

## Electrical & Utility Safety

Safety Inspections

Electrical Outlets

Emergency Electrical Outlets

Moisture/Fluids

Cords & Plugs

Click each of the buttons to the left to learn more. The next button will appear once you have viewed all the topics.

## Electrical & Utility Safety

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- Look for a Safety Inspection sticker on patient care devices, products and equipment, e.g. IV pump, chair, bed, lift. If there is no sticker or the sticker has a past due inspection date, remove the product from patient use and contact Facilities or Bio-Medical Engineering.
- If your department will be purchasing new equipment, contact Facilities or Bio-Medical Engineering for a safety check and inspection.

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>• Cover outlets in pediatric areas to prevent little fingers from getting big shocks.</li> <li>• Do not overload outlets. Overloaded circuits can cause fire or shorted circuits.</li> <li>• Electrical outlets connected to back up generators have <b>RED outlets</b> and or plates.</li> <li>• Think ahead about how you would deal with a power failure and working with only emergency power. What would your environment look like with only emergency power? How would patient care be different?</li> <li>• Know which emergency equipment battery has operated back up. Make sure emergency equipment is plugged into a <b>RED outlet</b>. Extension cords can be used temporarily.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>• Provide generator supplied power in ten seconds or less.</li> <li>• Plug all life support and critical patient care equipment into specially marked emergency electrical outlets (red), this includes downtime computers and printers.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>Any type of moisture is an electrical hazard. This includes wet or sweaty hands, standing on a wet floor, liquid spills on the floor, etc. Keep your hands dry. Wipe up small, non-hazardous spills immediately.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>Never break off the third prong on a grounded plug to adapt it to a two-slot outlet!</li> <li>Use three-pronged instead of two-pronged plugs. Only double-insulated appliances shall be permitted to have two-pronged plugs.</li> <li>To remove a plug from an outlet, pull on the plug, not the cord.</li> <li>Never pull the cord from a device and leave the cord dangling from an outlet!</li> <li>Approved extension cords should be used in emergency situations only.</li> <li>Keep cords away from heat and water. Don't run cords under rugs or through doorways.</li> <li>Cords that are damaged or that feel warm/hot to touch must be taken out of use immediately and reported to Bio-Medical Engineering.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Fraud, Waste, and Abuse Prevention 2023



**Your role at NMH is critical to preventing Fraud, Waste, and Abuse (FWA).**

- Both federal and state government establish many complex regulations and guidelines to help health care organizations detect, prevent, and respond to fraud.
- Following these regulations and guidelines, as well as NMH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining NMH's reputation in the community.

A photograph of a woman with long, wavy brown hair, smiling warmly at the camera. She is wearing a teal-colored V-neck scrub top. The background is slightly blurred, showing what appears to be a hospital or clinical setting with a door and some equipment.



## FWA Detection and Prevention

Detecting and preventing FWA is a responsibility of all NMH team members.

The Compliance Department serves as a resource to the organization providing tools and processes to identify and prevent FWA.

Prevention requires collaboration between:

- NMH team members
- Vendors and affiliated health care providers
- State and federal agencies
- Patients



## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

[Fraud](#)

[Waste](#)

[Abuse](#)

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Fraud is when someone intentionally executes or attempts to execute a scheme to inappropriately obtain money or property from a government health care program (such as Medicare).

[Back](#)

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Waste means incurring unnecessary costs under a government health care program as a result of deficient management, practices, systems, or controls.

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# Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Abuse occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program. Abuse includes any practice that:

- Is inconsistent with providing medically necessary services;
- Provides services that do not meet professionally recognized standards; or
- Provides services that are not fairly priced.

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for goods and services that were never provided to a patient

Click here to see an example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Conducting  
excessive office  
visits or writing  
excessive  
prescriptions

Click here  
to see  
another  
example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Misrepresenting  
the service that  
was provided to a  
patient


Click here  
to see  
another  
example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered




Click here to see another example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered



Incorrectly billing non-covered services or prescriptions as covered items



Click here to see another example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a  
level of service  
than was actually  
delivered

Using multiple  
billing codes  
instead of one  
billing code for a  
drug panel test in  
order to increase  
reimbursement  
("unbundling")

Click here  
to see last  
example

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## The Fraud Continuum

Because fraud, waste and abuse are so broadly defined, errors and mistakes can be violations of the law. This is why you need to pay close attention to your duties to avoid errors that could be considered fraud.

