

FIRE PREVENTION & PROTECTION

Q: If a fire detection device activates, how do you know? Who outside the hospital is aware it has activated?

A: When the fire alarm activates, it sets off a hospital-wide audible and visual alarm. Since Womack, Joel, Clark, Robinson, and Troop and Family have direct connections to the Fort Bragg Fire Department; an alarm is activated there also.

Q: What would you do if you discovered a fire?

A: Implement the "RACE" procedure.

R = Rescue

A = Alarm

C = Confine

E = Extinguish / Evacuate

Q: When was your last fire drill? Did you encounter any problems?

A: Fire drills should be conducted once per shift per quarter. Problems encountered during a drill should be discussed with all staff and fire drill procedures revised if necessary. A Fire Drill Evaluation Report is sent to the Safety Office.

Q: What type of training have you received in fire protection and prevention?

A: All employees receive fire safety training during in-processing and during annual refresher training. Additional training is received during department/section in-services or as needed.

Q: If you were calling the Fire Department to report a fire, what information would you tell them? Why?

A: The Fire Department needs to know the exact location of the fire (building number, floor, wing and room number), the extent of the fire, whether any people are trapped in the location of the fire, and whether there is oxygen or hazardous materials in the area. This information will be passed on to the responding fire crew so they will be better prepared to fight the fire when they arrive.

Q: Are there any unique fire hazards in your area?

A: Consider the amount of combustible material stored in the section, whether there are any sources of ignition, and other factors which could increase the risk of fire.

Q: Do you hear the fire alarm in this area? What does it sound like? How do you know what area the fire is in? What is your alarm zone?

A: The fire alarm should be audible in all work areas at Womack (if it is not, the Safety Office should be notified). The fire alarm is announced overhead as “ Code Red”, Building_____, _____Floor, Zone_____. Each work section should have a list of the alarm zones and personnel trained in zone numbers for their area, and for the areas adjacent to, above, and below them. Alarms in outlying buildings vary.

Q: Where is the nearest fire extinguisher? What kind of fires can you fight with it?

A: In the hospital and most outlying buildings, fire extinguishers are located in cabinets in the corridor. Most extinguishers are dry chemical, which can be used on A, B, or C fires. Employees should be trained which type of extinguisher is located in their area and what type of fires they are designed for.

Q: How often are fire extinguishers inspected? Who inspects them?

A: Extinguishers are inspected annually by Facilities Management and monthly by ADSOs.

Q: What are the four different levels of evacuation?

A: Level One (1): Removal of Patients from the room involved in the fire and closing the door.

Level Two (2): Horizontal Evacuation, moving patients from one smoke compartment in the building to another.

Level Three (3): Vertical Evacuation, moving patients to another floor using the fire stairs.

Level Four (4): Complete Building Evacuation

Q: If there was a fire in this area, where would you evacuate to? Why?

A: Horizontal evacuation is preferable to vertical since it is easier to move the patients. The patients' needs must be considered before moving them. If you have patients who require oxygen, ventilation, or other special medical care, they need to be evacuated to an area which can support those needs.

Q: Where do you store patient evacuation equipment (litters, etc.)? Have you been trained to use this equipment?

A: Areas where non-ambulatory patients receive care should maintain evacuation equipment and train employees in its use and storage location.

Q: If a piece of electrical equipment begins to smoke, what should you do?

A: Stop using the equipment and unplug the equipment or remove its power source or turn off the circuit breaker if you can safely do so. Have a Fire Extinguisher ready and be prepared to initiate Fire Alarm Procedures; R.A.C.E. and P.A.S.S. Notify Medical Maintenance (Medical Equipment) or Facilities Work order Section (Non-Medical Equipment).

Q: Can you explain the concept of building compartmentalization?

A: Womack is divided into compartments separated by fire/smoke walls. Most of these walls are located where there is a set of double, automatic closing doors held open with magnets. Within the fire compartments are smaller smoke compartments such as a patient room. Buildings are constructed this way to facilitate confining fire/smoke and to provide refuge areas.

Q: What does the acronym "RACE" stand for?

A: RESCUE – ALARM- CONFINE- EXTINGUISH/EVACUATE

Q: What items may be stored in the corridor?

A: Nothing is allowed to be stored in corridors in the inpatient areas. In outlying clinics, non-combustible items such as waiting room chairs may be placed in the corridor but a clear path of at least 44" has to be maintained. The amount of equipment/furniture in the corridor should be minimized; ideally, nothing should be located in an egress corridor.

Q: Where is your prevention SOP kept?

A: Non- administrative areas are required to develop a fire prevention SOP; staff members should be familiar with its requirements and where it is kept.

Q: Which doors in this area may be propped open with a wedge?

A: Propping Doors open with a wedge or door stop is prohibited under fire codes.

