INTRODUCTION

This training course has been developed to provide safety information and health guidelines for new residents as well as an annual update for current residents.

Workplace safety and health laws establish regulations designed to minimize the occurrence of personal injuries and illnesses in the workplace. To provide the highest level of quality care everyone must work together as a team to create a safe environment for every patient, visitor, and employee.

The Wichita Center for Graduate Medical Education (WCGME), and its affiliated hospitals and non-hospital sites consider the practice for safety, and infection control a top priority for all their employees and other health care professionals working in their institution(s).

Everyone is responsible for safety in the workplace.

If you see an opportunity for the hospitals to reduce injuries to employees or a safety concern don’t keep it to yourself:

Carolyn Koehn
Via Christi Health Safety Director
(316) 268-8632

Jim Catt
Wesley Medical Center Safety Officer
(316) 962-2046

Carol Miesse
Veterans Hospital Patient Safety Officer
(316) 685-2221, ext. 53769

The Joint Commission encourages anyone who has concerns or complaints about the safety and quality of care to bring those concerns or complaints first to the attention of the health care organization’s leaders listed above.

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrance, IL 60181

E-Mail: complaint@jointcommission.org
Phone: 630-792-5636
Note: The hospital takes no disciplinary or punitive action because an employee or physician or other individual who provides care, treatment and services reports safety or quality of care concerns to the Joint Commission. (APR.09.02.01 EP1-3)

ENVIRONMENT OF CARE
SECURITY PLAN

Components:
- Assesses risk and the activities to minimize that risk
- Responds to situations that could be harmful to patients, visitors, and staff

Expectations of Staff:
- Assist security by reporting suspicious people or situations
- Abide by the parking, smoking and safe workplace rules
EMPLOYEE IDENTIFICATION

It is very important for your own protection as well as that of patients and guests to be able to identify potential threats to our security.

YOU have every right to request identification from anyone in your work area who does not seem to belong there, or who arouses your suspicions in any way.

If you do not feel comfortable challenging someone…

Call Security:
- KUSM-W: 293-2662
- VA Hospital: within VA dial 3911
- Via Christi Hospitals: 268-5092; on campus dial 100
- Wesley Medical Center: 962-3333

WEAR YOUR RESIDENT/HOSPITAL ID BADGE(S) AT ALL TIMES

Question Those That Don't!
EMERGENCY MANAGEMENT PLAN

The Wichita area hospitals under The Joint Commission (TJC) facilitate a flexible “All Hazards” approach to emergency management that can be adapted to a variety of catastrophic emergencies.

The Emergency Management Plan (EMP) applies to any internal or external disaster. All residents have a role in the EMP. In the event of an internal/external disaster, all residents should report to the hospital in which they are rotating for assignment as needed.

Emergency Management (EM) addresses the four phases of disaster response:

- Mitigation
- Preparedness
- Response
- Recovery

There are six critical areas of emergency management:

- Communications
- Resource and Asset Management
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities
EMERGENCY MANAGEMENT PLAN (con’t)

HICS

Hospital Incident Command System

HICS is a program developed to assist in the operation of hospitals during times of crisis

➢ Provides an identifiable, responsibility-oriented chain of command
➢ Provides a common mission & language
➢ Provides a method for prioritizing duties

SYSTEMS FAILURE BASIC STAFF RESPONSES

<table>
<thead>
<tr>
<th>Example</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical Power but the Emergency Generators Work</td>
<td>Ensure that life support systems are on emergency power (RED Outlets).</td>
</tr>
<tr>
<td></td>
<td>Ventilate patients by hand as necessary.</td>
</tr>
<tr>
<td></td>
<td>Complete cases in progress ASAP. Use flashlights. Monitor patients</td>
</tr>
<tr>
<td></td>
<td>according to severity.</td>
</tr>
<tr>
<td>Electrical Power – Total Failure Including Emergency Generators</td>
<td>Utilize any battery operated lights available, hand ventilate patients,</td>
</tr>
<tr>
<td></td>
<td>manually regulate IV’s as needed.</td>
</tr>
<tr>
<td></td>
<td>Don’t start new cases. Monitor patients. Provide for visitor safety.</td>
</tr>
<tr>
<td>Telephones</td>
<td>Use cellular phones &amp; overhead paging; use runners as needed.</td>
</tr>
</tbody>
</table>
SEVERE WEATHER PLAN

Hospital security is responsible for communication of the latest information concerning severe weather. An “all clear” announcement will be made when hospital is out of danger.

HOSPITAL PROCEDURES TO FOLLOW:

- Move patients to interior rooms & corridors, if possible
- If you are unable to move patients, cover them with blankets or mattresses and move them as far from windows as possible
- Close all doors & windows. Pull down all window shades and blinds
- All visitors and staff should move to interior rooms and away from windows
- Do not leave the building
- Refer to your hospital department-specific guidelines for severe weather
BOMB THREAT/BIOTERRORISM

BOMB THREAT

If you receive a phone call or see a suspicious package …

TAKE IT SERIOUSLY!

Call:

- KUSM-W Security 293-2662
- VA Hospital Police within the VA dial 3911
- Via Christi Hospitals 268-5092 or on campus dial 100
- Wesley Hospital 962-3131

BIOTERRORISM

➢ Environmental contamination includes chemical, biological, or radiological events that put visitors, patients, customers and employees in danger

➢ Contact the regional bioterrorism coordinator at:
  - Regional Coordinator: Charlie Keeton: 962-8237
  - Via Christi Preparedness Coordinator: Carolyn Koehn: 268-8632
  - Wesley Preparedness Coordinator: Diana Lippoldt: 962-7277

For further information log on to:
  http://www.cdc.gov/
HARASSMENT & WORKPLACE VIOLENCE SAFETY

Hospital employees and residents can expect to work in an environment free of harassment and disruptive behavior.