The Centers for Medicare and Medicaid (CMS) investigate all causes of improper payments – from unintentional errors to intentional fraud. The next slide explains the fraud continuum.

Not all improper payments are fraud (i.e., intentional misuse of funds). In fact, the vast majority of improper payments are due to unintentional errors. The most common error is lack of clinical documentation to support medical necessity.



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# The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control  
Environment

Intentional Fraud



# The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control  
Environment

Intentional Fraud

A mistake caused by poor reasoning, carelessness, or insufficient knowledge, and is made without the intent to deceive.



# The Fraud Continuum

Click on each of the boxes below to learn more.

**Unintentional Error**

**Poor Control Environment**

**Intentional Fraud**

When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means standard processes are not followed and routine checks are not performed to be sure work is done consistently and compliantly. Examples include lack of separation of duties, inadequate documentation to support transactions, no reconciliation processes, incomplete or poor policies and procedures.

# The Fraud Continuum

Click on each of the boxes below to learn more.

**Unintentional Error**

**Poor Control Environment**

**Intentional Fraud**

Occurs when someone commits an act knowingly and with the intention to deceive.



# What is the Intent?

The seriousness of the fraud is determined by the intent behind the fraud.

- **Was the mistake an unintentional error? Or was it the result of intentional fraudulent behavior?**
- **If the mistake was an unintentional error, could it have been prevented with environmental controls (e.g., better policies directing documentation, better delineation of duties to ensure appropriate decision making, more active monitoring and testing critical processes)?**



# FWA Laws

The federal and state governments have a long history of regulating health care practices to prevent fraud, waste and abuse. These include:

- False Claims Act.
- Anti-Kickback Statute.
- Physician Self-Referral Statute (Stark).
- Exclusion Statute.
- Civil Monetary Penalties Law.



You do not need to know all the details of these laws in order to do your part in preventing FWA. However, by the end of this training, you will have a general understanding of how these laws impact your role at NMH.



## False Claims Act

**False Claims Act:** This law makes it illegal for any person to knowingly make a fraudulent claim for payment to the federal or state government.

- You do not have to intend to defraud the government to violate this law.
- You can be liable for violating this law if you act with deliberate ignorance or reckless disregard of the law.
- The False Claims Act generally applies to any type of government claim for payment, but the federal government aggressively pursues False Claims Act enforcement within the health care industry.

**False Claims Act violations can be fined up to three times the amount of the false claim, plus an additional financial penalty per each claim. Fines can add up quickly because each separate claim submitted to the government can be separate grounds for liability.**



## Anti-Kickback Statute

The Anti-Kickback Statute makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a government health care program (such as Medicare or Medicaid).

- Remember that both the “giver” and the “receiver” of an inappropriate inducement or reward are liable under the Anti-Kickback Statute. This is why all NMH business must be conducted in a fair and transparent manner.



**Anti-kickback violations can result in prison sentences and fines and penalties per kickback plus three times the amount of the underlying transaction.**



## Stark Law

The Self-Referral Prohibition Statute is also commonly known as the Stark Law.

- This law prohibits physicians from referring Medicare or Medicaid patients to an entity with which the physician or a physician's immediate family member has a financial relationship — unless an exception applies.
- This is a complex law with severe penalties for non-compliance, so every contractual arrangement between NMH and a physician must be reviewed by Provider Services and Legal. All relationships must be appropriately documented.

Penalties for physicians who violate the Stark Law may include fines for each service performed in violation of the law, repayment of claims, and potential exclusion from all Federal Health Care Programs.



## Exclusion Statute

Under the Exclusion Statute, the federal Health and Human Services Office of the Inspector General must exclude providers and suppliers convicted of any of fraud, waste or abuse from participation in federal health care programs (such as Medicare and Medicaid).

- As a Medicare/Medicaid provider, NMH must not employ, contract, or otherwise do business with any excluded individual or entity.
- The federal government maintains exclusion lists, and NMH is obligated to routinely screen these lists to ensure it does not do business with any excluded individual or entity.





