

Public Site - Annual Safety Training 2020 Students & Travelers



Completion

At the end of each section there is a confirmation number listed. Please record that number for verification.

Please Note

We are excited to officially transition to our new name and brand beginning January 17, 2020. As we are becoming Monument Health, you may see items (such as images, documents, policies, etc.) that say Regional Health within this training. All Regional Health branded items should be phased out by the end of the fiscal year (FY20).

≡ Workplace Violence

≡ Fire and Electrical Safety

≡ Emergency Preparedness

≡ Hazardous Communications

- ☰ Infection Control
- ☰ Preventing Slips, Trips, and Falls
- ☰ Hazardous Energy
- ☰ Personal Protective Equipment (PPE)
- ☰ Patient and Resident Rights
- ☰ Restraints and Seclusions
- ☰ Nutrition and Hydration
- ☰ Caring for Patients With Unique Needs
- ☰ First Aid
- ☰ MRI Suitability for Employees and Guests

Workplace Violence



There are two main categories of workplace violence. An **active killer** is where an individual or individuals are engaged in killing. An **aggressive individual** is anyone else that is threatening bodily harm or is being physically harmful.

Active Killer - Training Rationale

Healthcare facilities are entrusted with providing safe and secure environments for their patients, staff, and visitors.

Each facility is responsible for developing its own plan of action to address issues that may threaten the safety of its occupants. Among these safety issues is the threat of an active killer in the healthcare facility.

Active Killer events in healthcare settings are an increasingly serious problem. A study from the FBI from 2000 to 2018 revealed 277 active killer events in the US, of which 12 were in healthcare settings.

Although this issue is not a common occurrence, it could occur anywhere with little or no warning.

Having a plan of action could make the difference in what could be a life or death situation. See your department specific plan for details.

Response to an Active Killer



RUN **HIDE** **FIGHT**

BE PREPARED | ACTIVE SHOOTER RESPONSE

**RUN**

If a safe path is available, RUN

- Do not hesitate, get out
- Leave your belongings
- Do not attempt to move injured people

**HIDE**

If you cannot get out safely, HIDE

- Be quiet and silence your phone
- Block entrances and lock doors
- Stay out of the shooter's view

**FIGHT**

If your life is in danger, FIGHT

- Try to disable the shooter
- Use improvised weapons
- Fight like your life depends on it

FIGHT
ONLY
AS A
LAST
RESORT

ATTENTION

PATIENTS AND VISITORS

Our hospital is a healing environment.
Aggressive behavior is not tolerated.

Examples of aggressive behavior include:

Physical assault	Verbal harassment
Abusive language	Sexual language directed at others
Threats	Failure to respond to staff instructions

We have zero tolerance for all forms of aggression. Incidents may result in removal from the facility and prosecution.

Administration supports staff in pursuing charges for aggressive behavior they encounter while caring for patients.

Regional Health Workplace Violence Prevention Plan
SDCL Section 22-18.1; 22-18.1.1; 22-18.05

 **Regional Health**

Monument Health has a zero tolerance policy for workplace violence. All acts of violence or threats against any physician, caregiver, visitor, or patient are to be reported immediately. Monument Health commits to investigate violence, respond to incidents, and support victims of violent acts.



Monument Health is committed to providing a safe work

and care environment that is free from threatening or intimidating conduct. No individual shall engage in any verbal or physical conduct which intimidates or threatens harm to any physician, caregiver, visitor, or patient. Physicians and caregivers will not be retaliated against for reporting any type of violence or participating in an investigation of a violent act. Discrimination against victims or reports of violence will not be tolerated.

Immediate Response

- 1 If you experience workplace violence, remove yourself from the situation to keep yourself safe.
- 2 Once you are safe and if you are on the Rapid City Hospital campus, dial 5-3111 to notify Security.
- 3 Once you are safe and if you are off the Rapid City Hospital campus, dial 911 to alert Law Enforcement and 755-3111 to alert Security, if necessary.
- 4 Alert your leadership of the incident and complete necessary documentation (Employee Event, Patient Event, Appendix B form).

Monument Health Support

Click on the arrows next to the image below to view more information.



Assaulted Physicians and Caregivers

- Monument Health will provide support to all caregivers who have been assaulted and/or battered.
 - Each caregiver who is assaulted and/or battered will have access to treatment and services to manage the trauma.
-



Order for Protection

- Physicians and caregivers are strongly encouraged to disclose with their supervisor and Security if they have an order for protection.
-

Further information is available in the Monument Health Workplace Violence Prevention Plan and upon request from your leadership.

Workplace Violence Completion

Please record the following number for completion: 432587.

CONTINUE

Fire and Electrical Safety

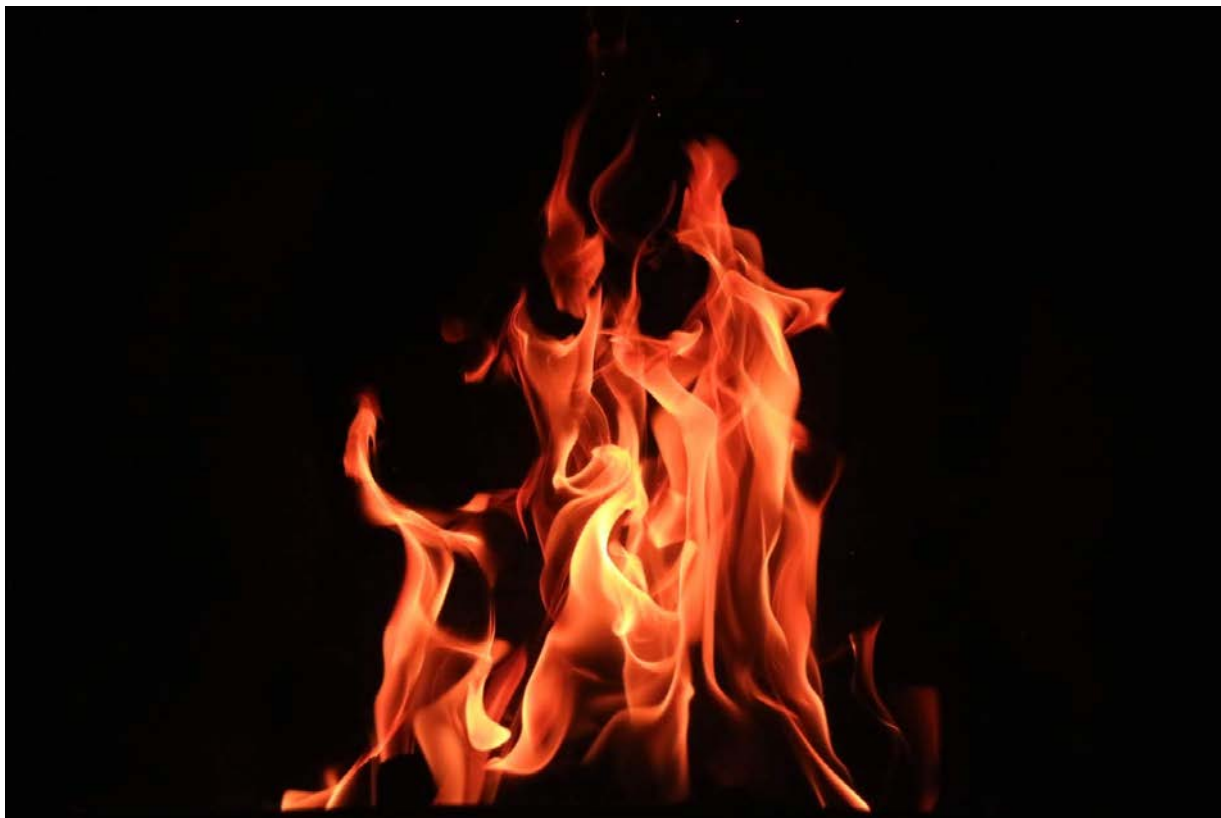
Fire Safety

Everyone has a role and responsibility in the event of a fire emergency, which may involve:

- relocating patients, residents, or visitors
- sounding the alarm
- calling the appropriate emergency response number

RACE

Click on the arrows next to the image below to view more information.



Fire emergency response is summarized by the acronym **RACE**.



R

The R in RACE means rescue. Move everyone out of the area of the fire. Next move people in rooms on either side of the fire and rooms across the hall and rooms above and below the fire.



A

The A stands for alarm. Pull boxes/alarms are located throughout our healing environments at or near an exit. You should know where each pull box/alarm is located in your work area.



C

The C stands for contain. The first step in defending against the threat of the fire and smoke is containment. Closing all doors can prevent smoke from spreading, cut off the flow of oxygen to a fire, and save lives.



E

E stands for extinguish. Handheld fire extinguishers are located throughout the healing environments. You should only attempt to extinguish small, contained fires, where your safety is assured. You should also have an escape route behind you and a staff member or other healthcare worker available to assist you.



PASS

The acronym **PASS** defines the proper procedure to extinguish a fire.

P



Pull - Pull the pin out of the handle, breaking the plastic seal.

A

Aim - Aim the nozzle of the extinguisher at the base of the fire.

S

Squeeze - Squeeze the handles together.

S

Sweep - Sweep from side to side while aiming at the base of the fire.

Fire Safety Recap

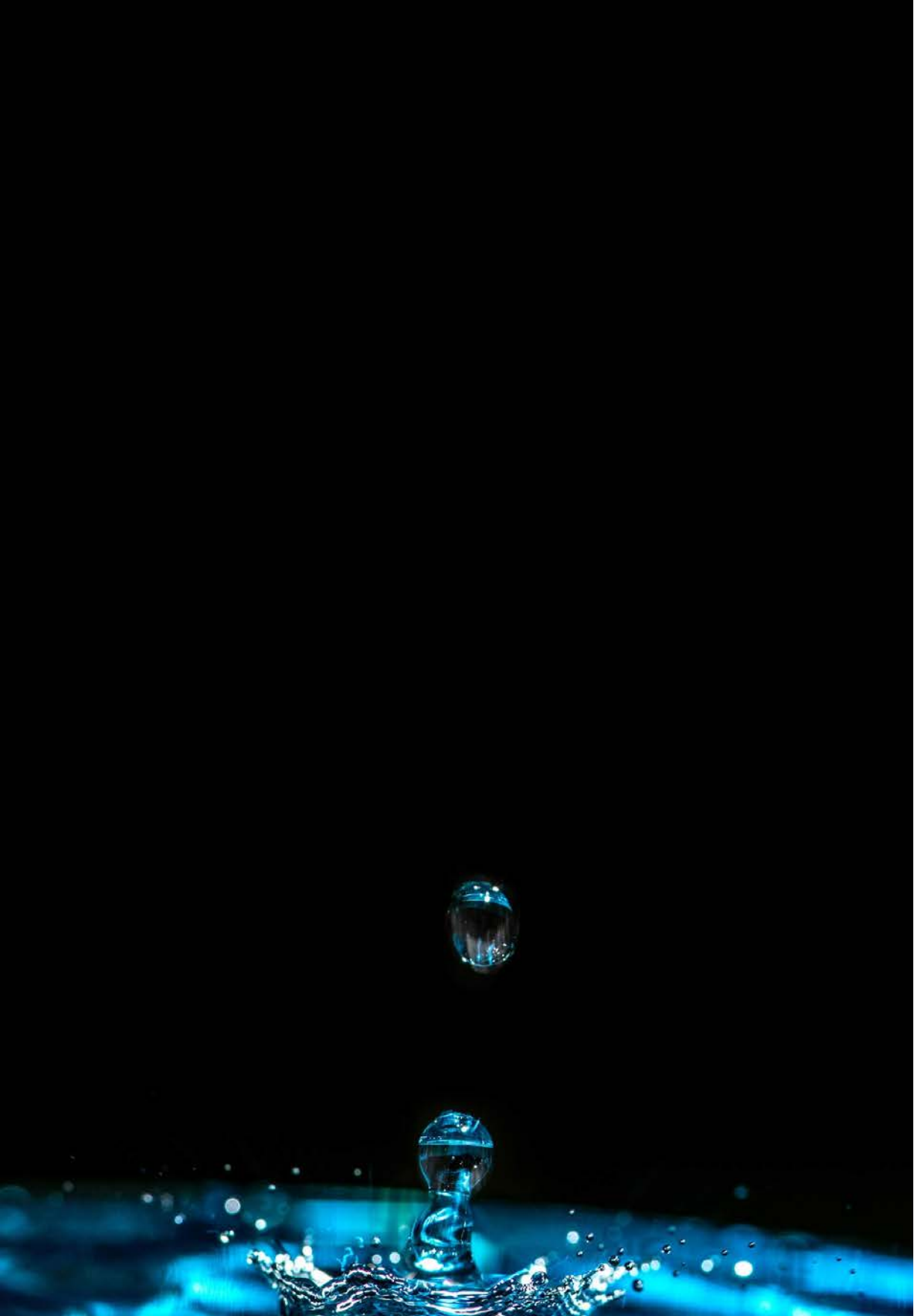
Each Monument Health healing environment has a fire plan and regular fire drills so that you know what to do in an emergency.

- Know the location of fire alarm pull-boxes in your work area.
- Know where fire extinguishers are located and how to use them.
- Know where the exits are.
- Take care to never block an exit.
- Know how to shut off oxygen in your facility.

Electrical Safety

Electricity is the flow of electric power or energy. Electricity occurs in nature, such as lightning for example. Electricity can be made and sent over long distances and requires a conductor and a closed circuit.

What Is a Conductor?





A material that can transmit electricity, and in which electric currents flow readily.

Examples of conductors include:

- ground/earth
- metals
- moist body tissue
- body fluids
- water

What Is an Insulator?

A material that can block the flow of electric current and force electricity to take a more difficult path.

