2016 DOWNEY SPECIFIC SAFETY TRAINING
Part III

Part 3 – Annual Downey Specific Training Addendum

Topics
• Abuse Reporting
• Hand Hygiene
• Personal Protective Equipment
• Infection Prevention Bundles
• Providing a Clean Environment
• Ebola
• Respiratory Etiquette
• Influenza Prevention
• Facility Surge Plan
• Chemical Spill Response
ABUSE REPORTING

Annual Training
Child Abuse
Elder/Dependent Adult Abuse
Victims of Crime (including IPV/Domestic Violence)

POP QUIZ #1

Are we required to investigate and prove that abuse has occurred before making a report?

YES  NO
Reasonable suspicion exists when the facts presented would cause a reasonable person with similar training and experience to suspect abuse.

**SCREENING FOR ABUSE**

- Physical Injuries - any injuries or symptoms which are inconsistent or incompatible with the explanation given or the illness
- Signs of neglect or self neglect (such as poor hygiene or nutrition)
- Statement from patient that he/she has been abused.
STATUTORY DUTY TO REPORT

The California Penal Code imposes a duty on hospital staff and physicians to make both oral and written reports within specified time frames for suspected victims of:

- **Child Abuse**: Includes physical, neglect, emotional, sexual

- **Injury Caused By Weapons, Assault Or Abuse**: Includes minors witnessing Domestic Violence/Intimate Partner Violence and Rape

- **Elder/Dependent Adult Abuse**: Includes physical, neglect/self neglect, emotional, financial

*Failure to report is a misdemeanor punishable by up to 6 months in jail or by a fine up to $1000 or both.

WHO MUST REPORT (MANDATED REPORTERS)

Reports are required by health practitioners employed in a health facility or by a physician taking care of an injured patient
IMMUNITY FROM LIABILITY

Health practitioners who make a report of injury or abuse according to the law do not incur civil or criminal liability as a result of either:

- making the report
  
  or
  
- providing access to the victim at the request of protective services or law enforcement

HOW TO REPORT

First, make a telephone call to the appropriate protective agency in the time frame specified (DCFS for child abuse, APS for elder/dependent adult abuse, and the police department in area where incident occurred for intimate partner/domestic violence)

Second, complete the form appropriate to the particular kind of abuse you are reporting and fax or send it in the time frame specified (usually 36 to 48 hours)

The Medical Center Policy (located on MCN) gives you all of the details on how to make a report, including forms and contact numbers.

*Medical social workers are a great resource to help with reporting details
Related Policies and Procedures

- See MCN 8600 series of policies under Medical Center Wide, Social Work Services for other related policies
  - Abuse – Suspected Child Abuse & Neglect Reporting, Maternal Drug Ingestion (Child Abuse)(MCW 8630.00)
  - Elder Abuse and/or Dependent Adult Abuse Reporting (MCW 8632.00)
  - Abuse – Victims of Crime/Intimate Partner Violence (MCW 8638.00)

- Child Abuse, Sexual Assault and/or Neglect: Management, Treatment and Reporting of (Er 2970)

- Patient Rights: Protection from Abuse, Neglect, Harassment (SCR.QRM.PCS.004)
What do you do if a woman shows you bruises where her husband hit her, but she doesn’t want the police to be called?

ANSWER

IT DEPENDS...

Is the patient currently being treated for the bruising or injury?

If MD/RN is treating patient for injuries related to a domestic violence incident, then yes, a report MUST be filed even if patient does not want the incident reported.

If MD/RN is treating patient for condition not related to domestic violence, then the MD/RN is not mandated to report, but can report if patient agrees.

If a child witnesses a domestic violence incident, a report MUST be filed.
CONFIDENTIALITY

- Reports required by law must be kept confidential and disclosed only as required for investigation or enforcement of the law.

- The person accused of inflicting the injury shall not be allowed access to the injured person. Neither physician-patient privilege nor psychotherapist-patient privilege applies to the required report information.

Verbal Threats to harm self or others...

