Environment of Care Safety Training

WELCOME to the Environment of Care Safety Program; Methodist Healthcare has developed this program in an effort to achieve the reporting standards required by JCAHO for Associates. Reporting offenses allows for early detection of:

• trends
• prevention strategies
• prevention strategies
• corrective action
• evaluation
• monitoring

The goal of this program is to help Associates learn and understand the...
OSHA / JCAHO standards
Safety Hazards
Campus Security
Internal and External Hospital Codes
Hazardous Materials
Infection Control and Bloodborne Pathogens

What Is OSHA?

Our hospital system is governed by specific local, state, and federal rules and regulations set forth by Occupational Safety and Health Administration (OSHA) …a federal regulatory agency whose purpose is to inform and safeguard employees in the workplace.

What Is JCAHO?

Joint Commission for the Accreditation of Hospital Organizations (JCAHO)…
J C A H O is an independent not-for profit organization dedicated to improving the quality of care in organized healthcare settings. JCAHO's members are:

• The American College of Physicians
• The American College of Surgeons
• The American Dental Association
• The American Hospital Association
• The American Medical Association

Founded in 1951, the OSHA and JCAHO requirements help Methodist Healthcare create and maintain a safe working environment. The main functions of the Joint Commission include developing accreditation standards, awarding accreditation decisions and providing education and consultation to healthcare organizations." CAMH Glossary p.11

Section 1

Basic Safety

Maintaining a Safe Working Environment

What can you do to help prevent injuries and create a safe workplace?

On-the-job injuries are Preventable
• observe "Wet Floor" signs.
• clean up any spills or potentially slippery items on the floor.

Never leave carts, boxes, or other items in front of:
• doorways
• passageways
• fire extinguishers, fire hoses, or
• pull alarms

We *MUST* maintain clean safe hallways and exits.

Avoid restricted areas unless authorized to be in those areas.

When climbing or reaching:
• always use a ladder or a step-stool.
• never use furniture as a step-stool.

Oxygen:

- Properly store oxygen cylinders in designated areas.
- Always use the appropriate cart when transporting
- oxygen cylinders.
- Never lay liquid oxygen cylinders in the bed stretcher
- or wheelchair with the patient.
- Always hang liquid oxygen cylinders from bed railing or carry on shoulder.

Contact Respiratory Care if you spot improperly stored or transported oxygen.

• immediately report all injuries, no matter how slight, to your supervisor.
• file an "Associate Injury Report" and give it to your supervisor.

Staff injury:
• immediately report all injuries, no matter how slight, to your supervisor.
• file an "Occurrence Report" and give it to your supervisor.

Patient injury:
Immediately report any potential safety hazard to your supervisor or to the Safety Officer.

Contact the Safety Officer with questions or comments on any safety related matter.

Section 2

Back Safety

Preventing Back Injury

Back injuries are usually caused by improper lifting, sitting, pulling, etc., and gradually occur…

Most back injuries are not caused by a single incident but O v e r t i m e !

Lifting

Get assistance when the load is too heavy or large
When you are ready to lift, stand with your feet slightly apart; bend your knees instead of your waist

Lift with your legs: back straight, legs bent

Keep the load close to your body
and avoid twisting. Make sure you can see over the load. The further the load is from you,
the greater the strain on your back

Held the wrong way (with load at arms' length)

2 lbs is equal to a Force of 200 lbs

Lifting / Moving Patients

• Use lifting or transfer devices if available to ease the move
• Adjust the patient's bed or chair to get the patient in a better position to move
• If a patient starts to fall, assist them to the floor

Do Not Try to Prevent the Patient from Falling!!

Bending & Reaching:
When reaching for low objects, do not bend at the waist. Instead. . .kneel down on one knee

Pushing & Pulling
Stay close to the load Use both
arms Push rather than pull whenever possible
Sitting Keep both feet flat on the floor Keep your back straight

Office Ergonomics

• Adjust chair
• Adjust computer display
• Adjust lighting
• Adjust document holder
• Work smart
• Consider your posture
• Get up from sitting, often
• S T R E T C H

Remember

To prevent back injury, always practice safe body Mechanics.