Examples of insulators include:

- rubber
- plastic
- glass
- cloth
- wood

Circuits

Electricity travels in a loop (circuit). When you plug in a piece of equipment, electricity flows from the outlet to the equipment and then back to the outlet. Anything that conducts electricity can become part of the circuit. Because bodies conduct electricity, you become part of a circuit.

Circuits and You

Suppose you are holding the damaged power cord of a piece of equipment in one hand, and touch a metal chair with the other hand.

You, the metal chair, and the ground are conductors. You are part of the path to the ground. The path you are part of is shorter and easier than the one intended, through the piece of equipment.

Electricity will flow from a damaged cord, to you, to the chair, to the ground. From the ground, electricity returns to the power company. This completes the circuit.

Meanwhile, you may have serious electrical burns or other injuries. Even death is possible.



Electrical Safety Recap

- Pay attention to warning signs.
- Electrical accidents often cause injuries, fires, and death.
- Electric shock happens when you become part of a circuit.
- Electric shock happens if a person touches a damaged device or an electrified object.

Fire and Electrical Completion

Please record the following number for completion: 798412.

CONTINUE

Emergency Preparedness



Disaster vs Emergency

Some emergencies are small, others are large. Very large emergencies are known as **disasters**.

Disasters are different from emergencies.

A few important differences include:

- A single organization or group can usually take care of an emergency.
- Disasters are too big for a single group to deal with.

Everyday systems are usually not enough to take care of a disaster. Systems and personnel may need to be used in creative ways.

For example, disasters have many victims. Hospital staff may need to take on unfamiliar tasks. This can help ensure that all of the victims get the medical care they need.

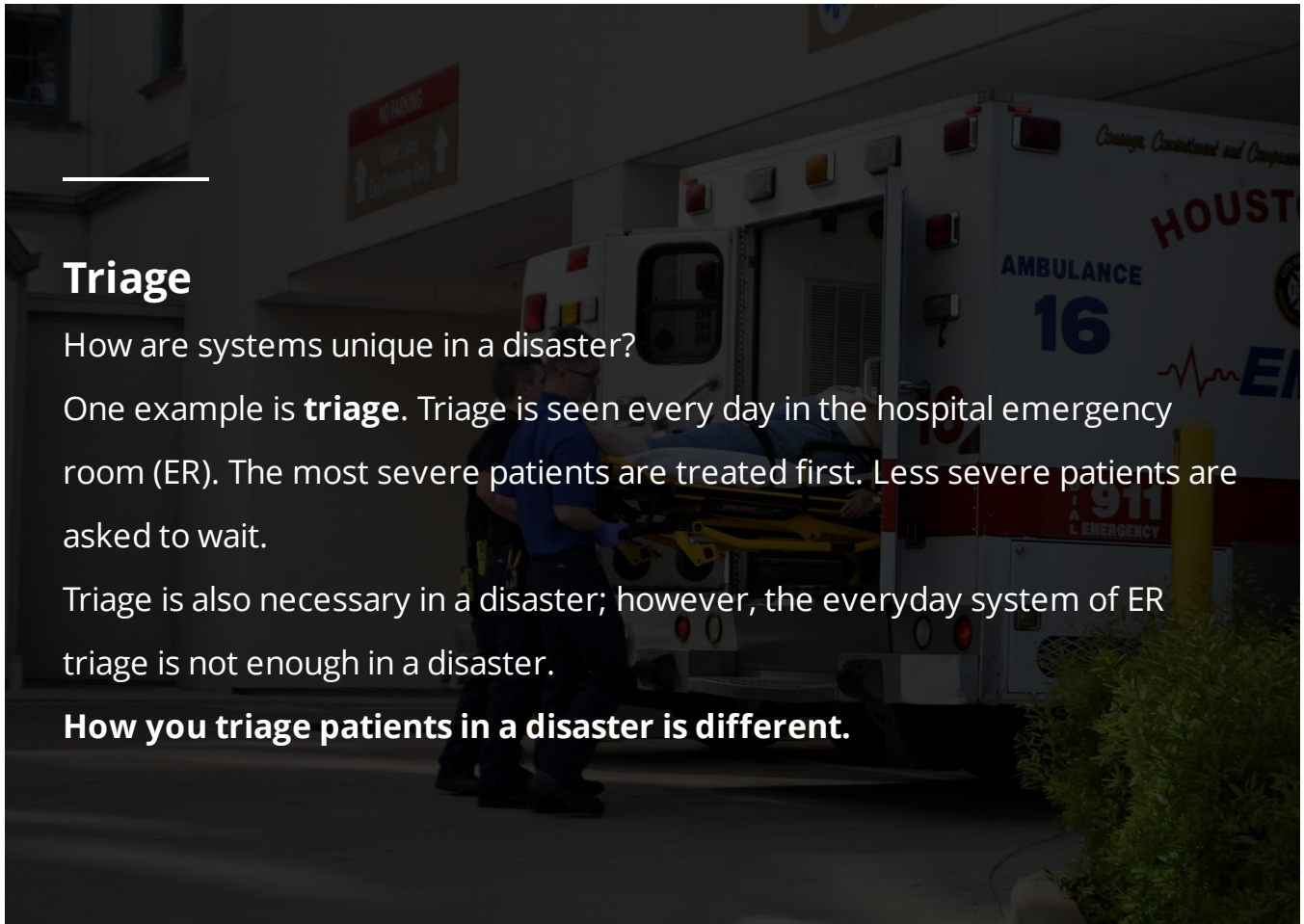
Triage

How are systems unique in a disaster?

One example is **triage**. Triage is seen every day in the hospital emergency room (ER). The most severe patients are treated first. Less severe patients are asked to wait.

Triage is also necessary in a disaster; however, the everyday system of ER triage is not enough in a disaster.

How you triage patients in a disaster is different.



Emergency Operations Plan

An Emergency Operations Plan (EOP) describes who will do what, when, with what resources, and by what authority – before, during, and immediately after the disaster.

An EOP ensures that disaster systems are:

- established ahead of time
- practiced
- evaluated and changed as necessary

With a proper EOP, your facility is prepared for disaster. Check to see if your facility has an EOP and become familiar with it.

The Role of Staff Members

All staff members must understand the EOP. They must know their role.

Staff members must know what to do when the disaster code or condition is activated. Many lives may depend on a quick response.

Disaster training helps ensure a quick and effective response.



Risk Identification

Coping with disasters is no easy task and often results in an emergency situation. There are four basic types of disasters to be aware of.

Click on each tab below to learn more.

NATURAL DISASTERS

**HUMAN RELATED
DISASTERS**

**TECHNOLOGICAL
DISASTERS**

**HAZARDOUS
MATERIAL
DISASTERS**

Some types of natural disasters are tornadoes, severe snow, ice storms, wild fires, etc.



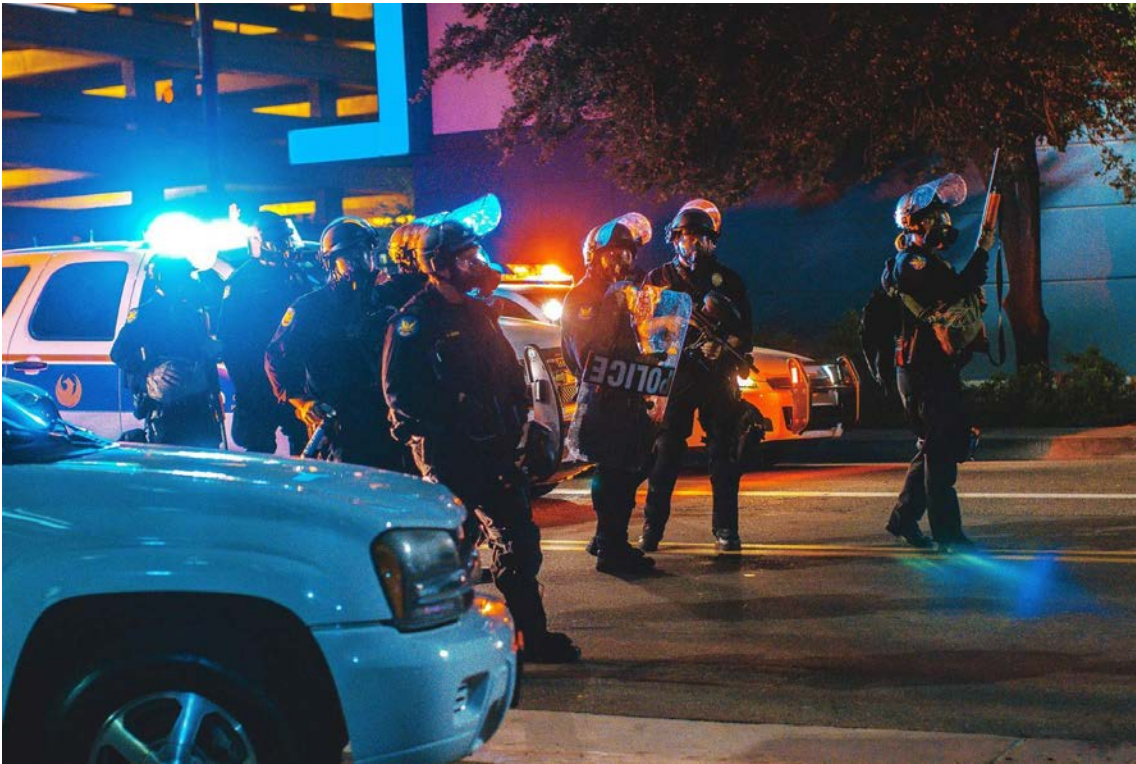
NATURAL DISASTERS

HUMAN RELATED DISASTERS

TECHNOLOGICAL DISASTERS

HAZARDOUS MATERIAL DISASTERS

Some types of human related disasters include civil disturbance, mass casualty incident, workplace violence, etc.



NATURAL DISASTERS

HUMAN RELATED DISASTERS

TECHNOLOGICAL DISASTERS

HAZARDOUS MATERIAL DISASTERS

Some types of technology disasters are electrical failure, HVAC failure, generator failure, etc.



NATURAL DISASTERS

**HUMAN RELATED
DISASTERS**

**TECHNOLOGICAL
DISASTERS**

**HAZARDOUS
MATERIAL
DISASTERS**

Some types of hazardous material disasters are terrorism involving chemicals, radiological or nuclear, etc.



Know Your Emergency Codes and Conditions

These codes are our healthcare system's standardized emergency and disaster codes and conditions. It is your responsibility to review and know each of the codes and conditions listed below that impact you and your facility.

- Capacity Plan/Status Updates
- Condition Hazmat
- Standby D/Major D
- Condition Evac
- Condition Snow
- Condition Tornado
- Condition X – Bomb Threat Condition Red

- Condition E – Elopement
- Condition Pink
- Condition TOV
- Condition U – Utility Impact Condition
- Active Killer
- DR. BERT



Capacity Plan

“Capacity Plan/Status Update” informs caregivers of the current capacity status of the inpatient tower and ED using colors, and based on the department, provides guidelines for actions to take.

Standby D or

Major D

“Standby D”

Caregivers on duty are warned that a disaster may occur. This will allow time for planning, gathering resources, etc. Should the disaster occur, a “Major D” would be declared.

"Major D"

Caregivers are informed that a

disaster has occurred. More resources will be needed to handle the expected influx of patients. The entire facility, and in some disasters the entire system, will then function on a disaster level. This is also used in case of a bioterrorist attack.

Please click on the arrows next to the image below to view more information.



Condition Snow

Caregivers are warned that winter weather may cause a problem in staffing and supplies related to their facility.



Condition Tornado

Caregivers are warned that the National Weather Service has issued a Tornado Watch for the area. Below is an explanation regarding the difference between a Tornado Watch and Tornado Warning.

Tornado Watch: Be Prepared!

Tornadoes are possible in and near the watch area. Review and discuss your emergency plans and check supplies. Be ready to act quickly if a warning is issued or if you suspect a tornado is approaching. The Watch area is typically large, covering numerous counties or even states.

Tornado Warning: Take Action!

A tornado has been sighted or indicated by weather radar. There

is imminent danger to life and property. Move to an interior room on the lowest floor of a sturdy building where possible. Avoid windows. Warnings typically encompass a much smaller area (around the size of a city or small town).



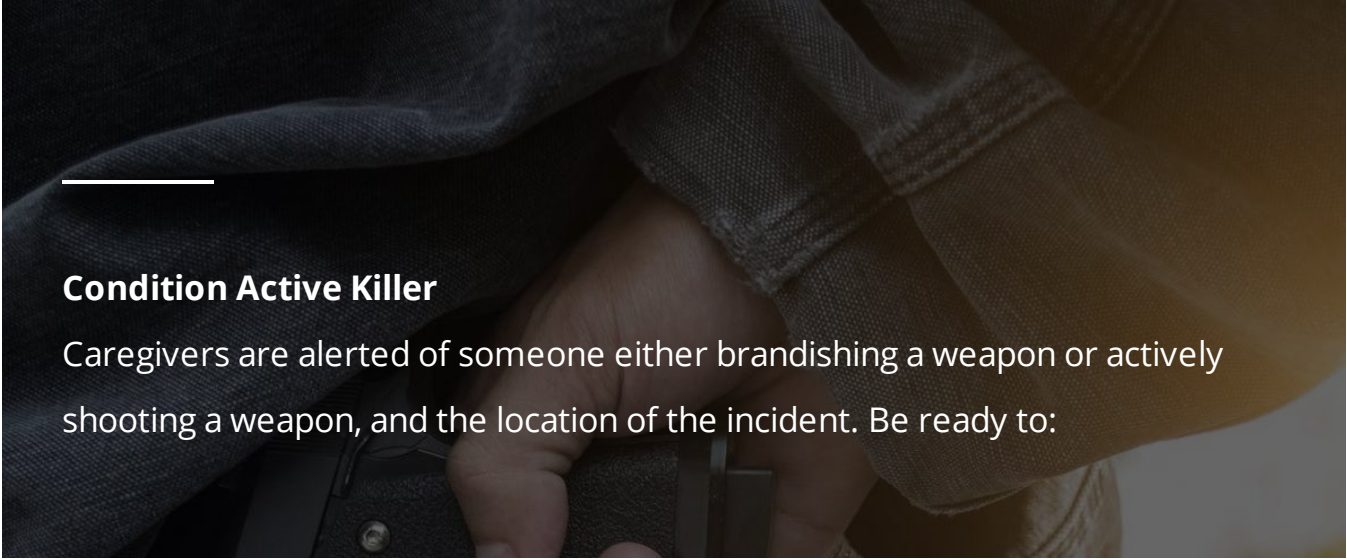
Condition Red

Caregivers are warned that smoke, fire, or sparks have been observed. The fire alarm system has been triggered.



