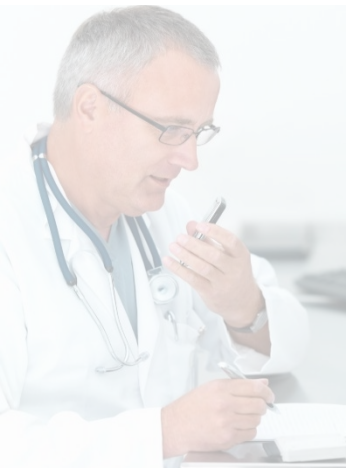


# Managing the Mandatories

*JUNE 2023*



**In order to satisfy your annual requirements, please read this entire course.**

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this course. If you have any questions, please contact your manager, Safety Officer/EM (3.2756), Safety Manager (3.4090), or Infection Prevention and Control. Quizzes are due by July 1, 2023. Newly hired employees must complete within 14 days of their start date.

# SAFETY

## CMS PATIENT'S RIGHTS



CMS and all accrediting entities now survey for ligature risks as well as ensuring all hospitals have screening tools to identify if a patient has a risk of suicide or could harm others. The hospital Patient's Rights Condition of Participation (CoP) at § 482.13(c)(2) provides all patients with the right to care in a safe setting.

- In order to provide care in a safe setting, hospitals must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.
- All patients will be screened for risk of intentional harm to self or others upon admissions and with identified change in behavior.
- Hospitals shall implement safety measures such as 1:1 monitoring for patients at risk for suicide with continuous visual observation, removal of sharp objects from the room/area, or removal of equipment that can be used as a weapon. A complete risk assessment will be performed on each unit to define what the risks are in the unit as well as how to eliminate those risks for patients.



## AT RISK PATIENTS

### Harm to Self or Others

Mental illness is defined per Mental Health Code 330.1400 as “a substantial disorder of thought or mood that significantly impairs judgment, behavior, and capacity to recognize reality or ability to cope with the ordinary demands of life.”

**At risk patients may include patients with the following diagnoses:**

- Suicide Attempt
- Self-Harm Attempt
- Homicidal or Violent Aggressive Behavior
- Thoughts of Suicide or Self Harm
- Withdrawn / Nonverbal
- Post-Partum Depression



## IDENTIFYING PATIENTS

### At Risk Patient

If you see behaviors or hear statements (examples below) at any time NOTIFY that patient's RN or any RN on that floor so that proper screening and interventions can occur in a timely manner.

#### **Suicide Risk Behaviors/statements:**

- Statements of harming self:
  - "I wish I could fall asleep and not wake up"
  - "I want to die"

#### **Violent Risk Behaviors/Statements:**

- Statements of harming others
  - Verbal/Physical Threats: speaking harshly, swearing or shouting, writing threats or abusive statements
  - Physically Violent Behaviors: attempting to cause physical harm, striking, pushing, hitting, etc.

# AT RISK PATIENT

## Potential Causes

### Considerations: Things that may contribute to at risk behaviors

Physical	Psychological	Environmental	Activity
<ul style="list-style-type: none"><li>• Hunger</li><li>• Pain</li><li>• Infection</li><li>• New Medication</li></ul>	<ul style="list-style-type: none"><li>• Fear</li><li>• Uncertainty</li><li>• Feeling neglected</li><li>• Loss of control</li><li>• Being told to calm down</li><li>• Being lectured</li></ul>	<ul style="list-style-type: none"><li>• Noise</li><li>• Lighting</li><li>• Temperature</li><li>• Scents</li><li>• Privacy</li><li>• Time of the day</li><li>• Days of the week</li><li>• Visitors</li><li>• Small spaces</li></ul>	<ul style="list-style-type: none"><li>• Bathing</li><li>• Medication</li><li>• Past experiences</li><li>• Toileting</li><li>• Changes in routine</li><li>• Resistance to care</li></ul>

## AT RISK PATIENT

### Ligature Risks

**Definition of a Ligature Risk:** A ligature risk (point) is defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation. Ligature points include:

- Shower rails and curtains
- Coat hooks
- Exposed pipes and radiators
- Bed sheets and pillowcases
- Gowns
- Windows that can be opened or broken
- Unprotected ceiling fittings
- Handles, hinges and closures
- Soap and paper towel dispensers on walls
- Power cords or call light cords or telephone cords
- Unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer, etc.)
- Unsafe items brought to patients by visitors
- Inadequate staffing levels to provide appropriate patient observation and monitoring

# ENVIRONMENTAL ASSESSMENT

## Room Readiness Checklist

When a patient is screened and is identified to have a risk of suicide or could harm others there is an environmental risk assessment form that is filled out in the room (see below).