Section 3:

Fire Safety

Preventing and Reacting to Fire
Fact:

According to the *National Fire Protection Association*, nearly 7,000 fires are reported in healthcare facilities every year!
Fire Safety begins with Y O U

RACE:

Rescue	Rescuing patients in immediate danger is your first priority.
Alarm	Pull the fire alarm, and then call security whenever you suspect fire.
Confine	Close all doors, windows, and vertical openings such as laundry chutes.
Extinguish	If the fire is small and confined, you may be able to extinguish it with a fire extinguisher.

Remember DO NOT enter a room that you suspect has a fire in it or that is filled with smoke

If you do attempt to extinguish a contained fire, remember. . .

PASS	Pull the pin located between the two handles.
Aim	The nozzle at the base of the fire.
Squeeze:	A fire extinguisher will only last a few seconds. Be sure to keep an exit to your back so you can leave safely Squeeze the handles together.
Sweep	The extinguisher from side to side.

Dr. Red
In the event of fire, Dr. Red will be announced, along with the location of the potential fire. The code will be repeated (3) three times.

Example:
Attention all Personnel Dr. Red, 4th floor
Attempt a complete evacuation only in conjunction with Administration, Facility Services, or Fire Department

Evacuation
Evacuation should be considered as a last Resort. Rescuing patients should be performed simultaneously while sounding the alarm.
Evacuation
Those patients closest to the fire and those least able to respond on their own should be moved first, if necessary.
Evacuation
Get patients out of their rooms, through the fire doors and into a Refuge Area.

Example of a Refuge Area: A safe area beyond the fire door on the same floor.

Once it has been determined that the threat of fire no longer exists, an announcement will be made on the paging system stating that all is clear.

Important Tips
- Never prop open fire doors
- Never block fire exits, fire extinguishers, fire hoses, or pull alarms
- Know the location of fire exits, fire extinguishers, and fire alarms in your area
- Know how to use a fire extinguisher

Section 4:

Electrical Safety

Using Electrical Equipment Safely Because electricity is everywhere

It is often ignored as a very real threat to your personal safety The best way to reduce this threat is to . . . make sure you know how to use electricity safely!

Electrical Connections
Plugs on all medical equipment or devices should be hospital-grade (a green dot on electrical connections).

- Never use a “cheater” to convert a 3-pronged plug into a 2-pronged plug.
- Do not overload electrical sockets.

- Make a habit of checking for frayed or damaged cords before plugging in equipment.
- Immediately tag and remove devices with damaged cords from service, then notify your supervisor.
- Keep electrical cords clear of traffic
- Do not conceal cords under rugs.

Example of Tag: Caution! Out of Order

The correct way to unplug electrical equipment is to: Grasp the *plug* and then pull Electrical Cords

Never use small gauge extension cords with heavy guage.

Notice: All extension cords must be approved by Engineering Services

Important! Turn off coffee makers or other appliances when not in use

REMEMBER ! Space heaters are *strictly prohibited* and are not allowed in any Methodist Healthcare Facility!

If you detect a potential electrical hazard:
• Take steps to eliminate any immediate danger
• Promptly notify your supervisor
• Contact Engineering Services

Section 5:

Safe Medical Devices Act

Reporting Defective Medical Devices

The Safe Medical Devices Act (SMDA) is a federal act designed to assure that all medical devices are implemented safely.

What is a Medical Device?

Anything used in patient care except drugs.

Example: An IVAC, CP monitor, or blood filter. All equipment such as syringes, gloves, or catheters all supplies such as scissors, hemostats, or clamps all instruments.

What is an Occurrence?
• When any device is associated with any adverse outcome.
• When an Associate has trouble operating any device properly, or
• When any device or failure of a device has caused or may cause serious injury, or illness to any patient, parent, physician, Associate, or visitor.