Condition Pink

Caregivers are alerted that an infant or child has possibly been abducted from some area of the hospital. Caregivers shall follow “Condition Pink” duties outlined for their facility or work area.



Condition Active Killer

Caregivers are alerted of someone either brandishing a weapon or actively shooting a weapon, and the location of the incident. Be ready to:

Run

Evacuate away from the area of the active shooter.

Hide

Go to a safe area, preferably a room that locks. Call 911 and 5-3111 to report the incident and location.

Fight

As a last resort, if confronted directly by a shooter, or someone brandishing a weapon, fight back with any means possible.



Condition Hazmat

Caregivers are warned of an accident involving hazardous materials. The location and possible evacuation instructions will also be announced. If you are in the facility or program



Condition Evac

Caregivers are alerted of the need to evacuate all or portions of the facilities as directed by either internal or external authorities. If the need arises to evacuate the entire building, the plan

area affected,
follow your specific
hazardous material
spill procedures.

established by your
local Emergency
Management
Agency will be
followed and may
include evacuating
to a nearby
building.

DR. BERT

Caregivers are alerted that a hostage or workplace violence situation may be occurring.

Condition X

Caregivers are informed that a bomb threat has been received, or that a bomb or suspicious item has been detected.

Condition E

Caregivers are alerted of a missing patient or resident from their normal location who is unaccounted for. If a patient/resident is not located quickly, contact your local law enforcement. If you are unsure of your role in this situation, speak with your immediate supervisor.

Condition TOV

Alert that a hostage or workplace violence situation may be occurring.



Condition U

Caregivers are alerted to one or more of the following system failures:

- water
- computer
- electricity
- oxygen
- medical vacuum
- medical air
- telephone
- heating fuel (natural gas, oil, propane, etc.)

Incident Command

Monument Health facilities have an Incident Command System in place to define the facilities' response to an Emergency Management Incident.

The Incident Command System outlines:

- the individuals designated for key roles in the incident,
- the appropriate communications for responding to the incident,
- staffing decisions regarding the incident, and
- how to recover from the incident.

If you are unsure of your role in an Emergency Management Incident, contact your immediate supervisor.

Caregivers are often asked to respond to emergency situations in our communities and our facilities.

Each Monument Health facility maintains an Emergency Operations Plan, which contains plans for responding to incidents that may overtax or threaten to overtax the capacities of a facility.

The disaster incident may be external or a combination of incidents. Within the plan are the procedures and guidelines to follow in the event of an emergency. This plan, as well as other emergency

management plans, can be reviewed via the Intranet.

(MH Corporate Services Hub > All Site Content > Plans)

Emergency Operations Plan

The EOP contains plans for responding to incidents that may overtax the capabilities of the healing environment and it contains procedures and guidelines to follow in an emergency. The EOP can be reviewed via the intranet under *Facilities > Corp Services > Documents > Plans > Specific Facility*.

Summary

Caregivers must know how to respond to each of these Emergency Management Incidents. Make sure that you understand your responsibilities.

Emergency Preparedness Completion

Please record the following number for completion: 412897.

CONTINUE

Hazardous Communications

Chemical Hazards

A chemical is hazardous if it is likely to cause harm.



Physical Hazards

Related to the way that a chemical interacts with other substances or the environment.

These hazards harm by:

- exploding
- igniting
- reacting violently with other substances

Health Hazards

Health hazards are related to the way that a chemical interacts with your body.

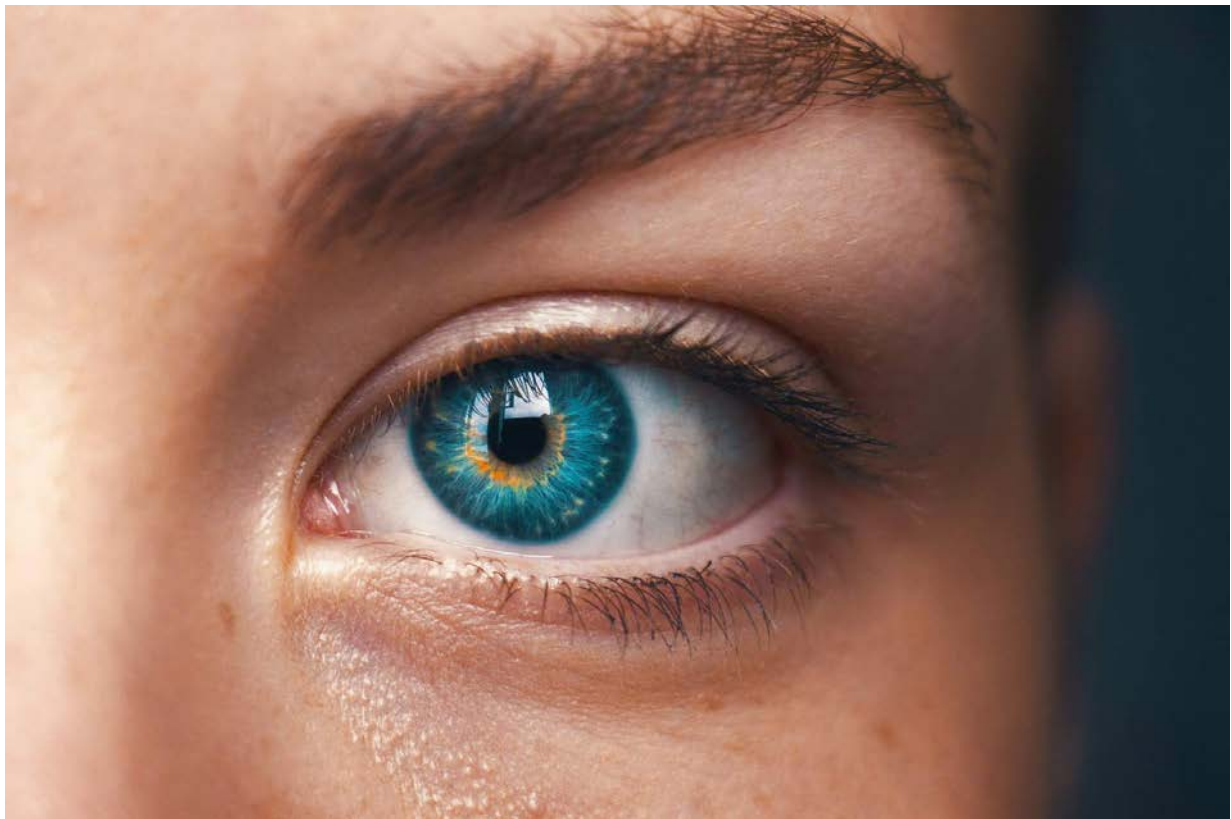
If exposed, one can suffer:

- death
- long-term damage
- short-term injury or illness

Routes of Exposure

You must be exposed to a chemical for it to harm you. Below are some ways you can be exposed to chemicals.

Click on the arrows next to the image below to view more information.



Eyes - Causes burning and irritation.



Skin - Can burn and cause entrance into the bloodstream.




Inhalation - Route that most chemical exposures occur.



Ingestion - Can be ingested while smoking, eating, and drinking.





Injection - A cut from an instrument contaminated with a chemical.

Types of Hazardous Chemicals

Solids

Certain forms of solids can be highly hazardous because they are readily absorbed into the body. Examples include:

- dust
- fumes
- fibers

Liquids

Many hazardous chemicals are liquids at normal temperatures and pressures. Hazardous liquids may:

- damage the skin
- enter the body through skin
- evaporate and form toxic gasses

Gasses

Hazardous gasses can be difficult to detect and many gasses do not have a distinctive odor.



Safety Data Sheets Include:

- **Identification**
 - identifies chemical name and supplier
 - supplier information
 - ways to identify
 - use of chemical
 - what not to do with the chemical
- **Hazard identification**

- hazard class and category
- signal word
- hazard statement symbol
- precautionary statement
- outline ingredients of unknown toxicity
- includes unclassified hazards

- **Composition/Ingredient information**

- chemical/common name
- chemical abstract service number
- European commission number
- impurities/stabilizing additives
- trade secrets

- **First-aid measures**

- what to do if exposed
- means of exposure
- symptoms from exposure
- treatment required

- **Fire-fighting measures**

- potential hazards
- extinguisher types
- personal protective equipment
- precautions

- **Accidental release measures**

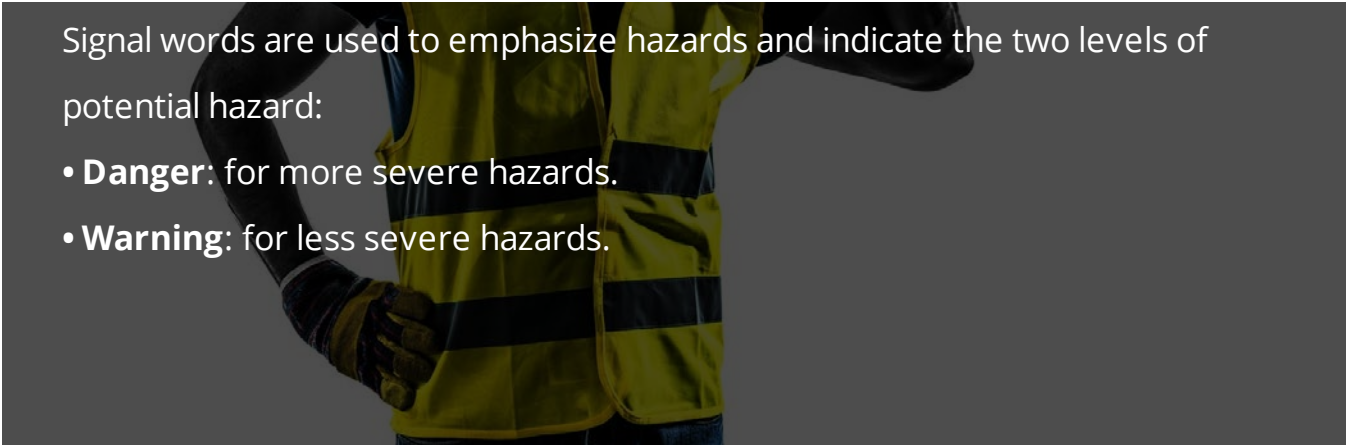
- steps to take in case of a spill
- personal precautions

- protective equipment
 - methods/materials needed for cleanup
- **Handling and storage**
 - how to handle and store chemicals
- **Exposure control and personal protection**
 - permissible limits
 - engineering controls
 - personal protective equipment
- **Physical and chemical properties**
 - describes chemical:
 - color
 - odor
 - pH
 - state
 - flammability
 - melting
 - freezing and boiling points
- **Stability and reactivity**
 - possible reactions
 - conditions to avoid
 - what occurs during storage, heating, decomposition, and mixing
- **Disposal information**
 - safe disposal of chemical, waste products, or packaging
- **Transport information**

- United Nation (UN) number
- shipping ID
- transportation hazard class
- bulk/special transportation information
- environmental hazard information
- **Regulatory information**
 - government information regarding safety, health, and environmental regulations
- **Toxicological information**
 - level of toxicity
 - medical symptoms with exposure
 - data about effects
- **Ecological information**
 - effects of chemical on the environment
- **Other information**
 - any other information
 - date SDS was prepared
 - date the data was last updated

Signal Words





Signal words are used to emphasize hazards and indicate the two levels of potential hazard:

- **Danger:** for more severe hazards.
- **Warning:** for less severe hazards.

Pictograms

Every hazardous chemical label outlines specific information to help prevent injuries. The information on the Global Harmonization Symbol (GHS) hazardous chemical label is organized into six parts:

1. Product Identifier

- Common name
- Chemical name
- Ingredients

2. Signal Word

- Danger = Severe
- Warning = Less Severe

3. Hazard Statement

- Describes the kind and degree of hazard:
 - physical
 - health
 - environmental

4. Hazard Pictogram

- Symbols that represent one or more of the nine hazard classes

5. Precautionary Statements

- Recommends measures to minimize or prevent effects from exposure

6. Supplier Identification

- Distributor contact information





Portable Containers



Products falling into the scope of the GHS will carry the label at the point they are supplied by the manufacturer or the distributor to our workplace. Caregivers do not have to label small containers into which they pour materials for use on that shift as long as they are the ones pouring and controlling the container throughout its use. However, if more than one person will use the container, it will be used

for more than one shift, or it's not under the continuous control of the caregiver who poured it, then the caregiver must label the secondary container with product identification and hazard.