As part of our commitment to a safe workplace, possession of firearms, other weapons, explosive devices, or other dangerous materials on the medical center or medical school premises is strictly prohibited.

REPORT AN INCIDENT TO ANY OF THE FOLLOWING:

- Hospital Director of Medical Education
  Via Christi - Kay Glasner
  Wesley - Cindy Ainsworth
- Designated Institutional Officer (DIO)
  Robert McKay, M.D.
- Program Director
- Hospital Ethics Compliance Officer at:
  VA Hospital 685-2221, ext. 55580
  Via Christi Hospitals 858-4978, on campus 44978
  Wesley Medical Center 962-2463
RESPECTING OUR CULTURES

Cultural diversity refers to the differences between people based on shared ideology and valued set of beliefs, norms, customs and meanings.

Cultural Awareness:
- Diversity is an important part of life
- Strive to foster a culture of inclusion
- Be sensitive to distinct needs of patients, families, and co-workers with respect to cultural, spiritual and developmental needs
- Don’t stereotype people. Respect their beliefs, even when they may appear “strange” to you

Population Appropriate Care

Refers to our ability to meet the distinct needs of patients, families, and co-workers with respect to cultural, spiritual and developmental needs.

Knowledge and consideration for each population group means being aware of their:
- Communication approaches
- Personal space views
- Time orientation
- Social organization
- Safety/environmental interventions

Awareness of cultural differences doesn’t have to divide us from each other. By becoming more aware of our cultural differences we can communicate with each other more effectively and is the first step in understanding and respecting each other.
ERGONOMICS

Ergonomics is the study of the interaction or fit between workers and their total workplace environment to help prevent injuries and improve efficiency. Personal ergonomics is the science of working smart and learning to move and position your body to reduce stress on muscles, tendons and ligaments. Cumulative-trauma disorders are common work injuries to the neck, arms, and lower back caused by poor postures, prolonged repetitive movements, and improper equipment to do the job. By following recommended guidelines, residents can reduce the frequency of this type of injury.

FOLLOW THESE ERGONOMIC GUIDELINES ON THE JOB:

Lift and move things safely:
- Lift with your legs, not your back. Bend your knees, keep your feet apart and keep your back straight. Don’t twist.
- Lift loads close to the body.
- Never lift alone, particularly fallen patients, use team lifts or use mechanical assistance if necessary.
- When standing, maintain good posture, keep your knees relaxed and put one foot up when standing for long periods of time.

Make sure your workstation is properly adjusted:
- Make sure your chair height and backrest are set properly. Feet should be able to rest flat on the floor, and the chair back should support lower lumbar region of the back. Armrests can also take some of the pressure off the discs in your back.
- Sit approximately an arm’s length away from the computer screen. Position the monitor so it is centered with your head, eyes level with top portion of the screen. Avoid resting your wrists on the desk and keep elbows bent at a 90° angle. Reduce glare by changing screen position or lighting, if necessary.
- Change your position frequently throughout the day to avoid eyestrain, headaches and fatigue.
FIRE SAFETY

Fire is a leading cause of injury and death in health-care facilities. Common fire hazards include smoking, compressed gases, flammable substances, faulty electrical equipment and combustibles. You can help prevent fires by inspecting your work area for hazards and reporting any you find to the proper personnel. Keep flammables and combustibles away from heat sources and make sure to keep equipment that can spark out of areas where oxygen is used. Garbage should be disposed of properly and all residents should observe and enforce the smoking rules of the hospital and non-hospital sites. Residents should take part in regularly scheduled fire safety training programs in order to be prepared for fire emergencies.

IN THE EVENT OF A FIRE ALL RESIDENTS SHOULD KNOW:

- The location of fire alarm boxes in the area
- The location of primary and secondary evacuation routes
- The location of fire extinguishers
- The facility’s procedures to follow in the event of a fire
- DO NOT USE ELEVATORS

Remember R-A-C-E

Rescue
Rescue patients and staff away from immediate danger.

Alert
Follow your facility’s procedures for sounding the fire alarm and alerting other staff.

Confine
Close doors and windows to help prevent smoke and fire from spreading.

Extinguish
P – Pull safety pin
A – Aim at base of the fire
S – Squeeze handle
S – Sweep from side to side at the base of the fire
FIRE SAFETY (cont.)

**TYPES OF FIRES**

**Type A** – This type of fire is fueled by ordinary combustibles such as wood, cloth, paper, rubber and many plastics.

**Type B** – This type of fire is fueled by flammable liquids, such as gasoline, oil, grease, oil-based paints and lacquers, and flammable gas.

**Type C** – This type of fire is fueled by a live electrical current such as electrical equipment, circuit breakers or machinery.

**FIRE EXTINGUISHERS** – Fire extinguishers are rated depending on the type of fire they are intended for. Remember to read the label before use and know which type of fire extinguisher to use. Only attempt to put out small fires yourself if you have been trained and you have a clear escape route – otherwise evacuate.

**HELPFUL REMINDERS FOR WHICH TYPE OF FIRE EXTINGUISHER TO USE…**

- Use Class “A” for **ASHES** --- items that burn to ashes
- Use Class “B” for **BARRELS** --- liquids that come in barrels
- Use Class “C” for **CURRENT** --- for electrical currents
OXYGEN SAFETY

Proper precautions need to be observed by all health-care workers and patients alike in instances where oxygen is in use.

COMMON PRECAUTIONS TO FOLLOW:

➢ It’s critical that no smoking or open flame be allowed near flowing oxygen.
➢ Do not use any electrical equipment near oxygen.
➢ Oxygen tanks should be secured and safely stored at all times.
➢ After use, always close and return oxygen tanks to the proper place. If a non-secured cylinder falls and cracks the top, it can become a “torpedo” with enough force to penetrate a wall.
➢ If you observe an oxygen tank that is not secure or contained, please notify proper personnel.
ELECTRICAL SAFETY

Electricity makes our everyday lives much easier but in certain cases it can cause electrocution, burns and fires. Prevention is the best method for avoiding electrical accidents.