What is the Associate's/Physician's Responsibility in the Event of an occurrence?

Your First Priority!

Step 1: Attend to any immediate medical and safety needs of the patient or others involved.
Step 2: Remove the device from service, and label it as defective using the green Equipment Reporting tag. This tag is used only if device is involved in an SMDA event.
Step 3: Contact your supervisor and complete an "Occurrence Report" as soon as possible.

What is the Supervisor's Responsibility in the Event of an occurrence?

Step 1: If the occurrence is an emergency, immediately contact Risk Management
Step 2: If the occurrence is not an emergency, review the completed Occurrence Report and submit it to Risk Management within 72 hours of the occurrence.

If you have any questions regarding the Safe Medical Devices Act, contact Risk Management

Section 6:

Hazard Communication

Working Safely with Hazardous Materials

What is Hazard Communications?

- Warning you about the potential hazards of workplace chemicals
- Letting you know how you can protect yourself against the possible risks associated with these chemicals.
-

How is this important information communicated to workers?

Warning Labels, and
Material Safety Data Sheets (MSDS)

Labels provide basic information about chemicals.
MSDS's provide detailed information.
Both should include the following:

1. Name of the chemical
2. Chemical code number

Labels

All secondary containers must be labeled!

- Name of the chemical
- Chemical code number
- Name
- Address
- Emergency phone number of manufacturer

Signal Word or Symbol:

- Danger: Can cause immediate serious injury or death.
- Warning: Can cause potentially serious injury or death.
- Caution: Can cause potentially moderate injury.

General Information

1. Is the chemical explosive, flammable, corrosive, etc?
2. Can the chemical cause irritation to the eyes, lungs, or skin, or can it cause burns or illness of any kind?

Precautionary Statements:

- Do not breathe vapors.
- Use only in well-ventilated areas.
- Avoid contact with skin
- Keep away from sparks, heat, and flame.

Handling & Storage Details

- Where and how to store the product.
- Type of protective wear needed during product handling.
- Where and how to dispose of the product or its empty container.

First-Aid Procedures

And finally, what to do in the event of accidental exposure.

Material Safety Data Sheets (MSDS)

While a product's label contains very important general information, the MSDS provides the specific information you need when working with a product. For example:

1. Fire and explosion information
2. Product reactivity
3. Health hazards
4. Safe handling precautions
5. Control measures

Know where your MSDS manual is in your department!

Always remember the following tips when working with hazardous materials:

Tip 1: Read the label and the MSDS before handling containers or using products.
Tip 2: Report missing, dirty, or illegible labels to your supervisor.

Remember!

You have the **Right to Know** about the chemicals you work with. Make sure you read, understand, and follow the label and the MSDS.

Section 7

Emergency Management

What is a Disaster?

Any EXTERNAL or INTERNAL event that disrupts the hospital's ability to provide medical care and treatment.

For example:

- Natural catastrophes such as earthquakes, fires, floods, or tornadoes
- Large-scale accidents involving air-craft, trains, explosives, or motor vehicles
- Accidents involving hazardous agents
- Riots or civil disturbances
- Telephone or computer outages
- Internal incidents such as oxygen system cut off or boiler explosion

Hospital Emergency Incident Command System (HEICS)

This system allows for a clear chain of command and integrates hospital communications with the community emergency response agencies

Components:

Pre-numbered disaster patient chart, used specifically for a disaster:

- Pre-numbered triage tag
- Pre-numbered patient arm band
- Pre-numbered flow tags, to track patients effectively
- Disaster flow tag boxes placed throughout the hospital to place flow tags in
- Job action sheets that provide clear duties

What are my responsibilities in the event of a disaster?

Your specific duties will be assigned to you on your unit or in your department; however, all Associates are responsible for the following general duties:

General Responsibilities:

Read, understand, and follow the Emergency Management Manual

In the event of a disaster, do not go to an area as a sightseer. Do not call the operator to ask what is happening.

