

UPMC Jameson

GENERAL ORIENTATION HANDBOOK

UPMC Jameson: Organizational Review

Mission, Vision, Values and Performance Management

Our Mission

The mission of UPMC is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research, and education.

Our Vision

UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our employees, patients, members, and community at the center of everything we do and creating a model that ensures that every patient gets the right care, in the right way, at the right time, every time.
- Harnessing our integrated capabilities to deliver both superb state – of – the – art care to our patients and high value to our stakeholders.
- Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment, and cure.
- Fueling the development of new business globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefit of the residents of the region.
- Serving the underserved and disadvantaged and advancing excellence and innovation throughout healthcare.

Our Values

These values and principles guide the health system in achieving its mission and vision:

QUALITY AND SAFETY

We create a safe environment where quality is our guiding principle.

DIGNITY & RESPECT

We treat all individuals with dignity and respect.

CARING & LISTENING

We listen to and care for our patients, our health plan members, our fellow employees, our physicians, and our community.

RESPONSIBILITY & INTEGRITY

We perform our work with the highest levels of responsibility and integrity.

EXCELLENCE & INNOVATION

We think creatively and build excellence into everything we do.

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LIFE SAFETY MANAGEMENT

INTRODUCTION/VALUE STATEMENT:

UPMC Jameson has developed the Life Safety Management Program to protect patients, personnel, visitors, and property from fire and the products of combustion, and to provide the safe use of buildings and grounds. This packet is designed to provide the basic information you should know regarding the Life Safety Management Program. Life Safety Management is part of the JC Standards for the Environment of Care and may be found in Chapter V of the Environment of Care (EOC) Manual.

OBJECTIVES:

After completing this packet, you will know the following:

- ✓ The use and function of the fire alarm system.
- ✓ Procedures to contain smoke and fire.
- ✓ Your responsibility when at the fire's point of origin.
- ✓ Your responsibility when away from the fire's point of origin.
- ✓ Where to obtain department specific fire safety information, including evacuation plans.
- ✓ Definition and purpose of ILSM (Interim Life Safety Measures).

Life Safety

Fires can be devastating to life and property. Knowing what to do in the case of a fire is extremely important in the hospital environment. Not only your own lives, but the lives of patients and visitors rely on quick and responsible actions. The Life Safety Management Program has been prepared to acquaint all Hospital personnel with their individual responsibilities in the event of a fire.

What to do if there is a Fire:

Knowing what to do before a fire occurs will help in eliminating some of the anxiety acquainted with fire response. Here are some basic fire safety points:

- Report **ALL** fires and locations, no matter how minor.
- Keep calm, do not panic or shout. Fear can do more harm than the fire.
- Know where the following are located in your area:
 - *Fire alarm box (pull station)
 - *Fire extinguishers
 - *Next compartment for relocation of patients and staff (next smoke or fire barrier)
 - *Oxygen shut-off valves

CAUTION: After receiving clinical approval, Oxygen should be shut off when it is determined to be an immediate threat to life safety.

- Know the Hospital fire code: "**CODE RED**".

- The person in charge of the department will be in command of the scene pending the arrival of the Fire Response Team and/or the Fire Department.
- Don't use elevators! Use the stairs.
- Do not make unnecessary telephone calls, this only ties up the lines.

Reporting a Fire:

To report a fire, follow these procedures:

- ① Pull the nearest fire alarm box (pull station).
- ② Dial "5222.
- ③ Be sure to give your name, the location and the extent of the fire. This is in addition to pulling the fire alarm.

Use and Function of the Fire Alarm System:

The alarm pull stations are conveniently located on the walls near the exits in every area of the hospital. The following will happen upon activation of the alarm system:

- All fire alarm response systems will be activated. Fire and smoke doors will close to contain fire or smoke.
- The alarm will sound, and the announcement will indicate the location of the fire. (Listings for the bell-codes are located on the walls throughout the hospital).
- The switchboard operator will announce the "**CODE RED**" and the location of the alarm.
- Local fire companies will be alerted via 911.
- All smoke and fire doors will close automatically.
- All personnel will initiate the appropriate fire procedures.

Fire Drills

Fire drills will be conducted at each campus at least once per shift *per quarter*. All personnel are asked to cooperate and conduct themselves as though an actual fire exists.

Fire Response - Point of Origin:

JC Standards require you to be familiar with your responsibilities if you are at the point of origin of a fire. Protecting the safety of patients and fellow workers depends on you knowing the correct procedures. The following procedures have been developed for that purpose:

1. Any patient in immediate danger is removed from the room of fire origin, and all doors to the corridor are closed.
2. The person discovering the fire sounds the alarm or, while removing the patient, assigns a co-worker to sound the alarm. A call to the operator 5222 should also be made simultaneously in order to confirm the location of the fire. This action will notify the fire department alert personnel throughout the hospital
3. Persons are evacuated from the threatened area, if needed. Patients in the immediate area of the fire or in danger should be moved to safety immediately. Begin with any patients in the room containing the fire, then evacuate or remove of patients in the adjacent rooms, continuing until the immediate area is evacuated. Patients should first be evacuated on the

same level behind the nearest smoke or fire door. Vertical evacuation will occur if ordered by the Fire Response Team. And/or the Fire Department.