Hazardous Pictograms

GHS PICTOGRAMS		
Health Hazard Carcinogens, respiratory sensitisers, reproductive toxicity, target organ toxicity, germ cell mutagens		Flame Flammable gases, liquids, & solids; self-reactives; pyrophorics;
Gas Cylinder Compressed gases; liquefied gases; dissolved gases		Corrosion Skin corrosion; serious eye damage
Flame Over Circle Oxidisers gases, liquids and solids		Exclamation Mark Irritant, dermal sensitiser, acute toxicity (harmful)
Environment Aquatic toxicity		Exploding Bomb Explosives, self-reactives, organic peroxides
		Skull & Crossbones Acute toxicity (severe)

Who can you contact with questions?

If you have any questions, please reach out to your supervisor, Health and Safety Representative, Safety Officer, or any member of management.

CONTINUE

Hazardous Communication Completion

Please record the following number for completion: 132456.

Infection Control

Personal Protective Equipment (PPE)

PPE is specialized clothing or equipment worn by a caregiver for protection against a hazard.

Remember that PPE is one of the methods to reduce exposure to infectious agents. PPE is the last line of defense in preventing your exposure to infectious agents.

Examples include, but not limited to:

- eye protection
- face masks or shields
- gowns/laboratory coats (fluid resistant)
- gloves
- resuscitation and ventilation devices

Gloves

You are required to wear gloves when:

- there may be contact with blood, body fluid, mucous membranes, and non-intact skin
- performing vascular access procedures (for example, drawing blood or inserting an IV)
- handling, touching, or cleaning contaminated items or surfaces



Replace contaminated, torn, or punctured gloves as soon as practical. If there is any doubt that a glove's ability to function as a barrier is compromised, the gloves should be replaced.

Glove Removal

*Please watch the video by clicking [here](#). Note: This video does **not** contain audio.*

Masks, Eye Protection, Face Shields

*Please watch the video by clicking [here](#). Note: This video **does** contain audio.*

Personal Protective Equipment

Donning Personal Protective Equipment

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet, or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

*Please watch the Donning video by clicking [here](#). Note: This video **does** contain audio.*

Personal Protective Equipment Work Practices

- 1 Remove any garment penetrated by blood or body fluid as soon as possible.
- 2 Remove all PPE prior to leaving your work area or point of use.
- 3 Place removed PPE in a designated area or container for washing, decontamination, or disposal.
- 4 Wash hands with soap and water or hand antiseptic as soon as possible after removing gloves or other protective clothing, or after direct contact with blood or body fluid.
- 5 Keep hands away from face.
- 6 Change gloves when torn or heavily contaminated.
- 7 Perform hand hygiene.

Doffing Personal Protective Equipment

Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door.

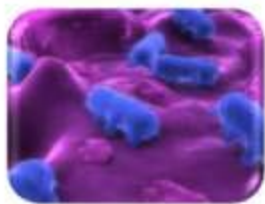
Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

*Please watch the doffing video by clicking [here](#). Note: This video **does** contain audio.*

Hand Hygiene

Hand hygiene is a general term that applies to either handwashing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

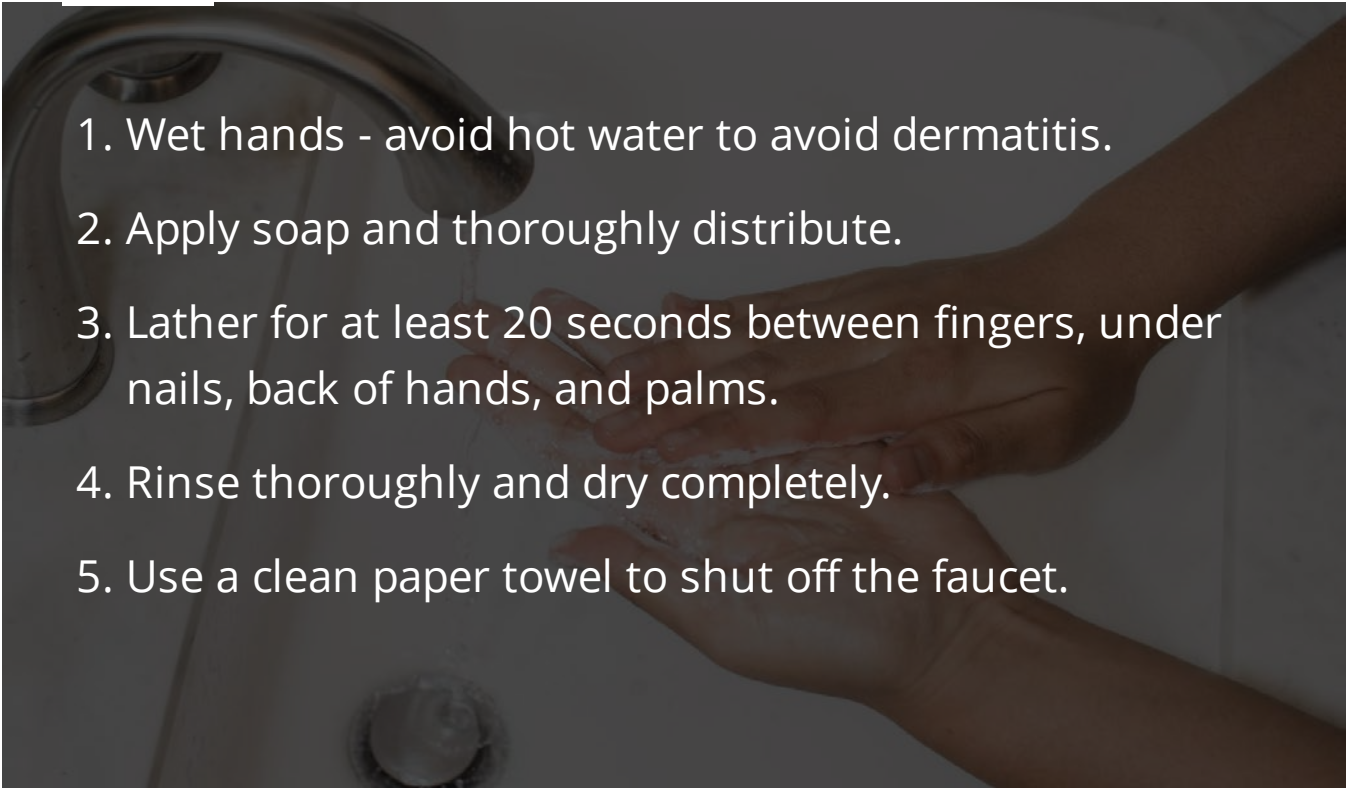
Cleaning your hands before and after patient/resident contact is one of the most important measures for preventing the spread of infections.



Handwashing Steps

Use soap and water when hands are visibly soiled.



- 
1. Wet hands - avoid hot water to avoid dermatitis.
 2. Apply soap and thoroughly distribute.
 3. Lather for at least 20 seconds between fingers, under nails, back of hands, and palms.
 4. Rinse thoroughly and dry completely.
 5. Use a clean paper towel to shut off the faucet.

Note: Certain situations call for hand hygiene with soap and water, such as after caring for a patient suspected of or diagnosed with *Clostridium difficile* (C. diff), Norovirus, or Enterovirus D-68.

Steps to Using Alcohol-Based Hand Rubs (Foam, Gel, etc.)



- Apply product to palm of hand.
- Rub hands together covering all surfaces of hands and fingers.
- Rub until dry. **DO NOT** dry your hands with a towel.
- Be sure to use the volume of product recommended by manufacturer.
- Non-surgical applications:
- Steris - Allcare Plus (purple label): **Golf ball-sized**.
- Do wash your hands with soap and water after using foam 5-10 times. The emollients in the foam will build up and need to be rinsed off.

Which is better, hand washing or alcohol-based hand products?

Belief

Alcohol-based hand rub/rinses/gels dry hands out more than soap and water.

Reality

Alcohol-based rinses or gels containing emollients caused substantially less skin irritation and dryness than the soaps or antimicrobial detergents tested.

Source: CDC MMWR, Guideline for Hand Hygiene in Health-Care Settings, October 25, 2002. Vol. 51, No. RR-16. (p. 13)

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

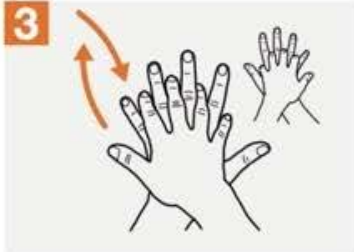


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

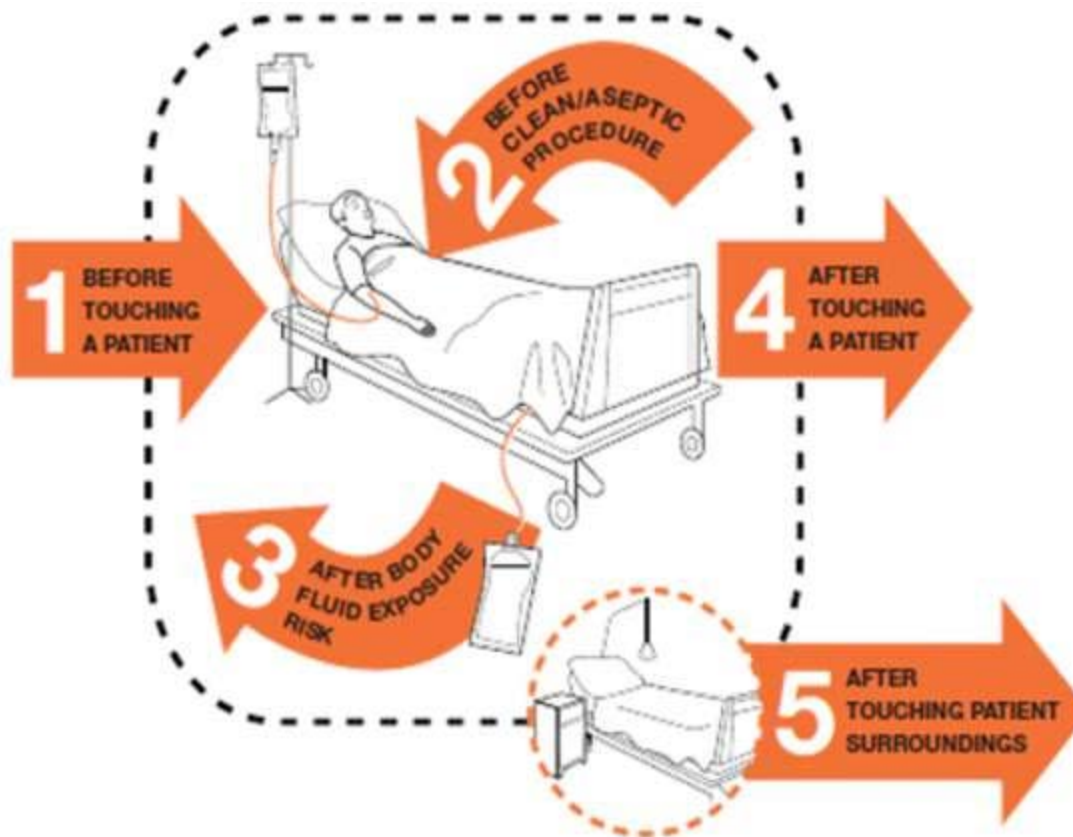
May 2009

Foam In/Foam Out

Monument Health has a catch phrase to remind everyone to "foam in" when going into a patient's/resident's room or patient area and to "foam out" upon leaving the patient/resident room or patient/resident area.

Alcohol-based hand rubs are very efficient cleansers when there is no visible contamination. Alcohol-based foam or gel has been placed outside almost every patient room and in many areas throughout the healing environment.

Please watch the video by clicking [here](#). Note: This video **does** contain audio.



Airborne Infections and Communicable Diseases

Tuberculosis (TB)

If you see the signs and symptoms of TB (fever, night sweats, persistent cough, weight loss, loss of appetite, or coughing blood) you need to initiate airborne isolation and discuss TB concerns with the provider.

Isolation Precautions

Monument Health provides facilities and services for isolation procedures necessary to help prevent transmission of infections and communicable diseases among patients, residents, caregivers, and visitors.

Remember that Standard Precautions will be used with all patients at all times. Patients will be placed in appropriate precautions for known or suspected infectious diseases.

Below is a list of precautions that could be used at Monument Health. The colored square corresponds to the colored sign used for each precaution.

	Droplet
	Contact
	Bleach Contact
	Airborne
	Special Pathogen

Isolation Precautions

Click on the arrows next to the image below to view more information.



Droplet Precautions

- Mumps
 - Whooping Cough
 - Influenza
-



Airborne Precautions

- Chickenpox & Measles
 - Suspected or confirmed cases of Laryngeal or Pulmonary Tuberculosis
-

STOP

Bleach Contact

STOP

PRECAUTIONS

All Visitors & Staff MUST Do
The Following:

1

Sanitize or wash your hands.

2

Put on gown.

3

Put on gloves.



*When leaving room– WASH
hands with SOAP & WATER



Clean room &
equipment
with bleach





Always follow Standard Precautions.

Bleach Contact Precautions

- C. difficle
- Norovirus

Wash Hands with soap and water



Contact Precautions

- Multi-Drug Resistant Organisms
 - MRSA, VRE, ESBL, CRE, KPC
 - Rotavirus
-

STOP

Special Pathogen

STOP

PRECAUTIONS

NO VISITORS!

All Staff MUST:

1

Sanitize or wash your hands.

2

Put on gown.



3

Put on gloves.



4

Put on eye protection.



5

Put on respiratory protection.

CALL INFECTION CONTROL

Negative air pressure room with both doors closed.

NO SKIN EXPOSED.



WASH/SANITIZE HANDS

Always follow Standard Precautions.

Special Pathogen Precautions

- SARS
- Smallpox
- Ebola
- MERS

Call Infection Control Immediately

PPE for Isolation Situations



PPE must be **dON**ned AFTER performing hand hygiene outside of an isolation room.

PPE must be **dOFF**ed at the room threshold and disposed of in the isolation room.