If you observe an unescorted media person(s) in the hospital, call Security.

How will I know when the External Emergency Management plan has been activated?

It will be announced over the intercom using the hospital's disaster paging codes:

External Disaster Codes:

There are 3 phases of external disasters:
Dr. Able Stage I

Dr. Able Stage II

Dr. Able Stage III

Stage I - <u>minor disaster</u>

In the event of a minor disaster, emergency department personnel and assigned associates will handle all incoming patients. Stage I will not be paged overhead. Only the emergency department is alerted.

Stage II - <u>large-scale, major disaster</u>

All on-duty associates will be asked to help during this event. The emergency department can not handle the number of victims by themselves. Most associates will report to the labor pool. Refer to your departmental policy and procedures.

Stage III - <u>catastrophic disaster</u>

This level of disaster would involve a large number of significantly injured patients. The entire medical community could be needed.
All off-duty associates would be called in to assist on-duty personnel.

Remember, the best way to react to a disaster is to . . .Be Prepared!

- Read and sign the Emergency Management manual in your work area.
- Learn the specific responsibilities and duties associated with your department or unit.

In the event of a disaster, do not go to an area as a sightseer.

Do not call the operator to ask what is happening

Emergency Phone Numbers:

Security:

726-7767……..University, North, South, Germantown
3111……..Le Bonheur
911……Fayette

Internal Disaster/Emergency Codes:

Dr. Red: Fire/explosion
Dr. Arms: Weapons of Mass Destruction event
Dr. Shaker: Earthquake
Dr. Storm: Tornado/Bad Weather
Dr. Power: Utility Failure
Dr. Stork: OB Emergency
Dr. Child: Child or Infant Abduction (Watch halls and exits for suspicious activity; persons carrying large bags, etc. Notify security)
Dr. Roam: Missing or lost person
Dr. Strong: Physical force situation
Dr. Spill: Chemical Spill or Leak (DO NOT PULL THE FIRE ALARM! Call hospital operator and give location. Evacuate area)
Resuscitation Codes: Dr. Emery House (Adults) Harvey Team (Peadiatrics)

Section 8:

Bomb Threats

Reacting to a Bomb Threat

Fact: According to the FBI, bomb incidents in the workplace have more than tripled since 1983

Handling a Telephone Bomb Threat
What to do if you receive the call…

Step 1: Remain calm and relaxed. Do not excite the caller. Use the "Bomb Threat Report" to keep the
Step 2: Questions to ask: caller on the line as long as possible.

Bomb Threat Report

1. When is the bomb going to explode?_____
2. Where is it right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Who are you? _____
9. Are you aware we are a children's hospital?_____

Threat Language:

- well spoken (educated)
- incoherent
- irrational
- foul
- read by threat maker
- taped

Listen carefully.
Focus on what the caller is saying. Write down as much information as you can.

Step 3: Alert Security as soon as possible
Step 4: Continue to reflect on the call and write down any additional information you can recall
Step 5: Note the caller's voice…Background sounds? Accent? Time of time of call?

Mail Bomb Security

Recognizing Suspicious Packages

Never open a package if:

- You are not familiar with the name and address of the sender
- The package has no return address
- The package contains restrictive markings such as confidential, personal, etc
- The package has excessive or unusual stamps instead of metered postage
- The name, title, or address are incorrect or misspelled

- If contents appear lumpy or powdery if you receive a suspicious package or letter, call security immediately remember, a suspicious package or a telephone bomb threat should not be treated lightly remain calm and take the threat seriously!

Section 9:

Security

Preventing Workplace Crime Your Personal Safety & Security

• on the street
• in the parking lot
• in your work area

On the Street

Remember and follow these safety tips at all times:
Avoid walking alone. If you are unable to find others to walk with you, remember . . .

When walking, make a point of being aware of those around you Always keep your head up and step confidently.

In the Parking Lot

Tips for approaching and entering your vehicle safely.