When a patient discloses that he or she has intentions to harm himself or someone else what do you do?
ANSWER

- Do not allow the patient to leave.
- Consider calling security to have on standby: “Dr. Green”.
- Immediately inform the DA, physician, and contact social worker for further risk assessment.
- If the patient leaves without risk assessment, escalate to DA or Supervisor, notify security and consider contacting PD for welfare check.

Event Related Sterility

Items sterilized by Sterile Processing and Operating Room are considered sterile unless there is some indication that the integrity of the package has been compromised. A package that is clean, dry and intact will remain sterile indefinitely (no expiration date).

A package that becomes wet, torn, has a broken seal, has extended exposure to sunlight or heat, or is damaged in any way must not be used.
HAND HYGIENE

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Hand hygiene: The most effective prevention to the spread of disease

Hand washing consists of soap, water and friction for 15 seconds (away from water)

- when hands are visibly soiled, before eating and after using the bathroom.

Alcohol gel or foam is effective for hand hygiene when hands are not visibly soiled. Use a full pump and rub in completely until dry.

Hands must be washed with soap and water after 5-10 uses of the alcohol foam or gel or when visibly soiled or when caring for a patient with Clostridium difficile (C. diff) active infection or before eating or handling food.

Any time your patient has diarrhea, wash your hands with soap and water instead of using alcohol foam/gel.
Hand Hygiene Program

- World Health Organization’s 5 Moments of Hand Hygiene
- Performing hand hygiene each time you enter and exit the patient's room
- Narrate your hand hygiene to the patient and their visitors
- Easy access to alcohol foam/gel dispensers through the hospital and clinics and on the respiratory etiquette stands at hospital/clinic entrances, elevators and lobbies
- Patient surveys on staff hand hygiene performance post discharge (hospital)

Hand Hygiene

How to Handwash?

1. Wet hands with water
2. Apply enough soap to cover all hands
3. Rub hands palm to palm
4. Rub between fingers
5. Rub around fingers
6. Rub back of hands
7. Rub between thumbs and fingers
8. Turn under nails with fingers
9. Use towel to turn off faucet

Duration of the handwash (steps 2-7): 15-20 seconds
Duration of the entire procedure: 40-60 seconds

How to Handrub?

1. Apply a small amount of product on a cupped hand, covering all surfaces
2. Rub hands palm to palm
3. Rub back of hands
4. Rub between fingers
5. Rub between thumbs and fingers
6. Rub between fingers and thumb
7. Rub around fingers
8. Rub between fingers
9. Use towel to dry hands

Duration of the entire procedure: 20-30 seconds
5 MOMENTS OF HAND HYGIENE

At KP Downey Medical Center, we follow the World Health Organization's 5 MOMENTS OF HAND HYGIENE. This serves as a guideline for when hand hygiene is required, to keep yourself safe and your patient safe.

1. BEFORE TOUCHING A PATIENT
2. BEFORE CLEAN/SEPTIC PROCEDURE
3. AFTER HAVING FLUID EXPOSURE
4. AFTER TOUCHING A PATIENT
5. AFTER TOUCHING PATIENT SURROUNDINGS
PERSONAL PROTECTIVE EQUIPMENT

Annual Training

Standard Precautions

We can not always tell that our patients have infectious diseases. For this reason, we follow Standard Precautions. Standard Precautions are simple infection prevention measures used by ALL healthcare workers during ALL care with ALL patients. These precautions emphasize the need to treat ALL blood and body substances from ALL patients as potentially infectious.

Standard Precautions are required by California Occupational Safety and Health Administration (Cal-OSHA) and recommended by the Centers for Disease Control and Prevention (CDC). They are designed to reduce the risk of transmission of germs from both recognized and unrecognized sources of infection in our work setting.
Personal Protective Equipment (PPE)

- Appropriate barrier garments, called Personal Protective Equipment (PPE), such as gloves, masks / eye and face protection, and gowns / aprons, must be used to prevent skin or mucous membrane exposure to blood or other body substances of ANY patient, regardless of whether the patient has signs or symptoms of infection.