Hand hygiene should be performed outside of an isolation room, after removing PPE.

Please watch the video by clicking [here](#). Note: This video **does** contain audio.



Infection Control Completion

Please record the following number for completion: 324985.

CONTINUE

Preventing Slips, Trips, and Falls

Slips

Slips happen when there is a loss of friction between a person's feet and the walking surface. Many factors can contribute to a lack of friction.



Slippery floor surfaces, such as smooth and shiny tiles.



Slippery materials on the floor like ice, water, grease, or snow.



Improper footwear, including slippery soled shoes or high heels.

Addressing Slip Risk Factors

Slippery floor surfaces:

- apply anti-slip coating
- acid etch the surface
- cut grooves into the surface

Slippery materials on floor:

- work areas must be kept clean, orderly, and sanitary

Improper footwear:

- wear low heel shoes
- consider rubber soles
- when outside, wear studded rubber pullovers

What can you do to prevent slips, trips, and falls?

- Always look for wet floors and spills on the floor, and clean them up when you can.
- If you can't clean it up, make sure warning signs are used.
- When it's wet outside, make sure to wipe your shoes on entrance mats.
- Keep all cords out of the way or covered.
- Keep all drawers closed.
- Return patient equipment back to designated storage areas when not in use.
- Wear appropriate footwear.
- Watch your step.
- Use handrails - keep one hand free for use on handrails.
- Ensure rugs have skid-proof backs.
- Wear low heeled shoes.

Preventing Slips, Trips, and Falls Completion

Please record the following number for completion: 567987.

CONTINUE

Hazardous Energy

Different energy control procedures are required for different types of equipment depending on:

- type of energy used
- how much energy is used

Energy Control Procedures

Click on each square below.

PREPARE

Equipment for Shutdown

SHUTDOWN

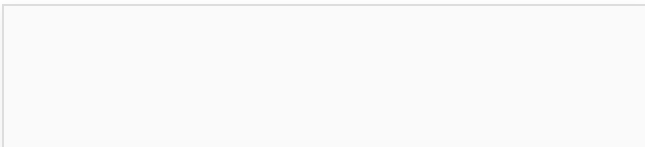
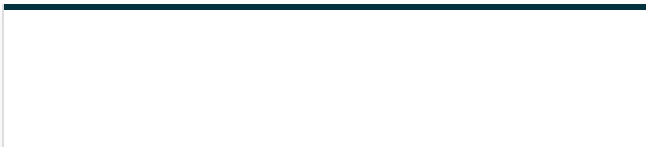
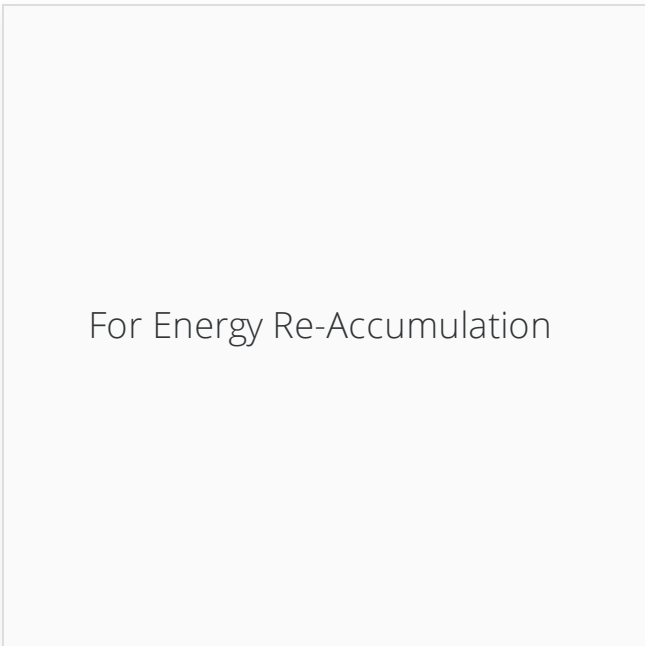
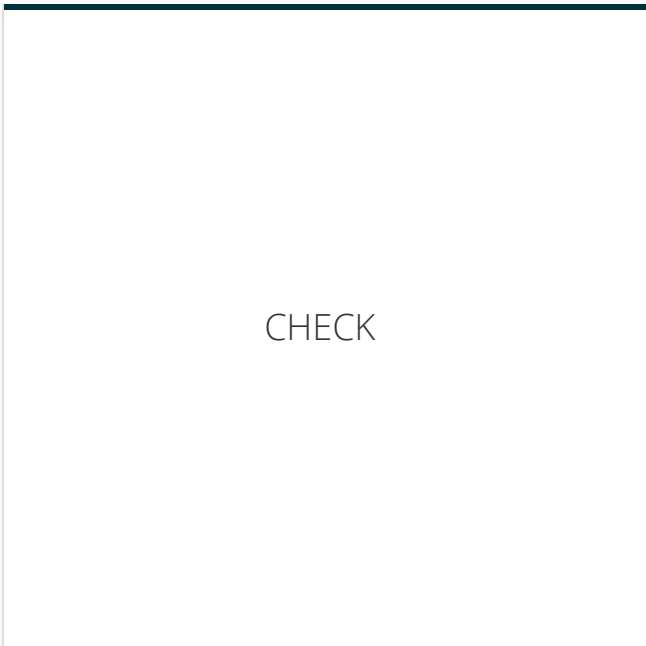
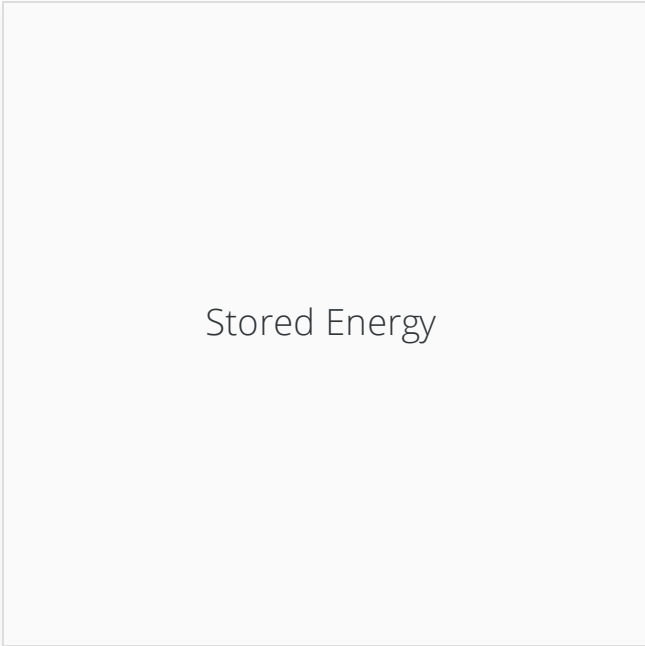
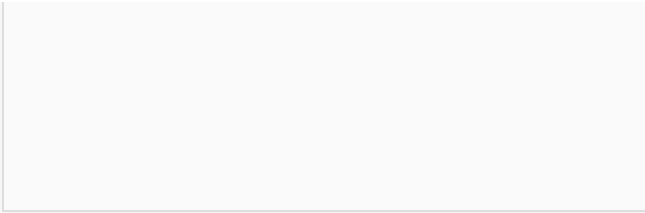
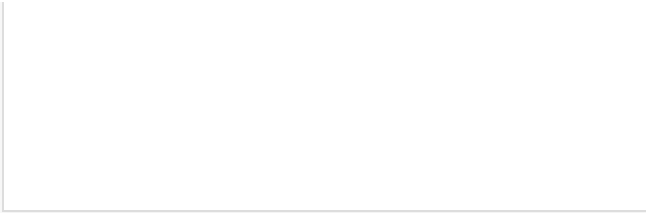
Shutdown Equipment
Properly

SHUTDOWN

From Energy Source

USE DEVICES

To LOCKOUT or TAGOUT
Energy



VERIFY

ALL Energy has been
Removed from Equipment

Exception to Energy Control Procedures

Energy control procedures may not be required during minor servicing activities; routine, repetitive, and basic parts of the work; or if activity occurs during normal production operation.

- Lubrication
- Un-jamming
- Minor tool changes
- Cleaning
- Minor adjustments

When must energy control procedures be used?

- New construction
- Installation
- Setup
- Adjustment
- Inspection

- Modification
- Maintenance/service work

Types of Hazardous Energy

Click on the arrows next to the image below to view more information.



Electrical Energy

Energy control procedures are required for any equipment powered by electrical energy, except if:

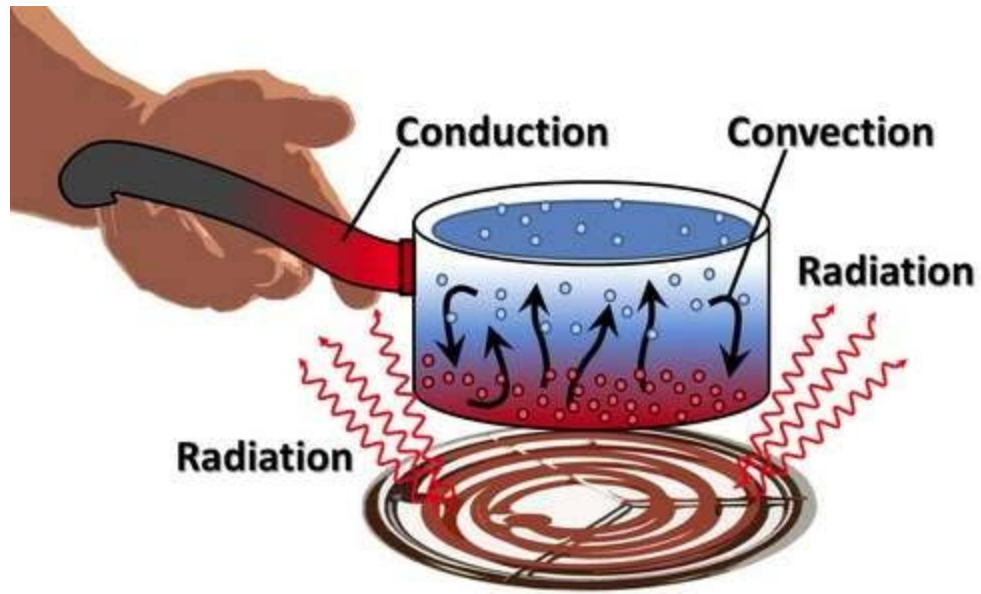
Exposure can be completely controlled by unplugging the equipment from an electrical outlet AND service workers have sole control of the equipment plug during service activities.



Kinetic Energy

Can be released from:

- springs
 - rotating objects
 - elevated objects
-



Thermal Energy

Thermal energy is released from:

- mechanical work
 - radiation
 - chemical reactions
 - electrical resistance
 - quick release of compressed gasses
-



Chemical Energy

Chemicals present in many systems may react with local materials, including the air, to produce:

- fires
 - skin burns
 - harmful gasses/fumes
-



Pressure Energy

Uncontrolled release of pressure may cause equipment to move or even the ejection of system parts. Hazardous pressure energy may be found in:

- pressure vessels
- gas cylinders or tanks

- hydraulic or pneumatic systems

Medical Gasses

Governing agencies have outlined protective measures for handling, transporting, and storing medical gasses.

The goal is to prevent potential hazards which can arise with medical gas usage.

Transporting Medical Gasses



Cylinders are pressurized.

A cylinder that falls or is dropped may cause a rapid release of pressure and launch the cylinder across the room (similar to a missile).

Cylinders must be secured for safe transport. When transporting single cylinders use a cart, bed rack, or wheelchair rack. For multiple cylinders, use a cart with separate compartments for each cylinder.



Storing Medical Gasses

1

Cylinders must be segregated and stored appropriately.

2

Storage must be clearly labeled and visible.

3

General supply rooms can have no more than 12 E size cylinders.

4

All cylinders must be stored in a rack or cart. Never leave cylinders free standing.

5

No other objects can be hung or attached to the storage racks.



Full Tanks: Black Storage Rack

Unopened
(2000+ PSI)

Empty or Partially Full Tanks: Red Storage Rack

Empty Partially Full
(500-1999 PSI)

Any Open Cylinder

Energy Isolation

Remember, the first two steps in any energy control procedure are:

- 1 getting the equipment ready for shutdown, and
- 2 shutting down the equipment.

The equipment could re-energize if:

- there is a short circuit
- someone accidentally turns the equipment back on

This could injure or kill the maintenance worker.

Step Three: Disconnect or isolate the equipment from its energy source.

Hazardous Energy Completion

Please record the following number for completion: 247853.

CONTINUE



Personal Protective Equipment (PPE)

Workplace Hazards and OSHA

Hazards are present in many work environments. Those hazards include:

- biological hazards, such as infectious materials
- hazardous drugs
- chemical hazards, such as cleaning and disinfecting supplies
- other hazards



OSHA is the governing agency that works to protect employees from job hazards.

When a workplace hazard is present, OSHA requires the employer to put safeguards in place.

These safeguards include:

- elimination of the workplace hazards
- administrative controls
- engineering controls
- personal protective equipment (PPE)

Hand Protection

The use of personal protective equipment for your hands includes a wide variety of gloves. They can protect you against cuts, punctures, scrapes, chemicals, burns, or electrical hazards.

Click on the arrows next to the image below to view more information.



Fabric and Coated

Protects against minor abrasions and cuts.



Leather, Canvas, Metal Mesh

Protects against rough surfaces, cutting, and welding activities.



Insulated

Protects against minor electrical hazards, burns, and vibrations.



Chemical & Liquid Resistant

Usually vinyl, neoprene, or rubber protect against chemicals or liquids.

Check Yourself

Ask yourself:

- Am I wearing the right glove for the job?
- Do my gloves fit snugly?
- Have I removed rings, watches, and bracelets that could puncture my gloves?