While still at a distance, survey the area underneath and around your vehicle If you see someone suspicious, do not approach … Instead, notify Security immediately.

Be aware of vans parked next to your vehicle, and . . . Enter your vehicle on the side farthest away from the van. Always have your "destination key" in-hand before you reach your vehicle.

In Your Work Area

How to reduce on-the-job security risks:
Make sure that everyone entering your work area is wearing the proper identification:

Always Be On the Alert

• ID Badge Make sure that everyone entering your work area is wearing the proper identification:
Always Be On the Alert
• ID Badge
• Wrist Band If you encounter anyone who is not wearing ID or appears out of place . . . Politely ask "May I help you." If, after confronting them, you are still suspicious, call Security.

If you are uncomfortable approaching a suspicious person, or if you see suspicious activity…

1. Call Security
2. Observe the person or situation
3. Locate the person for Security
4. Describe what you saw

Never leave your pocketbook, wallet, or valuables out in the open, and never carry large amounts of cash.

Protect Your Personal Property

Make sure all doors, windows, drawers, cabinets, etc. are locked if left unattended.

Never leave your keys in view

- It takes 5 - 8 seconds to commit a crime against you
- Almost 80% of all crimes are committed as a result of an unlocked door
- 48% of all crimes are committed during daylight hours Crime Facts:
- Immediately report any suspicious persons or activities to Security
- In the event of any crime, do not disturb the crime scene, and call Security as soon as possible Remember:

Section 10:

Workplace Violence

Basic Violence Prevention

Unfortunately, today everyone faces an increased risk of violence. While violence cannot always be predicted, there are basic precautions we can all take to protect ourselves and others.

Watch for Verbal Signs

- using an angry or threatening tone
- challenging rules of authority
- talking about weapons
- making threats or sexual comments
- angry looks or staring
- nervous pacing
- violent gestures such as pounding or throwing objects
- major change in appearance or habits

Watch for Physical Signs

If someone shows signs of losing control . . . take the following steps:

1. Maintain self control even though you may have feelings of fear or anger.
2. Remain Calm Get help as soon as you recognize any of the warning signs of violence.
3. Discretely Call Security and Alert Other Associates Try to stay several feet away and do not turn your back on the person. Leave room to escape.
4. Keep at a Safe Distance 5 ft. 5 ft.
5. Allow the person to verbalize his or her feelings and do not respond in a defensive or angry tone.
6. Take Time to Listen Acknowledge the person's feelings and ask how you can help.
7. Offer the person something to eat or drink.

Offer Support

- Protect yourself - stay calm and leave the area if possible.
- Notify Security.
- Help remove patients or visitors who might also be at risk.
- Meet the person's needs.
- Do not try to disarm the person.
- Do not try to restrain the person by yourself. If violence strikes:

Section 11

Radiation Safety

Risks and Precautions

Under normal circumstances, radiation exposure levels associated with the healthcare environment are extremely low and safe

However. . . because exposure to high levels of radiation can be dangerous and even deadly, precautions must be taken to minimize the risk of high-level exposure.

There are two general sources of radiation:

- Radiation Producing Machines X-ray units
- Radiation Producing Materials Isotopes and radioisotopes used in imaging examinations

Radiation producing machines can be found in:

- Radiology (X-ray)
- Radiology (X-ray)
- Emergency rooms Radiation producing machines can be found in:
- Radiology (X-ray)
- Emergency rooms
- Cardiac cath/special procedures imaging Radiation producing machines can be found in:
- Radiology (X-ray)
- Emergency rooms
- Cardiac cath/special procedures imaging
- And, on patient floors or in patient rooms (portable equipment) Radiation producing machines can be found in: Radiation producing materials can be found in:
- Nuclear Medicine
- In patients who receive IV isotopes for imaging exams Unless authorized, avoid areas or objects containing the international radiation warning symbol.

General Precautions

Because of the extremely strong magnetic currents that are produced, never enter the MRI (magnetic area) unless authorized to do so.

