

Appendix D

You and the Medical Center Staff

This relationship will be based on mutual respect for the job each is trying to accomplish. You will find that the Medical Center staff will:

1. Give you the respect due a fellow member and worker on the Medical Center team.
2. Assign you to a needed task.
3. Give you helpful on-the-job instruction,
4. Discuss with you any matters concerning your volunteer assignment.

YOU AS A MEMBER OF THE MEDICAL CENTER TEAM

You will gain the respect of your fellow team members by:

1. Knowing and observing the hospital rules and regulations.
2. Being dependable and faithful in your assignments.
3. Reporting on time and staying until assignment is completed.
4. Following the instructions of the staff member to whom you are assigned.
5. Being kind and friendly to all patients.
6. Avoiding involvement, emotionally or personally, in patient's problems.
7. Remembering that all personal information, which you learn from or about a patient, is confidential.
8. Conducting yourself with the dignity and assurance of a qualified member of the team performing a needed service in a pleasant and efficient manner.

HIPAA/PRIVACY

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). On December 28, 2000, the Department of Health and Human Services published the final rule for Standards for the Privacy of Individually Identifiable Health Information-known as the HIPAA Privacy Rule. This new ruling required that every member of the Veterans Health Administration workforce receive training on the new VHA privacy policies by the implementation date of April 13, 2003. This includes volunteers, students, medical residents, contractors and all other employees whether or not that staff member has direct patient contact. The Privacy Policies include information on patients and employees.

VA Boston Healthcare System has outstanding professional and caring staff. Our staff works hard to always treat our patients with respect.

VHA Employees must use or access information only as legally permissible under applicable confidentiality and privacy laws, regulations and policies.

All VHA employees can use information contained in VHA records in the official performance of their duties for treatment, payment and healthcare operational purposes.

Common violations of HIPAA are:

- Staff discussing patients in elevators and hallways, whether or not names are used
- Patients being discussed during rounds where other patients or visitors may hear.
- Staff discussing the patients status with the patient and family in hallways or waiting rooms
- Medical record left unattended in hallways, on counter tops or in unlocked rooms
- Computer screens with patient information visible to patients or visitors or left unattended
- Privacy curtains or doors not fully closed in exam rooms or on a ward
- Patient information on “status boards” which is visible to other patients or visitors
- Office doors open during the discussion with or about patients

Remember: Respecting and providing for patients privacy is EVERYONES responsibility.

For more information on the Health Insurance Portability and Privacy Act as related to the Veterans Health Administration please visit <http://vaww.va.gov/hipaa>

RISK

What is “Risk”?

Risk is anything that creates a hazard to yourself or others.

What are some common risks found in a hospital setting?

Risk of Infection:

Poor hand hygiene (not cleaning your hands properly with either soap and water or an alcohol based hand rub) can spread germs.

Poor Respiratory Etiquette (not covering your mouth and nose when coughing or sneezing, not disposing of used tissues properly) can lead to the spread of respiratory infections.



Risk of Injury to self and others:

Not disposing of trash/sharps in the appropriate containers can contribute to injuries.

Not keeping your work area clean and free of leftover food and dirty eating utensils can invite insects and rodents.

Not cleaning up spills can lead to falls.

Not reporting a potential hazard can lead to injuries.



How can we prevent Risks?

Be aware of safety goals and infection control policies that pertain to you as a student, volunteer, contract, WOC, temporary or permanent employee:

- Improve the accuracy of patient identification
- Improve the effectiveness of communication with veterans, families, co-workers and others
- Reduce the risk of healthcare acquired infections by using good hand hygiene, good respiratory etiquette, proper trash disposal, and keeping your work area clean
- Reduce the risk of influenza and pneumococcal disease in older adults by staying home if you are running a fever or have uncontrolled coughing, by using tissues to cover your mouth and nose if you are coughing or sneezing and then disposing of the tissues properly and by frequent hand washing.
- Reduce the risk of injury by using Personal Protective Equipment appropriately
- Reduce the risk of theft by securing personal belongings at all times
- Reduce the risk of patient harm from falls by keeping corridors and walkways clear
- Learn to recognize warning signs of violent behavior to prevent risk to yourself and others
- Know the location of all fire equipment and how to use it
- Utilize verification process to prevent wrong site surgery/invasive procedures
- Prevent errors from medications that look alike/sound alike
- Insure use of free-flow protection on IV infusion pumps
- Use only approved abbreviations in the medical record