## Civil Monetary Penalties Law

The Civil Monetary Penalties Law authorizes penalties for a variety of health care fraud violations. Violations that may justify penalties include:

- Presenting a claim that you know, or should know, is for an item or service not provided as claimed or that is false or fraudulent.
- Presenting a claim you know, or should know, is for an item or service that Medicare will not pay.
- Violating the Anti-Kickback Statute.

Penalties may be assessed up to three times the amount claimed for each item or service, or up to three times the amount of payment offered, paid, solicited or received.



## FWA Committed by Patients

In addition to the types of errors or intentional bad acts that may constitute FWA committed by health care providers, Medicare/Medicaid beneficiaries may also commit FWA.





## FWA Committed by Patients

If you see any of these situations occur, report the activity to your supervisor or directly to compliance.

- Drug diversion occurs when someone uses drugs, medications, and other pharmacy supplies for reasons other than their original/intended purpose.
- Member fraud occurs when a member carries out a fraudulent activity by falsifying member enrollment data or identity theft.
- Identity fraud occurs when someone pretends to be someone else by assuming that person's identity; often, this is done to access resources, obtain credit, or obtain other benefits in that person's name.



## What are your FWA Prevention Responsibilities?

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare/Medicaid non-compliance.

- You must comply with all applicable regulatory requirements, including participating in compliance program activities.
- You have a duty to report any suspected or actual non-compliance that you may know of.
- You have a duty to follow NMH's Code of Conduct. The Code of Conduct can be found on the Compliance NorthNet webpage and in the Team Member Handbook.
- When in doubt, ask questions. The Compliance Dept is a resource for all NMH team members.



## Reporting Fraud, Waste, and Abuse

- All NMH Team Members are expected to report any known or potential concerns of FWA.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.
- NMH prohibits any form of retaliation against a team member who reports a FWA concern in good faith.



## How to Report a FWA Concern

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can [send an email to Compliance](#).
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline.
  - This number is printed on the back of your employee badge.
  - You may leave an anonymous message on the hotline.



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## Overview of the NMH Compliance Program

The Compliance Program helps NMH identify compliance concerns and reduce compliance risks.

Compliance Department staff work with team members to implement changes to correct identified non-compliance and prevent the problem from happening again.



## Compliance Contact

*Chief Compliance Officer*  
[compliance@northmemorial.com](mailto:compliance@northmemorial.com)



## Impairment & Fitness for Duty 2023

# Impairment & Fitness for Duty

2023



## Safety is OUR priority

- We are committed to maintaining a safe work environment to protect the health and well-being of our patients, team members, providers and visitors. This requires individuals to not be impaired while working due to any cause (physical, mental/ emotional, medical, or related to alcohol, cannabis, illegal drugs or side effects from legally prescribed drugs).
- Anytime impairment is suspected of a team member or provider an impairment assessment must immediately take place to support a safe work environment.





## Safety is OUR priority

- It is imperative that we “**stop the line**” should safety be jeopardized.
  - Any team member who observes or becomes aware of an imminently harmful situation has the authority and responsibility to speak up and request the process be stopped in order to clarify the patient/team member safety situation.
- When in doubt or if you have questions, do not hesitate! **Immediately reach out within your leadership escalation.**
- We use the following policies, procedures, and tools to guide us in leading this work. They are found on C360.
  - Drug, Cannabis and Alcohol Testing for Team Members and Providers
  - Drug, Cannabis and Alcohol Testing for Registered Nurses and MNA
  - Fitness for Duty – North Memorial Health
  - Fitness for Duty – Ambulance Services



## Drug, Alcohol and Cannabis Testing

We prohibit the use, possession, transfer, manufacture, dispensation, distribution, and sale of alcohol and/or illegal drugs and cannabis while working, while on all premises owned or operated by North Memorial Health, and while operating any of our vehicle, machinery, or equipment.

It also prohibits reporting for work, and working anywhere on behalf of North Memorial Health, under the influence of alcohol and/or illegal drugs and cannabis. “Illegal drugs” means controlled substances and includes prescription medications that contain a controlled substance and which are used for a purpose or by a person for which they are not prescribed or intended.