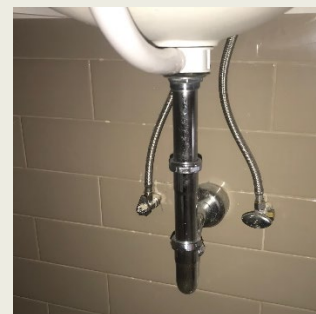
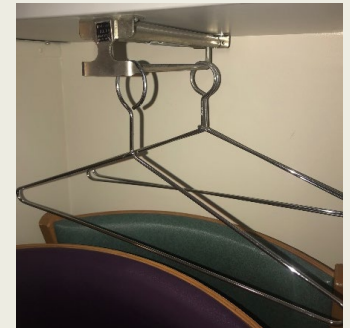
### Environmental Assessment for Room Readiness Checklist

*Must be completed on all suicide risk patients prior to arrival/admission*

- Remove and return all personal medications to home or secure in Pharmacy until discharge
- Remove all personal belongings and secure with Security until discharge
- Remove all Plastic Bags from room
- Remove Chairs from room
- Remove Extra bed from room (if applicable-i.e. private room)
- Remove call bell cord from room
- Remove/Secure rolled bandages/medical supplies
- Remove bed/Chair exit alarm cord
- Remove all medical device items if not in use. If in use, monitor closely
- Remove WOW from room- sitter to use ROVER for documentation
- Remove extra linen from room
- Remove unnecessary items from bedside
- Remove oxygen cylinder from room
- Keep closet doors closed and locked if possible
- Remove unnecessary tubing/cords in room including telephone cords
- Provide Electric razor without cord as needed
- Notify cleaning personnel to Not leave supplies in room or unattended, including hand hygiene solution
- Sitter to remain within arms-length from patient at all times, including while visitors present, and during bathroom use
- RN encouraged to NOT wear stethoscope around neck when entering room

# EXAMPLE

## Environmental Risks





# AT RISK PATIENTS

## 1:1 Observation

Because Covenant HealthCare is not a designated psychiatric treatment facility, we provide patients who are at risk for suicide 1 on 1 observation.

CMS requires interim patient safety measures in order to mitigate identified ligature or safety risks this includes continuous visual observation in which a staff member is assigned to observe only one patient at all times, this includes while the patient sleeps, toilets or bathes, to prevent harm directed toward self or others. If deemed necessary, the department may also require Avasys in the room to provide monitoring of the patient and the observer.



## AT RISK PATIENTS

### Dietary Orders

When a patient is screened and is identified to have a risk of suicide or could harm others there are special diet orders are placed to ensure patient safety at meal time.

When precautions are ordered for a patient, the diet order must be modified so that “disposables only (paper or styrofoam plates/disposable utensils)” are provided on the meal tray. This is done to keep the patient safe from self-harm.



## OTHER

### Environmental Risks

CMS, State of Michigan and accreditors will observe patient care environments for unattended items such as utility or housekeeping carts that contain hazardous items that may pose a safety risk to patients, visitors and staff. Some examples of these items could include cleaning agents, disinfectant solutions, mops, brooms, tools, scissors, equipment with cords, chairs, ladders, blood pressure cuffs, these are items that could be used to harm oneself or harm others.



### Environmental Risks

EVS, Facility Services and contactors need to make sure that when their carts are in the hallway that it is not out of their eyesight. Best practice would be to take the cart directly into the area where the work is being performed. This will prevent anyone who is not authorized to use the products on the cart from having access to it.

- *When leaving the unit for a break the cart must be removed or placed in a lockable area*
- *Do not leave chemicals/cleaning supplies unattended or alone in patients' room*
- *Do not leave plastic bags in room unattended*
- If carts (environmental services, engineering or contractor) are observed unattended in the hallway, they should:
  - a) let their manager or coordinator know right away.
  - b) remind the staff member or contractor that they cannot leave their cart unattended in the hallway.