Life Safety – Fire Safety

Fire Code – “Code Red” Emergency number:	Boston/West Roxbury/Brockton	dial “33333”
	Boston OPC (Causeway)	dial “1333”
	Lowell OPC	dial “51”
	Worcester OPC	dial “22 # 7”
Wait for chimes to end and then dial 00		

POLICE EMERGENCY NUMBER – “55911”

Fire Alarm Boxes- located at Stairwells, Exits and Nurses’ stations

To activate a fire alarm – pull down and release the lever at firebox.

Fire pull station alerts entire complex and local fire department.

Some pull stations are activated with a standard key – have this on your person (if applicable)

Fire Alarm: Bells, Horns, Chimes –announce a fire code

Fire Strobe Lights - visually indicate a fire code

Overhead Page –announces fire location

R.A.C.E. stands for **Rescue – Alarm – Confine –Extinguish** (If small and manageable)

(Evacuate upon order of Fire Department)

Defend in Place - Close all doors, clear corridors, evacuate area, await Fire Department.

P.A.S.S. stands for **Pull – Aim – Squeeze - Sweep**

Smoke barrier doors – close to contain smoke in one area – do not breach.

Location of fire extinguishers: Wall closets with doors marked fire equipment.

Fully sprinklered buildings in patient care areas – smoke damage will be most likely to occur and cause need for evacuation of immediate area.

Same building, non-fire area – closes all doors, clear corridors, await instructions.

Fire Alarm, False Alarm, Fire Drill — treated as a real “Fire Scenario”

Keep all patients behind closed doors.

Keep all individuals/visitors from entering alarmed area until “**ALL CLEAR**” is announced. This applies to the entire building.

Elements of a Fire: **Fuel – Oxygen – Heat**, take away any element and you disrupt the chain reaction.

Evacuation: Horizontally and vertically – per instructions of Fire Department

Elevators shall not be used

Medical Gas shut offs – within 25 feet of nurses’ station

Fire Drills – Quarterly - each shift in a patient care area

Annually - in non- patient care buildings

Fire Safety Plans - located in the Environment of Care Manual



Safety is everyone’s business – practice it daily

OSHA created in 1970 to protect individuals in the workplace.

Common prohibited items – toaster ovens, extension cords, door stops/wedges.

Doors with closures are installed to keep door closed at all times.

Common problematic practices:

- Obstructed fire extinguishers
- Obstructed pull stations
- Toasters-microwaves left unattended
- Obstructed smoke doors
- Obstructed exits

Emergency Codes

AT ALL DIVISIONS/CAMPUSES AND OUTPATIENT CLINICS:

- **Code Gray ----- Disaster**
- **Code Blue ----- Medical**
- **Code Red ----- Fire**
- **Code Green ----- Psychiatric**
- **Code Yellow----- Missing Persons**

Emergency Management Resources Staff

Safety Officer	Leroy Eppley	61161	Cell Phone: 617-799-1132
Safety Manager	Richard Ward	61177	Cell Phone: 617-799-1234 Pager: 617-705-1667
Industrial Hygienist	Salo Birman	45460	Cell Phone: 617-799-1509

Life and Fire Safety Specialists

Brockton	Richard Ward	61177	Cell Phone: 617-799-1234 Pager: 617-705-1667
	Kathy Luciani	61157	Cell Phone: 617-799-1237
Jamaica Plain	Joseph Sinkiewicz	63123	Cell Phone: 617-799-1150
West Roxbury	Joseph Collins	36690	Cell Phone: 617-799-1131 Pager: 617-705-7827

Safety Administrative Assistant Cindy Dion 61158

HAZARDOUS MATERIALS FACT SHEET

WORK SAFE – KNOW THE CHEMICAL HAZARDS

- Know and understand the chemical hazards in your work area
- Read the hazard warnings on container's label
- Refer to the Material Safety Data Sheet (MSDS) for additional information
- Utilize the Chemical Inventories of your service to know what chemicals are being used
- Properly store your chemicals (by chemical compatibility and in a manner to avoid spillage)
- **DO NOT** dispose of chemicals in sink drains or in trash barrels
- Contact the Safety Office for chemical disposal (**extension 61158**)
- Recognize and report any unsafe conditions or malfunctioning equipment to your supervisor