SOME COMMON ELECTRICAL EQUIPMENT HAZARDS INCLUDE:

- Frayed electrical power cords
- Missing grounding pin (3rd prong)
- Cords crossing hallways or traffic areas
- Use of unauthorized or multiple extension cords
- Loose or damaged receptacles
- Smoke, sparks, or a tingling sensation
- Heat or burning smell

THESE SAFE WORK PRACTICES CAN MINIMIZE ELECTRICAL HAZARDS:

- Check electrical equipment before each use.
- Check plugs and cords for damage.
- Use only 3-prong plugs, when possible.
- Disconnect cords by pulling on the plug not the cord.
- Use surge protectors.
- Don’t use electrical devices near water or wet areas.
- If you suspect that an electrical device is faulty, put a warning tag on it that states “Don’t Use” and a description of the problem.

Remember for your own safety...

Do not directly touch a person who is receiving an electrical shock because it will transfer to you. Try to free the person from the electrical current as quickly as possible by unplugging the equipment or by using a non-conductive object (anything made of wood, rubber, leather, or heavy cloth) to push or pull the person away from the electricity. Once the person has been pulled away from the electrical current, phone emergency personnel, and initiate first aid or CPR if indicated.
RADIATION SAFETY

RECOGNIZE THE UNIVERSAL RADIATION SYMBOL

The use of radiation in a hospital setting is subject to strict regulations and all residents involved in its use need to be familiar with the proper safety procedures. Radiation equipment used for producing diagnostic testing or for therapy treatments are carefully measured and monitored. They are designed to provide optimum results for the patient while providing minimal hazards to the health-care worker.

Any department of the hospital, which contains radiation producing machines or radioactive material, will display appropriate signage, keep secure and clearly defined work areas and use the necessary filters or fume hoods to reduce exposure.

Remember:

- Be familiar with the radiation source and the potential risks.
- Recognize posted radioactive material warning signs and proceed only with permission.
- Use distance to protect yourself if assisting with an exam.
- Limit your time/exposure around radiation equipment & materials.
- Take necessary precautions by wearing the proper protective wear and monitoring devices.
- Dispose of radioactive waste in an approved manner.
- In the event of a spill, or release of radioactive gas, secure area and notify proper personnel.
HAZARDOUS MATERIAL SAFETY

Depending on your job, hazards can vary. For all residents, hazard prevention is an ongoing process and depends on assessing your worksite and identifying any potential problems.

CHEMICAL HAZARDS:

Chemical hazards in the workplace include toxic substances such as drugs, gases and solutions. There are three ways chemicals enter the body:

- **Inhalation** – Chemicals can enter the body in the form of dusts, fumes, gases or aerosols. Common chemical hazards in this category are asbestos dust, paint vapor, and carbon monoxide gas.
- **Ingestion** – Eating or drinking hazardous chemicals by mistake or touching your mouth with contaminated hands.
- **Absorption** – Chemicals can be absorbed directly through the skin. Examples are DMSO, acetone and mustard gas.

REDUCE CHEMICAL HAZARDS BY USING THE FOLLOWING CONTROLS:

**Engineering Controls** – These controls involve using technology to reduce your exposure to hazards. An example of an engineering control would be eliminating a hazardous chemical and replacing it with a less harmful one or providing ventilation that can reduce or remove harmful gases or dusts.

**Administrative Controls** – These controls are designed to change how a job is done by limiting how long or how often residents are exposed to the hazard. Examples would be adjusting work schedules, and having periods of time away from the hazard to limit exposure.

**Personal Protective Equipment (PPE)** – This would include using gowns, gloves or equipment such as a respirator to provide a physical barrier to infectious materials.
HAZARDOUS MATERIAL SAFETY (con’t)

The Occupational Safety and Health Administration (OSHA) has established the Hazard Communication Standard, also known as the “Right to Know Standard”. The purpose of this law is to inform residents about any chemical hazards associated with their job and how to use chemicals properly and safely.

THE HAZARD COMMUNICATION STANDARD INCLUDES REQUIREMENTS ON:

- **Labeling** – All hazardous chemicals must be labeled and stored in the proper manner. Labels must contain the name of the product, the hazards associated with the product and the name and address of the manufacturer.

- **Maintaining up-to-date Material Safety Data Sheets (MSDS)** – Worksites must provide detailed information on each chemical, including its potential hazardous effects, its physical and chemical characteristics, and recommendations for appropriate protective measures.

- **Training** – Residents must take part in all chemical safety training programs and know how to use these products safely.
HIPAA

**Health Insurance Portability & Accountability Act of 1996**

The HIPAA Privacy Rule was enacted to provide comprehensive standards for protection of patient records and health information. The Privacy Rule regulates how “covered entities” can use and disclose individually identifiable health data, known as protected health information (PHI). A patient’s PHI refers to information that is transmitted or maintained in any form or media (electronic, paper, or oral).

In addition, the Privacy Rule gives patients the right to:
- access their PHI (Protected Health Information)
- request an amendment of their PHI
- an accounting of disclosures
- opt out of the patient directory
- confidential, alternate communication
- restrict access
- have notice of privacy practices

**ALL** healthcare employees (patient & non-patient care areas), physicians, residents, volunteers & students are obligated to protect patient privacy rights!

If there is a HIPAA concern, notify your Program Director or unit manager to complete a Hospital Notification System (HNS) report.
HIPAA (cont.)

Protected Health Information (PHI)

What is PHI?

PHI is any health-related information that can be directly linked to the patient ... such as name, address, any number identification (i.e. medical record, x-ray, driver’s license), etc.