4. To evacuate the immediate area of the fire, patients confined to bed should be evacuated in the bed, if possible, transferred to a carrier, or carried to safety. Patients able to be moved by wheel chair should be wrapped in a blanket and pushed to safety. Ambulatory patients should be wrapped in a blanket and led to safety. The evacuation of patients in the immediate area of the fire must be done quickly but calmly and does not require the order of the Fire Response Team or Fire Department.
5. Should a fire occur in a patient bed, smother the flames with a pillow or blanket, remove the patient from the bed, then all patients from the room. A hand extinguisher, or even a pitcher of water or wet blanket, can be used to smother small fires (Use caution and common sense in deciding to fight a fire).
6. After the patient(s) has been evacuated from the room, other electrical equipment should be shut off. Oxygen should be shut off if in use after receiving clinical approval. All windows and the doors should be closed.
7. If fire hoses must be used, the fire department will be the only departments authorized to utilize these hoses.
8. Utilities, such as gas, oxygen, and ventilating equipment, are controlled or shut-off. Utility "shut-offs" will be handled by the Maintenance Department. In the case of immediate danger, any employee at the fire's point of origin may shut off the utilities after receiving clinical approval. Be sure to secure patient care!
9. Control of activities is turned over by the Fire Response Team to the fire department upon arrival.

Fire Response - Away From the Point of Origin:

If the fire alarm sounds, and the announcement indicates that the fire is in another department, you still have responsibilities. The following procedures have been developed in compliance with JC Standards under the Environment of Care for response to fires away from point of origin:

- ① Insure the calm and safety of all patients, visitors, staff, etc.
- ② Ask all patients and visitors to remain in their rooms.
- ③ Turn off all unnecessary lighting, electrical appliances, etc.
- ④ All doors and windows must be closed.
- ⑤ Check all ceilings, floors, stairways, etc. for any sign of smoke or fire.
- ⑥ Do not leave your area/floor, unless absolutely necessary, and never go to the scene of the fire, unless directed to do so.

R.A.C.E.:

UPMC Jameson uses the acronym R.A.C.E. to assist employees in remembering the fire policy procedures.

- R** Rescue people in immediate danger.
- A** Pull Alarm (call the operator and confirm location).
- C** Contain fire and smoke by closing all doors.
- E** Extinguish and evacuate (use good judgment).

“No Smoking”

The most common cause of a fire is careless smoking and the careless mishandling of smoking materials. The hospital prohibits the use of smoking materials throughout its buildings and grounds. UPMC Jameson is a non-smoking facility. Employees are not permitted to smoke during their scheduled shift.

Use of Fire Extinguisher

- Before you decide to fight a fire make sure the fire is confined to a small area and that it is not spreading beyond the immediate area.
- **Always** make sure that you have an unobstructed escape route between you and the fire.
- Make sure that you have read the instructions and know how to use the extinguisher. It is reckless to fight a fire under any other circumstances. Instead, leave immediately and close off the area.
- Be sure you have the right type of extinguisher for the fire. The flyer on the next page explains the different types of extinguishers for different types of fires.

Knowing when to fight a fire and what extinguisher to use will not help you if you don't know how to use an extinguisher. UPMC Jameson has adopted the acronym **P.A.S.S.** to help its employees remember the procedure to correctly use a fire extinguisher. Remember to stand 6 to 8 feet away from the fire and follow the four steps of **P.A.S.S.** If the fire does not begin to go out immediately, leave the area.

Pull the pin between the two handles.

Aim at the base of the fire – If you spray the agent directly into fire, the pressure may spread the burning materials.

Squeeze handles together.

Sweep from side to side. Evenly coat entire area of the fire.

Department Specifics:

Every department should supplement this plan with department specific steps and procedures. Evacuation plans should be tailored to the area. If you have any questions, ask your supervisor.

Fire Extinguishers:

Small fires can be contained and extinguished before they can cause damage to persons or property if the right fire extinguisher is used. Fires are rated: A, B, C, or D, depending upon the type of “fuel” that is burning. Fire extinguishers are rated according to the type of fire that they can put out. This information is listed prominently on the extinguisher. Take a moment to

learn the four types of fires so that you'll know which extinguisher to use if you find yourself in a fire emergency.

Fire Extinguisher Codes:

Fire extinguishers come in many varieties – water, carbon dioxide, dry chemical or powder, and liquefied gas. Fire extinguishers are coded to reflect the type of fire they can put out: A (green label), B (red label), C (blue label), D (yellow label). Newer extinguishers have picture codes showing the type of fires they can be used on.

TYPES OF FIRES

Be sure to use the right extinguisher for the type of fire you are confronting. Using the wrong extinguisher can actually make the fire worse.



TYPE A:

Wood, paper, cloth, rubbish



Type B:

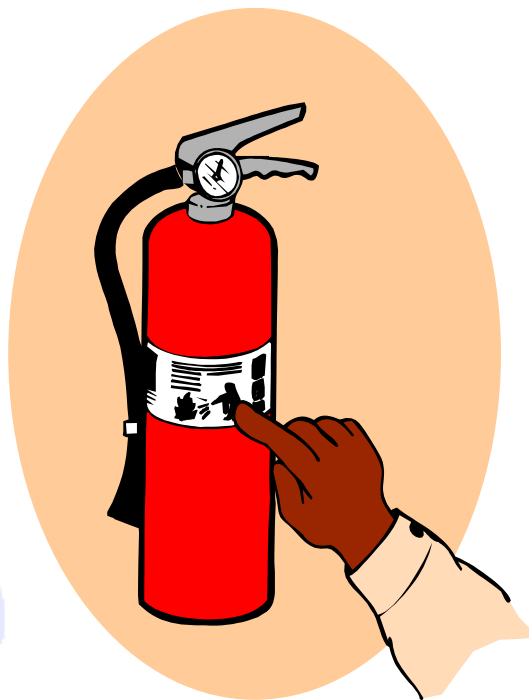
Flammable gas/liquids



Type C:

Electrical Fires

Halon: For electrical fires



TYPE A-B-C:

Wood, paper, cloth, rubbish
Flammable gas/liquids
Electrical fires

TYPE B-C:

Flammable gas/liquids
Electrical fires

Type K:

(For use in kitchen areas)
For grease fires

EMERGENCY MANAGEMENT

INTRODUCTION:

Certain emergency situations and disasters may put a strain on and disrupt UPMC Jameson's ability to provide patient care. This in-service packet is designed to provide necessary information about the hospital's plan for responding to these emergencies. This in-service is one of the requirements under JC Standards for the Environment of Care.