- PPE place a barrier between you and the blood or body fluid.

- The PPE must be removed when finished with care at the patient’s bedside or replaced when moving from contaminated to clean parts of the patient’s body.

- Remove PPE before exiting the patient’s room and perform hand hygiene after removing PPE.

PPE – Glove Use

Wear Gloves when:
- Your hands have open cuts or abrasions
- Performing venipuncture and other vascular access procedures (e.g. starting IVs)
- Anticipating contact with patient’s mucous membranes, non-intact skin or moist body substances (e.g. blood, wound drainage, vaginal secretions, amniotic fluid, oral secretions, sputum, urine, feces)
- Handling items or surfaces soiled with blood or body substances (e.g. handling the placenta or the infant before the first bath and during care of the umbilical cord)

DO NOT Wear Gloves:
- In the hallways, while gathering supplies before going into the patient’s room, while transporting patients (only under specific circumstances), while ambulating patients outside of their room.
- When pushing carts, containers, beds, gurneys, wheelchairs, etc down the hallway. Disinfect those surfaces and push them without gloves.

Gloves are not a substitute for hand hygiene. Gloves do not need to be worn for all patient contact. If you are touching dry, intact skin, gloves do not need to be worn unless the patient is in Transmission Based Precautions.

IMPORTANT:
After glove removal, perform HAND HYGIENE

Kaiser Permanente®
Mask and Protective Eyewear

A mask, in combination with eye protection, should be worn during procedures likely to generate splashes, sprays, splatter or droplets of blood and other body fluids. A mask prevents exposure to your mouth and nose while eye protection prevents exposure to your eyes.

Patient care providers need to be fit tested for and wear an N95 respirator when providing care for a known or suspected TB or suspected TB or other ATD patient.

A PAPR (Powered Air Purifying Respirator) needs to be worn if performing aerosol generating procedures on known TB or suspected TB or other ATD patients.

Protective eyewear includes goggles, full-face shields, masks with shields, and glasses with solid side shields. Reusable eyewear or face shields given to health care workers should be decontaminated with soap and water and wiped with an appropriate disinfectant per manufacturer recommendation.

PPE - Gowns and Apron

Fluid-resistant gowns or aprons should be worn during procedures likely to generate splashes, sprays, spatter droplets (e.g. surgical, labor and delivery, cardiac lab procedures, hemodialysis, radiology procedures) and when caring for a patient in Contact or Contact Plus Precautions.
Additional Measures

- Engineering Controls and Work Place Controls are additional measures which create a barrier between you and the bloodborne pathogens. They reduce the likelihood of occupational exposure:
  - Examples are sharps disposal containers, safety-engineered sharps, Ambu bag, Resuscitator Device, mouthpiece and other ventilation devices used during CPR and in Negative Pressure rooms.
- Work Practice Controls reduce the risk of exposure by the precautions taken when a task is performed. Examples include hand washing, the use of PPE while cleaning used instruments, wearing gloves when drawing blood and starting IVs, emptying Foley catheters, safe injection practice and prohibiting recapping of needles by a two-handed technique.
INFECTION PREVENTION BUNDLES

Annual Training

Infection Prevention Bundles in the Hospital

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes.

http://www.ihi.org/resources/Pages/ImprovementStories/WhatsABundle.aspx

Clostridium difficile Bundle

- Collect and send stool specimen for C. difficile testing from patients with at least 3 loose/liquid stools in any 24 hour time period,
- Place patient on Contact Plus isolation
- Wash hands with soap and water for 15 seconds when exiting patient room,
- Disinfect shared equipment with bleach
CAUTI AND CLABSI BUNDLES

Catheter Associated Urinary Tract Infection (CAUTI) Bundle [Nail It!]:
- Daily Necessity – Get it out!
- Document daily catheter care
- Appropriate technique and keep system sterile
- Make sure there is doctor’s order for the catheter

Central-line Associated Bloodstream Infection (CLABSI) Bundle [Nail It!]:
- CHG cloth
- daily bathing
- Alcohol caps on all hubs
- 2 person dressing change
- Clean hands