## Drug, Alcohol and Cannabis Testing

- **Voluntary Disclosure:** Any team member/provider with a drug, cannabis, and alcohol problem or concern is encouraged to contact Employee Assistance Program (EAP) for assistance. They will be supported by existing employee benefits as applicable without fear of discrimination because of the disclosure. A voluntary disclosure does not excuse or exclude team members from potential disciplinary action when there are violations to the above policy statement.
- **Grounds for Testing:** North Memorial Health has grounds for drug and alcohol testing if team member or provider has objective behaviors or physical observations that suggest the possibility that there is impairment and may be related to being acutely under the influence of drugs, alcohol, or cannabis. Testing will be performed by an independent lab in accordance with state law. Team Member Health Center will be notified of the results of the testing.



## Fitness for Duty Policy Highlights

- A team member/provider **may be required to participate in a fitness for duty evaluation** when there is objective evidence that the team member/provider is unable to perform the essential functions of their job due to a medical or psychological condition or poses a direct threat to themselves or others. Fitness for duty evaluations may be completed by the team member's own provider however we may require an independent medical exam as directed by Team Member Health Center.
- **This policy does not limit employer's ability to take employment action** under normal disciplinary policies. Team members/employed providers who fail to perform their job functions or engage in misconduct may face disciplinary action up to and including termination despite the need for a fitness for duty evaluation.
- To the extent allowed by law, we will **protect the confidentiality** of any team member/provider medical information.



## Safety is OUR Priority

We are all responsible for safety!

It is imperative that we “**stop the line**” any time safety could be jeopardized.



Each of us can set the tone on safety in our environment, these policies are intended to support you in maintaining safety.



## Infection Prevention & Control 2023



**Your Infection Prevention Team – Here to Assist!**

Robbinsdale   Clinics   Ambulance Services	Maple Grove
 763-581-4660	 1-1234 or Vocera
Listed on Amion Infection Prevention Rounder	



## Preventing Healthcare Acquired Infections

According to the CDC, what is the single most important procedure for preventing healthcare acquired infections?



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

[Click to learn the answer](#)

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## Preventing Healthcare Acquired Infections

According to the CDC, what is the single most important procedure for preventing healthcare acquired infections?



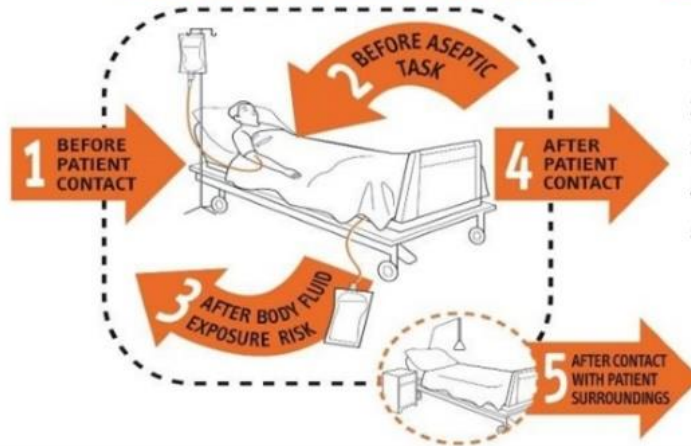
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

***“Hand hygiene is the single  
most important procedure  
for preventing healthcare  
acquired infections.”***

[Click to learn the answer](#)

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## 5 moments for HAND HYGIENE



North Memorial Health follows 5 key moments when hand hygiene should be practiced, which follows the WHO hand hygiene guidelines:

1. Before touching a patient.
2. Before a clean/aseptic procedure.
3. After body fluid exposure/risk.
4. After touching a patient.
5. After touching patient surroundings.



## Hand Hygiene Step 1: Clean



Click on each picture to learn more.

## Hand Hygiene Step 2: Moisturize

Take care of your hands- the most commonly used medical instrument.

- Use moisturizing lotion or cream frequently in your work shift to protect skin barrier neutral after frequent sanitizing.
- See Team Member Health if you are having skin difficulties or product concerns.



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## Jewelry and Nails

### *A Patient Safety Concern*

- Nails and excess jewelry can provide a habitat for microbial growth if not cared for.
- Team members providing direct patient care must keep fingernails short (<1/4 in) and clean.
- Nail polish is discouraged, but when worn should not be chipped or peeling.
- Artificial nails, nail polish and jewelry are prohibited in sterile field areas and for job tasks in certain departments (e.g. NICU, Pharmacy). Refer to department specific policies.