Q: What would you do if you noticed a smoke detector or sprinkler head was dusty?

A: Cleaning a smoke detector that is still on-line with the fire computer will cause the detector to activate. Cleaning a sprinkler head that still has water pressure on the line could cause the head to open activating the sprinkler system. Report the dusty detector or sprinkler head to Facilities Management who will arrange for the detector or sprinkler head to be properly cleaned.

Q: Where is the closest smoking permitted area? Where are patients allowed to smoke?

A: There are no smoking areas within Womack Facilities. Only Bargaining unit employees are allowed to smoke outside at designated areas.

Q: Why is smoking restricted a Womack?

A: To prevent adverse effects on patient's treatment, to reduce the risks associated with passive smoke, and reduce the risk of fire. In addition, DOD and The Joint Commission prohibit smoking in the building. This includes smokeless tobacco and electronic cigarettes.

Q: What part do you play in Womack's fire prevention and protection plan?

A: All employees are responsible for insuring the fire safety of the building. Hazards should be reported and/or corrected; good housekeeping practices followed, and fire prevention policies and procedures adhered to.

GENERAL SAFETY

Q: Do you have any safety concerns specific to your area? Any special or unique hazards?

A: Many areas of the hospital engage in unique operations which present special hazards. Toxic chemicals or medications, flammable substances, violent patients or visitors, and use of specialized equipment are examples of some hazards encountered in the health-care environment.

Q: How do you protect yourself and your patients from these hazards?

A: Policies and procedures are developed to address each specific risk. By following these policies and reporting unusual occurrences, risk of injury to staff and patients can be minimized. Employees receive training regarding hazards in the workplace and how to protect themselves and their patients.

Q: What should you do if you notice an unsafe condition in your work area?

A: Correct the hazard if possible. Report it to your supervisor, the Safety Office, Facilities Management, and other appropriate services (such as medical maintenance, or patient safety). Implement interim safety measure to minimize the risk of injury until the unsafe condition is corrected.

Q: What incidents do you report? Why? What injuries/incidents have occurred in your work section recently?

A: Accidents involving injury to an employee, patient, or visitor, property damage incidents, and fires are all reportable. Even minor incidents and near misses need to be reported so they can be investigated and corrective action implemented if necessary.

Q: Who does hazard surveys in your area? What do they look for?

A: All employees should look for, and report, any hazardous condition in their work section. The Safety Office does semi-annual inspections of the patient care areas and annual inspections of administrative areas. Additional Duty Safety Officers (ADSOs) perform monthly inspections of their work areas and report hazards to the Safety Office. They look for environmental conditions which present hazards, review training documents, and assess employees' understanding of safety concepts, Industrial

Hygiene, Environmental Science, Infection Control, and other services also conduct periodic surveys.

Q: What safety training have you received?

A: All employees receive safety training at newcomer's orientation and during annual refresher training. Safety topics are also covered during in-services in the work section on a periodic basis.

Q: Where do you keep your safety SOP? How often is it updated? What is your role in developing departmental safety policies?

A: All departments/sections/services engaged in patient care or with unique operations are required to have a safety SOP. This SOP should be reviewed annually and employees should be familiar with its contents and location. Employees should bring safety concerns to their supervisor's attention so they can be addressed and included in the next SOP update.

Q: Did you receive a safety orientation when you first came to work in this section? What topics were covered?

A: Employees should receive an on-the-job safety briefing when they first start work. The topics covered will differ depending on the type of work performed and special/unique safety hazards in the work area.

Q: If you wanted the Environment of Care FMT to consider a problem, concern, or suggestion, how should you do this? How often does the Environment of Care FMT meet?

A: Items for Environment of Care FMT consideration should be sent through the chain of command channels for review. The Environment of Care FMT (ECFMT) meets monthly.

A: As an employee, what are your responsibilities in the area of safety?

A: All employees are responsible for Safety. Following policies and procedures, wearing personal protective equipment when required, reporting safety hazards, and asking questions when unsure of procedures are some of the ways employees contribute to the safety program.

ELECTRICAL SAFETY

Q: Do you perform pre-use inspections of electrical equipment?

A: All electrical equipment should be checked prior to each use. Make sure the equipment is in good working order, cords are not worn or frayed, and the equipment does not have any physical damage.

Q: What types of personal electrical appliances are employees allowed to bring into the facility? What types are prohibited? Why?

A: The only equipment allowed to be brought in from the home are coffee makers, clocks/radios, and lamps (non-halogen). All items should be in good condition and UL listed. Items with open heating elements such as toasters, toaster ovens, hot plates, and space heaters are prohibited since they increase the risk of fire. Crock Pots and Glade plug-ins are also prohibited due to the increased risk of fires.

Q: If a piece of patient-care equipment malfunctioned, what actions should you take?

