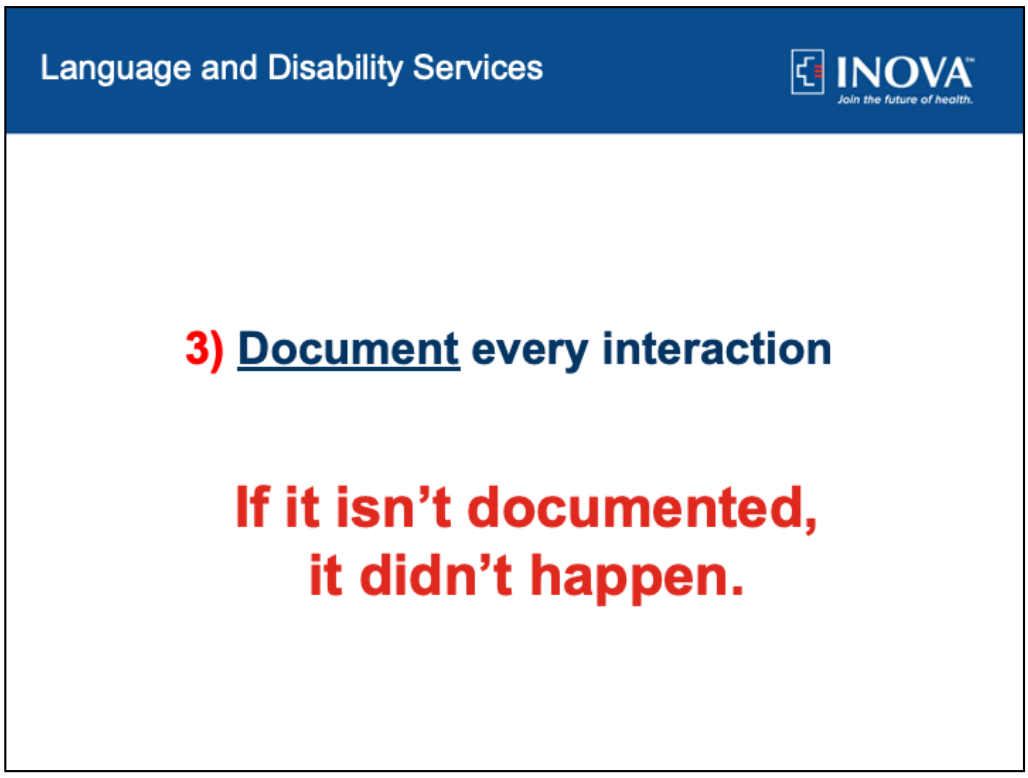
Providers who would like to communicate directly with their patients in a non-English language are encouraged to take our language proficiency test and be added to our database of Screened Bilingual Providers.



Three: document every interaction.



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.



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.

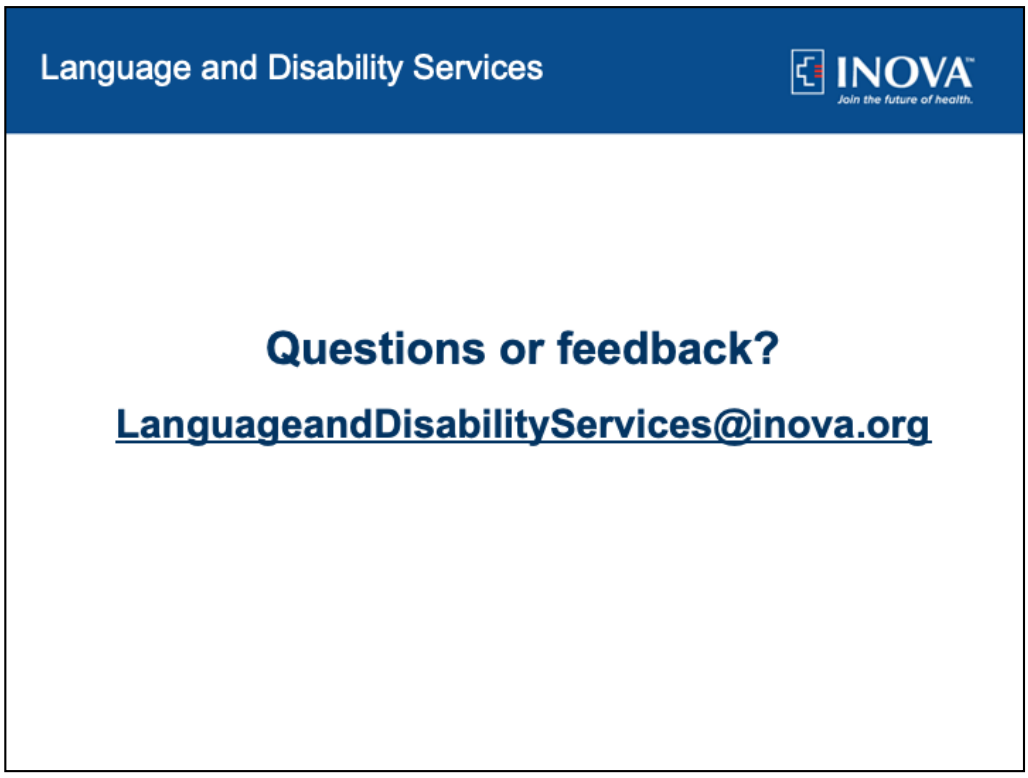
If a patient requires mobility accommodations they will most likely know how we can best assist them, so please follow their lead on what services would best meet their needs.

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

INOVA
Join the future of health.

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.



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

2024-2025 Orientation and Annual Education – Quiz Answer Key

Name: _____ Date: _____

Acute Care Clinical	**Equal Access**
1.	1.
2.	2.
3.	3.
4.	4.
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