## Standard Precautions...

**are used for all patients, all the time.**

Treat all patient's blood or body fluids as if they are infectious.

- Use personal protective equipment (PPE) based on exposure anticipation.
- Practice sharps safety.
- Use respiratory etiquette (cover your cough).
- Practice hand hygiene.
- Clean and disinfect equipment after use.



## Personal Protective Equipment

GOWN	GLOVES	FACE SHIELD	STANDARD PROCEDURE MASK
			

*Click on each piece of PPE to learn more.*



## Personal Protective Equipment



- Wear gloves when touching abnormal skin, non-intact skin, rashes, blood, body fluids, mucous membranes, contaminated items and environmental cleaning products.
- Additional indications for sterile vs. clean glove use can be found in the **Standard Precautions** policy available in C360.
- Hand hygiene is required before and after donning/doffing gloves.

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## Personal Protective Equipment



- Gowns are worn when anticipating contamination of clothing (e.g. uncontained drainage, excretions, or for specific isolation needs).
  - Gowns are generally worn in combination with other PPE.
  - Put on before you go in the room.
  - Take off before you exit.
- A new gown is necessary with each encounter with the patient.
- Perform hand hygiene after removal.

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## Personal Protective Equipment

### Masks are used in healthcare facilities:

- To protect team members from infectious respiratory particles from patients.
- To protect patients from exposure to infectious organisms during a procedure requiring sterile technique.
- As source control to limit potential spread of infectious respiratory particles during community outbreaks (e.g. COVID-19).



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## Personal Protective Equipment

Worn to protect eyes when there is a risk of droplet dispersal, splashing of blood and or body fluids.



- Full face shields are the preferred choice for eye protection which provides protection for eyes, nose and face.
- Alternative eye protection options are also acceptable when worn with a mask including: Safety goggles and safety glasses with minimal gap between the glasses and forehead.
- Personal eyeglasses alone is not adequate protection.

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## Respirators

N95



PAPR



The above are filtering-facepiece masks that you may see being used as well. There is a separate module that goes into greater detail about these masks for those individuals who will use them.



## Donning and Doffing PPE

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

The following slides will follow the sequence in which PPE should be put on.



# DONNING

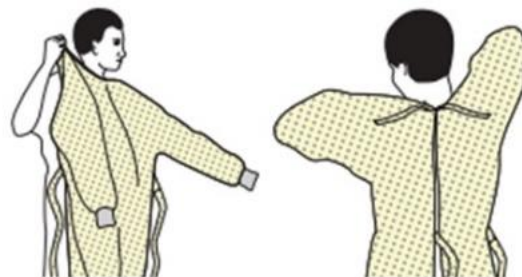
## PPE

### Step 1: Donning a Gown

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.

There are re-usable (pictured here) and disposable gowns. While doffing is different, donning is the same.

- Fasten in back of neck and waist.





## Step 2: Donning a Mask or Respirator

- Secure ties or elastic bands at middle of head and neck.
- Some masks have ear loops.
- Fit flexible band to nose bridge.
- Fit snug to face and below chin.
- Fit-check respirator.



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## Step 3: Donning Goggles or Face Shield

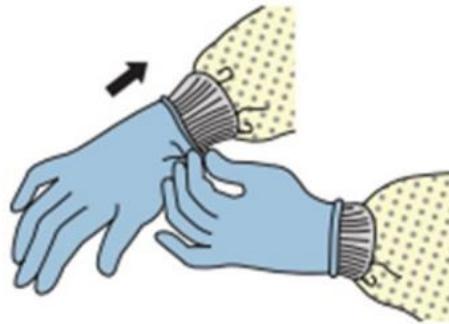
- Place over face and eyes and adjust to fit.



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## Step 4: Donning Gloves

- Extend to cover wrist of isolation gown.