A: Discontinue use of the equipment immediately, leaving all dials / switches/ gauges in the same position as when the malfunction occurred. Tag the equipment as inoperable and notify medical maintenance.

Q: If you noticed an electrical receptacle is damaged or the cover plate is missing, what should you do?

A: Don't use the receptacle and mark it so that others know it is unsafe. Call Facilities Management (907-WORK) to have the receptacle repaired/replaced.

Q: Which receptacles in this section are connected to emergency power? What items are required to be plugged into emergency power? What items should not be connected to emergency power?

A: Emergency power outlets have red cover plates and/or red receptacle faces. In some area, such as the Operating Room or ICU, all the receptacles are connected to emergency power. Equipment which is critical to patient care or support should be plugged into an emergency power receptacle and non-essential equipment connected to the normal power supply

Q: What precautions do you take when using patient-care electrical equipment?

A: Never use patient-care equipment which is in disrepair or doesn't work properly. Don't touch a patient and a piece of electrical equipment at the same time. Keep electrical equipment out of the reach of patients. Report any equipment problems immediately

Q: What type of training have you received on the use of electrical equipment? Where should you keep the user's manuals for the equipment?

A: All staff should receive training on electrical equipment before they use it. Medical Maintenance provides training, also, some manufacturers provide training after new equipment is installed. User's manuals for each type of equipment should be located in the work section.

Q: What happens if there is a power failure in the hospital? Did you encounter any problems during the last power outage?

A: If the power fails on Fort Bragg, Womack has generators which automatically start up and provide a power system for the hospital. Each section should also have a contingency plan for addressing actions to take if the emergency power fails. If any problems are encountered during a power outage, employees should be trained on what to do in the future.

Q: When you close up your work area at night, what equipment do you turn off? What do you unplug?

A: All non-essential equipment should be turned off at night. Item which provide a source of heat, such as coffee pots, should be unplugged.

Q: Where are you allowed to use extension cords and multiple outlet adapters?

A: Their use is not allowed in any Womack Facility. Surge Suppressor strips may be used for the protection of computer equipment.

Q: Do you know where the circuit breaker box is in your area?

A: Employees should know the location of the circuit breakers and be familiar with which breakers control certain areas as this information can be critical in the event of an electrical equipment malfunction.

HAZARDOUS CHEMICALS AND MATERIALS

Q: Are flammable liquids used in your section? Where are they stored?

A: If large quantities of flammables are used in a work area, they must be stored in an approved cabinet. Flammables should never be stored in an egress corridor, or near a fire exit.

Q: What would you do if you had a mercury spill? Who would you notify?

A: Any work section which uses mercury-containing instruments is required to keep a mercury spill kit. The kit contains instructions on how to clean up the spill. Logistics Quality Assurance, Safety, and Industrial Hygiene should be notified of the incident.

Q: Where are your Safety Data Sheets Kept?

A: All employees should know the location of the section Hazard Communication Book. Logistics Quality Assurance also keeps copies of Safety Data Sheets (SDSs).

Q: What hazardous materials do you work with?

A: An inventory of all hazardous chemicals used in the section is found in the Hazard Communications or Safety Book/Binder. This inventory should be updated annually and whenever a new chemical is brought into the workplace. Hazards, disposal procedures, first aid, manufacturer information, physical properties, and other details are located on the chemical's Safety Data Sheet (SDS).

Q: Are you required to wear any personal protective equipment (PPE) when performing your job? What type?

A: If PPE is required when working with a chemical, this information is included on the SDS. Other requirements for the wearing of PPE depend upon the type of work performed and this information should be communicated to employees during their on-the-job safety orientation. The use of PPE may also be specified in an employee job description.

Q: What do you do if your PPE becomes unserviceable or is damaged?

A: If PPE needs to be replaced or fits improperly, the section supervisor should be informed. It is the employer's responsibility to provide replacement PPE when needed.

Q: What information is required on a chemical label?

A: All hazardous chemical must be labeled with the name of the chemical, manufacturer's name, emergency telephone number and any hazards or warnings associated with use of the chemical. If a chemical is transferred, the new container must also be labeled with this information.

Q: When was your last hazard communication training? Who is responsible for the program in your section?

A: Hazard communication training is required when an employee first starts work, as part of the on-the-job safety orientation, and whenever a new chemical is brought into the section. Refresher training is also required on an annual basis. Each section should have a designated and trained hazard communication representative.

Q: Is there an eye lavage in your work section? How often is it checked to make sure it is working properly?

A: Eye lavages are required wherever there is a possibility of chemical contamination to the eyes. The lavage should be run for 5 minutes once a week to flush out the system and ensure it is operating correctly.

Q: Is there an emergency shower in your section? How often is it checked to make sure it is working properly?