OBJECTIVES:

After completing this packet, you will know the following:

- The hospital's system of emergency "Codes".
- Your role and responsibility during an emergency and where to obtain information specific to your department.
- What back-up communications are used during emergencies.
- How to obtain supplies and equipment during an emergency.

Hospitals must be prepared to respond to a variety of emergency situations. Some emergencies are internal and require specific types of response. Other emergencies are external and may disrupt the hospital in its ability to care for patients within the facility or those that may arrive due to the emergency. An efficient and effective plan of response aids in preparing for such emergencies and reduces the response time. UPMC JAMESON developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency "Codes" with specific responses to specific types of emergencies. Each "Code" will activate an appropriate response to the emergency as needed.

EMERGENCY CODES & CONDITIONS

UPMC Jameson developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency "Codes" and "Conditions" with specific responses to specific types of emergencies. Each "Code" or "Condition" will activate an appropriate response to the emergency as needed.

UPMC JAMESON

EMERGENCY CODES

***FOR EMERGENCIES AND URGENT SITUATIONS, DIAL: "5222"

Fire Safety Program

Rescue anyone in immediate danger

Alarm and call: "5222"

Contain fire, close doors and windows

Extinguish, if possible to do safely before fire department arrives, or evacuate the area

When using Fire Extinguisher remember:

P – Pull

A – Aim

S – Squeeze

S - Sweep

Always know the location of emergency exits

Condition A: Cardiac or respiratory arrest

Condition C: Pre-Code to Condition A

Condition C Stroke: Patient is experiencing signs of a stroke

Condition L: Lost/missing person

Condition O: Obstetric emergency

Code Red: Fire Situation

Heart Alert: Patient with chest pain who may meet criteria for cardiac intervention (Heart Cath)

Sepsis Alert: (Emergency Department Only) Signs/Symptoms of sepsis/severe sepsis identified requiring immediate assessment/treatment by RN/Physician. Lab/Medical Imaging staff will additionally report

Fall Huddle: Post-fall AOD, Quality Nurse, Unit Director/Dept., Supervisor/Designee will respond to further assess situation/identify any opportunities for improvement

Dr. Assist: Lifting/moving assistance needed for a patient

Dr. Cradle: Infant/Child missing or abducted

Dr. Strong: Violent or potentially violent situation with a patient or visitor

Operation Orange: Bomb Threat situation

Signal One: Emergency Department Lock Down

Signal Two: Hospitalwide Lock Down

Ready Alert: Internal or External disaster/all available Department Heads to report to incident command center (Executive Conference Room) to receive debriefing and action plan

Complete Alert: The disaster is large scale and Labor Pool staff is needed

Ready Alert Dr. T: Tornado watch (conditions are favorable for a tornado)

Complete Alert Dr. T: Tornado warning

BRONZE ALERT: Active weapon incident

ALL CLEAR: Resume normal activities

Infection Prevention & Control

OSHA Bloodborne Pathogens

Standard Precautions

OSHA regulations are based on the premise that any person may be unknowingly infected with bloodborne pathogens.

- Treat all body fluids as if they are potentially infectious.
- Take precautions to prevent putting yourself at risk.

I. Needle sticks or Bloodborne Pathogen Exposures (see also OSHA Bloodborne Pathogen-Exposure Control Plan Policy HS-IC0604)

1. Immediately after the exposure, wash the area thoroughly with soap and water. If eyes are involved, irrigate with copious amounts of water. If mouth is involved, rinse mouth with plain water or an appropriate antiseptic mouthwash, if available.

2. The exposed staff member must notify his or her supervisor.

3. Exposures should be evaluated as soon as feasible post-exposure (recommend within 2-4 hours).

4. If the exposure occurs on an off-shift or over the weekend, the staff member can report to the nearest UPMC Emergency Department if other consultation is unavailable (additional support is available on off-hours and weekends through an answering service at (412) 784-7402).

5. Exposed staff members should present with the source patient's name and the name of the source patient's attending physician if available.

6. Appropriate treatment and follow up post-exposure will be coordinated by Employee Health Services. Treatment and follow-up for staff of non-hospital-based entities, may be directed by Employee Health Services to a UPMC primary care physician or affiliate facility if necessary, to accommodate geographic considerations.

7. Staff members must notify UPMC Claims and complete the appropriate work-related information (even if evaluated by employee health and/or the emergency department). Worker's Compensation claims can be reported either by calling 1-800-633-1197 or online through MyHub.

**Refer to OSHA Exposure Control Plan UPMC System Policy HS-IC0604
Employee Health POLICY: HS-HR0700**

INFECTION CONTROL

INTRODUCTION / VALUE STATEMENT:

As an employee of UPMC Jameson, you may be exposed to various microorganisms that can lead to infection. To help reduce the risks of infections for both the healthcare worker and the patient, the Occupational Safety and Health Administration (OSHA) requires employers to provide training in infection control. This packet is designed to protect all employees against the spread of infections.

BEHAVIORAL OBJECTIVES:

After completing his packet, you will know the following:

- ✓ How to outline the chain of infection.
- ✓ Good handwashing technique.
- ✓ How to describe proper measures to handle body secretions.