MORE BUNDLES

Ventilator Associated Pneumonia (VAP) Bundle
- D/C vent ASAP, keep head of bed between 30-45 degree angle, daily oral care

Surgical Site infections (SSI) Bundle:
- At home the night before hip, knee or colorectal surgery patients clean skin with chlorhexidine wipes
PROVIDING A CLEAN ENVIRONMENT

Annual Training

Good Hand Hygiene + Environmental Cleaning = Patient Safety

Why it’s important:
A clean patient care environment is important for patient safety and infection prevention. The environment in which patients receive medical and nursing care can be a source of indirect transmission of a variety of significant organisms including *Clostridium difficile* and other Multi-Drug Resistant Organisms (MDRO). Objects in the patient care areas that could be a cause of indirect transmission include:

- Furniture in procedure rooms or exam rooms (e.g. exam tables, mayo stand, counter tops)
- Equipment that frequently moves from patient to patient (e.g. electronic thermometers, IV poles, blood pressure cuffs, glucometers)
Keep your environment clean

- Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens; particularly high-touch surfaces (notice the red X on the pictures).
- Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with the approved disinfectant.
- Disinfection is accomplished by applying a disinfectant and allowing the disinfectant to remain wet on the surface per the product label.
- Gross soiling needs to be removed prior to applying disinfectant to the surface, otherwise any remaining organic material may reduce or nullify the disinfectant’s “kill” power.

Contact times for various cleaning/disinfecting agents

Keeping the patient’s environment clean is everyone’s job. It takes a strong and active effort by all individuals in the healthcare setting to provide a safe and clean environment.

**KILL TIME (CONTACT TIME):**
Estimated time to neutralize an organism

ITEM MUST BE WET FOR THE SPECIFIED AMOUNT OF TIME (per the manufacturer)

- Sani-Cloth: 3 minute contact time
- Clorox Bleach Wipes: 3 minute contact time
- CAVI Wipes: 3 minute contact time
- Oxycide: 5 minute contact time (Used by EVS)
# Organism Persistence and Review

<table>
<thead>
<tr>
<th>Organism</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter</td>
<td>3 days-5 mos</td>
</tr>
<tr>
<td>C. difficile</td>
<td>5 mos</td>
</tr>
<tr>
<td>E. coli</td>
<td>1.5 hr-6 mos</td>
</tr>
<tr>
<td>VRE</td>
<td>5 days-4 mos</td>
</tr>
<tr>
<td>Influenza</td>
<td>1-2 days</td>
</tr>
<tr>
<td>MRSA</td>
<td>7 days-7 mos</td>
</tr>
</tbody>
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## In Review:
- How often should procedure / exam room be cleaned? Between every patient
- When should the glucometers be disinfected and how? Between every patient with disinfectant wipe
- What disinfectant do you use for C. difficile patients? Bleach (except for EVS disinfection: Oxycide)
- Cleaning refers to removal of germs on surfaces by what means? Physical action of scrubbing or friction with approved product.
- True or False: EVS does all the cleaning and disinfection of all surfaces? FALSE. Everyone is responsible for maintaining a clean and disinfected environment. If you use it, disinfect it!
EBOLA

Annual Training

Preparation for Ebola and other New Emerging Pathogens

- Ebola is an infectious, often fatal disease that is transmitted to people from wild animals and spread in the human population through human-to-human transmission. Ebola is spread through direct contact (through broken skin or mucous membranes) with:

  - Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola

  - Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola

- Ebola is not spread through the air, water, or food
In 2014 the world experienced the largest Ebola outbreak in history, affected multiple countries in West Africa. Two imported cases and one US acquired case in healthcare workers were reported in the United States. During the outbreak the CDC and partners took aggressive precautions to prevent additional cases in the United States. Strict screening at every healthcare touch point was initiated.