Never attempt to set up or operate portable X-ray units unless you are a radiology technologist.

If your duties require you to work in or around radioactive sources, then remember:

• **Time** - Keep the time spent around any radiation source as short as possible.
• **Distance** - Maintain the greatest possible distance from the source (at least 6 feet if possible).
• **Shielding** - Wear a lead apron or stand on the other side of a wall to shield yourself from exposure.

Radiation & Pregnancy

Pregnant Associates should:

- Never accompany patients into X-ray rooms
- or stand within eight feet of portable X-ray units.
- Pregnant Associates should not be assigned to care for patients who receive diagnostic or therapeutic administrations of radiation.

Pregnant Associates should

- See the Policy and Procedure Manual *or*
- Contact the Radiology Department and ask for the Radiation Safety Officer (RSO). For more information...

Section 12

Infection Control

Maintaining Health and Preventing Illness

Germs can be dangerous and sometimes deadly. You can reduce the risks associated with germ contact and transmission by practicing safe infection control procedures.

Handwashing is the single most important means of preventing the spread of infection.

Transient germs: These are the "contaminating" germs that are easily spread. They are removed by washing hands for 10 - 20 seconds with soap and water. An alternative to washing with soap and water is using an alcohol-based waterless antiseptic product.

Proper **handwashing** is important because it removes:
Resident germs: These are the "permanent" germs that reside on your skin. They are removed by washing hands for at least 10 seconds with an antiseptic soap.

An alcohol-based waterless product will remove these germs also.

When should you wash your hands?
• After arriving at work
• Before and after patient contact
• After removing gloves
• Before and after eating
• After using the rest room
• Before leaving work
• With an antiseptic before and after contact with patients in isolation.
• With an antiseptic before and after performing invasive procedures.

Additionally, hands should be washed...
Hand hygiene involves removing or destroying germs on hands.

Alcohol hand rubs are highly preferred, unless hands are visibly dirty. When hands are visibly soiled, soap and water should be used.

Alcohol hand rubs Alcohol hand rubs are convenient and require no sink or water. Dispensers are mounted away from sinks, in patients care areas, and keep hands healthy.

Hand Health: Intact skin on the hands helps protect both patients and Associates from acquiring or transmitting germs.

Do not use personal hand lotion. It can interfere with the rubber in the gloves and some antiseptic soaps. The hospital provides wall dispensed hand lotion.

Gloves are not a substitute for **handwashing** or hand hygiene; however, gloves do play a vital role in reducing the spread of germs. Gloves Wear once and then throw away.

Always wear gloves when in contact with blood, body fluids, or non-intact skin is expected. expected.

• Never wash gloves.
• Wear powder-free gloves when possible. Shield Mask Gloves Gown All patient secretions and excretions may contain germs. Wear appropriate protection when involved in patient care. Three categories of transmission-based precautions are used in the hospital:
• AFB / Airborne
• Respiratory / Droplet
• Contact ("SOAP" at Le Bonheur "SOIP" at Methodist) Transmission-Based Isolation Precautions Patients requiring Transmission Based Precautions are placed in a private room with an information sign outside. They are allowed to leave the room only for essential purposes. Isolation Initiating isolation and adhering to isolation guidelines is vital to preventing the spread of infection. Isolation Patients with germs that travel long distances on normal air currents need AFB / Airborne Isolation. Examples:
• Tuberculosis ("TB")
• Varicella ("chicken pox") Isolation requires a negative pressure room. AFB / Airborne Isolation Some germs are spread on droplets. Coughing, talking and suctioning create these droplets. They are so large that they rain down within two to three feet of the patient. Respiratory / Droplet Isolation
• Negative pressure rooms are NOT NOT required.
• Wear a mask when entering the patient room.
• The patient should wear a surgical mask during transport. Respiratory / Droplet Isolation
• These germs are spread by the hands.
• This isolation assumes that the patient and immediate environment, including all medical equipment in the room, are contaminated with germs.
• Wear gloves on room entry.
• Wear gown on room entry if substantial contact with patient, environmental surfaces, or items in the patient's room is anticipated. Contact Isolation
• SOIP is similar to Contact Precautions, but is much stricter.
• SOIP is used in critical care and ventilator rehab units ONLY.
• SOIP may not be discontinued until established Infection Control requirements are met. S.O.I.P.
• SOAP is Contact Isolation and is used in ICU, TCU, SCU.
• It may not be discontinued until established Infection Control requirements are met. Le Bonheur Specific: S.O.A.P.