ISOLATION CONTROL INSERVICE

OBJECTIVES:

At the completion of this lesson the learners should be able to:

- Describe standard precautions.
- List special measures that must be taken for transmission-based precautions.

OUTLINE:

Program Purpose:

- To protect patients, health care workers, and visitors from infection in order to provide the safest and best quality care.

STANDARD PRECAUTIONS:

Used for all patients regardless if they are known to have infection or not, applies to handling of blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes.

- OSHA regulations are based on the premise that any person may be unknowingly infected with bloodborne pathogens.
- Treat all body fluids as if they are potentially infectious.
- Take precautions to prevent putting yourself at risk.

TRANSMISSION – BASED PRECAUTIONS

In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations:

1. Airborne precautions
2. Droplet precautions
3. Contact precautions

ISOLATION PRECAUTIONS UPDATE

For well over 100 years, the control of infection by isolation has been a significant concern in health care facilities. When one looks at the development of isolation practices (see Highlights

in Development of Isolation Practices at end of packet), one can see that we have gone from segregating all infected persons from uninfected people, to isolating people by organism or disease, to treating all people and their body substances as potentially infectious. As new infectious diseases, such as Ebola and MERS-CoV, appear and our understanding of how to control methods increases, continued change can be expected. In light of continued change and confusion that health care workers have (e.g., which type of body fluids require precautions, the circumstances in which gowns and gloves are needed, and precautions that are necessary beyond body substances isolation to prevent the spread of infection) the Centers for Disease Control and Prevention (CDC) developed new guidelines for isolation precautions.

TWO LEVELS OF PRECAUTIONS

The revised CDC guidelines contain two tiers or levels of precautions:

1. Standard precautions
2. Transmission-based precautions

STANDARD PRECAUTIONS

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect Healthcare Workers and prevent them from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. Each of these elements of Standard Precautions are described in the sections that follow.

The goal of Standard Precautions is to reduce the spread of infection by treating blood and body fluids of all patients as though they were infected.

THE SPREAD OF INFECTION

Disease-causing organisms can be transmitted in a variety of ways. The five (5) main routes of transmission are:

1. **Contact**: This is the most common way that nosocomial (facility-acquired) infections spread. Transmission can occur by direct contact which involves contact between the infected person and one who is susceptible or indirect contact that entails a susceptible person touching an object that has been contaminated by an infectious person.
2. **Droplet**: Transmission occurs when droplets from the infected person come in contact with the conjunctiva, oral or nasal cavity. This can occur during talking, sneezing or coughing.
3. **Airborne**: Small droplets are expelled from the infected person and remain in the air or on dust particles for a period of time, to later be inhaled by a susceptible person.
4. **Common Vehicle**: The microorganism is carried by contaminated food, water, or equipment.

5. **Vector borne:** This refers to the spread of infection by vectors such as mosquitoes, flies, and rodents.

The components of Standard Precautions, used in the care of all patients, are as follows:

Personal Protective Equipment

Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents

Use of PPE

Gloves

Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, nonintact skin or contaminated equipment.

- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

Gowns

Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

- Do not wear the same gown for the care of more than one patient
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

Facemasks (Procedure or Surgical Masks)

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood or body fluids (as defined in Standard Precautions and/or Droplet Precautions) ◦May be used in combination with goggles or face shield to protect the mouth, nose and eyes
- When placing a catheter or injecting material into the spinal canal or subdural space (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personnel) ◦Wear a facemask to perform intrathecal chemotherapy

Goggles, Face Shields

Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.

- Personal eyeglasses and contact lenses are not considered adequate eye protection
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes

Respirators

If available, wear N95-or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g., tuberculosis).

- All healthcare personnel that use N95-or higher respirator are fit tested at least annually and according to OSHA requirements

Respiratory Hygiene and Cough Etiquette

To prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons at the point of entry and continuing throughout the duration of the visit. This applies to any person (e.g., patients and accompanying family members, caregivers, and visitors) with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

Equipment

Equipment that has been soiled with blood, body fluids, secretions, or excretions should be handled in a manner that prevents contact with skin, mucous membrane, clothing, or equipment that is to be used with another patient.

- All equipment used for a patient must be cleaned using a hospital approved disinfectant(s) between each patient use. (See Policy HS-IC0619 Cleaning of Non-Critical Patient Care Equipment)
- Follow the facility procedure for the proper discarding of disposable supplies.

Linen

Linen that has been soiled with blood, body fluids, secretions, and excretions should not come in contact with the skin, mucous membrane, clothing, or equipment of other people.

- Handle all contaminated linens with minimum agitation to avoid contamination of air, surfaces, and persons
- Do not sort or rinse soiled linens in patient-care areas
- Use leak-resistant containment for linens contaminated with blood or body substances; ensure that there is not leakage during transport
- Employees who have contact with contaminated laundry should wear appropriate PPE.
- Wash/Sanitize hands after handling laundry or linens.

Waste Disposal

Puncture-resistant, leak-proof sharps containers are located in every patient-care area

- All sharps are disposed of in the designated sharps container; do not bend, recap, or break used syringe needles before discarding them into the container

Regular trash and regulated medical waste (e.g., biohazardous material and chemical hazardous waste, including antineoplastic drugs) are disposed of in their designated containers

Patient Placement

Patients who contaminate the environment with their blood, body fluids, secretions, or excretions (such as a patient with dementia who expectorates or plays with feces) should be placed in a private room if possible. If this is not possible, discuss infection control measures with Infection Control or Department manager.

Education

In addition to all the employees of the facility, patients and visitors should be educated regarding infection control measures through formal classes, informal discussion, poster, and the distribution of printed information.