A: Emergency showers are required wherever there is a possibility of large scale chemical contamination to the body. The showers are also run weekly.

Q: Where do you dispose of used sharps?

A: Used sharps are put into a wall-mounted container which should be located in every area where sharps are routinely used. If a sharps container is not readily available, one should be installed. When a sharps container becomes $\frac{3}{4}$ full, it is removed from the wall, sealed, and boxed up for facilities Regulated Medical Waste personnel to remove.

Q: Where are you allowed to eat/drink in this section?

A: Employees are only allowed to eat and drink in areas where there is no possible contamination by blood borne pathogens or hazardous chemicals. Sections generally have a break area or room set aside for this purpose.

MISCELLANEOUS

Q: What kind of training have you had regarding compressed gases?

A: Any employee who uses compressed gases must be trained in safe handling, storage, and use of the cylinders.

Q: Where do you store your compressed gasses? What precautions do you take when storing and transporting cylinders?

A: Compressed gases are kept in a locked storeroom or closet. They should be stored in an upright position, with cylinders segregated by type, and secured in a manner which prevents them from tipping over. Whenever cylinders are transported, they must be secured to the cart or gurney.

Q: How do you know the oxygen at Womack is not contaminated?

A: The piped oxygen passes through a purity monitor from the Liquid Oxygen (LOX) tank. If the purity falls below permissible levels, an alarm is activated and the system is switched over to the reserve oxygen. Each cylinder of oxygen is checked for purity in logistics with the percentage of purity noted on the warning tag (DD Form 1191) attached to the cylinder.

Q: If the oxygen system failed, what would you do?

A: All patient care areas should have contingency plans addressing medical gas system failures. Included in the plan should be designation of persons authorized to give the order to switch over from piped oxygen to cylinder oxygen, who to notify of the problem, etc.

Q: What safety equipment is required on patient transport items such as gurneys and wheelchairs?

A: Patient transport equipment must have safety straps and brakes to keep the unit from moving when unattended. These items should be checked for proper operation every

time a wheelchair or gurney is used. If the safety equipment is missing or inoperable, discontinue use of the unit and report it to Medical Maintenance.

Q: What would you do if a patient locked themselves in a bathroom?

A: All bathrooms in patient care areas are equipped with locks which can be opened from the outside without a special key. Some lock have a vertical slot or round opening into which a key or other long flat object can be inserted and turned to open the door. Others have a thumb turn release mechanism on the exterior door handle. Staff should be trained on how to open these locks before the need to help a patient arises.

Q: What rooms are required to have nurse call systems? How often do you check to make sure they are operating properly?

A: Patient bathrooms and sleeping areas must be equipped with nurse call systems. Each section should have a policy on how often each “button” will be checked (at least monthly). Service orders should be turned in on any broken nurse call system.



INFECTION CONTROL

Hours: M-F 0700-1630

Located in the Basement within QSD

Chief, Infection Control O: 910-570-3384 BB: 910-849-4571 F: 910-907-8042	Infection Control Specialist O: 910-570-3386 F: 910-907-8042
Infection Control Technician O: 910-907-6284 F: 910-907-8042	Infection Control Technician O: 910-570-3385 F: 910-907-8042
Infection Control Technician F: 910-907-8042	Infection Control Technician F: 910-907-8042

Infection Control Program:

Purpose:

The purpose of the Infection Prevention and Control Program (IPCP) is to improve the ability of Womack Army Medical Center (WAMC) to provide safe, patient-centered, quality care by limiting transmission of infectious diseases through current, evidenced-based, infection prevention and control practices. WAMC accomplishes this by a “One Team” approach through: integration, collaboration, standardization, and continuous evaluation of the hospital and community infection prevention and control (IPC) practices.

Scope:

The primary scope of service of the IPCP is to minimize the morbidity, mortality, and economic burden of healthcare associated infections (HAIs) through prevention and control measures for all patients, family members, visitors, and WAMC staff. The Infection Prevention and Control Service (IPCS) collects and analyzes pertinent data using evidenced based epidemiological principles to determine risk factors associated with infection and define mechanisms of transmission. The IPCS uses this data to plan, implement, and evaluate control strategies to achieve the primary scope of service. In addition, the IPCS educates patients, family members, the community, and WAMC staff regarding the risks of infection and measures to reduce those risks.

Requirements:

WAMC staff will comply with and enforce all federal, state, local, and DoD regulations that affects operations and employees.

- Occupational Safety and Health Administration’s (OSHA) BBP Standard

All personnel must:

- Be included in exposure documentation
- Receive Hepatitis B vaccine for all medical staff
- Receive annual BBP training

OSHA 1992: BBP Prevention in a Healthcare Facility

Occupational Exposure Control Plan: MEDCEN MEMO: 40-39 (available via intranet and wards). The BBP Exposure Control Plan explains the process to follow in the event that an exposure occurs. It also describes Womack Army Medical Center’s responsibility to prevent or reduce the risk of exposure to bloodborne diseases such as Hepatitis B, C, or HIV.