- Relates to the physical or mental condition of individuals (past, present or future); and the treatment or payment of their care
- Transmitted or maintained in any form (electronic, paper or verbal representation)

Tips to Safeguard Patient’s PHI

A. Electronic health information:
- Log off the computer when finished
- Do not share computer passwords
- Do not e-mail information without encryption software
- Do not access PHI without a need to know to perform the job (i.e. Meditech information)
- Password protect personal recording devices with patient’s PHI (i.e. PDA, laptop, flash drive)
  - If lost or stolen, report immediately to manager and security
- Do not leave printed or electronic patient information exposed where visitors or unauthorized individuals can view it

Use of personal recording devices (i.e. cell phones, digital camera, PDA, etc); personal photograph or recording devices are prohibited from use to protect the privacy of physicians, employees, patients and visitors.
HIPAA (cont.)

**Tips to Safeguard Patient’s PHI**

**B. Written health information:**
- Do not discard PHI in trash can *(PHI no longer needed MUST be disposed of by shredding)*
- Do not post PHI on bulletin boards or leave exposed in public areas
- Do not label patient’s full name on tracker boards and chart backs
- Do not leave medical records open or unsecured

**C. Oral/Verbal health information:**
- Use patient curtains
- Lower your voice
- Do not speak of patient information in public areas with co-workers or non-authorized persons
- Limit voice mail to name, facility, call back number and brief purpose for call unless quality or safety of care will be impacted
- Obtain patient’s pass code when discussing results on the telephone
- Ask visitors to leave patient room when health information is being discussed
- Obtain patient’s permission to discuss health information in front of visitors and/or family members present
HIPAA (cont.)

VIOLATIONS

All HIPAA violations are to be reported to each Hospital Corporate Office and to the Office of Inspector General (OIG)

WHAT ARE THE MOST COMMONLY REPORTED HIPAA PRIVACY VIOLATIONS?

Not Safeguarding PHI:
➢ Errors in faxing reports, assigning the wrong physician mnemonic therefore results are sent to the wrong physician, e-mailing PHI without encryption, errors in returning belongings or information to the patient i.e. – insurance cards, patient procedural photos, discharge instructions/device material, and taking photos with cell phone or personal recording device

Minimum Necessary:
➢ Inappropriate use and disclosure of patient PHI without a need to know (i.e. patients not in your care)

➢ Inappropriate access of Meditech to view PHI of newsworthy patients, friends, family members, co-workers

Care & Notification:
➢ Inappropriate verbal disclosures without patient permission (i.e. sensitive diagnosis shared with family without patient permission/calling report over cell phone in public area/blog/cell phone photos

REMEMBER – Only those residents with a legitimate “need to know” may access, use or disclose PHI. Each resident must access only the minimum necessary to perform their job regardless of the extent of access provided to them.
COMPUTER USE/WORKSTATION PROTECTION

All residents accessing the computer system at any of the hospitals or at KUSM-W are responsible for any activity performed under his/her USER ID.

Each user’s computer activity is audited.

BEFORE LEAVING A COMPUTER
SIGN OFF AND SECURE ANY INFORMATION

This action helps to ensure the protection of the information as well as prevent any activity occurring under your user ID in your absence.

Open computer screens and charts sitting in public places should not be left unattended. This is not only a quality concern, but carries the potential of fines should protected health information fall into the wrong hands. Protect your patient and yourself by securing charts and turning off computer screens promptly.
Evidence of bruising, bleeding, malnutrition, burns, bone fractures, subdural hematomas, soft tissue swelling or death and the condition is not justifiably explained or the history given does not fit with the degree or type of injury/condition.

Caregiver fails to take the same actions to provide adequate food, clothing, shelter, medical care or supervision that a prudent caregiver would give.
ABUSE AND NEGLECT – ADULTS & CHILDREN

Kansas Law requires that all health professionals report suspected abuse or neglect in adults and children.

Hospital policy requires that suspected abuse or neglect be reported immediately.

Initial interventions must include the collection of and safeguarding of any evidentiary material.

ABUSE AND NEGLECT – REPORTING

- Report any suspected or alleged abuse/neglect to the proper personnel at the phone numbers listed below (seven days a week, 8:00-5:00 p.m.). They will assist you in reporting to the appropriate agency.
  - VA Hospital 685-2221, ext. 53769
  - Via Christi Hospitals
    - St. Francis 268-6794 (on campus 8-6794)
    - East Harry 689-4707 (on campus 5-4707)
  - Wesley Medical Center 962-2300
    (for all WMC Campus Sites)

- At all other times, the House Supervisor is notified and they will contact Hospital Security as necessary. Security will contact law enforcement as appropriate.
RESTRAINTS

- Patients have been seriously hurt and even died trying to escape from restraints
- Restraints should be tied to parts of adjustable beds that will move with the patient, and not the frame of the bed
- Restraints can restrict circulation and injure skin at the application site
- Restraints may cause pressure ulcers by limiting patient mobility
- The lack of mobility also makes the patient more vulnerable to hospital acquired infection and increased patient falls
- Patients are rendered helpless to protect themselves from fires and other environmental hazards
- The loss of control patients feel may aggravate disorientation or confusion
- Alert patients find the experience humiliating and demoralizing and restraints may cause embarrassment when seen by visiting relatives and friends
- If you ever see a patient in restraints that appears to be in trouble, immediately assist the patient then notify the nurse about the situation

Restraints may be initiated only with a face-to-face evaluation by a physician who is responsible for the care of the patient prior to the application of the restraint. The order must specify clinical justification for the restraint, the date and time ordered, duration of use, type of restraint to be used, and behavior-based criteria for release.

An order for restraint may not be written as a standing order, protocol, or as a PRN or “as needed” order. If a patient was recently released from restraint or seclusion, and exhibits behavior that can only be handled through the reapplication of restraint or seclusion, a new order is required.