TRANSMISSION-BASED PRECAUTIONS

Special measures must be taken to prevent the spread of infection when a patient is known to be or carries a high risk of being infected. The Transmission-Based Precautions are added to the Standard Precautions; in other words, standard precautions are essential to follow in the care of all patients.

Three categories recognized by the Centers for Disease Control (CDC): Contact, Droplet, Airborne

- These categories can be used in combination such as Airborne/Contact for chicken pox or Droplet/Contact for Respiratory Illnesses

CONTACT PRECAUTIONS

Contact precautions are taken to reduce the spread of infection through:

Direct Contact

1. Skin of infected person
2. Skin of susceptible person

Or

Indirect Contact

1. Inanimate objects, i.e., bedside commode, bed rails, IV poles

Apply to patients with any of the following conditions and/or disease:

- Presence of stool incontinence (may include patients with norovirus, rotavirus, or Clostridium difficile), draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
- Presence of generalized rash or exanthems

Perform hand hygiene before touching patient and prior to wearing gloves

PPE use:

- Wear gloves when touching the patient and the patient's immediate environment or belongings
- Wear a gown if substantial contact with the patient or their environment is anticipated

Perform hand hygiene after removal of PPE; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., Clostridium difficile, norovirus)

Clean/disinfect the exam room accordingly

Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean/disinfect the bathroom before it can be used again

Scabies, clostridium difficile, and multidrug resistant organisms are causes for contact precautions to be used.

Contact precautions include the use of a private room or shared room with a patient who is low risk or who has a similar infection, equipment dedicated solely for the patient's use, and protecting the removal of infected material.

DROPLET PRECAUTIONS

Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:

- Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus)
- Bordetella pertusis
- For first 24 hours of antibiotic therapy: Neisseria meningitides, group A streptococcus

PPE use:

- Wear a facemask, such as a procedure or surgical mask, for close contact with the patient; the facemask should be donned upon entering the exam room
- If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn

Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)

Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette

Clean and disinfect the exam room accordingly

AIRBORNE PRECAUTIONS

Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:

- Tuberculosis
- Measles
- Chickenpox (until lesions are crusted over)
- Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)

Place the patient immediately in an airborne infection isolation room (AIIR)

PPE use:

- Wear a Powered Air Purifying Respirator (PAPR) or fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
- If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn

Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; note: use soap and water when hands are visibly soiled (e.g., blood, body fluids)

TUBERCULOSIS

Tuberculosis Skin Testing

Tuberculosis (TB) skin testing is required of all staff that work in a clinical area on a regular basis. The TB skin test is a small intradermal (between the layers of skin) injection of a purified protein derivative that is given usually on the forearm. The area where the test was administered is then evaluated 48 to 72 hours later. The result of the TB skin test should be interpreted by a trained person. The result of this testing is used to gauge whether the person has been exposed to or is infected by tuberculosis. TB skin testing should be documented on a TB skin testing form or entered into a database.

A two-step TB skin test, usually completed as part of the new hire process, consists of two TB skin tests administered one to three weeks apart. This test helps determine if someone has been previously exposed to tuberculosis and is required by many regulatory agencies.

Staff who have a prior positive TB skin test, or who have an allergy or contraindication to the TB skin test, should have symptoms of TB reviewed annually. It is not necessary for staff to have annual or period chest x-rays unless they experience symptoms of TB. Staff who have been coughing for longer than three weeks for undetermined reasons and/or have any additional symptoms should seek immediate consultation from Employee Health.

TUBERCULOSIS PREVENTION

OBJECTIVES

This educational program will cover the following topics on Tuberculosis:

- Transmission
- Signs and Symptoms
- Diagnosis and Treatment
- Respiratory Protection
- Exposure Response

Tuberculosis

- Tuberculosis (TB) is a contagious disease caused by the microorganism (germ) **Mycobacterium tuberculosis**.
- TB usually affects the lungs but it can also affect the brain, kidneys, spine, and lymph nodes.

How is TB Spread?

- TB spreads from person to person through:
 - Sneezing
 - Coughing
 - Talking

- Any time air is forcibly expelled from the lungs.
- People can become infected when they breathe TB contaminated air.

High Risk Groups

Groups of people who are more likely to develop TB include:

- The elderly
- The homeless
- IV drug users
- People with decreased ability to fight infections

Other high-risk groups include people who have certain medical conditions, such as:

- HIV
- Cancer
- Diabetes

People with HIV are 400 times more likely to develop active TB disease if exposed to TB contaminated air.

Latent TB

- People with latent TB Infection have the microorganism (germ) that causes TB in their bodies and can have a positive TB skin test, however they can NOT spread TB to others.
- It is possible for them to develop active TB in the future and they may have to receive medication to prevent active disease.

Active TB

- People with active TB typically have symptoms of infection and can transmit the disease to others.
- These patients are prescribed drugs to cure the TB infection.

TB Symptoms

Common symptoms associated with active TB include:

- Coughing
- Fever
- Night sweats
- Weight loss

TB Evaluation

If a person is suspected of having TB infection, they can be evaluated in the following ways:

- Physical examination
- Tuberculin skin test (also called TST or PPD)
- Chest X-ray
- Sputum smear and culture

TB Skin Test (TST)

- This skin test will determine if a person has been exposed to TB, but it will not tell you if a person has active TB.

- The test is performed by injecting a small amount of TST fluid under the skin in the lower arm; (also called a PPD).
- The injection site is evaluated by a RN/Healthcare Practitioner between 48-72 hours later for a reaction.

