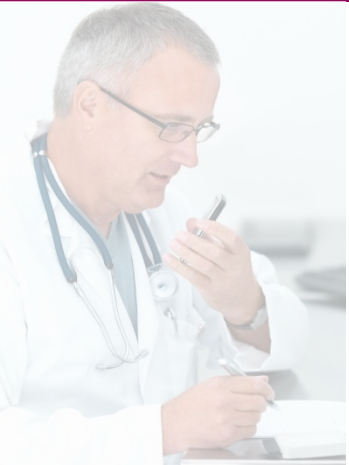


Managing the Mandatories

July 2023



EXTRAORDINARY CARE FOR EVERY GENERATION

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 August 1, 2023. Newly hired employees must complete within 14 days of their start date.

TO SPOT A STROKE, *BE FAST*

KNOW THE SIGNS

Stroke is a medical emergency and every second counts.

Learn the symptoms of stroke and **BE-FAST!**



B

BALANCE

Does person have sudden loss of balance?



E

EYES

Has person lost vision in one or both eyes?



F

FACE

Ask person to smile. Does one side of face droop?



A

ARMS

Ask person to raise both arms. Does one arm drift downward?



S

SPEECH

Ask person to repeat a simple phrase. Is speech slurred or strange?



T

TIME

If you observe any of these signs, call 5222 immediately.

With any of these changes immediately activate Code Stroke and follow the protocol.

TO SPOT A STROKE, *BE FAST*

STROKE MEASURES TO MEET



Door to CT initiation	20 minutes
Door to CT interpretation	25 minutes
Door to Activation within	10 minutes
Door to Thrombolytic	30 minutes
Door to Lab results	45 minutes
Door to Doctor in	15 minutes

Every **SECOND** counts!

TO SPOT A STROKE, *BE FAST*

STROKE POLICIES

- Management of Acute Ischemic Stroke/TIA in Adults Collaborative Clinical Practice Guideline
- Stroke - Spontaneous Intracerebral Hemorrhage Management in Adults Clinical Practice Guideline
- Stroke – Code Stroke Activation Clinical Practice Guideline
- Stroke – Decompressive Hemicraniectomy for Large MCA Infarction Clinical Practice Guideline
- Stroke - Administration of Activase (Alteplase) in the Adult Acute Ischemic Stroke Clinical Practice Guideline
- Stroke - Management of Transient Ischemic Attack in Adults Clinical Practice Guideline

1. What is Covenant HealthCare's stroke activation called?
 - a. Code Stroke
 - b. Code 180
 - c. Code 60
 - d. Stroke

2. Who can activate a Code Stroke?
 - a. A Charge Nurse Only
 - b. REACH Nurse ONLY
 - c. ANY Nurse or Provider
 - d. The patient

MEDICAL EQUIPMENT MANAGEMENT

How many times have you thought, “Well...if Clinical Engineering (CE) won’t do it, I’ll ask Maintenance”? That might be true with a fan, but not with a piece of electrical medical equipment used for patient care.

At Covenant, we have eight CE technicians that are here five days a week to make sure patient care equipment, such as IV pumps, ventilators, vital sign machines and heat therapy machines keep operating in a safe manner. The CE technicians have completed either an associate’s or bachelor’s degree or military training in biomedical equipment technology or electrical engineering. They are highly skilled in electrical medical equipment repair and diagnostics as well as the equipment’s required annual maintenance and operating procedures. For each piece of medical equipment that requires manufacturer’s training, the CE technicians have gone to an approved manufacturer's school or received some type of specialized training from the manufacturer or from the Biomedical electrical engineering school he or she has attended.

That’s why CE technicians don’t work on air conditioning, and maintenance engineers don’t work on ventilators.