# CAN YOU PICK OUT THE RISKS?



# CAN YOU PICK OUT THE RISKS?



## AT RISK/SUICIDAL PATIENTS

**At risk/suicidal patients can be found unresponsive or injured.**

If found:

- Immediately call a Code Blue by dialing 5-2222 or by activating Responder 5.
- Assess the scene for safety.
- Unit staff are trained in BLS protocol to provide initial patient treatment until the code team arrives.
- Second Victims should be considered.

## Quiz Questions

1. If a patient is screened and it is determined that they are considered an “at risk for suicide or self-harm”, their physician and nursing staff will:
  - a. Implement 1:1 monitoring
  - b. Prepare the room by completing the required risk assessment
  - c. Call a Code Stroke
  - d. Both A & B
  
2. If a staff member in a patient care area observes an EVS, Engineering or Contractor cart left unattended in the hallway, they should:
  - a. Notify their leadership.
  - b. Remind the staff member or contractor that they cannot leave their cart unattended in the hallway.
  - c. Call security.
  - d. Both A & B



## HIGH CONSEQUENCE INFECTIOUS DISEASES

In order to satisfy educational requirements for Michigan Occupational Safety and Health Administration (MIOSHA) – please review the next few slides to be familiar with policy DER.002 High Consequence Infectious Diseases (Including COVID-19) Preparedness and Response Plan.

•[#DER.002 High Consequence Infectious Diseases \(Including COVID-19\) Preparedness and Response Plan](#)

## *Health surveillance for all employees.*

All employees, contractors and vendors entering the facility need to self-monitor for **illness and respiratory symptoms.**

**Covenant's policy requires all employees be symptom-free prior to reporting to work. By reporting to work, an employee is attesting that they do not have a fever and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat).**

## MIOSHA PART 505: ILLNESS REPORTING

### Symptomatic Employees

- Employees who are experiencing symptoms shall call their supervisor and report any symptoms and perform a home covid test or seek appropriate testing for all other HCID
- Covenant Care Connect and/or Employee Health will follow all EH policies for employee illness:
  - EH.108 Tracking of Employee Illnesses
  - EH.110 Work Restrictions for Employees with Infectious Diseases or Exposure to Infectious Diseases
  - EH.110 Work Restrictions for Employees with Infectious Diseases or Exposure to Infectious Diseases)

#### Symptom to look for:

- *New onset of shortness of breath*
- *Cough*
- *Sore throat*
- *Fever (>100.0)*
- *Chills*
- *Body aches or muscle pain*
- *Headache*
- *Loss of smell and/or taste*

## WORKPLACE INFECTION CONTROL PRACTICES

### Patient Placement Procedures - see policy [IP.302 Criteria for Isolation Precautions](#)

- Rule out, Presumed or Confirmed high consequence infectious diseases (HCID) including COVID-19.
  - First choice for bed placement is a Negative Pressure Room
    - Negative pressure rooms should be utilized for patients undergoing aerosol-generating procedures.
    - Place order for appropriate isolation (See IP.302)
  - When a negative pressure room is unavailable place patient first in a private room. Lastly, place in a semi-private room
    - Place order for appropriate isolation (See IP.302)
    - Guidelines for Cohorting Positive patients
      - Positive with the same diagnosis and no other active respiratory pathogens or co-infections
      - No aerosol generating procedures, unless both vented
- See policy for detailed procedure

# WORKPLACE INFECTION CONTROL PRACTICES

## WORKPLACE SAFETY COORDINATORS

Covenant HealthCare's Incident Command has designated workplace safety coordinators.

The workplace safety coordinators are responsible for:

- Updating the plan as needed based on OSHA, **and** CDC guidance.
- Seeking guidance of the facility safety **and infection prevention committees** in the development of the plan.
- Presenting any issues or risk assessments to the Safety Committee and/or Infection Prevention Committee.

Job Title	Office Number
Infection Prevention Specialists	3.4324; 3.4466; 3.4449
Safety Officer	3.2756
Director of Patient Safety and Quality	3.6176

# Congratulations!

***You have successfully completed this course!*** Please use the button below to exit and return to Halogen in order to receive credit for this course.