Sputum Smear and Culture Test

- This test is the only definitive test for TB as it shows if acid-fast bacilli (AFB) are present.
- Sputum samples are collected and sent to the lab for analysis.
 - Sputum collection – at least three (3) consecutive sputum specimens obtained
 - Each specimen collected in 8-24 hour intervals with at least one specimen being an early morning specimen

Respiratory Protection

Proper use of respiratory protection by staff is critical to prevent the spread of TB. This protection is provided by a N-95 Respirator or a Powered Air Purifying Respirator (PAPR). This protection MUST be worn by all staff that enter a TB patient's room and during sputum specimen collection.

PAPR-Powered Air-Purifying Respirators

- Powered Air-Purifying Respirators (PAPR) utilizes a hood and filter/fan system to provide HEPA filtered air to the wearer. PAPR's do not require a fit test.

N-95 Respirator

- The N95 Respirator is a piece of personal protective equipment commonly used by healthcare workers and those who may be exposed to airborne diseases. The mask must be properly fitted to the individual to create a good seal. Because the N95 respirator is for one-time use and the mask must be molded to your face at the time of use, learning the proper technique to fitting the mask is imperative for safety reasons. Employees whose job requires them to wear a respirator, are fit tested initially and then annually.

Patient Care Measures

Patients who have been diagnosed with TB or who are in rule-out status must be housed in a negative airflow isolation room. This room must have a sign posted that identifies the requirement of Airborne Precautions.

Limit transport of the patient to essential purposes only. Maintain precautions during transport. Notify the area receiving the patient of the precautions.

Patients MUST wear a regular mask (not PAPR) if they leave their room or come in for a doctor's appointment.

Patients are no longer considered contagious when:

- They have received effective therapy with clinical improvement.
- Sputum smears are negative 3 times in a row.
- The physician and Infection Control determine when isolation can be discontinued.

Exposure

If you believe you have been exposed to TB:

- Follow the post-exposure procedures that are outlined in the UPMC Policy HS-IC0611 Tuberculosis Exposure Control Plan.
- Notify Employee Health at your facility.
- Follow any treatment protocols and follow-up procedures provided by Employee Health.

Questions

- If you have any questions regarding TB prevention, management, or exposure procedures, contact your facilities Infection Control Department or Employee Health.

Hand Hygiene

UPMC

POLICY AND PROCEDURE MANUAL

POLICY: HS-IC0615

INDEX TITLE: Infection Control

SUBJECT: Hand Hygiene

DATE: April 27, 2018

I. POLICY

It is the policy of UPMC to reduce the risk of transmission of pathogens and incidence of healthcare acquired infections by promoting and monitoring compliance with hand hygiene guidelines using the World Health Organization's (WHO) five moments of hand hygiene.

Links to policies referenced within this policy can be found in Section VIII.

II. SCOPE

This policy applies to all Health Care Personnel in UPMC's United States based hospitals, skilled nursing facilities, home care service lines and employed physicians' offices. Similar policies may exist for other care settings within UPMC and are contained in setting-specific policy manuals.

III. PURPOSE

Effective hand hygiene removes transient microorganisms, dirt and organic material from the hands and decreases the risk of cross contamination to patients, patient care equipment and the environment.

Hand hygiene is the single most important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contact and after contact with blood, body fluids, secretions, excretions, equipment and potentially contaminated surfaces is an important strategy for preventing healthcare associated and occupational infections.

IV. DEFINITIONS

- **Health Care Personnel** refers to all employees, faculty, temporary workers, trainees, volunteers, students and vendors regardless of employer that provide care to patients. This includes staff that provide services to or work in any UPMC facilities.

- **Direct Patient Contact** refers to anyone who has contact with a patient and/or their environment.
- **Indirect Patient Contact** refers to anyone who has contact with a common area or equipment which patients may have had contact (corridors, waiting areas in ancillary areas, common areas, etc.)
- **Hand Hygiene** – Performing handwashing, antiseptic handwash, alcohol based handrub, surgical hand hygiene/antiseptis.
- **Handwashing** – Washing hands with soap and water.
- **Antiseptic handwash** – Washing hands with water and soap or other detergents containing an antiseptic agent (e.g. chlorhexidine, triclosan, etc.).
- **Alcohol based hand rub** – preparation containing alcohol designed for application to the hands for reducing the number of viable microorganisms on the hands. Such preparations contain 60% to 95% isopropyl or ethyl alcohol.
- **Artificial Nails** - The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps.
- **WHO Patient Zone** - contains the patient and his/her immediate surroundings. This typically includes the intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient such as the bed rails, bedside table, bed linen, infusion tubing and other medical equipment. It further contains surfaces frequently touched by HCWs while caring for the patient such as monitors, knobs and buttons, trash and linen bins, and other “high frequency” touch surfaces.
- **WHO Health-Care Area** - contains all OTHER surfaces in the health-care setting outside the patient zone.
- **WHO Clean/Aseptic Procedures**- include activities such as but not limited to: vascular access, giving an injection or performing wound care.
- **WHO Critical Sites**- are associated with infection risks. Critical sites can either correspond to body sites or medical devices. Critical sites either 1.) pre-exist as natural orifices such as the mouth and eyes, 2.) occur accidentally such as wounds or pressure ulcers; 3.) are care associated such as an injection sites, vascular catheter insertion sites, or drainage exit sites or, 4.) are device associated such as vascular catheter hubs, drainage bags and bloody linen.

V. PROCEDURES

A. Indications for hand hygiene

In most cases, either an alcohol-based hand sanitizer or handwashing with soap and water may be used for hand hygiene.