Here are Some Facts You May Not Know:

- Anytime we alter a piece of equipment, the warranty is Voided, and we place our patients and our organization at risk from injury or legal action
- The OEM (Original Equipment Manufacturer) regulates the care and maintenance of medical equipment
- If there is user error/failure during patient care resulting in harm, we are required to report it to the OEM who in turn reports it to the FDA in the event of patient harm
- CE technicians have the authority to say NO to equipment modifications and misuse of equipment
- CE technicians are the only Covenant employees authorized to work on electrical medical equipment
- CE technicians also have the authority to take a piece of equipment out of service due to safety or maintenance concerns

SAFE MEDICAL DEVICE ACT (SMDA)

The Safe Medical Devices Act (SMDA) is a federal act designed to identify any medical device problems that pose a threat to public health and safety. Review policy EU-009 SMDA requires health-care professionals to report death or injuries caused or suspected to have been caused by a particular medical device to the FDA or the product's manufacturer.

SMDA was developed so the FDA can be quickly informed of dangerous medical products and can then track or recall the product.
Safe Medical Device Act signed into law in 1990.

A medical device is any piece of equipment used in patient care EXCEPT drugs.

Examples:

- **Hospital Beds**
- **Wheelchairs**
- **Oxygen**
- **Walkers, canes etc.**
- **Catheters**



SAFE MEDICAL DEVICE ACT (SMDA)

Anytime a patient is seriously injured by a piece of medical equipment Covenant HealthCare is required to report the to the FDA and manufacture.

What Is a Serious Injury?

- Life threatening
- Results in permanent impairment or damage to a body structure or function
- Necessitates medical or surgical intervention to prevent permanent impairment or damage

What Is Your Responsibility?

- All employees: Inspect assistive equipment/medical devices
- Patient owned equipment: Instruct patients not to use broken equipment until it is repaired
- Remove equipment from service
- Report broken equipment to the to your supervisor, Clinical Engineering and Risk Management

SAFE MEDICAL DEVICE ACT (SMDA)

Upon the **SERIOUS ILLNESS** or **INJURY**, or **DEATH** associated with a medical device or user error:

- Stop equipment, care for patient, contact physician and supervisor
- Contact Clinical Engineering to sequester the device and ensure all consumables and accessories are with the unit at the time of failure. Security may also be contacted to sequester the device should Clinical Engineering not be available-preserve evidence. Security has access to Clinical Engineering to secure this equipment during off hours.
- Sequestered devices must be stored in Risk Management or Clinical Engineering to ensure security of evidence
- Contact Risk Management Director immediately
- **NOTHING ON THE DEVICE SHOULD BE TOUCHED OR CHANGED WITHOUT PERMISSION FROM Risk Management Director or Administration**

Quiz Questions

1. If piece of medical equipment that you are using for patient care malfunctions and the patient was injured. You are required by law to:
 - a. Stop equipment and care for the patient.
 - b. Contact physician.
 - c. Contact your supervisor.
 - d. The department supervisor or shift administrator must contact risk management and Clinical Engineering.
 - e. All of the above.

THE SAFETY CORNER



NO SMOKING



Equipment and Utilities

- Never use equipment unless you know how to operate it (or use it).
- Equipment that is not working properly should be taken out of use and repaired.
- Make sure you have an adequate supply of flashlights and batteries in your area.
- **Red outlet:** All critical equipment in patient care areas must be plugged into the **red outlets for emergency generator power.**
- Notify Engineering immediately if a utility is lost – such as lights, power, heat, water, oxygen, wall suction, etc.
- Phone failure telephones have been installed in most patient care areas – the lines are a direct outside line that can be used if our internal phone system fails.

Safe Medical Device Act:

Anytime a patient or staff member is injured by a piece of medical equipment or a device:

1. Stop the equipment.
2. Care for the injured patient or staff member.
3. Call a physician **and** your immediate supervisor.
4. Do not change any of the settings and call Security to pick up the equipment as evidence and deliver to Clinical Engineering
5. Notify Risk Management immediately and Clinical Engineering

THE SAFETY CORNER, CONT.