Risks are based on job description and the tasks that are performed. Potential exposure could occur through:

- Direct contact with organisms via eyes, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials.
- Examples:
 - Aerosols that are generated during medical procedures (nebulizer treatments, sputum induction) and are either inhaled or ingested

- Needle stick/ puncture from a sharps
- Splash from potential BBP
- Exposure can also occur from lack of proper hand hygiene, improper disinfection of medical equipment between patients, and improper cleaning and disinfecting the patient's environment.

Prevention is the key:

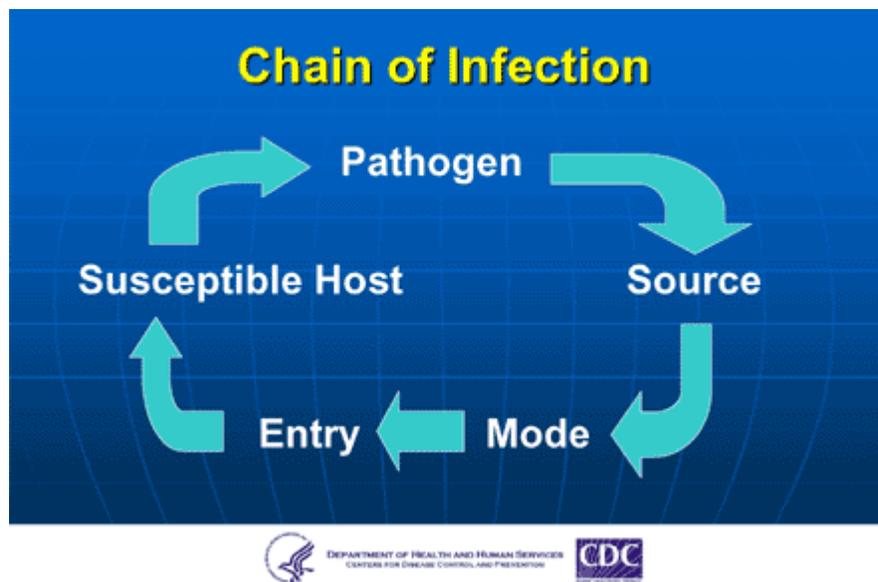
- Use Personal Protective Equipment (PPE)
- Do not recap needles
- Do not bend needles
- Do not remove safety devices from sharps
- Use resuscitation bags or mouthpieces
- Clean up spills promptly
- Cover open wounds
- Dispose of infectious waste properly and safely

Sharps Safety Program (ALL SHARPS SINGLE USE ONLY)

- All sharps, including syringes are to be placed in the sharps container.
 - IV Safety catheters
 - Safety syringes/needles
 - Butterflies/vacutainers
 - Lancets
 - Micro slides
 - Scalpels
 - Capillary Tubes
 - Needleless IV tubing
- Activate Safety Device
- Dispose of Sharps immediately and appropriately
- Always place in a puncture-proof container
- Empty sharp containers when $\frac{3}{4}$ full

IF YOU ARE EXPOSED FOLLOW MEDCEN MEMO 40-39

- **Perform** first aid by cleaning or flushing the exposed area
- **Report** the exposure to your supervisor ASAP
- **Report** to WAMC-ED for evaluation, treatment, and counseling
- **Follow-up** medical care with the Occupational Health Clinic (396-5224) within one business day.
- **Documentation to be provided to OC Health**
 - Safety Report (Form 2113) & BBP Exposure (WAMC Form OP 445)
 - Patient Safety Report/Incident Report



For an infection to occur ALL links must occur.

STANDARD PRECAUTIONS: “ALL PATIENTS ALL THE TIME”

- Guidelines for the prevention of infectious diseases and healthcare acquired infections established by the U.S. Centers for Disease Control and Prevention. Standard precautions combine universal precautions and body-substance precautions for all patients regardless of diagnosis or possible infectious status. All contact with body fluids and secretions, except sweat, are to be avoided by health care workers.
- Standard precautions/transmission-based precautions protect the employees from acquiring transmissible diseases from the patient.
- If it’s wet and not yours don’t touch it!