Section 13

Bloodborne Pathogens and Other Germs

Exposure Control Plan

Since you work in a healthcare facility, you may have potential exposure to blood or body fluids. Blood or body fluids may have microscopic organisms called...

Immunodeficiency Virus (HIV)
Hepatitis B Virus (HBV)
Hepatitis C Virus (HCV)

What are some of the symptoms of HBV & HCV?
• Flu-like symptoms
• Fatigue
• Stomach pain
• Loss of appetite
• Nausea
• Jaundice (yellowing skin)
• Sometimes no symptoms are evident What are some of the symptoms of HIV?
• Weakness
• Fever
• Sore throat
• Nausea
• Headache

Flu-like symptoms Bloodborne pathogens and other germs can be present in:
• Blood and
• All body fluids, EXCEPT sweat How can these germs enter your body?
• Through an accidental injury by a sharp object contaminated with infectious material
• Through open cuts, nicks, and abrasions
• Through the mucous membranes of your mouth, eyes, and nose

Protecting Yourself from Exposure:

Use Universal / Standard Precautions at all times on all patients.

Universal / Standard Precautions means treating all blood and body fluids as if it might be contaminated with pathogens.

Any patient can have an undiagnosed infectious disease that can be transmitted to you or to other patients through direct contact with their blood or body fluids The following topics are covered in detail in the Exposure Control Plan.

Protecting Yourself from Exposure Methodist Healthcare has developed an extensive Exposure Control Plan designed to:

- Protect you from the risk of exposure to blood and body fluids
- Provide appropriate treatment and counseling in the event of exposure

The following topics are covered in detail in the Exposure Control Plan. Look for your Exposure Control Plan in the Infection Control Manual

- The plan is located in front of the manual.
- The plan has been customized for your area Universal / Standard Precautions
- Personal Protective Equipment (PPE)
- Engineering Controls
- Work Practice Controls
- Housekeeping Controls
- Hepatitis B Vaccine

Universal / Standard Precautions are safeguards designed to protect you. They include:

1. Always wear PPE that is appropriate for the task you are performing

2. As a Methodist Associate, your PPE will be provided at no cost to you.

3. Use, remove, and dispose of PPE according to the specific instructions in the Exposure Control Plan Engineering Controls.

This is the equipment used to minimize bloodborne hazards. . .

- Sharps-disposal containers
- Biomedical waste containers
- Hand washing facilities (including alcohol rubs)

Work Practice Controls refer to safe and consistent work habits:

- Wash your hands regularly.
- Alter the way tasks are performed in order to keep yourself from getting exposed to blood or body fluids.
- Wear special protective clothing or barriers to protect you from exposure.
- Never recap needles.
- Always dispose of used needles in the appropriate container.
- Empty sharps containers when two-thirds full

Treat all patient linen as infectious:

- Place all soiled linen in laundry (chute) bags
- Place wet linens in clear plastic bags and THEN in laundry (chute) bag
- Wear appropriate personal protective equipment
- NEVER RED BAG LINENS

Work Practice Controls refer to safe and consistent work habits: Never eat, drink, apply cosmetics, or handle contact lenses in areas where exposure may occur.

A free HBV vaccine is available to all Associates who work in areas where exposure to bloodborne pathogens is a risk.

Immediately wash the exposed skin with soap and water or flush exposed mucous membranes with water.