NO SMOKING



Electrical Safety

- Hospital-grade plug strips may be used but should not be plugged into each other.
- Remove from service any defective equipment and tag it for repair.
- Nothing should be plugged into an outlet on patient bed due to risk of fire.
- Inspect all electrical equipment before use and periodically for frayed cords or connections. Don't make repairs with tape.
- Remove from service equipment found to not operate safely/intended.
- All appliances, electrical devices and equipment must be safety checked by engineering.
- Always use equipment as instructed and intended by the manufacturer.
- Safety outlet covers should be used in all areas where children have access to the outlets.
- Coffee makers, toasters and microwave ovens must be kept clean.
- Stop using any equipment that gives off a shock or doesn't "work right".

Fans

- Fans are available through the Gift Shop for patients to purchase.
- These fans need to be bagged up and sent home when the patient is discharged.
- If a patient returns with the same fan, Engineering will need to complete a safety check and Nursing should do a visual inspection for cleanliness.
- ***See policy EU.018 on fans.***

THE SAFETY CORNER, CONT.



NO SMOKING



Fragrances

- Be aware: Your perfume, cologne, after shave, could make a coworker or patient sick. Limit the amount of scent you wear.
- Check your individual department for policies regarding perfumes and colognes.
- Decorations shall not include devices that produce airborne particulates such as incense (wax warmers, wall plug in diffusers, essential oil diffusers, fog machines) (see policy FS.018).



Smoking

- Not allowed on Covenant property. We are smoke and tobacco free.

Cell Phones

- Non-work-related use of cell phones and personal electronic devices is allowed in cafeterias and break rooms.

Space Heaters

Must meet specific requirements –see policy EU.021.

THE SAFETY CORNER, CONT.



Storage

- Must be 6 inches off the floor.
- Must be 18 inches from the ceiling or sprinkler heads.
- Nothing can be placed in hallway for longer than 30 minutes without being actively used.

Hazards

- Report all incidents, accidents or potential incidents to your immediate supervisor.
- Take steps to fix hazards immediately.
- Transport patients on stretchers feet first, with side rails up and safety belt fastened.
- Use body mechanics when lifting. Get help/use a lifting aid when the load is too heavy.
- DO NOT block or cover handrails with anything.
- Wall-charting tables must remain in the closed position when not in use.
- WOWS (workstation on wheels) – when not in use need to be stored in designated storage areas of unit/department.
- Wear sensible low-heeled boots in the winter on snow and ice.
- **NEVER** remove or reach under guards on equipment.
- In patient care areas, do not wear shoes with open toes or openings over the toes.
- No food or drink at the nurse's station while handling charts and paperwork.
- All employees and volunteers must wear a picture ID at all times while on duty.

THE SAFETY CORNER, CONT.



NO SMOKING



If you are involved in a fire, remember R.A.C.E. to help you respond safely and correctly:

R = RESCUE anyone in immediate danger from the fire, if it does not endanger your life

A = Activate the alarm in your facility

C = CONFINE the fire by closing all doors.

E = EXTINGUISH the fire with a fire extinguisher or EVACUATE the area if the fire is too large for a fire extinguisher.

R.A.C.E. FOR SAFETY



R: RESCUE

Rescue anyone in danger.
Evacuate the area of all those
not fighting the fire.



A: ACTIVATE ALARM

Activate fire alarm for
all fires and smoke events.



C: CONFINE FIRE

Confine fire. Keep doors closed.
Stay where you are unless you can
get back to a patient care area
safely. Do not use elevators.



E: EXTINGUISH or EVACUATE

Extinguish or evacuate. Stay
alert and listen for further
instructions or developments.

THE SAFETY CORNER, CONT.