EMERGENCY TELEPHONE NUMBERS AND RESOURCES:

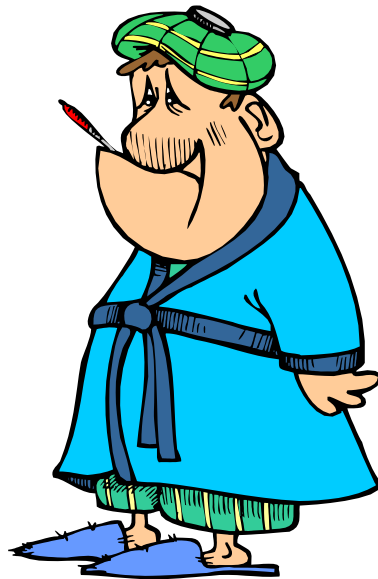
**FOR CHEMICAL SPILLS AND/OR LEAKS:
DIAL EXTENSION 33333**

PROVIDE THE FOLLOWING INFORMATION:

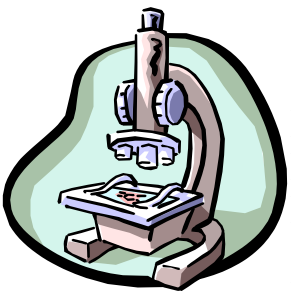
- IDENTIFY THE LOCATION
- DESCRIBE THE TYPE OF INCIDENT

RESOURCE PERSON: Salo Birman, CPC, FAIC
Industrial Hygienist/Chemical Hygiene Officer
Direct Tel. #: 857-364-5460
Emergency: Cell #: 617-799-1509

Identifying the Risks Associated with Infection Control Issues



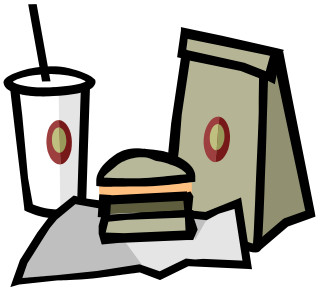
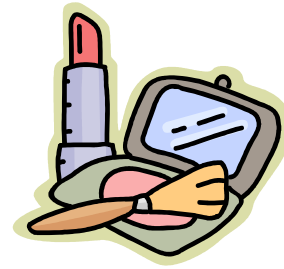
General Practices to Reduce the Risk of Hospital Associated Infections



- Specimens must be placed in plastic bag for transport
- Lab slip must be placed in pouch outside bag or attached to outside of bag
- Needles must be removed from specimens sent in syringes and syringes must be capped
- If outside of bag is contaminated, place in second leak-proof container
- Safety sharp devices are to be used at all times
- Needles are not to be recapped



Eating, drinking, smoking, applying cosmetics/ lip balm, handling contact lenses is prohibited in areas where there is a likelihood of exposure to blood/body fluids.



Food and drink shall not be kept in refrigerators, freezers, counter-tops, shelves where blood/body fluids may be present.

All patient care equipment must be decontaminated between patient use and when soiled with blood/body fluids.



*Nurses are required to wipe down frequently touched surfaces **daily**. Examples are: bedrails, overbed table, call bells, tv control, phones*

Disinfectant wipes are to be used for this purpose

Gloves are to be worn when cleaning.



Eliminating/Minimizing the Risk of Spreading Infections to Yourself & Patients Through the Practice of ***Hand Hygiene***



- Use ALCOHOL BASED HAND RUB for routine hand hygiene before & after patient contacts.
- Patient contact also includes contact with items in patient's immediate environment (ex: bedrails, linens, patient belongings, medical equipment, over bed table, etc).

- Apply a dime-sized amount on palm of hand
- Rub hands together until dry
- No soap or water required

- **Not** to be used for patients on “Special Contact Precautions”



- Wash with SOAP & WATER when hands are visibly soiled, contaminated, or dirty, after ~ 10 applications of the alcohol based hand rub, and for patients on “Special Contact Isolation”.