Hand hygiene is performed utilizing the World Health Organization’s (WHO) five moments of hand hygiene. The five moments are:

1. Before touching a patient (or patient zone)
2. Before clean/aseptic procedure (critical sites)
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings (patient zone)

Handwashing with soap and water must be performed:

- When hands are visibly dirty.
- When hands are contaminated with proteinaceous material or visibly soiled with blood/body fluids.
- After using a restroom.
- After caring for patients with suspected or confirmed *Clostridium difficile* or Norovirus.

Handwashing procedure:

- Use running water; moisten hands well and apply soap.
- Lather well and rub hands together for a minimum of (15) seconds. Remember that friction removes the surface organisms, which then wash away in the lather.
- Clean under and around fingernails.
- Rinse hands well; all soap or foam should be removed to avoid skin irritation.
- Dry hands with paper towel and use the paper towel to turn off the faucets.
- Use appropriate hand lotion as needed. Moisturizers alleviate dry or chapped skin. UPMC provides a moisturizing product that is compatible with the hand care products and gloves that are used.
- Unapproved products should not be used; lotions not approved for use can harbor bacteria and/or interfere with the antiseptic properties of some handwashing solutions.

Alcohol-Based Hand Rub Procedure:

- Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
- Gel dispensers are set to deliver the recommended volume of product, follow the manufacturer's recommendations for the amount of foam product to use.
- Do not use if hands are visibly soiled.

B. Gloves- GLOVES DO NOT REPLACE THE NEED FOR HAND HYGIENE.

- Hand hygiene must be performed prior to donning gloves when gloves are being worn for interaction with a patient and/or patient zone.

- Hand hygiene must be performed after removing gloves when gloves are being worn for interaction with a patient and/or patient zone and patient surroundings.
- Remove gloves, clean hands and don a fresh pair of gloves when caring for a patient that requires moving from a dirty site to a clean site. i.e. after caring for a draining wound to changing a central line dressing.
- Do not wear the same pair of gloves between patients.

C. Jewelry

- Jewelry has been shown to harbor microorganisms; therefore there are restrictions on jewelry. Please review System Dress Code Policy # HS-HR0714.

D. Fingernails

- Fingernails both natural and artificial have been shown to harbor microorganisms; therefore there are restrictions on their use. Please review System Dress Code Policy # HS-HR0714.
- Are to be kept neatly manicured and short, i.e. should not extend ¼ inch past the tip of the finger.
- Are to be kept clean.
- Nail polish without embedded enhancements in good repair is permitted.

E. Compliance

- All staff are encouraged and expected to stop and remind any other staff member in a professional manner to perform hand hygiene if they have not cleaned their hands as outlined above.
- All staff who are reminded to perform hand hygiene will respond in a professional manner and comply with the request to perform hand hygiene.
- All staff are empowered to report to their supervisor any instances in which staff members fail to clean their hands as appropriate or if unprofessional behavior is exhibited.
- Retaliation against staff members who either remind other staff members to clean their hands or who report noncompliance is prohibited.
- Employees found to be non-compliant will be referred to their manager for appropriate follow-up.
- Noncompliance by employees should also be noted at the time of annual performance evaluations.

F. Oversight for Physicians

Non-compliant physicians will be referred to the local Medical Leadership (or designee) and follow up will occur for physicians with repetitive non-compliance.

G. Enforcement

- Managers are responsible for enforcing compliance with all elements of this policy in their departments.

H. Monitoring Compliance with Hand Hygiene

- Periodic observations will be completed at each facility to assess Healthcare Personnel compliance with the 5 moments of hand hygiene.
- Ongoing monitoring will occur via anonymous trained observers as well as observers who intervene at the time of observation (to provide both positive and negative feedback).

VI. ORGANIZATIONAL RESPONSIBILITY

To promote compliance with these requirements alcohol hand sanitizer dispensers, sinks and other means for hand hygiene have been installed, as appropriate, in corridors and rooms throughout UPMC facilities.

The implementation of this policy should enable and not interfere with workflow.

Staff providing care to patients in the home environment may be supplied with alcohol-based hand sanitizers to facilitate compliance with this policy.

VII. REVIEW & EVALUATION

All staff including physicians will continue to have their hand hygiene behavior monitored. At a minimum, the summary results of this monitoring will be reported periodically to Hospital Leadership, and the Infection Prevention Committee, and to other Committees as appropriate.

Stroke Awareness

No one knows when or where a person may have a stroke. It is everyone's responsibility to care for and keep our patients, visitors and co-workers safe while at our facilities. By understanding the warning signs of a stroke and knowing what to do in an emergency situation you may save a life.

If you believe someone is having a stroke, you need to act F.A.S.T. These simple letters can help you recognize the signs of a stroke and get help right away.

- F** Face droop
- A** Arms/Legs weak
- S** Speech slurred, confused
- T** Time to call, **Inside** the hospital call: Condition C Stroke. Dial: 5222
Outside the hospital: Dial 911

**Stroke –
there's treatment if you act FAST.**



Disability Awareness

At UPMC health care is accessible to all individuals who are deaf, hard of hearing, deaf-blind, blind, low vision, mobility impairments, speech impairments, autism, behavioral health, or intellectual or cognitive disabilities.

Put the PERSON first – not the disability

Deaf: Before you speak, have the attention of the person

Face the person, Talk to the person

The Deaf community uses the American Sign Language (ASL)

Video Remote Interpreting (VRI) is an option when there is an immediate need for interpreters

Blind/Low Vision: Identify yourself & what you are there to do

Let the person know when you are leaving the room

Speech Impairments:

Talk to them the same way you would talk to anyone else

Be patient, it may take the person a while to answer

Autism:

Tell, Show Do

Do not require eye contact, use slang words

Allow exams to take place in unconventional ways

Behavioral Health: Does not equal a lower level of intelligence

Use a calm, quiet, even-tone voice

Avoid intrusive environments with multiple things going on

Intellectual or Cognitive Disabilities:

Interact directly with the person

Break concepts into small & easy to understand components

Give additional time for person to process information

Physical Disabilities/Ambulatory Difficulty:

Talk directly to the person with a disability, not their care attendant

Provide proper equipment (transfer boards, hoist lift, height adjustable table, etc.)