If a telephone order is required, the RN must write down the order while the physician is on the phone and read-back the order to verify accuracy. The
Alternatives to restraint use can include the following…

- Monitoring
- Education
- Environmental Measures
- Diversional Activities
- Comfort Measures
- Medication/Nutrition
- Interpersonal Skills
- Occupational Therapy/Activities
- Staffing
- Regular Toileting

When restraints are necessary, it is everyone’s responsibility to:

- Ensure their safe use
- Use alternatives whenever possible
- Use restraints ONLY as a last resort
- Always respect the patient’s rights and autonomy
- Prevent the patient from
  - Physical harm
  - Psychological harm

The treating physician is to be notified as soon as possible if another physician, (e.g., on-call physician) orders the restraint. When an LIP/physician is not available to issue a restraint order, an RN with demonstrated competence may initiate restraint use based upon face-to-face assessment of the patient. In these emergency situations, the order must be obtained during the emergency application or immediately (within minutes) after the restraint is applied.

The physician must re-order the restraint every 24 hours by seeing the patient in person. This renewal CANNOT be a telephone order. In addition, for behavioral restraints, the physician must see the patient in person within 4 hours (shorter if <18 year old) and every 4 hours thereafter.
RISK MANAGEMENT

Ask Yourself:

What? Why? How?

We as an organization must establish and maintain a culture by asking …

➢ What happened?

➢ Why did it happen?

➢ How can we prevent it from happening again?

Your Responsibility with the Risk Management Program

➢ Be constantly alert for occurrences that might cause undesirable effect
➢ Communicate the positive and/or negative aspects of the occurrence
➢ Document the occurrence for further tracking and monitoring
➢ Report unsafe conditions/situations to your Program Director or Hospital Risk Management Department
➢ If the unsafe condition/situation poses an IMMEDIATE threat or harm, consider what immediate actions you can take. (Note: use your chain of command to assist with actions needed to provide a safe environment).

Hospital Risk Management Departments can be contacted at:

VA Hospital 685-2221, ext. 53434
Via Christi Hospitals 858-4920
Wesley Medical Center 962-7274
(for all WMC Campus Sites)
RISK MANAGEMENT (con’t)

WHAT IS AN “OCCURRENCE”? 

- An unusual event, situation, incident or unexpected outcome

EXAMPLES:
- Medication or other treatment errors
- Patient, visitor or employee injuries
- Patient or family dissatisfaction
- Malfunctioning equipment
- Unintentional lacerations or perforation of an organ or body part
- Unexpected death

Sentinel Event / Close Call

Sentinel Event – is defined as “an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof”.

- Notify Hospital Risk Management ASAP
- You may be asked to participate in a Joint Commission required Root Cause Analysis of the event to develop a corrective action plan that would prevent recurrence.
- Joint Commission communicates Sentinel Alerts with recommended practices

Close Call – is defined as “an unplanned incident that does not cause injury, but under different circumstances could have”; it was prevented due to insight of a healthcare provider who acted to prevent it.

- Close call events need to be investigated and an action plan developed to ensure everyone’s safety & prevent recurrence.
RISK MANAGEMENT (con’t)

**Hospital Notification System**

All hospitals, under risk management law requires all residents and healthcare providers to report occurrences, sentinel events, and close calls.

**Report immediately to manager:**

- Occurrences
- Sentinel Events
- Close Calls

**DOCUMENT ALL WITHIN 24 HOURS**
**BY COMPLETING A**
**HOSPITAL NOTIFICATION SYSTEM (HNS) REPORT**
RECOGNIZING AN IMPAIRED PROVIDER

What is an impaired provider?

Healthcare provider impairment refers to the inability to practice according to accepted standards as a result of substance use, abuse, or dependency, as well as impairment related to mental or physical illness.

What should you do?

Notify your concerns about the co-worker to one of the following:

- Your Program Director
- Hospital Director of Medical Education
- Hospital Chief Medical Officer (CMO)
- Designated Institutional Officer (DIO)

Via Christi Director of Medical Education – Kay Glasner
Via Christi Chief Medical Officer – Steve Nesbit, DO
Wesley Director of Medical Education – Cindy Ainsworth
Wesley Chief Medical Officer – Francie Ekengren, MD
Designated Institutional Officer (DIO) – Robert McKay, M.D.
The Kansas Hospital Association (KHA) uses 5 standardized alert colors

<table>
<thead>
<tr>
<th>Alert Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purple</td>
<td>Do not resuscitate</td>
</tr>
<tr>
<td>Red</td>
<td>Allergies</td>
</tr>
<tr>
<td>Yellow</td>
<td>Fall Risk</td>
</tr>
<tr>
<td>Green</td>
<td>Latex Allergy</td>
</tr>
<tr>
<td>Pink</td>
<td>Place band on limited extremity</td>
</tr>
</tbody>
</table>

**Kansas Standardized Wristband Alert Colors**
(Always use 2 identifiers prior to placing on patient)

**Wesley identifies 3 additional alert colors:**

<table>
<thead>
<tr>
<th>Alert Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright lime green</td>
<td>Pacemaker or ICD</td>
</tr>
<tr>
<td>Orange</td>
<td>Patient Receiving Cytotoxic or Hazardous Drugs</td>
</tr>
<tr>
<td>Rose pink</td>
<td>Infection Prevention (rose color insert into clear band)</td>
</tr>
</tbody>
</table>

**Wesley Specific Wristband Alerts:**

- Pacemaker or ICD
- Patient Receiving Cytotoxic or Hazardous Drugs
- Infection Prevention (rose color insert into clear band)

**Via Christi identifies 3 additional alert colors:**

<table>
<thead>
<tr>
<th>Alert Color</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gray</td>
<td>Modified Resuscitation</td>
</tr>
<tr>
<td>White</td>
<td>Bloodless Therapy</td>
</tr>
<tr>
<td>Orange</td>
<td>Swallow Precaution</td>
</tr>
</tbody>
</table>