The Ebola outbreak of 2014 is considered over. However, as a precaution for prompt identification of new emerging pathogens that can lead to another outbreak, Kaiser Permanente continues general screening questions to identify recent travel.
RESPIRATORY ETIQUETTE

Annual Training

Respiratory Etiquette Program

Education and supplies should be provided for all patients/members in the Inpatient and Ambulatory setting.

Respiratory Etiquette includes:

- Covering the mouth and nose when coughing and sneezing
- Wearing a standard mask to protect others
- Hand hygiene after coughing or sneezing
- Providing tissues, masks for coughs, and alcohol degermer
- Trash receptacles for used tissues

Cover your cough:

1. Cover your cough. Cover your mouth and nose with a tissue or your elbow when you cough or sneeze, or cough/sneeze into your upper sleeve, not your hands.
2. Wash your hands after coughing or sneezing. Wash your hands with soap and water, or with an alcohol-based hand rub.
3. Trash your used tissue in the waste bin.
INFLUENZA PREVENTION

Annual Training

Influenza Prevention

Influenza is a serious disease that affects all ages of people and is associated with high rates of illness and death. In the United States, an estimated 5% to 15% of the population is affected by the Influenza virus each year.

Symptoms of flu include:
- Fever (mild to severe)
- Muscle aches
- Headache
- Dry cough
- Extreme tiredness
- Runny/Stuffy nose
- Sore throat

Stomach symptoms - nausea, vomiting, and diarrhea - more common in children than adults

Good health habits like covering your cough and washing your hands often can help prevent respiratory illnesses like the flu.
Facts about Influenza

Some people, such as the elderly, young children, and people with certain health conditions, are at high risk for serious flu complications. Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

Flu viruses spread mainly from person to person through coughing or sneezing (respiratory droplets). Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

Facts about Influenza - Continued

The single best way to protect against the flu is to get vaccinated each year. The flu vaccine contains different-influenza virus strains - and it changes each year, based on international surveillance and scientists’ estimations about which types and strains of viruses will circulate in a given year. October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Los Angeles County requires healthcare workers to get an influenza vaccine annually or mask when in patient care areas during influenza season (generally November 1 through March 31).
Facility Surge Plan

Epidemics or other events may create a surge situation. You must know your facility’s procedures under these circumstances, including the plan for:

- Surge receiving and treatment of patients
- Patient isolation procedures
- Surge procedures for handling of specimens, including specimens from persons who may have been contaminated as a result of a release of a biological agent
- How to access supplies needed for the response including PPE and respirators
- Decontamination facilities and procedures
- How to coordinate with emergency response personnel from other agencies

These procedures will be covered during your facility’s disaster drills, which will include a surge scenario at least annually.

Downey’s Emergency Operations Plan (EOP) can be found in MCN. Talk to your Department Manager or contact Environmental, Health & Safety or Infection Prevention for information about the plan.
CHEMICAL SPILL RESPONSE

Annual Training

Chemical Safety

Safety Data Sheets can be found in MCN – Search for “MSDS”

Examples of Chemicals in Health Care
- Formalin
- Chemotherapeutics/Hazardous Drugs
- Isopropyl Alcohol
- Lab Solvents
- Motor/Equipment Oil
- Cleaning Agents (EVS/FANS)

Spill Kits specific for:
- Formalin
- Chemo Spills
- Oils

Chemical Spills
- **Safety** – Be aware of surroundings. Approach with caution.
- **Isolate the area** – Relocate patients/staff and close the door.
- **Notify** – Make proper notifications. Notify Supervisor. Supervisor notifies the Safety Director or the Administrator-on-Call by calling the Hospital Operator.
- **Do not attempt to clean up the spill unless you have the proper spill kit and have been trained.**
- **Do not contact EVS to clean up spills.**
- **If you start to experience symptoms, notify your supervisor right away. Move away from spill area.**

Departments should have appropriate spill kits on hand with staff trained to clean-up small spills.
Congratulations!

You have now completed this module. Please click the 'X' in the upper right hand corner to close this module. Wait for the box on the next window to fill completely green and then you may close that window.

Print your completion certificate from Transcripts and give it to your manager.

Thank you again.

For any additional questions please contact:
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