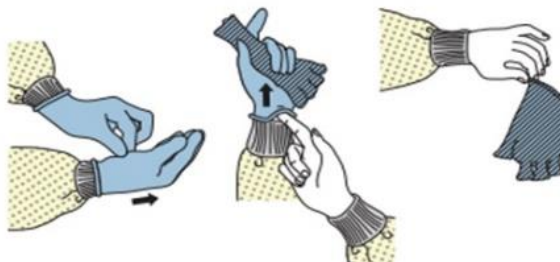
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**DOFFING**

**PPE**

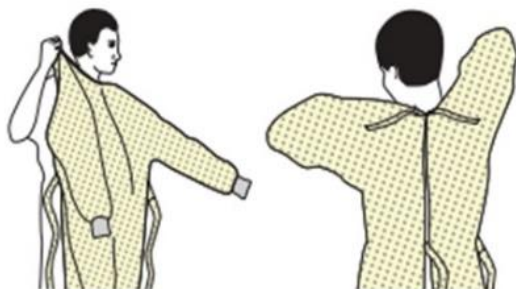
## Step 1: Doffing Gloves

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container.
- Perform hand hygiene.



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## Step 2: Doffing Re-usable or Disposable Gowns



Re-usable Gown



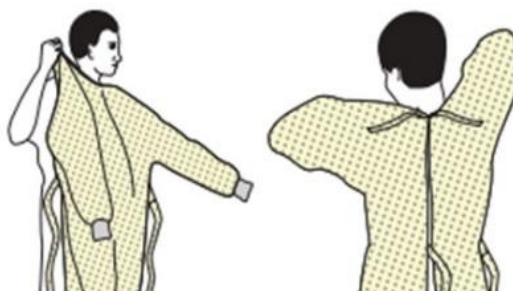
Disposable Gown

Click on the type of gown that is specific to your area to learn more.

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## Step 1: Doffing a Re-usable Gown

- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties.
- Pull gown away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard into a laundry bin.



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## Step 1: Doffing a Disposable Gown

- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands.
- While removing the gown, fold or roll the gown inside-out into a bundle.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands.
- Place the gloves into a waste container. Fold or roll gown into a bundle and discard into a waste container.



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## Step 3: Doffing Goggles or Face Shield

- After leaving patient's room, remove eye protection without touching the front (contaminated) area.
- Some types of eye protection are re-usable (goggles, face shield). If re-usable, decontaminate after removal, otherwise discard in regular trash. Refer to PPE policies/ guidelines for re-use instructions.



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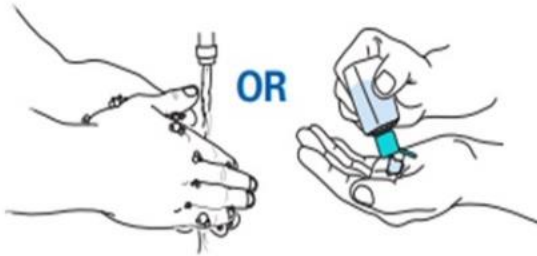
## Step 4: Doffing Mask or Respirator

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
- Discard in a waste container OUTSIDE patient's room.



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## Step 5: Perform Hand Hygiene



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE.



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## Transmission Based Precautions

Isolation types are based on routes of disease transmission:

- Contact
- Droplet
- Airborne
- Enteric
- Full Barrier

Need for precautions can be guided by the patient's symptom presentation (e.g. cough, rash), known disease (e.g. multi-drug resistant organism history), or lab diagnostics (e.g. new positive result).

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## Transmission Based Precautions Flag

Providers, RN's, Infection Prevention may order transmission based precaution.

- Outside of the EMR, team members are alerted to precautions by a visual door sign. Door signs should be placed immediately upon identification of isolation need.
- Electronic medical record infection flag or new isolation order will indicate need for precautions.

RA

Asiago, Ricky  
Male, 52 y.o., 3/28/1971  
MRN: 5701958  
HAR: 98544019  
Bed: POOL BED CLINDOC  
Code: FULL (no ACP docs)  
None  
Primary Cvg: None  
Search  
Infection: MRSA  
Isolation: Contact  
Michael Medicine, MD  
Attending  
PCP: None

Yellow isolation flag indicates active isolation status, requiring precautions. Also listed in medical history when multi-drug resistance is known.

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## Contact Precautions

Prevents transmissions of pathogens of infectious agents, including epidemiologically important multi-drug resistant organism, which are spread by direct or indirect contact with the patient or the patient's environment.

### Carriers (asymptomatic)

- Persons who can transmit an infectious disease to others but do not have active signs or symptoms of illness.