Eye Protection

Most eye injuries are the direct result of caregivers and physicians simply not using eye protection.

Safety glasses, goggles, or face shields should be worn when you are exposed to the following:

- flying objects
- wood chips or metal shavings
- splashes from hot liquids or chemicals
- fumes or gasses
- intense light

Click on the arrows next to the image below to view more information.



Safety Goggles



Face Shield



Welding Shield



Safety Spectacles



Laser Safety Goggles

Check Yourself

Ask yourself:

- Do I have access to the appropriate eye protection for the work I do and the exposure I have?
- Does my eye protection fit properly and is it reasonably comfortable to wear?

Hearing Protection

Hearing loss is progressive and permanent. It is also completely preventable.

Excessive noises can be sporadic, but prolonged exposure to loud noises causes hearing loss.

Factors to consider:

- loudness of the noise measured in decibels (dB)
- duration of your exposure
- moving between work areas with different noise levels

Click on the arrows next to the image below to view more information.



Single-Use Earplugs



Earmuffs



Pre-formed/Molded Earplugs

Check Yourself

Ask yourself:

- Do I have access to the appropriate hearing protection for the work I do and the exposure I have?
- Does my hearing protection fit properly and is it reasonably comfortable to wear?

Respiratory Protection

Respiratory protection must be worn whenever you are working in a hazardous atmosphere.

The appropriate respirator will depend on the contaminant you are exposed to, and the protection factor required.

Click on the arrows next to the image below to view more information.



Single Strap Dust Mask

- Not to be used in hazardous atmospheres.
 - Can be used in providing comfort from allergens.
-



Approved Filtering Mask

- Can be used for dust, mist, or welding fumes.
 - Does not provide protection against gases or vapors.
 - Cannot be used for asbestos or lead abatement.
-



Powered Air Purifying Respirators

- Can be used for high risk aerosol generating procedures.
 - Typically seen in the healthcare environment.
-



Half-Face Respirators

- Can be used against most vapors and acid gases.
 - Filters must match containment.
-



Full-Face Respirators

- Can be used against most vapors, fumes, gases, and dust.
 - More protective as it includes a face shield to protect eyes and face from irritants.
-

Check Yourself

Ask yourself:

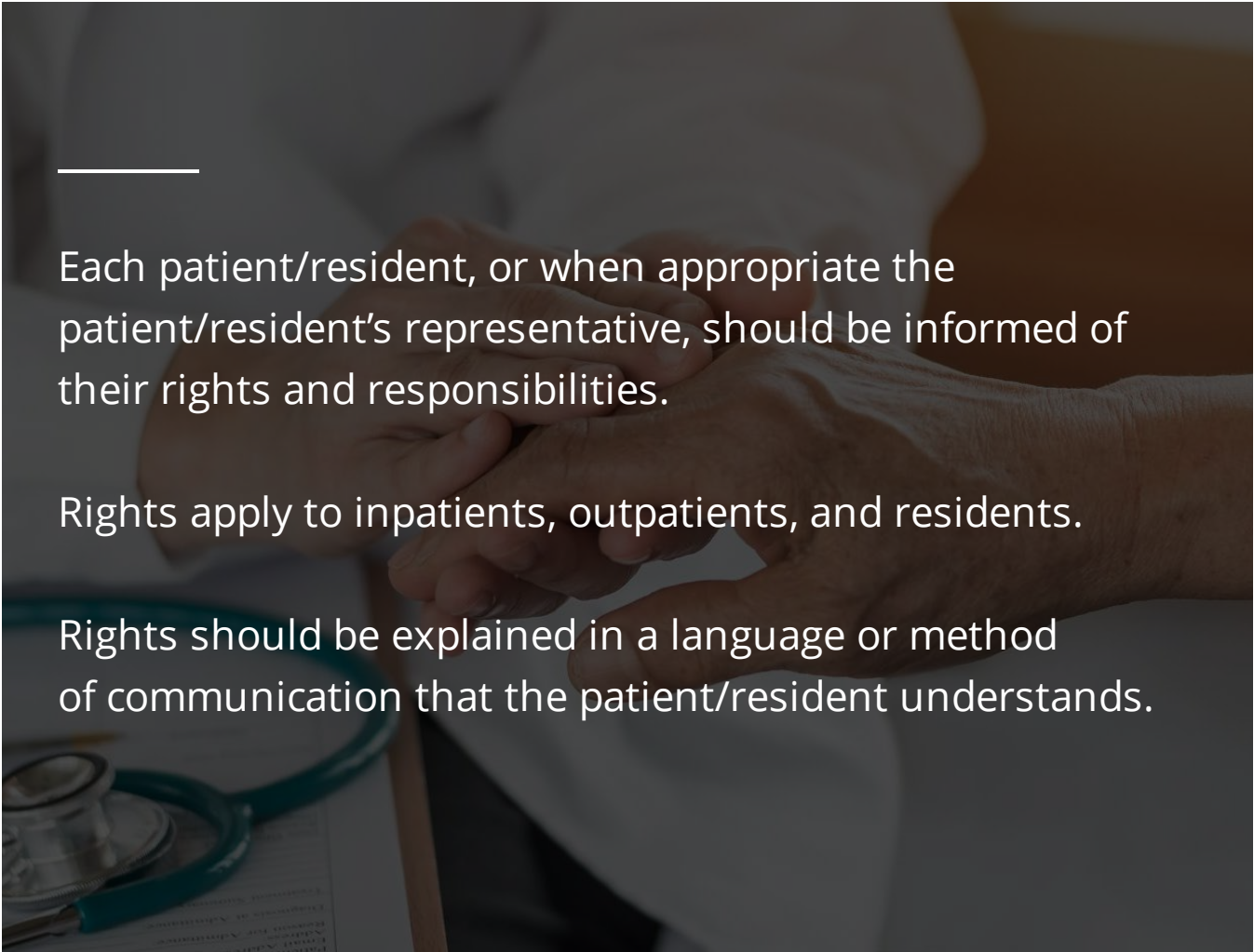
- Do I have access to the appropriate respiratory protection for the work I do and the exposure I have?
- Do I check the fit and seal on my respirator every time I put it on?

Personal Protective Equipment (PPE) Completion

Please record the following number for completion: 249675.

CONTINUE

Patient and Resident Rights



Each patient/resident, or when appropriate the patient/resident's representative, should be informed of their rights and responsibilities.

Rights apply to inpatients, outpatients, and residents.

Rights should be explained in a language or method of communication that the patient/resident understands.

Patient/resident rights include, but are not limited to:

- notification of rights
- participation in care decisions

- access to appropriate care without discrimination
- refusal of care
- access to appropriate services without discrimination
- freedom from unnecessary restraints
- safe, considerate, and respectful care
- end of life care
- interpretive services
- notice of unanticipated care

Grievances

Monument Health hospitals and senior care healing environments have established a process for prompt resolution of grievances (Policy GB-8311-03).

1

The right to be informed of the process for resolution of grievances.

2

Prompt resolution with clear definition of time frames for response.

3

Written notification of resolution.

Restraints



Each patient or resident has the right to receive care in a safe setting.

The initiation or discontinuing the use of restraints is based off of the safety of the patient, resident, caregiver, provider, or others.

Restraints may only be used to ensure the immediate physical safety of the patient, resident, caregiver, physician, or others and must be discontinued at the earliest possible time.

A restraint is any device or manual method that immobilizes or reduces the ability of a patient or resident to move his or her arms, legs, or head freely.

A restraint can be something as simple as brakes on wheelchairs, rails on bed, or more obvious such as wrist restraints.

If you encounter a safety concern with the use of restraints, ensure the safety of the patient or resident first, then contact the nursing caregiver in charge.

Please remember that something as simple as setting the brakes on a patient's wheelchair can be considered a restraint if the patient or resident is unable to remove them themselves.

Support Person



Each patient or resident has the right to identify a support person.

The support person may not necessarily be the same person who helps make medical decisions.

The patient shall have access to the support person at all times.

The name of the designated support person will be documented in the medical record upon admission.

Summary

In an effort to provide comprehensive, quality health care, each patient/resident should be informed of their rights before receiving or discontinuing care.

Patient and Resident Rights

Please record the following number for completion: 498342.

CONTINUE

Restraints and Seclusions

Color-Coded Patient Wrist Bands

The color-coded alert system is meant to designate certain medical conditions consistently throughout Monument Health facilities, thereby communicating patient/resident safety risks to all caregivers and providers.

Please review the chart below to familiarize yourself with the wrist band colors and what they mean.

County Mental Hold	Green
Fall Risk	Yellow
Restricted Extremity	Pink

Patient and Resident Rights

Each patient or resident has the right to receive care in a safe setting. The safety of the patient, resident, caregiver, or others is the basis for initiating and discontinuing the use of restraints or seclusion.

All patients and residents have the right to be free from restraints or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by caregivers.

Restraints or seclusion may only be imposed to ensure the immediate physical safety of the patient/resident, a caregiver, or others and must be discontinued at the earliest possible time.

These rights apply to all patients or residents, regardless of age, in all hospitals and long-term care facilities.

Decision to Use Restraints or Seclusion



The decision to use restraints or seclusion is not driven by diagnosis, but by comprehensive individualized patient or resident assessment.

This assessment is used to determine the least restrictive measures to maintain patient/resident safety.

This assessment also determines if the use of less restrictive measures poses a greater risk than the use of restraints.

The assessment also includes a physical assessment to identify any underlying medical problems that may be causing the behavior changes in the patient/resident.

- Temperature elevations
- Hypoxia
- Hypoglycemia
- Drug interactions or drug side effects

For residents of long-term care healing environments, the assessment must consider attaining or maintaining the resident's highest practical level of physical and psychosocial well-being.

Discontinue the Use of Restraints or Seclusion

Caregivers must assess and monitor a patient's or resident's condition on an ongoing basis to ensure that the patient is released from restraint or seclusion at the earliest possible time.

Restraint or seclusion may only be used while an unsafe situation continues.

Once an unsafe situation ends, the use of restraint or seclusion should be discontinued.

The decision to discontinue the restraint or seclusion should be based on whether the need for restraint or seclusion is no longer present.

Additionally, can the patient's/resident's needs be addressed using a less restrictive method, such as modifying the environment or care routine?



What Is a Physical Restraint?

Any manual method, physical or mechanical device, material or equipment, attached or adjacent to the body, that immobilizes or reduces the ability of a patient or resident to move his or her arms, legs, or head freely.

If the individual cannot remove the device easily and it restricts freedom of movement or normal access to one's body, it is a restraint.

Example of a Physical Restraint

What Is a Chemical Restraint?

A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's/resident's freedom of movement and is not a standard treatment or dosage for the patient's/resident's medical condition.

This definition is not intended to interfere with the appropriate use of medications to treat serious mental illness or medical conditions such as insomnia or anxiety.

A patient with wrist restraints that are attached to their bed is an obvious example of a restraint.

Bed side-rails can also be a restraint if they are used to prevent the patient from voluntarily getting out of bed.

In long-term care, bed side-rails are prohibited unless they are necessary to treat a resident's medical symptoms.

Example of a Chemical Restraint

A patient is suffering from alcohol withdrawal and becomes violent and aggressive.

Caregivers use a medication ordered by a physician to treat symptoms of alcohol (ETOH) withdrawal.

This is **NOT** a chemical restraint but a standard treatment for alcohol withdrawal.

What Is a Medical Protective Device?

Devices that immobilize but are usual, customary, and necessary for a procedure or treatment are **NOT** considered restraints. Examples include:

1

IV arm board to stabilize an IV, unless it is tied down or attached to a bed.

2

Mechanical support to achieve proper body position, balance, or alignment such as leg braces, head, or neck braces.

3

Positioning or securing devices such as those used to maintain position during MRI, CT scan, or surgery.

4

Recovery from anesthesia is considered part of the surgical procedure; therefore, medically necessary restraints and do not require monitoring.

5

Enclosed framed wheeled walkers with or without a posterior seat are not restraints unless the patient/resident cannot easily open the gate and exit the device.

Examples Of Medical Protective Devices

1

Age or developmentally appropriate safety interventions

2

Bedside rails used to keep the patient/resident from voluntarily getting out of bed are considered restraints

Remember that regular use of restraints is not part of a falls prevention program.

What Is Intent to Use?

If the device or drug is used to restrict the freedom of movement of a patient/resident, it may be a restraint. This is true if:

- patient/resident cannot easily remove the device
- the drug used is not a standard treatment or dose

What Are Law Enforcement Restraints?



The use of these devices are not considered safe, appropriate health care restraint interventions for use by caregivers. Law enforcement officers are responsible for the use of these restraints.

The use of handcuffs, manacles, shackles, or other chain-type devices applied by non-facility employed or contracted law enforcement officials for custody, detention, and public safety reasons are **NOT** restraints governed by Centers for Medicare/Medicaid Services rules.

Caregivers are still responsible for appropriate assessment and care of the prisoner.

What Is Seclusion?

The involuntary confinement of a patient/resident alone in a room or area from which the person is physically prevented from leaving.

Seclusion may only be used for the management of violent or self-destructive behavior.



What Is Not Seclusion?

A physically restrained patient/resident alone in an unlocked room does not constitute seclusion.

Confinement on a locked unit or ward where the patient/resident is with others does not constitute seclusion.

How and Why to Use Restraints

Restraints may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, resident, caregivers, or others from harm.

For Long-Term Care Residents

- Restraints may be used to permit medical treatment to proceed unless the resident has previously made a valid refusal of the treatment.
- If unanticipated violent behavior places him/her in danger, they do not have the right to refuse the use of restraints.
- The use of restraints must be a part of the care planning discussed with the resident or their legal representative.