TRANSMISSION- BASED ISOLATION PRECAUTIONS:

- **Airborne Isolation:**

<ul style="list-style-type: none">• N95 mask prior to room entry• Door must remain closed at all times.• Place a work order to have the room alarm activated at: 907-8000.• If sputum is to be collected: send morning sputum specimen on 3 consecutive days.• Infection Control <u>MUST</u> be notified prior to removal of precautions.• Illness such as TB, varicella, disseminated shingles, measles	 <p>The sign is titled "AIRBORNE INFECTION ISOLATION PRECAUTIONS" and features two red octagonal signs: "STOP" on the left and "ALTO" on the right. Below the title, it states "Visitors must report to Nursing Station before entering". The sign lists four requirements with checkmarks: 1. Perform hand hygiene before entering and before leaving room. 2. Wear N95 respirator when entering room (Visitors see nurse for instruction on proper use). 3. Keep door closed. 4. Dietary may not enter (No debe entrar el dietista). At the bottom, it has a section for "PRECAUCIONES AMBIENTALES" with Spanish instructions: "Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase máscara N95 con filtro al entrar al cuarto. Mantenga la puerta cerrada. No debe entrar el dietista."</p>
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- **Signs and Symptoms of pulmonary tuberculosis (TB):**
 - Productive cough lasting > 3 weeks
 - Fever, chills
 - Night sweats
 - Hemoptysis (bloody sputum)
 - Weight loss
 - Fatigue
- **If suspicious of TB (WAMC is a low risk facility)**
 - Place a surgical mask on the patient
 - Isolate the patient as soon as you can
 - Notify Infection Control

• **Contact Isolation:**

<ul style="list-style-type: none"> • Gloves are required while performing patient care and handling equipment • Gown to be worn if contamination of uniform is anticipated • Remove gloves and gown prior to leaving patient care area and perform hand hygiene • Used for patients with MDRO's and various enteric, parasitic, and viral pathogens. Gloves and gown entering room • Illnesses such as MRSA, Scabies, Impetigo, draining abscess, lice (pediculosis) 	 <p>CONTACT PRECAUTIONS <i>Visitors must report to Nursing Station before entering.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Perform hand hygiene before entering and before leaving room. <input checked="" type="checkbox"/> Wear gloves when entering room or cubicle, and when touching patient's intact skin, surfaces, or articles in close proximity. <input checked="" type="checkbox"/> Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces. <input checked="" type="checkbox"/> Use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (BP cuff, thermometers) between patients. <p>PRECAUCIONES DE CONTACTO <i>Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase guantes al entrar al cuarto.</i></p>
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• **Droplet Isolation:**

<ul style="list-style-type: none"> • Wear a surgical mask when performing patient care • Masks to be discarded upon exiting care area – perform hand hygiene after mask removal • Gowns may be necessary depending on the task being performed • Illnesses such as Influenza, Neisseria meningitides (meningococcal), meningitis, mumps, pertussis, rhinovirus 	 <p>DROPLET PRECAUTIONS <i>Visitors must report to Nursing Station before entering.</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Perform hand hygiene <input checked="" type="checkbox"/> Wear mask when entering room <i>Visitors and health care workers</i> <input checked="" type="checkbox"/> Dietary may not enter <i>No debe entrar el dietista</i> <p>PRECAUCIONES DE GOTAS DIMINUTAS <i>Los visitantes deben presentarse primero al puesto de enfermería antes de entrar. Lávese las manos. Póngase máscara al entrar al cuarto. No debe entrar el dietista.</i></p> <p>401020, 06/12/08</p>
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- **Enteric Contact Precautions:**

<ul style="list-style-type: none"> • Patients with diarrhea • Hand Hygiene upon room entry • Hand WASH with soap and water upon room exit • Terminal cleaning with a 10% bleach solution • Illness such as, C.diff, rotavirus, VRE, diarrhea 	
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PERSONAL PROTECTIVE EQUIPMENT (PPE):

- PPE is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- PPE:
 - **Gloves**
 - Disposable (LATEX FREE) DO NOT WASH OR REUSE
 - Hand hygiene must be performed before donning and after doffing gloves.
 - Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., patient that is continent of stool or urine) could occur.
 - That fit and are durable to the task
 - Remove gloves after contact with a patient and/or the patient's surrounding environment, to include any medical equipment.
 - Do not use same gloves for more than one patient.
 - Change gloves during patient care when hands will move from contaminated area (ex., perineal area) to a clean area (ex., face).
 - Change gloves between aseptic tasks (indwelling urinary catheter insertion, intravenous access, etc)
 - All patient care areas have gloves readily available for use.
 - **Masks**
 - N-95/Respirators
 - Utilized to protect healthcare personnel from inhalation exposure to airborne infectious agents that are < 5 µm in size.