Be aware of environment (clutter, high reaches required, clear floor space, etc.)

Service Animals:

Provide services to people with many different types of disabilities

A service dog MUST be allowed to accompany the individual with a disability it serves to any

To any area of the office open to the general public, UNLESS

- Owner refuses to answer questions about the dog
- Owner is not in control of the dog

The admittance of the animal would be a direct threat to safety (risk of a contagious disease, An aggressive, growling animal, etc.)

Remember to A-C-T

Ask the individual what they need, or the best way to help

Communicate with the individual, listen to what they tell you. Communicate during transfer of care

Take Action- Whenever you become aware that an individual requires accommodation for a Disability. UPMC reasonably accommodates everyone with a disability

PATIENT RIGHTS & ORGANIZATIONAL ETHICS

BEHAVIORAL OBJECTIVES:

After reviewing this material, the reader will be able to:

- Understand the rights and responsibilities of patients.
- Define ethics and ethical dilemmas in the organizational setting.
- Identify major areas of ethical dilemmas in an organization.
- Recognize how rights of patients are protected by ethical decision making.

Active participation in care decisions is not a patient's privilege it is a fundamental right. If however, patients are not given the information needed to evaluate their options, they cannot exercise this right.

As healthcare givers, we must understand these rights so that all activities involving the patient are conducted with concern for him/her, and above all, the recognition of his/her dignity as a human being. Standards have been set which promote consideration and respect of individual values and preferences and includes the decision to discontinue treatment. Important activities related to these standards include advising patients of their responsibilities in the care process and making sure they fully understand the benefits and risks associated with planned procedures.

All hospital employees and medical staff are responsible for ensuring that the patient, parent and/or guardian are involved in all aspects of care. Patients must be involved in at least the following areas:

- A. making care decisions; giving informed consent;
- B. resolving dilemmas about care decisions;
- C. formulating advance directives;
- D. withholding resuscitative services;
- E. forgoing or withdrawing life-sustaining treatment and planning care at the end of life.

Standards also recommend that the family be allowed to participate in care decisions, while recognizing the patient's right to exclude any or all family members. Sometimes it is mandatory that people other than or in addition to the patient be involved in decision-making. This is especially true in the case of un-emancipated minors, when the family or guardian is legally responsible for approving care. Often a surrogate decision-maker must be identified in the event that the patient lacks the mental or physical capacity to make decisions or communicate them.

Ethical decisions regarding care can present all sorts of difficult questions and conflicts for the organization, patients, family members and other decision-makers. Defining ethics and understanding the areas of ethical dilemmas can help us make choices that have a positive impact on individuals and groups involved with the organization.

Ethics deals with right and wrong in the values and actions of individuals and the communities and organizations that they are a part of. Many ethical issues involve factors that make the choice of "right" and "wrong" decisions less than clear. These are called **ethical dilemmas**. There are three (3) major areas where ethical dilemmas may occur within an organization. They

include: 1) managing human resources; 2) managing stakeholders (customers, shareholders, suppliers, 3) government agencies, accrediting agencies, etc.); and managing one's own personal career in relation to organizational loyalty.

Ethical decision-making is extremely complex and should be the result of sound reasoning. Four questions should be asked and evaluated thoroughly to help guide a person to an ethical decision. FIRST – consider who is affected by the decision. The more specific you can be about individuals and groups who may experience benefits or costs from a particular decision, the more likely it is that ethical decisions will be made. SECOND – what are the benefits and costs to these individuals or groups? Answering this question requires determining the interests and values of the specific individuals or groups. THIRD – who has rights, or who is entitled to the benefits of the decision? FOURTH – what are the decision rules? Is there government or accrediting agencies that have certain laws, rules or guidelines that must be taken into consideration when making decisions? Certainly, however, ethical decision-making goes beyond laws.

Dealing appropriately with ethical issues and educating patients and their families about their rights are empowering practices. The hospital's efforts in these areas foster patient's dignity, autonomy, and positive self-regard. Through education and consideration of ethical issues, patients are made aware of resources, environmental demands, individual strengths and weaknesses, and what they can expect from their on-going relationship with staff and the organization as a whole.

UPMC Jameson has developed a policy that specifically identifies the rights and responsibilities of its patients. A copy of this policy (included in the learning package) is offered to all patients in the form of a PE (patient education) pamphlet. When the patient is incapacitated, the responsible party receives the information. Simply giving the patients a list of their rights, however, is not enough. Instruction should be personal and interactive.

Likewise, a "Code of Ethical Behavior" has also been developed. The policy states that "...no patient will be denied admission to the hospital based on his/her ability to pay; billing statements will be provided for the time frame of service, with any billing complaints addressed immediately; patient confidentiality will be maintained; there will be full disclosure of conflicts of interest for decision makers at all levels of the organization; marketing of UPMC Jameson services or educational programs will not mislead the customer; contractual arrangement with other healthcare providers, educational institutions and payers will define each party's responsibility; respect for the patient and family in all areas of care will be maintained; patients will be transferred to other institutions which can provide appropriate care when UPMC Jameson cannot; and UPMC Jameson staff and physicians will report all cases of abuse or suspected abuse in accordance with the laws.