Orders for Restraints

Orders for restraints may never be written as pro re nata (PRN) orders or standing orders!

For Long-Term Care:

A physician's order must be present reflecting the medical condition requiring restraints.

The Centers for Medicare/Medicaid Services (CMS) will hold the healing environment ultimately responsible for the appropriate use of restraints.

Use of Restraints for Violent or Self-Destructive Behavior

Document the use of restraints for violent or self-destructive behavior in Acute Care.

When a restraint or seclusion is used for the management of violent or self-destructive behavior jeopardizing the immediate physical safety of the patient, caregivers, or others, the patient must be seen face-to-face within one hour of the intervention by a physician, PA, or RN with training in restraint use.

Caregiver must evaluate the following items during their assessment:

- 1 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 the restraint

While the patient is restrained, the assessment must include behavior, fluids, toileting, circulation, and range of motion (ROM) to extremity and to determine if the restraints can be removed.

Documenting Use of Restraints for Violent or Self-Destructive Behavior

In Acute Care, documentation must include:

- one hour evaluation
- description of behavior and intervention used
- alternatives or less restrictive interventions attempted
- patient's condition or symptom
- patient's response to interventions used/rationale for intervention

Use of Restraints for Unanticipated Violent or Aggressive Behavior



Restraints may be used, as a measure of last resort, if the behavior places the resident or others in imminent danger.

Use of Restraints for Non-Violent or Non-Self Destructive Behavior

To use restraints in the Acute Care setting, the following must be in place:

- A physician's order, unless applied in an emergency situation. An order must then be obtained immediately after placing the restraints. The time limits for the renewal of orders are dependent on healing environment policy.
- Assessment for behavior, toileting, fluids, circulation, and ROM of the extremity, as well as a determination if the restraint can be removed, must take place. Assessment frequency is dependent on patient status and healing environment policy.
- Documentation must include a description of the patient's behavior, the intervention used, alternatives or less restrictive interventions attempted, the condition that warranted the use of restraints, and the patient's response to the interventions used including the rationale for the use of the intervention.

In Long-Term Care the use of restraints is identified on each resident's care plan and must include:

- medical symptoms that warrant a need for restraint
- type of restraint to be used
- reason for the use of the restraint
- when the restraint is to be used

Residents who are restrained will be given position changes and motion no less than every two hours.

Careful observation of any resident in a restraint is required of all direct caregivers!

Continued use of a resident's restraints will be evaluated quarterly and as needed by the interdisciplinary teams utilizing a physical restraint. A Reduction/Elimination Assessment will be placed in the resident's medical record.

Use of Restraints Examples

John Doe, age 24, with a history of drug abuse presents to the Emergency Department after a motor vehicle accident. He is yelling obscenities and threatening violence. After the physician assesses him for injuries, he tries to strike the physician. Attempts are made to calm him with de-escalation techniques and security is called, but he is still violent.

- Restraints are appropriate in this situation only when other less restrictive attempts to keep the patient and caregivers safe have failed. The physician must perform a face-to-face evaluation of the patient within one hour of placing restraints on this patient and the order must be renewed every four hours for no more than 24 hours total.
- Assessment must be based on patient status and healing environment policy but must include continuous monitoring of the patient's status and include behavior, circulation, respirations, skin integrity, or other parameters. Documentation must include behavior that required restraints, type of restraint used, alternatives attempted, and the patient's response to the restraints.
- Once the unsafe situation ceases the restraints must be removed.

Bob, age 22, is a resident of a long-term care healing environment. Bob is wheelchair-bound but can feed himself. When he is taken to the dining room for meals, he is accompanied by caregivers and placed at his table in his wheelchair. The wheelchair is pushed up to the table and the wheels are locked.

- The wheelchair placed up to the table with the wheels locked is considered a restraint unless Bob can unlock the wheels or move the chair himself. A resident is never to be left unattended in this situation and the wheels are never locked in this situation.
- Bob should be monitored closely while in this situation as he may require rescue if the situation becomes unsafe (i.e. he slips down in the chair and his breathing becomes restricted.)
- Any restriction of the freedom of movement which a resident cannot easily remove without assistance is a restraint.

Use of Restraints

Patients and residents of any age have the right to be free from restraints in all settings.

If restraints are used to manage violent or self-destructive behavior, there must be careful management of the patient/resident, including ongoing monitoring and assessment.

If restraints are used to manage non-violent or non-self destructive behavior, ongoing monitoring and assessment are still necessary.

The use of restraints or seclusion is appropriate to provide a safe care environment, but only while an unsafe situation exists.

They should be discontinued as soon as the unsafe situation or medical symptom ends.

Restraints and Seclusions Completion

Please record the following number for completion: 974621.

CONTINUE

Nutrition and Hydration

Nutrition, Hydration, and Dietary Assistance

The facility must ensure that each patient/resident:

- maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless their clinical condition demonstrates that this is not possible;
- is offered sufficient fluid intake to maintain proper hydration and health; and
- is offered a therapeutic diet when there is a nutritional problem and the healthcare provider orders the therapeutic diet.

Objectives

Upon completion the participant will be able to:

- identify signs of nutritional and hydration problems
- identify signs/symptoms of malnutrition and dehydration
- describe factors that may result in unintended weight loss
- recognize and report changes
- recognize steps that caregivers can take to help improve nutrition and hydration

Clinical Problems Linked to Nutrition

Nutrition is an important focus to provide quality care in acute, rehabilitation, and long-term care settings.

Optimal health and/or healing for patients/residents relies on good nutrition and adequate hydration.

Clinical problems could include:

- obesity
- diabetes
- cardiovascular disease
- cancers
- gout
- respiratory ailments
- inflammatory bowel disease
- drug–nutrient interactions
- mechanical swallowing difficulties requiring diet modification
- food intolerance/allergy immunoglobulin adverse reactions to food

Identifying Nutritional Problems

1

Aging increases the risk of malnutrition

2

Body functions slow as part of the aging process

3

Loss of vision

- 4 Weakened sense of smell and taste
- 5 Decreased saliva production
- 6 Dentures, tooth loss, or poor dental health
- 7 Slower digestion
- 8 Loss of independence/Physical limitations
- 9 Chronic disease processes
- 10 Unexplained weight loss

Malnutrition

Definition: Any disease-promoting condition due to either an inadequate or an excessive exposure to nutrients.

Common causes include:

- inadequate calorie consumption
- inadequate intake of essential vitamins/minerals
- improper absorption/distribution of foods
- overeating
- intoxication/drug abuse

Malnutrition signs include:

- poor appetite
- brittle nails
- depression

- dry hair or skin
- increased irritability
- lack of energy
- poor concentration
- sores around the mouth

Malnutrition possible outcomes include:

- confusion and memory loss
- weakness and increased risk for falls
- inability to fight off or recover from illness
- loss of muscle mass
- skin issues
- impairment of organ function
- anemia and other abnormal lab values
- death

Hydration

Hydration is the process by which the correct water ratio is maintained within the body.





Dehydration

Definition: The clinical consequences of negative fluid balance.

Dehydration is caused by low fluid intake, high fluid loss, or a combination of both.

Dehydration is classified as:

- Hypotonic – salt-loss
- Hypertonic – water-loss
- Isotonic – salt-water loss is equal

Dehydration signs and symptoms include:

- rapid weight loss
- weak/rapid pulse
- dry mucous membranes
- dry tongue
- reduced axillary sweat
- reduced skin turgor
- slow capillary refill
- sunken eyes
- upper-body muscle weakness
- confusion
- speech difficulty
- reduced urine output
- increased urine concentration

Possible dehydration outcomes include:

- confusion and disorientation
- abnormal vital signs
- urinary tract infections
- skin pressure injuries
- pneumonia
- death

Unintended Weight Loss

- Serious problem for the elderly.
- Can be an indication of a serious medical condition.
- Can lead to increased weakness and frequent falls.
- Can lead to skin breakdown.
- Residents with certain diseases are at higher risk.
- Accurate weights are essential and must be done weekly or as specified in Physician orders.

Improving Nutrition and Hydration

- Be aware and report change
 - report difficulty swallowing
- Recognize and follow special diets
 - National Dysphagia Diets
 - thickened liquids (nectar, honey, pudding thick)

- carb counting, cardiac diets, etc.
- Proper positioning
 - get the patient/resident out of bed for meals preferably
 - sit the patient up at 90 degrees
- Encourage adequate fluid intake
 - offer fluids frequently with cares and activities
- Assist patients/residents requiring help
 - ensure adequate food and fluid consumption
 - cut foods and pour liquids as needed
- Allow time to complete the meal
 - do not rush the meal – allow the patient/resident to chew and swallow each bite
- Honor food likes and dislikes
 - find alternatives if the patient/resident requests different foods
- Food preparation
 - season food as desired by the patient/resident
 - ensure proper food temperature without touching food
- Use assistive devices
 - consult Occupational and Speech Therapy when needed
- Make eating a sociable event
 - encourage conversation
- Keep noise and distractions to a minimum
- Encourage independence
 - allow patients to feed themselves where able, if needing assistance

- if unable to feed self, allow the patient to choose what food to eat/drink

Reference

Arkansas Innovative Performance Program

Website (HFMC): <https://afmc.org>

Willis, H. (2017). Causes, assessment and treatment of malnutrition in older people. *Nursing Older People* (2014+), 29(2), 20. doi:<http://dx.doi.org.americansentinel.idm.oclc.org/10.7748/nop.2017.e883>

Venes, D. (2013) *Taber's cyclopedia medical dictionary*.

Schub, T. & Oji, O. (2018) *Hydration: Maintaining oral hydration in older adults*. CINAHL Nursing Guide.

Hedman, S., Fuzy, J., & Rymer, S. (2013) *Hartman's nursing assistant care: Long-term care and home care*. Albuquerque, NM: Hartman Publishing

Nutrition and Hydration Completion

Please record the following number for completion: 732158.

CONTINUE


Caring for Patients With Unique Needs

Patient-Centered

For people using healthcare services, it is important to remember that being treated as an individual is an essential component of their whole experience and in retaining their dignity during what may be a stressful situation.

There Are Many Factors That Make Each Patient Unique

- 1 Medical diagnosis (chronic or acute)
- 2 Age
- 3 Gender
- 4 Religion
- 5 Race
- 6 Physical or learning disabilities – ability to make their own healthcare decisions
- 7 Communication concerns – hearing/vision deficits, ability to speak or understand English
- 8 Individual health beliefs



The key to patient-centered care is to communicate with the patient to identify their unique needs to provide the highest possible quality care.

Getting to Know Your Patient



- All caregivers should introduce themselves when addressing the patient. This includes students who may be observing the caregiver.
- Listen to and address any health beliefs, concerns, and preferences that the patient has. Be aware that these affect how and whether they engage with treatment.
- Avoid making assumptions about the patient based on their appearance or other personal characteristics.
- Treat patients with respect, kindness, dignity, compassion, understanding, courtesy, and honesty.
- Respect the patient's right to confidentiality - clarify who they feel should have access to their healthcare information.

- Do not discuss the patient in their presence without involving them in the discussion.
- Listen to and discuss any fears or concerns the patient has in a non-judgmental and sensitive manner.
- Accept and support that the patient may have different views from healthcare professionals about the balance of risks, benefits, and consequences of treatments. This includes the right to refuse treatments, even if you don't agree.
- Different cultures and religions have specific practices they may follow related to the provision of healthcare. Acquaint yourself with these practices, getting information from reputable sources of information.

Communication

Communication is probably the biggest tool when providing patient care.

- Ensure that the environment is conducive to discussion and that the patient's privacy is respected, particularly when discussing sensitive, personal issues.
- Maximize patient participation in communication, for example:
 - maintaining eye contact with the patient (if culturally appropriate)
 - positioning yourself at the same level as the patient
 - ensuring that the patient is appropriately covered (if applicable)
- Ask the patient how they wish to be addressed and ensure that their choice is respected and used.
- Establish the most effective way of communicating with each patient and explore ways to improve communication. Examples include using pictures, symbols, large print, Braille, different languages, sign language or communications aids, or involving an interpreter, a patient advocate, or family members.
- Avoid using jargon. Use words the patient will understand, define unfamiliar words, and confirm understanding by asking questions.
- Use open-ended questions to encourage discussion.

Take Your Time!



Finding out what your patient's needs and beliefs are can make caring for them less stressful for all parties involved. Take time to identify the factors that could affect the patient's ability to make informed healthcare decisions. Understanding and accepting their views and beliefs will assist in providing better quality of care while preserving the rights of the patient.

Caring for Patients with Unique Needs Completion

Please record the following number for completion: 243654.

CONTINUE

First Aid

Positional Asphyxia

This may occur when a patient's position prevents them from breathing adequately while in restraints. The patient will be positioned in such a way to provide adequate respiratory function.

Action if respiratory status is compromised.

- 1 Stay calm and call for help.
- 2 Initiate Rapid Response Team (RRT) or Code Blue.
- 3 Reposition the patient if you are able.
- 4 If the patient is in restraints, remove the restraint if safe to do so or wait for help.

- To prevent complications include proper positioning.
- Consider medical conditions such as obesity, chronic respiratory conditions, cardiac conditions, trauma, etc.