### Infected (symptomatic)

- Persons who have active signs and symptoms of an infectious illness and could transmit the illness to others.

Common MDRO examples:

- Methicillin-resistant Staph aureus (MRSA)
- Extended-Spectrum Beta Lactamase organism (ESBL)
- Carbapenem-Resistant Pseudomonas (CRPA)
- Vancomycin-Resistant Enterococcus (VRE)

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## Isolation Door Signs

This is an example of the required contact precautions for a patients with **contact precautions**.

TEAM MEMBERS	PATIENT	VISITOR
		
<ul style="list-style-type: none"><li>• Gowns required</li><li>• Gloves required</li></ul>	<b>When exiting room</b> <ul style="list-style-type: none"><li>• Clean patient gown</li><li>• Hand hygiene</li></ul>	<b>Recommended</b> <ul style="list-style-type: none"><li>• Gown</li><li>• Hand hygiene upon exit</li></ul>

Practice **STANDARD PRECAUTIONS** for **ALL** patient care:

- Hand hygiene.
- Cover your cough.
- Additional PPE based on exposure.
- Clean/disinfect equipment when removed from room.



## Droplet Precautions

- Droplets are propelled through the air up to 3-6 feet.
- Some disease examples that require Droplet Precautions:
  - Pertussis
  - Influenza
  - RSV





## Droplet Precautions

- Door must to be closed when doing Aerosol Generating Procedures (AGP).
- Patient should stay in room when ever possible, but must wear procedure mask when outside room.
- Provide respiratory etiquette supplies (tissues, hand hygiene product).
- Required PPE for team members:
  1. Standard procedure mask
  2. Eye protection

### REMINDER:

Team members should wear a respirator, instead of a procedure mask when performing an aerosol-generating procedure. [Click this box to see a list of Aerosol Generating Procedures.](#)



## Droplet Precautions

- Door must to be closed when doing Aerosol Generating Procedures (AGP)

### AEROSOL GENERATING PROCEDURES\*

- 1) Endotracheal tube (ETT) intubation, extubation or exchange
- 2) CPAP and BiPAP - non-invasive positive pressure ventilation (NIPPV)
- 3) Bag mask valve (BVM) ventilation (ambu bag ventilation)
- 4) Cardiopulmonary resuscitation (CPR) with chest compressions
- 5) Bronchoscopy
- 6) Open suctioning of airways
- 7) Sputum induction
- 8) Nebulizer treatment (use CPAP and BiPAP masks if possible)
- 9) Upper endoscopy (including PEG tub placement)
- 10) Transesophageal echocardiography (TEE)
- 11) High flow oxygen by nasal route or face mask > 6L/min

## Negative Airflow Room

Patient on airborne isolation is placed in a negative airflow room as soon as possible.

- Air flows from the corridor into the patient room.
- Air is exhausted to outdoors.
- Place isolation signage on the door.
- Door must remain closed.
- Negative Airflow room locations can be found in the Infection Prevention Airborne Isolation policy.
- Patient should wear a procedural mask when transported/ambulating outside the room.

In addition:

- Order Airborne Isolation in Epic.



## Full Barrier Precautions

Full Barrier precautions are used for infectious pathogens where a combination of PPE is required. It can also sometimes be used for a new/evolving pathogen where transmission is not yet well-understood.

There are two types of Full Barrier precautions used:

**Full Barrier Level 1:** Used for respiratory illnesses such as COVID-19, Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

**Full Barrier Level 2:** Typically includes gastrointestinal or hemorrhagic disease presentations such as Ebola or Lassa Fever.

A private room and bathroom is required for patient placement. A negative airflow room may be required or preferred - Refer to organism specific protocols (i.e. COVID-19 protocols).



## Full Barrier Level 1 Precautions

Required PPE:



Gown



Gloves



Eye protection



N95

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In acute care settings, door signs are used to indicate what precaution steps need to be taken.

### FULL BARRIER

LEVEL 1 TEAM BARRIER	PATIENT	VISITOR
 <i>Required</i> Fluid-resistant gown	 <i>Required</i> Mask for transport when available	 <b>DO NOT</b> Check in with at desk

**Always remember standard precautions:**

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

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## Enteric Precautions

- Patients with diarrhea or vomiting are proactively isolated when enteric tests are ordered (C-difficile, Norovirus).
- Isolation practice include hand washing rather than foam after encounters and using a sporicidal disinfectant (e.g. bleach, Oxycide) for environmental cleaning.
- In settings where UV equipment is available, the room is ultraviolet light disinfected after terminal cleaning is complete.