- Wet hands with water, apply soap, and rub hands together, covering all surfaces for ~ 15 seconds.
- Rinse & dry with disposable towel
- Use towel to turn off faucet



- **GLOVES** are to be worn when:
 - Soiling of hands is likely
 - In contact with open wounds, non-intact skin, or mucous membranes
 - Performing vascular access procedures
 - As warranted by certain isolation categories
- Gloves must be changed between patient contact & when heavily soiled.
- Wash hands after glove removal.



Each year two million people become ill because of a hospital-acquired infection, contributing to the death of ~ 90,000 patients.

Proper hand hygiene is critical to the prevention of these infections!



Eliminating/Minimizing the Risks Associated with Artificial Nails or Nails that are Too Long

- **NO** Artificial nails/extendors/wraps are to be worn by any employees who have or may have contact with patients.



- Fingernail polish if worn, must not be chipped or cracked



- Natural fingernails kept at <1/4 inch in length

ALL EMPLOYEES ARE EXPECTED TO KEEP FINGERNAILS CLEAN AND NEAT

EMPLOYEES WITH DAMAGED FINGERNAILS OR WHO HAVE SPECIAL CIRCUMSTANCES MUST SEE OCCUPATIONAL HEALTH

Eliminating/Minimizing the Risks of Spreading Germs through The Use of Proper Isolation Precautions

Isolation	Procedures	Used for
Standard Precautions	<ul style="list-style-type: none"> Gloves for contact with blood/body fluid, mucous membranes, open wounds, non-intact skin Gown when soiling of clothing with blood/body fluids is likely Face shield or goggles & mask if splattering of blood/body fluids is anticipated, and when suctioning 	<ul style="list-style-type: none"> <i>Applies to all patients, regardless of diagnosis</i>
Contact Precautions	<ul style="list-style-type: none"> Gloves for any patient contact Gown with close patient contact May require private room/commode Private room or cohort same disease/pathogens In Long Term Care & Psychiatry, follow Infection Control guidelines for room-mate selection if cohorting is not possible 	<ul style="list-style-type: none"> MRSA, VRE Pediculosis/Scabies Viral/hemorrhagic conjunctivitis Very resistant gram negative rods (infection control discretion)
Special Contact Precautions	<ul style="list-style-type: none"> Gloves & Gown for all patient contact Dedicated commode, BP cuff, stethoscope, thermometer, etc. May cohort with other symptomatic patients with c difficile Hand hygiene with soap & water (alcohol not as effective) Patient to wear red wrist bracelet while symptomatic 	<ul style="list-style-type: none"> C. Difficile (suspected or confirmed) Undiagnosed diarrhea/loose stools
Droplet Precautions	<ul style="list-style-type: none"> Private room preferred Staff must wear surgical face mask w/face shield or goggles when within 3 feet of the patient Gloves for patient contact Patient must wear surgical face mask if leaving room 	<ul style="list-style-type: none"> Invasive meningococcal disease Pertussis, Diphtheria (pharyngeal) Viral infections including influenza, parvovirus, rubella, adenovirus
Respiratory Precautions	<ul style="list-style-type: none"> Negative pressure room with door closed N95 respirator mask required for staff entering room Patient must wear surgical face mask if leaving room Limit visitors, explain use of surgical mask to visitors 	<ul style="list-style-type: none"> Pulmonary or laryngeal TB, infected skin lesions Measles Varicella (disseminated zoster/zoster in immunocompromised host) SARS & Smallpox (contact isol also)
Neutropenic Precautions	<ul style="list-style-type: none"> Private Room Persons with illness should not enter room, or must wear mask No patient contact with animals, plants, or flowers No fresh fruit/vegetables unless peeled or adequately washed 	<ul style="list-style-type: none"> Patients with neutrophil count of ≤ 500

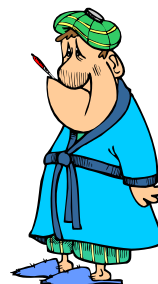
Eliminating/Minimizing the Risk of the Spread of a Respiratory Infection through the use of Respiratory Etiquette