Attempted Hanging

Action if hanging is attempted:

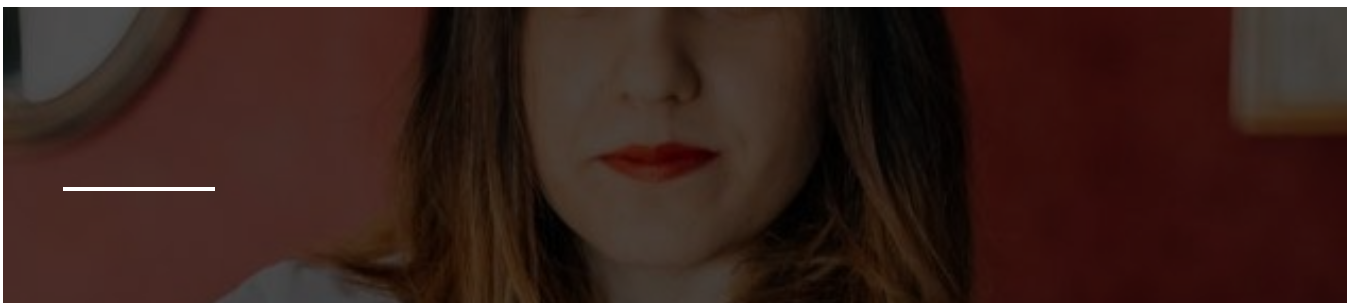
- 1 Stay calm and call for help; utilize the call button if available.
- 2 Initiate Rapid Response Team (RRT) or Code Blue if the patient is unresponsive.
- 3 Attempt to remove the patient from the hanging position. You may need to wait for help from additional assistance.
- 4 Attempt to remove noose from neck. Use scissors if necessary and available.

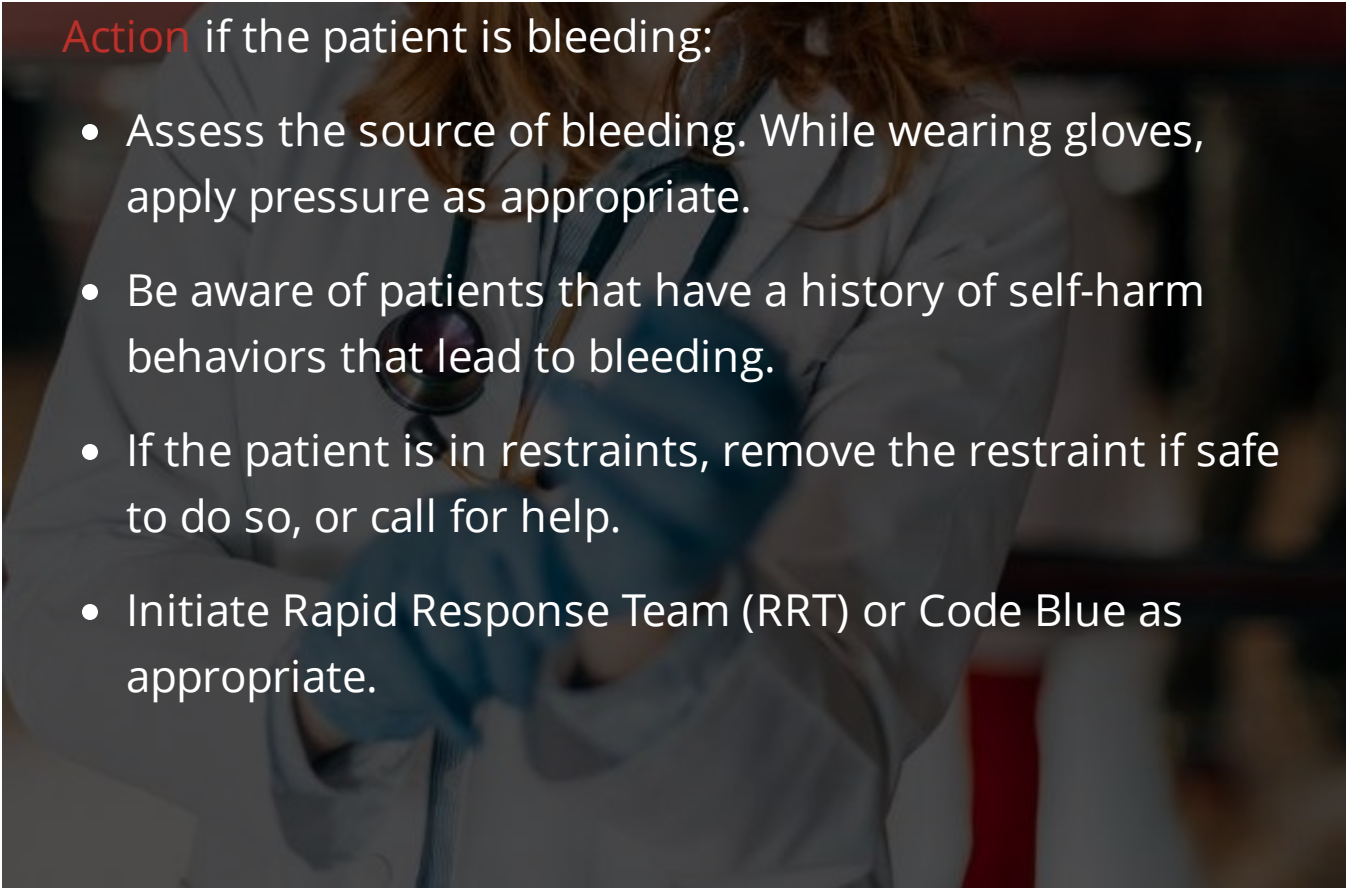
Choking

Action if the patient is choking:

- 1 If in restraints, remove the restraints if safe to do so or wait for help.
- 2 Assess airway; initiate appropriate intervention such as abdominal thrust.
- 3 Initiate Rapid Response Team (RRT) or Code Blue as appropriate.

Bleeding





Action if the patient is bleeding:

- Assess the source of bleeding. While wearing gloves, apply pressure as appropriate.
- Be aware of patients that have a history of self-harm behaviors that lead to bleeding.
- If the patient is in restraints, remove the restraint if safe to do so, or call for help.
- Initiate Rapid Response Team (RRT) or Code Blue as appropriate.

Seizures

Action if the patient is having a seizure:

- 1 Stay calm and call for help.
- 2 To prevent injury, clear the area around the patient of anything hard or sharp.
- 3 Stay with the patient. Ensure the patient is in a safe position so they are not hitting their head.
- 4 Ease the patient to the floor if possible or wait for help.

First Aid Reminders

If there is not an RN present when the medical emergency occurs, please notify the RN immediately.

In any situation, if a patient becomes unresponsive, initiate CPR and the Rapid Response Team (RRT) or Code Blue process.

Obtaining a set of vital signs in any medical situation is recommended.

First Aid Completion

Please record the following number for completion: 487954.

CONTINUE

MRI Suitability for Employees and Guests

Objectives

By the end of this lesson, learners will be able to recognize the importance of MRI safety. During the lesson learners will:

- identify what an MRI scanner is
- identify what the missile affect in MRI is
- identify ways to prevent the missile effect
- recognize MRI safety zones
- recognize employee MRI screening

What Is MRI?

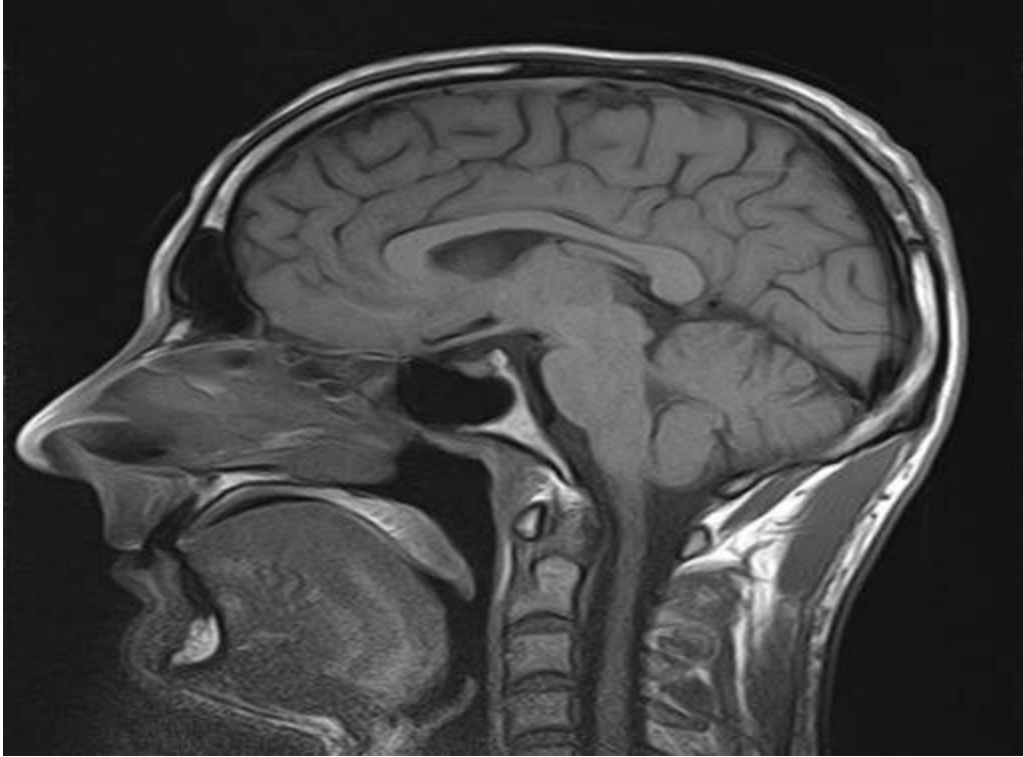


Image of an MRI

MRI stands for **Magnetic Resonance Imaging**.



MRI machine

An MRI machine takes images of the body using a powerful magnet and radiofrequency.

Hidden Danger

What are the hazards in the MRI?

The powerful MRI magnet is **always** on!

Click on each of the + markers in the image below to learn more.





Danger

Any metallic object, including medical devices, present a danger!



Danger

Dangers arise when a metallic item is brought into the MRI scanner. The item becomes a projectile that flies to the center of the MRI scanner with deadly force!

Why Is the MRI so Dangerous?



The MRI scanners at Rapid City Hospital are 1.5 tesla in strength.



A 1.0 tesla strength crane is strong enough to pick up junk cars.

Left Image - MRI scanner; Right Image - Crane lifting car

The MRI scanner magnet is stronger than a crane.

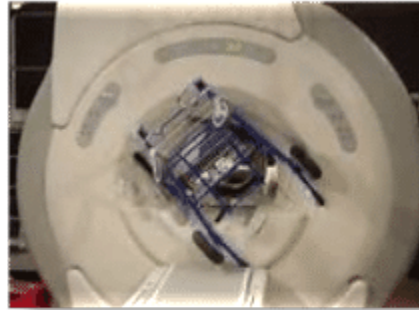
The Magnet Is Always On

Accidents happen when people assume the magnet is off and bring a metal item into the room, or when they are unaware of metal being brought into the room, such as metal items in someone's pockets.

The magnet in MRI scanners is **ALWAYS ON**; whether it be day, night, weekend, holiday etc.



The Missile Effect

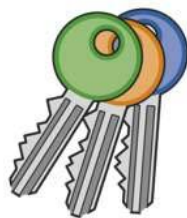


Metal object in MRI scanner

The closer a metal object comes to the magnet, the more powerful the force is.

The metal object becomes a projectile that may fly through the air at 45 MPH with deadly force, harming anyone in its path.

A few examples of items that may become deadly projectiles in the MRI scanner are shown below.



Cell phone, keys, wheelchair, oxygen tank, stethoscope, scissors, IV pole



Patient bed stuck in MRI scanner

Don't let this happen to you!

Steps You Can Take to Prevent the Harmful Missile Effect

- Increase your awareness of the dangers in MRI.
- Control access to the MRI area.
- Follow clearance before entrance procedures.

- Screen for metallic implants, metallic foreign body, pregnancy, pacemaker, ICD, and electronically magnetically activated devices.
- Remove all personal metal items such as pagers, cell phones, jewelry, credit cards, keys, etc.

Identifying MRI Safe Items

Items that are safe to go into MRI scanner are items that are nonferrous and not attracted to the powerful magnet used in MRI. The definition of nonferrous is a metal other than iron and alloys that do not contain appreciable amount of iron.

MRI compatible wheelchairs, monitors, and patient gurneys are safe to enter the MRI room.

MRI Safe items are marked with a green **MRI SAFE** label.

Clearly labeled MRI SAFE Items



Clearly labeled MRI SAFE items

Screening Process

To keep our patients and employees safe, MRI staff will screen everyone by asking questions about metal items. Click the link below to view, print and complete the employee screening form.

<http://regionalhealth/rh/university/Resources/Clinical%20Development/MRI%20Suitability%20for%20Employee%20or%20Guest%20004147-20160120.pdf>

The form will ask about these items which are not safe in MRI area.

- Pacemaker/pacing wires
- Cardiac defibrillator
- Aneurysm clip
- Middle ear implants
- Resection clip or swallowed GI pillcam
- Magnetic dental work
- History of metal in your eyes
- Currently pregnant

Turn in all completed forms to MRI Supervisor!

MRI Zones

Our accrediting agencies recommend progressive signage and clearance standards.

Zone 1 – Where general public is

Zone 2 – Where screening process occurs

Zone 3 – MRI Control area where you must have clearance from MRI staff to enter this area

Zone 4 – Where the MRI Scanner is

MRI Access

If you need access to zones 2, 3, or 4, contact the MRI Supervisor. The MRI Supervisor will verify that you have completed the quiz at the end of this training and you will be given the door code which provides access to the MRI.

Summary

- Remember the MRI Scanner is **ALWAYS ON!**
- Increase your awareness of the dangers, such as the missile effect.
- Control access to the MRI area.
- Follow clearance before entrance procedures.
- Screen for metallic implants, metallic foreign body, pregnancy, pacemaker, ICD, and electronically magnetically activated devices.
- Remove all personal metal items such as pagers, cell phones, jewelry, credit cards, etc.

MRI Suitability for Employees and Guests Completion

Please record the following number for completion: 897624.

CONTINUE