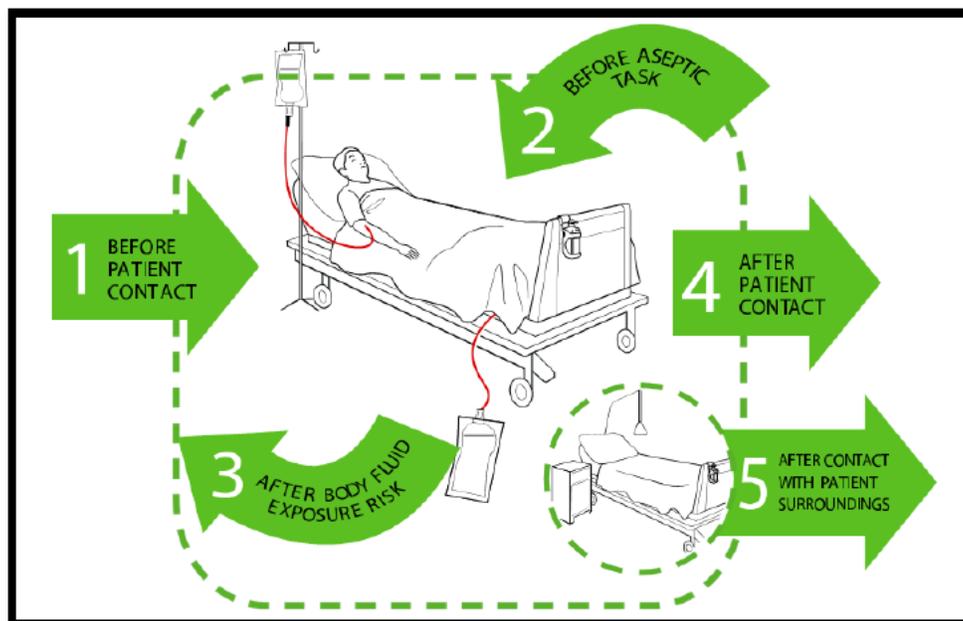
- Procedure mask (for general patient care situations)
- Surgical mask
- Surgical mask with face shield
- **Eye Protection** (goggles – indirectly vented or non-vented only, face shields, safety glasses, or full-face respirators)
 - Prescription eyeglasses and contact lenses are not considered eye protection
- **Protective Clothing** (gowns, bunny suits)

HAND HYGIENE – One of the most important ways to reduce the transmission of infectious agents by staff to patients therefore reduces the incidents of health care-associated infections (HAIs).

Hand hygiene is a National Patient Safety Goal (NPSG), in the NPSG chapter of The Joint Commission manual, Hospital Accreditation Standards.
Goal 7 – Reduce the risk of health care-associated infections.

NPSG.07.01.01 Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Womack Army Medical Center’s Hand Hygiene program is known as, “A Hand Worth Shaking” and embraces the WHO’s 5 Moments for Hand Hygiene at the point of care*.



Indications for Hand Hygiene:

- When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.

- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.

Specific Indications for Hand Hygiene:

- Before:
 - Patient contact
 - Donning gloves when inserting a Central Line
 - Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery
- After:
 - Contact with a patient's skin
 - Contact with body fluids or excretions, non-intact skin, wound dressings
 - Removing gloves
 - Touching the patient surroundings

Proper Procedures for Hand Hygiene:

- Handwashing:

Handwashing

Procedure for Handwashing:

1



Wet your hands with clean running water and apply soap

2



Rub hands together to make lather and scrub for 15-20 seconds

3



Rinse hands well under running water

4



Dry your hands with a paper towel or air dryer

5



If possible, use your paper towel to turn off the faucet and open bathroom door

With either method, be sure to cover all surfaces of the hands and fingers including:

- a. Under your nails
- b. Around your wrists
- c. In between your fingers

- Alcohol Based Hand Rub:

Wash Your Hands: *The Right Way!*

Alcohol Based Hand Rubs*

Procedure for using Alcohol Based Hand Rubs:

- 1 Apply product to the palm of one hand using the following approximate amounts:
 - **Gel:** dime-sized amount
 - **Foam:** egg-sized amount
- 2 Rub hands together until hands are dry, water is not required

** Alcohol-based products are preferred in all cases except for visibly dirty hands, during an outbreak of C. difficile, or after exposure to Bacillus anthracis.*



Respiratory Etiquette:

- Cover your mouth and nose w/ tissue when coughing/sneezing.
- Dispose of tissue in nearest waste receptacle.
- Perform HH after having contact w/ respiratory secretions and contaminated objects/materials.
- Provide tissues and no-touch receptacles.

Cleaning, Disinfection, and Sterilization:

- Cleaning - Removal of all visible dust, soil, and any other foreign material.
- Disinfection - Killing of infectious agents, except spores, on inanimate objects by direct application of substances or by other physical means.
 - Low level disinfection (Non-critical)
 - Cavi-wipes/Cavicide
 - BP cuffs, exam tables, stethoscopes, horizontal surfaces.
 - High level disinfection (HLD) (Semi-critical)
 - Trans-vaginal ultrasound probes, rectal probes, endoscopes, bronchoscopes, anesthesia equipment
- Sterilization - Complete elimination or destruction of all forms of microbial life.
 - Cystoscopes, surgical instrumentation, implants.