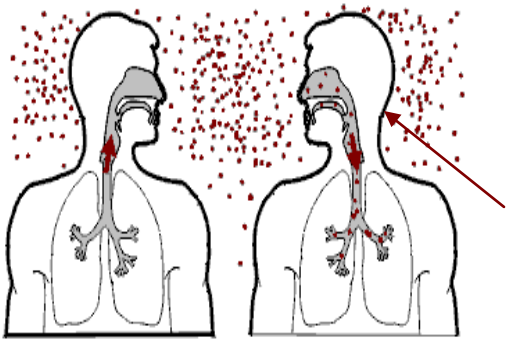
- **Cover your mouth and nose with a tissue when coughing or sneezing.**



- **Properly dispose of tissues in trash receptacles.**
- **Wash your hands often to help protect yourself from germs & from spreading germs to others. The alcohol-based hand rubs are very effective, or soap & water can be used.**
- **Avoid touching your eyes, nose, or mouth. Germs can be spread by touching something that is contaminated with germs and then touching your eyes, nose, or mouth.**
- **Use appropriate masks when caring for patients with specific respiratory illnesses**
- **Do not come to work if you have a fever and/or uncontrolled coughing.**
- **Encourage patients and visitors to practice Respiratory Etiquette**



Eliminating/Minimizing the Risk of Exposure & Spread of Tuberculosis



Tuberculosis is spread from person to person via the airborne route of transmission.

Coughing, sneezing, talking, or singing can result in spread of the TB germ

The dots represent the TB germs suspended in the air & how someone can breathe them into their lungs & get infected.

Prevention & Control Measures

- ✓ Patients with suspected or documented pulmonary or laryngeal TB must be transferred immediately to a negative pressure room, and placed on “Respiratory Precautions”. Negative pressure rooms are available on 4N, 2S, MICU, CCU, PCU, PACU & in the ER at the West Roxbury Campus. The Urgent Care units at the Brockton and Jamaica Plain campuses each have a negative pressure room.

Requirements for Respiratory Precautions:

- ✓ Private room with negative pressure
- ✓ Infection Control notification is necessary.
- ✓ **Door must remain closed at all times** to maintain negative pressure.
- ✓ Affix “Respiratory Precautions” sign to patient room door.
- ✓ **N95 respirators or PAPRs** are required for all persons entering the room. Personnel must have these masks fit tested prior to initial use.
- ✓ Access to rooms of patients on “Respiratory Precautions” is restricted only to essential hospital employees.
- ✓ Visitors are to wear a standard surgical face mask when entering room.
- ✓ Patients are restricted to room unless absolutely necessary to leave for diagnostic studies (e.g. CT scan, Nuclear Medicine, etc.). If the patient must leave the room, a standard surgical face mask is worn.
- ✓ The patient should cover his/her mouth and nose with tissue when coughing or sneezing.
- ✓ The patient should wash hands after coughing or sneezing.
- ✓ Isolation discontinued only with Infection Control or Infectious Disease approval.
- ✓ The patient’s room is to be considered contaminated for one (1) hour after the patient leaves the room. During this time, the door to the room must remain closed and all entering room must wear a N95 respirator or PAPR.



**N95
Respirator**



PAPR

Yearly TB Testing to Eliminate/Minimize the Risk of the Spread of Tuberculosis by Employees

Every employee must have a TB test yearly if they have had no history of testing positive regardless of having received the BCG vaccination in the past.



If your test is newly positive, you will be evaluated by Occupational Health for active disease and for preventive therapy.

Symptoms of active disease may include:

- Chronic productive cough**
- Coughing up**
- Unexplained Weight loss**
- Low grade fever**
- Night sweats**



A chest x-ray will be ordered by Occupational Health for an employee who has newly converted to positive to make sure there is no evidence of active disease. Follow-up chest x-rays are not indicated unless person is symptomatic.



If PPD is positive but you have no symptoms, and your chest x-ray is clear, you are considered **INFECTED** but **NOT INFECTIOUS**. This means there is a chance of developing active TB in the future, but less likely to occur if preventive therapy has been initiated.

ELIMINATING/MINIMIZING THE RISK OF EXPOSURE TO BLOOD RELATED DISEASES BY PROPER HANDLING OF BLOOD SPILLS



Blood spills must be cleaned immediately to prevent potential exposures.