**Via Christi Specific Wristband Alerts:**

- Modified Resuscitation
- Bloodless Therapy
- Swallow Precaution
THE JOINT COMMISSION
National Patient Safety Goals

The Joint Commission accredits over 17,000 health care organizations and programs in the United States. The purpose of The Joint Commission’s National Patient Safety Goals is to promote specific improvements in patient safety and reduce the risk of adverse outcomes. Some patient safety goals and their solutions are:

**Improve the accuracy of patient identification**
- Use two patient identifiers (patient name and birth date) when providing care, treatment and services
- Eliminate transfusion errors related to patient misidentification

**Improve the effectiveness of communication among caregivers**
- Report critical results of tests and diagnostic procedures on a timely basis

**Improve the safety of using medications**
- Label all medications, med containers (syringes, medicine cups and basins), and other solutions on and off the sterile field in perioperative and other procedural settings
- Reduce the likelihood of patient harm associated with use of anticoagulation therapy

**Reduce the risk of health care associated infections**
- Follow current hand hygiene guidelines from Centers for Disease Control & Prevention or World Health Organization
- Prevent health care-associated infections due to multidrug-resistant organisms
- Prevent central line-associated bloodstream infections
- Prevent surgical site infections

**Accurately & completely reconcile medications across continuum of care**
- A process exists from comparing the patient’s current medications with those ordered for the patient while under the care of the hospital. **It is also imperative that the physician clearly explain the medication information to the patient when he/she is discharged from the hospital or at the end of an outpatient encounter.** (Admission/Transfer/Dismissal)

**The organization identifies safety risks inherent in its patient population**
- Risk for suicide

**Universal Protocol – The organization meets the expectations of:**
- **Pre-procedure Verification, Mark Procedure Site, and Time Out**
  immediately before procedure or incision
PRINCIPLES OF INFECTION CONTROL

Infectious diseases are a major risk to health-care workers and can be spread by direct contact or through the air. Common infectious diseases that pose the greatest risk to health-care workers include the following:

- HIV infection
- Hepatitis (A, B, and C)
- Tuberculosis (TB)
- Pneumonia
- Gastroenteritis (caused by salmonella, shigella, etc.)
- Staph and strep infections

Chain of Infection

Infectious Agent/Means of Transmission/Susceptible Host

Breaking any one of the three links in the chain of infection will keep an infection from occurring.

Chain Link: Infectious Agent
- It may be a bacterium, virus, parasite, or fungus
- It must be capable of causing disease
- It must be present in sufficient numbers to cause an infection

Chain Link: Means of Transmission
- The infectious agent travels from one individual to another
- Usually through a common vehicle, such as blood or other body fluids, health-care worker hands, or environmental surfaces
- Some travel by droplet (i.e. flu)
- Some travel in the air (i.e. TB, measles, chicken pox)
- Health-care worker hands are the most common means of transmission

Chain Link: Susceptible Host
- Infections are more likely if the agent comes in contact with breaks in your skin or with your mouth, eyes, or nose
- The host (which is you or the patient) must be susceptible
- Susceptible factors include general health, the ability of the immune system to fight infection, and the type of exposure encountered
BLOODBORNE PATHOGEN EXPOSURE CONTROLS:

It is important to use Standard Precautions with all patients because it is impossible to know when you may come in contact with infection. You can follow the following precautions to limit your exposure to blood and other body substances as well as infectious airborne particles and skin contaminants.

**PRECAUTIONS:**
- Practice proper hand hygiene
- Prevent injuries from sharps
- Remove gloves properly
- Use Personal Protective Equipment (PPE) as required

**Hand Hygiene:** - When done properly, hand washing with antibacterial soap and water is the single most effective way to prevent the spread of communicable diseases. You should wash your hands before and after each patient contact or any procedure that may involve exposure, whether or not you wear gloves. Remember to wash before and after your work shift as well as before eating, drinking, smoking, or handling contact lenses.

**Prevent Injuries From Sharps:** There are certain precautions you can use to reduce your chance of coming in contact with sharps. Be alert for broken glass and do not pick it up with your hands but use a dustpan and broom. Communicate with team members and utilize a “safe zone” during procedures. Follow all facility guidelines regarding disposal of used sharps including using only designated containers, never reaching into the container and not recapping needles unless absolutely necessary. **If you have an injury with sharps, wash the site with soap and water, notify Program Director and Hospital Employee Health (report within two hours for treatment of potential HIV). At Wesley Hospital complete HNS report or at Via Christi complete an Event Report.**

**Remove Gloves Properly:** When removing gloves it is important to never let the outer surface touch your skin. Follow recommended procedures for glove removal and dispose of properly. After removal of gloves, follow up with proper hand washing techniques.

**Use Personal Protective Equipment (PPE):** Personal Protective Equipment is designed to provide protection for health-care workers and act as a barrier to infectious materials. Common equipment includes gloves, masks, eye/face protection, gowns, boots and respirators. The use of this equipment requires that is properly fitted and workers must be properly trained in its use.
BLOODBORNE PATHOGENS (cont)

IN YOU HAVE BEEN EXPOSED TO ANY INFECTIOUS MATERIAL

In the event your skin is exposed to any potentially infectious materials you should:

- Immediately locate a hand-washing facility and wash the exposed area thoroughly with antibacterial soap and running water. Avoid harsh, abrasive soaps that may open sores or cuts.
- If any material has come in contact with your eyes, mouth or nose, flush it out with water.
- Residents are required to follow the protocol of the hospital to which they are assigned in the event of an incident/exposure. Residents should notify their clinical department manager and seek immediate treatment and evaluation through the hospital Employee Health department (or the Emergency Department if after hours). All hospitals require that an incident report be completed. The hospital will send the completed report to the WCGME office to be documented with its Worker’s Compensation insurance company.
- Initial treatment will be provided by the hospital with necessary follow up treatment through the clinic at KUSM-W.
- If treatment is necessary for HIV, the medication should be started within two hours of exposure to be most effective.