In the Event of Bloodborne Exposure

Inform your supervisor, *immediately* seek medical evaluation from Associate Health or ED, and complete an “Associate Injury Report.”

Methodist will provide you with:

- a medical evaluation
- blood tests • post-exposure treatment, and
- follow-up counseling In the Event of Bloodborne Exposure All Methodist Associates are required to read and follow their Exposure Control Plan Very Important! Remember The best way to minimize

your risk of exposure is to: Assume that all patients are infected with a bloodborne virus (or other germs) regardless of medical history, and always practice Universal / Standard Precautions

Section 14

Tuberculosis

Symptoms, Precautions, and Treatment

According to August 2000 statistics, TB cases in Memphis and Shelby County account for 20% of all Tennessee cases.

What is Tuberculosis?

Tuberculosis (TB) is a communicable disease that usually begins in the lungs. TB can be spread from person to- person when someone with active TB disease coughs, shouts, sings or laughs - spraying bacteria-contaminated droplets into the air.

How do you get TB?

The infection is most likely to be spread in small, poorly ventilated rooms. Risk of transmission increases with exposure over a period of time.

What are the symptoms of active TB?

- Cough greater than 2 weeks
- Fever
- Fatigue
- Night Sweats
- Weight Loss (unplanned)
- Flu-like symptoms that persist for more than 3 weeks None.

What are the symptoms of inactive (latent) TB?
None. In most people, infectious TB bacteria remain inactive for a lifetime -- their immune systems prevent the infection from progressing.

A person who is infected with inactive TB is not sick, does not have symptoms and cannot infect others.

Can inactive TB become active TB?
Yes. While it may take months or even years, there is about a 10% chance that a person with *inactive* TB will develop *active* TB.

How will I know if I have a TB infection?
The only sure way is to get a TB skin test (PPD). That is why it is *vital* for Associates to get their TB skin test on schedule.

At Methodist, all Associates that have patient contact must be tested at least once yearly. All patients are screened for symptoms of TB.

Can TB be cured?
Typically, once identified, both inactive and active TB can be cured with medication; however, it is extremely important that the medication is taken as prescribed

Controlling TB
•AFB/Airborne Precautions are used for diseases such as TB because germs are carried in the air by tiny particles (usually dust)
•These particles may remain in the air for a while depending on the ventilation in the room
•Airborne precautions are also taken with:

- √ Varicella (“chicken pox”)
- √ Rubeola (“measles”) Controlling TB

• The best way to stop spread of TB is to isolate patients with active TB immediately and start effective TB drug therapy
• Patients with possible TB infection go to rooms with special negative ventilation
• Patients with possible TB infection are placed in
• Anyone who enters the room of a patient in AFB/Airborne Precautions should wear a hospital-approved respirator mask Controlling TB ABF/

AFB/AIRBORNE ISOLATION
Always remember to wear a respirator mask. when entering an AFB/Airborne Precautions room. Only approved respirator masks can be worn.
• Associates authorized to care for TB patients must go through a fit testing process to wear the respirator mask
• This process ensures that the mask fits correctly Controlling TB
• Place *surgical* masks on TB patients when transporting them outside of their rooms.

Patients should not leave their room unless absolutely necessary.
• A patient shall not leave the isolation room without staff escort

• A patient observed away from the unit and unaccompanied by an Associate must be redirected back to the isolation room.

A patient's parent or caretaker who exhibits signs and symptoms of TB shall be:

1. Given a surgical mask and counseled on the necessity of complying with wearing the mask
2. Infection Control should be contacted so the Public Health Department can be notified *as soon as possible*

At Le Bonheur, a patient's parent or caretaker who exhibits signs and symptoms of TB shall be:

- Required to obtain a TB skin test and chest Xray within 24 hours of their child's admission.
- Restricted to the patient's room until active TB has been excluded.

IMPORTANT!

√ **Associates are tested according to facility policy.**

√ **The test is given at no charge.**

For more information on TB or the TB skin test, contact Associate Health Important