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## ENTERIC

In acute care settings, door signs are used to indicate what precaution steps need to be taken.



This is an example of a patient with Enteric precautions.

Practice **STANDARD PRECAUTIONS** for ALL Patient Care:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

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# Airborne Precautions

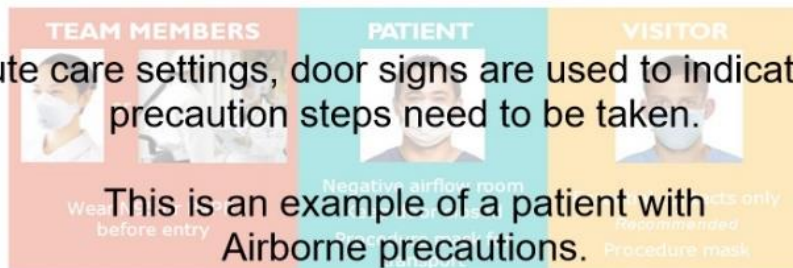
Precautions are required...

- Airborne organisms can stay suspended in the air for an extended period of time and travel with circulating airflow.
- Required for patients suspected or known to have:
  - Laryngeal/pulmonary Tuberculosis
  - Chickenpox
  - Measles
- Can be expelled by coughing, sneezing, talking, breathing, or when performing aerosol generating procedures.



## AIRBORNE

In acute care settings, door signs are used to indicate what precaution steps need to be taken.



Practice **STANDARD PRECAUTIONS** for **ALL** Patient Care:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room



## Blood and Body Fluid Exposures

NMH maintains an **Exposure Control Plan** to mitigate exposure to bloodborne pathogens (BBP). The plan is reviewed annually and available to team members in C360.

Bloodborne pathogens include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)



## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

Click on each of the items  
to the left to learn more about epidemiology and  
symptoms.



## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

**Hepatitis B (HBV)** is a virus that cause acute or chronic liver infection, which can lead to permanent liver damage, failure or cancer.

- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice.
- Transmission occurs through activity that involves puncture through the skin, mucosal contact with infectious blood/body fluid.
- Incidence of HBV is declining in the United States (U.S.) due to vaccination efforts.

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## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

**Hepatitis C (HCV)** is a virus that cause acute or chronic liver infection, which can lead to permanent liver damage, failure or cancer

- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice.
- HCV may show no symptoms at all.
- Transmission occurs through activity that involves puncture through the skin, mucosal contact with infectious blood/body fluid.
- An estimated 2.7-3.9 million people have chronic HCV in the U.S.

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## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

**Human immunodeficiency virus (HIV)** is a virus that attacks the immune system and can lead to a more severe phase called AIDS.

- Initial symptoms include fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes.
- Transmission occurs through activity that involves puncture through the skin, sexual contact with infectious blood/body fluid.
- While new infections are declining in the U.S., 1.1 million people in the U.S. live with HIV.



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

Click on each of the items  
to the left to learn more about exposure risks.





## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

***HBV is preventable through vaccination.***

Without the vaccine, the risk of acquiring HBV after exposure is 6-30%.

- NMH offers vaccination to susceptible team members at no cost.
- The vaccine is highly effective, with 95% efficacy.



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

The risk for acquiring HCV after exposure is ~1.8%. Up to 85% of those infected will develop chronic infection.

- There is no vaccine to prevent HCV.
- After an exposure, ongoing follow up/monitoring may be required with clinician.



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

Healthcare worker risk for HIV is considered low. The likelihood of infection after exposure through a contaminated needle is <1%.

- There is no vaccine to prevent HIV.



## Bloodborne Pathogen Exposure

A bloodborne pathogen (BBP) exposure is defined as an event in which personnel come into contact with blood, body fluids, or other potentially infectious material through direct contact, contaminated instruments or by other indirect means (e.g. needle stick).

BBP exposures should be reported as soon as possible to supervisor so counseling and medical evaluation can be done timely before entering event in Safety First Reporting.