IF A WORK AREA OR PIECE OF EQUIPMENT IS CONTAMINATED

- Restrict access to the area.
- Any equipment that comes in contact with blood or potentially infectious materials must be isolated and properly cleaned and decontaminated before it is put back into service.
- Alert the proper personnel who are trained in decontamination procedures to conduct the clean up process.
- Remember to keep your work area clean and report any potential problems to your supervisor.
## TRANSMISSION-BASED PRECAUTIONS:

<table>
<thead>
<tr>
<th></th>
<th>Why</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Precautions</strong></td>
<td>To eliminate contact with blood &amp; body fluids/substances</td>
<td>Admit to regular room unless private room for confidentiality (HIV, HBV, HCV)</td>
</tr>
<tr>
<td></td>
<td>➢ To protect health-care worker (HCW) from risk of disease</td>
<td>No precaution sign for door is necessary</td>
</tr>
<tr>
<td></td>
<td>➢ To protect HCW from spreading organisms to others</td>
<td>Use standard precautions on all regular admissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Wash hands/use alcohol foam product</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Clean equipment between patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Use personal protective equipment (PPE) if needed (gloves, mask, gown, eye protection)</td>
</tr>
<tr>
<td><strong>Contact Precautions</strong></td>
<td>To prevent spread of microorganisms that are transmitted by direct contact with the patient or by touching environmental surfaces or patient care items</td>
<td>Admit to private room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place inf. prevention armband on patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post CONTACT sign on patient door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use above standard precaution actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Wear gloves when entering room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Wear other appropriate PPE when touching the patient, patient care items, or environmental surfaces</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Use dedicated equipment when possible (stethoscopes, BP equipment, thermometers)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Clean and disinfect items that are not dedicated after each use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Provide information to patient/family on precautions from MOX library</td>
</tr>
<tr>
<td><strong>Droplet Precautions</strong></td>
<td>To prevent the spread of diseases that are transmitted by droplets that can be generated by a person when they cough, sneeze, talk, or during the performance of procedures</td>
<td>Admit to private room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place inf. prevention armband on patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post DROPLET sign on patient door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use above standard precaution actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Wear a mask when entering the room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Provide information to patient/family on precautions from MOX library</td>
</tr>
<tr>
<td><strong>Airborne Precautions</strong></td>
<td>To prevent the spread of diseases that are transmitted by airborne droplet nuclei</td>
<td>Admit to private negative pressure room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place inf. prevention armband on patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post AIRBORNE sign on patient door</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Keep door closed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use above standard precaution actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Wear a NIOSH approved respirator mask when entering the room (when measles or varicella are suspected or diagnosed, persons immune to measles or varicella do not need respiratory protection)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Patient will wear a surgical mask when outside of negative-pressure room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Provide information to patient/family on precautions from MOX library</td>
</tr>
</tbody>
</table>
# Bloodborne Pathogens: HIV, Hepatitis B (HBV) & C (HCV):

<table>
<thead>
<tr>
<th>How transmitted?</th>
<th>HIV</th>
<th>Hepatitis B (HBV)</th>
<th>Hepatitis C (HCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➢ Sexual contact ➢ Sharing of needles ➢ Contaminated blood and blood products ➢ Infected mothers to infants ➢ Exposure to HIV positive blood ➢ Organ transplant from HIV donors</td>
<td>➢ Intravenous drug use ➢ Transfusion of blood products ➢ Hemodialysis ➢ Tattooing ➢ High-risk sexual behaviors ➢ Exposure to HBV-positive blood ➢ Organ transplants from HBV positive donors</td>
<td>➢ Intravenous drug use ➢ Transfusion of blood products ➢ Hemodialysis ➢ Tattooing ➢ High-risk sexual behaviors ➢ Exposure to HCV-positive blood ➢ Organ transplants from HCV positive donors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How is it NOT transmitted?</th>
<th>Not transmitted by</th>
<th>Not transmitted by</th>
<th>Not transmitted by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➢ Shaking hands ➢ Eating food prepared by an infected person ➢ Drinking from water fountains ➢ Using telephones ➢ Using toilets</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a vaccine?</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➢ There are drugs recommended for health-care workers who have significant occupational exposure</td>
<td>➢ Three doses given over six months, at no charge to health-care workers</td>
<td></td>
</tr>
</tbody>
</table>

| What about symptoms? | ➢ Will vary ➢ Weight loss ➢ “Flu-like” symptoms | Symptoms will vary but may include: ➢ No symptoms ➢ Abdominal pain, nausea, vomiting, and loss of appetite, rashes, muscle aches, joint pain, and jaundice ➢ Severe cases may progress to cirrhosis (failure of the liver), liver cancer, or death | Symptoms will vary but may include: ➢ No symptoms ➢ Abdominal pain, nausea, vomiting, and loss of appetite, rashes, muscle aches, joint pain, & jaundice ➢ Severe cases may progress to cirrhosis (failure of the liver), liver cancer, or death |
TUBERCULOSIS EXPOSURE CONTROL PLAN

With proper knowledge and following the recommended practices, you can protect yourself and others from the risk of tuberculosis. OSHA requires all health care workers/residents to be tested annually.