“You can clean without disinfecting but you cannot disinfect without cleaning.”

Spaulding Classification System:

Contact with Body	Process	Category of Item
Intact Skin	Low or Intermediate Level Disinfection	Noncritical e.g., EKG leads, BP cuffs, stethoscopes, bedpans
Mucous Membranes or Non-intact Skin	High Level Disinfection	Semicritical e.g., respiratory therapy equipment, anesthesia equipment, GI endoscopes, transvaginal and rectal ultrasound probes
Sterile Tissue Or Vascular System	Sterilization	Critical e.g., surgical instruments, implants

Low-Level Disinfectant for Non-Critical Items:

Always Follow manufacturer's Directions for Use.



For Routine cleaning and disinfection

Thoroughly wet area.
Allow surface to remain visibly wet for **3** minutes.



For cleaning and disinfection of Enteric precautions (C.diff)

Thoroughly wet area.
Allow surface to remain visibly wet for **5** minutes.

Did you know?
The disinfecting wipes are not carcinogenic, however they can be irritating to skin. Gloves are recommended because typically these are used to "disinfect" contaminated spaces and may contain pathogenic organisms

Principles of asepsis are designed to protect the patient from microorganisms from equipment, the environment, and healthcare workers.

- Clean technique – refers to practices that reduce the number of microorganisms to prevent or reduce the transmission. Clean techniques are important because they prevent infections on a daily basis.
 - Clean techniques are used for:
 - Administering an injection
 - Emptying a urinary catheter drainage bag
 - Inserting a peripheral intravenous (IV)
 - Giving a bath
 - Removing a peripheral IV
 - Removing a urinary catheter

- Aseptic technique - method designed to prevent contamination from microorganisms. Used in various settings to prevent the spread of pathogens. The goal of aseptic technique is to prevent the spreading of harmful organisms that lead to infection.
 - Aseptic technique is used for:
 - Handling of sterile surgical equipment
 - Inserting a chest tube
 - Inserting a urinary catheter
 - Inserting a central intravenous (IV) or arterial line
 - Inserting other drainage devices
 - Performing various surgical techniques
 - During vaginal labor

- Evidence has shown that by following aseptic techniques healthcare workers have minimized several common types of healthcare associated infections (HAIs). According to Journal of the American Medical Association (JAMA) Internal Medicine, 50% of all HAIs are preventable.
 - Catheter Associated Urinary Tract Infections (CAUTIs)
 - Central line-associated bloodstream infections (CLABSIs)
 - Clostridium difficile (C. diff) infections
 - Surgical site infections (SSI)

Safe Medication Injection Practices:

- **Never** administer medications from the same syringe to more than one patient, even if the needle is changed or you are injecting through an intervening length of IV tubing.

- Do **not** enter a medication vial, bag, or bottle with a used syringe or needle.
- Do **not** pre-spike a bag of IV fluids greater than 1 hour prior to use.
- **Never** use medications packaged as single-dose or single-use for more than one patient. This includes ampoules, bags, and bottles of intravenous solutions.
- **Always** use aseptic technique when preparing and administering injections.
- **Always** scrub the septum prior to entering a medication vial.
- **Always** scrub the hub prior to accessing an IV port.

Regulated Medical Waste (RMW) is waste that is potentially capable of causing disease in humans and may pose a risk to both individuals and community health if not handled or treated properly.

- RMW must:
 - Never be shaken or squeezed
 - Never be compacted prior to disposal
 - Never be dragged
 - Do not lift or hold bags by bottom or sides
 - Ensure bags are not broken, open or dropped
 - Be carried away from body
 - Be handled safely by utilizing appropriate PPE
- RMW is:
 - Cultures and Vaccines
 - Pathological Waste
 - Blood
 - Sharps (Used/Unused)
 - Animal Waste
 - Isolation Waste - (BSL 3)
 - Other (chest tubes, suction canisters)
- RMW is NOT:
 - Bandages with a spot of blood
 - Medications
 - Hazardous waste
 - Urine
 - Feces
 - Medical instruments
 - Paper
 - Soda cans
 - Diapers
 - Unsaturated gloves

- Bedpans
- Urine and urine cups
- IV bags and tubing
- Food
- Used sanitary napkins

Spill Clean-up:

- Clear area of patients, visitors and staff
- Wear Personal Protective Equipment (PPE)
 - Gloves minimum
 - Gowns may be required if potential for soiling clothes
 - Mask and eyewear if there is a danger of splash or aerosols coming into contact with face or eyes
- Contain the spill
- Clean spill immediately
- Contact housekeeping for larger spills to disinfect with an EPA-registered hospital grade detergent-disinfectant
- Report the spill to your supervisor
- Use engineering controls to pick-up and dispose of any broken glass or other sharps