NO SMOKING

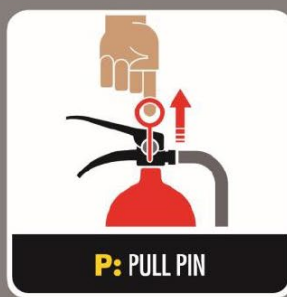


To use fire extinguishers correctly, remember the P.A.S.S. acronym:

- P** = **PULL** the pin on the fire extinguisher
- A** = **AIM** the extinguisher nozzle at the base of the fire
- S** = **SQUEEZE** or press the handle
- S** = **SWEEP** side to side until the fire appears to be out

How To Extinguish a Fire

REMEMBER **P.A.S.S.**



ALSO REMEMBER TO:

- Call the fire department first.
- Get everyone outside.
- Only fight small fires; if fire becomes too large, leave area.
- Close doors to slow fire from spreading.

THE SAFETY CORNER, CONT.



Did you know? Covenant HealthCare provides a Second Victim Support Service known as the Here For You – HOPE Team.

What is a second victim?

A second victim is a healthcare provider who is involved in an unanticipated high-risk event that has caused harm or has the potential to cause harm to a patient, causing the healthcare provider to become victimized due to the trauma of the event. Common reaction to stressful events...

Physical symptoms:	
Sleep disturbances	Rapid breathing
Difficulty concentrating	Muscle tension
Eating disturbance	Uncomfortable returning to work
Headache	Anger and irritability
Fatigue	Depression
Diarrhea	Self-doubt
Rapid heart rate	Flashbacks

If you are experiencing any of these symptoms and want to discuss resources available or just talk through your concerns, please contact the program's lead supporter:

Katie Engelhardt, Risk Management Specialist; Office: 583-7264

On weekends or off-shifts, contact the Shift Administrator who can call someone from the program.

Quiz Questions

1. Identify the actions you should take to help ensure electrical safety:
 - a. Check cords and plugs for cuts on the wire, keep cords out of water and have loose wall receptacles fixed. If you get a small shock off a piece of equipment stop the use of the equipment and take it out of service. If the equipment is new to your department know how to use it.
 - b. Wear rubber soled shoes when working with equipment
 - c. Make sure you attach the ground wire to the side rail of the bed and the bedside table
 - d. Use only 220 or greater equipment in a 110 receptacle

2. In patient care areas, all life-sustaining equipment should be plugged into the red outlets (generator power) and know where the units phone failure telephones are located.
 - a. True
 - b. False

3. What should you do if a patient is seriously injured on a piece of equipment?
 - a. Call Clinical Engineering immediately
 - b. Call a cab
 - c. Call the manufacturer
 - d. Stop the equipment, care for the patient, contact the physician, contact Security to pick up the equipment and contact Risk Management

4. What is the rule of storage in the hallway?
 - a. It is OK as long as it is portable
 - b. It should only be on one side
 - c. Nothing can be placed in the hallway longer than 30 minutes without being actively used
 - d. Med carts, IV pumps and crash carts are OK

Quiz Questions

1. If piece of medical equipment that you are using for patient care malfunctions and the patient was injured. You are required by law to:
 - a. Stop equipment and care for the patient.
 - b. Contact physician.
 - c. Contact your supervisor.
 - d. The department supervisor or shift administrator must contact risk management and Clinical Engineering.
 - e. All of the above.

SUSPECTED ABUSE

THE LAW

Did you know that if you care for patients you are required by law to report to the Department of Human Services (DHS) ALL suspected abuse and that failure to do so may result in fines and imprisonment? It is estimated that only 1 in 3 cases of child abuse and 1 in 14 cases of elder abuse ever gets reported. Partner abuse (often called spouse abuse) is also under-reported. And half of all incidents of domestic violence against women is not reported.

As a health care worker, you may be the first, and sometimes the only, professional to see a battered person's injuries. It is extremely important that the Healthcare Professional who observes or suspects abuse or neglect, personally contact DHS. Not only does this ensure the most accurate information is communicated to the investigating agency, it is required by DHS that the person observing or suspecting abuse personally make the report.