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>TB is a mycobacterial disease that is important as a major cause of disability and death in many parts of the world.</td>
</tr>
<tr>
<td>How is it spread?</td>
<td>When a person with active TB of the lungs shouts, coughs or sneezes, the TB germs may spread into the air. Anyone nearby can breathe the germ into their lungs.</td>
</tr>
<tr>
<td>How is it NOT spread?</td>
<td>By touching inanimate objects, drinking glasses, shaking hands, or using the toilet.</td>
</tr>
<tr>
<td>Signs of “active” TB in the lungs</td>
<td>A frequent cough, coughing up mucous or phlegm, coughing up blood, or chest pain when coughing.</td>
</tr>
<tr>
<td>Is there treatment available?</td>
<td>YES</td>
</tr>
<tr>
<td>How will I know if my patient has TB?</td>
<td>Patients who have TB or are suspect for TB will be in airborne precautions in a negative pressure room, they should be wearing a surgical mask. Healthcare workers and visitors should wear a N-95 respiration mask.</td>
</tr>
</tbody>
</table>

WCGME residents are required to have a TB skin test every year or if they are a known converter, a chest x-ray is required every 3 years.
## MRSA & VRE EXPOSURE CONTROL PLAN

<table>
<thead>
<tr>
<th></th>
<th>MRSA</th>
<th>VRE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>Methicillin (Oxacillin) Resistant Staphylococcus Aureus</td>
<td>Vancomycin Resistant Enterococcus</td>
</tr>
<tr>
<td></td>
<td>It is resistant to most antibiotics including methicillin, the longtime drug of choice for treating many common staph infections.</td>
<td>It is a potentially dangerous form of Enterococcus that is resistant to most antibiotics including vancomycin.</td>
</tr>
</tbody>
</table>
| **Which patients are at risk?** | ➢ Surgical patients  
➢ Invasive devices or procedures  
➢ Hospitalized in an ICU  
➢ Over age 65  
➢ Treatment with multiple antibiotics  
➢ Severe illness or disability  
➢ Prolonged or repeated hospital stays | ➢ Severe illness  
➢ Treatment with multiple antibodies  
➢ Abdominal or cardiac surgery  
➢ Invasive devices  
➢ Newborn babies and elderly patients  
➢ Hospitalized in an ICU  
➢ Prolonged or repeated hospital stays |
| **How is it spread?**     | Health-care workers can transmit to patients. Through direct contact with patients, you can get MRSA on your hands and then transmit the germ to other patients. Remember, you don’t have to be infected with MRSA to be a carrier. | VRE can be a facility acquired infection. It is difficult to treat, and it can cause serious infections. The bacteria occur naturally in a patient’s body. The bacteria are passed among patients and health-care workers. VRE can pass on their drug-resistant genes to other bacteria causing a serious health concern. |
| **How can we stop the spread?** | Preventing the spread is the key to stopping it. Proper hand hygiene helps stop the spread of MRSA. Use Contact Precautions in addition to Standard Precautions. If the patient is transferring to another institution, notify them of MRSA status. | Proper hand hygiene helps stop the spread of VRE. Use Contact Precautions in addition to Standard Precautions. Use dedicated equipment. Perform a terminal clean of patient’s room upon dismissal or transfer. If the patient is transferring to another institution, notify them of VRE status. |
INFLUENZA

Vaccination is the best protection against contracting the flu. Yearly influenza vaccination generally begins in September and continues throughout the influenza season which generally peaks in January or later.

Healthcare personnel are among the priority groups that the CDC recommends be the first to receive influenza vaccines each year. Infections among healthcare workers can be a potential source of infection for vulnerable patients. Also, increased absenteeism among healthcare professionals could reduce healthcare system capacity.

Seasonal vaccines change each year based on which types and strains of viruses may circulate. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

For further information and the latest influenza updates, log on to: http://www.cdc.gov/
SURGICAL SITE INFECTIONS

SURGICAL-SITE INFECTION (SSI)
Prevention is the Key!

Surgical site infections continue to pose a major problem for many surgery patients. Health care professionals must be aware of guidelines and practice evidence-based care. By working closely with the patient and the entire healthcare team, you can take specific steps to help decrease SSIs and improve patient outcomes. Do your part by becoming educated and remaining alert as new information for treatment and care become available.

PREVENTION STRATEGIES

- Aseptic technique helps decrease infection incidence

- Infection control practices including sterilization methods, operating room ventilation, surgical techniques and antibiotic availability are all useful in helping to reduce SSIs

- Individualize patient education before discharge. Teach patients and their caregivers how to care for the incision, how to spot signs and symptoms of infection, and whom to call if problems develop
LATEX SENSITIVITY

An increasing number of health-care workers and patients have developed latex allergies from frequent exposure to latex and the powder used in the manufacture of the gloves.

Common Symptoms of Latex Sensitivity include:

- Sore, red, itchy, cracked or irritated skin which appears within two to three days on the area that was in contact with latex
- Runny nose and eye irritation, coughing, itching or hives that happen within several minutes to hours after exposure
- In severe cases workers may experience respiratory distress

As with all allergies, latex sensitivity can be very serious and symptoms should not be ignored. There is no treatment for a latex allergy except to avoid contact with latex. Non-latex gloves and powder-free gloves are available and should be used wherever possible. Proper hand washing techniques should always follow removal of latex gloves.

If a patient shows signs of latex sensitivity, proper precautions should be followed including identification with a green wrist identification bracelet and signage on the door that alerts personnel to the condition.

Providing a latex-safe environment is our responsibility!
REPORTING EXPOSURE INCIDENTS

For the protection of health-care workers, staff and patients it is critical to report all hazards and exposure incidents promptly. Reporting an incident quickly will not only allow for prompt medical intervention for the resident but it can help avoid the spread of infection to others.

In the Event of a Chemical Exposure:

- You should follow general first-aid procedures that are appropriate for the type of exposure (splash, burn, spills, inhalation, etc.).
- You should check the label on the product and also the MSDS for specific hazard information on the chemical involved.
- Follow the WCGME guidelines for Notification of Incident/Exposure.

In the Event of a Bloodborne Pathogen Exposure:

- Wash the affected area thoroughly.
- Follow your facility’s procedures for getting a medical evaluation and treatment.
- Follow the WCGME guidelines for Notification of Incident/Exposure.

Other Examples of Occurrences to Report:

- Medication or other treatment errors
- Patient, visitor or employee injuries
- Security hazards
- Damaged equipment
- Substandard patient care
- Violation of licensed professional’s disciplinary code