Types of Abuse

- **Physical.** Hitting, slapping, shoving, kicking, biting, etc.
- **Emotional.** Yelling, screaming, isolating from social support, withholding affection, etc.
- **Sexual.** Forced sex, exploitation, prostitution, etc.
- **Neglect.** Failure to provide goods or services necessary to avoid harm, anguish or illness, i.e., food, medical care, daily care, etc.
- **Exploitation.** Using the resources of another for personal gain



SUSPECTED ABUSE

WHAT TO LOOK FOR

POSSIBLE PHYSICAL SIGNS:

- Unexplained (or multiple history of) bruises, burns, fractures or injuries.
- Bruises and welts in unusual patterns.
- Any bruising on an infant.
- Untreated sores or wounds.
- Lack of medical care or delay in seeking treatment.
- Multiple visits to different emergency departments or clinics.
- Genital pain, itching or disease in infants and children.
- Positive test for illegal drugs in infants or children.
- Lack of personal cleanliness and grooming.
- Lags in growth or development.

POSSIBLE BEHAVIORAL SIGNS:

- Uncomfortable with or threatened by adult contact or closeness.
- Depression, anxiety, hostility.
- Suicidal statements or attempts.
- Refusal to discuss the situation.
- Fear of a person or dislike of being left alone with someone.
- Statements of abuse, neglect or lack of care.
- Unusual knowledge or interest in sexual matters.
- Overly compliant or passive.
- Apprehensive when other children cry or overly concerned for siblings.
- Someone speaking for the patient or hovering/refusing to leave the patient alone.

SUSPECTED ABUSE

REPORTING SUSPECTED ABUSE

The Healthcare Professional that observes or suspects abuse or neglect should personally contact DHS immediately. Call toll-free 1.855.444.3911 anytime day or night.

In the case of suspected child abuse, a report form (#3200) must be filled out within 72 hours. In all cases of suspected abuse, notify your manager and the hospital social worker or case manager immediately. On off shifts or weekends, notify the Shift Administrative Coordinator immediately.

What To Do (RADAR)

- R**outinely screen all patients for abuse.
- A**sk direct questions.
- D**ocument your findings including what the patient says.
- A**ssess patient safety.
- R**eview options and referrals.



Quiz Questions

1. You suspect abuse (Unexplained bruised, burns and fractures). You are required by law to:
 - a. Report abuse to the Department of Health and Human Services if you are a health care professional or social worker
 - b. You must contact your manager/shift administrator or a case coordinator/social worker immediately
 - c. Both A and B
 - d. Stay out of it

2. After you report suspected abuse/neglect, you should clearly and concisely document allegations in the medical record to support your suspicions.
 - a. a. True
 - b. b. False

ETHICS COMMITTEE AND CONSULTATION PROCESS

Covenant HealthCare's Ethics Committee does not have decision-making authority, but is an advisory group to the staff, administration, patients, families and representatives of Covenant HealthCare who seek its service. While the Committee recognizes that the primary responsibility for addressing ethical problems in medicine resides with the primary health care team, the Committee's mission is to assist the parties in arriving at ethically sound resolutions by enhancing communication and addressing emotional and cognitive issues related to the ethical dilemma.

In cases where there is not clear agreement among the staff, or in the patient-staff-family triangle, the assistance of the Ethics Committee can be sought through the Ethics Consultation process. The process is initiated by contacting the on-call Chaplain via secure chat or via Vocera (badge or calling 583-4500). A list of on-call Ethics Committee members can then be utilized to begin the consultation process. **The Ethics Consultation** service is available for situations within Covenant HealthCare that pose ethical questions, concerns or problems. If two (or more) members of the Committee feel a consult is warranted, a Chairperson will be chosen, who will then coordinate the consult.



Quiz Questions

1. How is an ethics consult initiated?
 - a. Contact the on-call chaplain
 - b. Contact the on-call hospitalist
 - c. Contact your supervisor
 - d. Contact the grievance committee

Patient Armbands

Allergies – All Allergies, including Latex

Fall Risk

DNAR (Do Not Attempt Resuscitation)

Specified Resuscitation

Blood Band

LIMB ALERT

DIFFICULT AIRWAY

Code Sepsis

CONGRATULATIONS!



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.