Follow Principles of Standard Precautions:

- Wear gloves
- Wear gown if soiling of clothing is likely
- If glass or sharps were associated with spill, ensure you take appropriate precautions to prevent personal injury & do not use hands to clean spill or pick up sharps



Cleaning Blood Spills:

- Contact Housekeeping, when available to clean large spills.
- If Housekeeping not available, use bucket and mop from housekeeping closet to clean. Place mop head in red bag after use & notify housekeeping when available that mop head was used.
- Small blood spills can be cleaned using paper towels with a hospital-approved disinfectant (i.e., Coverage HB) ---or---Using the Emergency Response Blood spill kits.
- Dispose of paper towels as regular trash unless saturated with blood or body fluids.
- If paper towel is saturated, place in red bio-hazard bag.
- Dispose of sharps in the large sharps disposal boxes.



WASH HANDS WHEN DONE

Management of Employee Exposure to Blood and Body Fluids to Reduce the Risk of Acquiring Hepatitis B and C and HIV



NEEDLE STICK INJURIES

SHARPS INJURIES



Splash to Eyes/ Nose/ Mouth with Blood or Other potentially Infectious Material

Contact of Blood or Other Potentially Infectious Material with Non-Intact Skin

WHAT TO DO IF YOU GET AN EXPOSURE

WASH AREA WITH SOAP AND WATER



USE EYE WASH FOR SPLASHES TO EYE



GO IMMEDIATELY TO OCCUPATIONAL HEALTH OR THE EMERGENCY ROOM FOR EVALUATION

Comparison Chart for Hepatitis B, Hepatitis C, and HIV

	Hepatitis B	Hepatitis C	HIV
Signs & Symptoms	Only 30-50% of adult's w/acute HBV infection have icteric disease. Onset usually insidious, with anorexia, vague abdominal discomfort, nausea & vomiting, sometimes with rash progressing to jaundice.	Onset is usually insidious, with anorexia, vague abdominal discomfort, nausea & vomiting, sometimes with rash progressing to jaundice. Between 50-80% will develop chronic infection, and half of those develop cirrhosis or liver cancer.	Human Immunodeficiency Virus (HIV) is the pathogen that causes AIDS. Infected persons may be free from clinical symptoms for months or years. The severity of HIV related opportunistic infections or cancers are correlated with the degree of immune system dysfunction.
Prevention	<ul style="list-style-type: none"> ▪ Hepatitis B vaccine – available through Occupational Health ▪ Risk behavior modification 	<ul style="list-style-type: none"> ▪ Blood donor screening ▪ Risk behavior modification 	<ul style="list-style-type: none"> ▪ Blood donor screening ▪ Risk behavior modification
Post-exposure prophylaxis for occupational exposures	<ul style="list-style-type: none"> ▪ For non-vaccinated or undetected antibodies: Hepatitis B vaccine & HBIG ▪ Vaccinated: none may be need 	None currently available	<ul style="list-style-type: none"> ▪ 4-week regimen of anti-retroviral agents can greatly reduce potential for infection --- optimal to give within first hours after exposure.
Risk of infection after a needle stick	6 – 30%	4%	0.4%
Transmission	<ul style="list-style-type: none"> ▪ Percutaneous (needle stick injuries) or mucous exposure to infective body fluids. ▪ Sexual ▪ Perinatal (infected pregnant mother to unborn child) 	<ul style="list-style-type: none"> ▪ Primary route is percutaneous ▪ Sexual transmission has been documented 	<ul style="list-style-type: none"> ▪ Percutaneous (needle stick injuries) or mucous exposure to infective body fluids. ▪ Sexual ▪ Perinatal (infected pregnant mother to unborn child)
Period of Communicability	All person HbsAg positive are potentially infectious	Not well defined—may be 1-2 weeks before symptoms, may persist indefinitely	Unknown; presumed to begin early after onset of HIV infection and last through lifetime
Infective body fluids	Blood, saliva, CSF, peritoneal, pleural, pericardia, and synovial fluid, amniotic fluid, semen and vaginal secretions; and unfixed tissues & organs	Blood, and blood products	Blood, saliva in dental procedures, CSF, peritoneal, pleural, pericardia, and synovial fluid, amniotic fluid, semen and vaginal secretions; and unfixed tissues & organs
Incubation period	Usually 45 – 180 days, average 60 – 90 days	Ranges from 2 weeks to 6 months; commonly 6-9 weeks. Chronic infection may persist up to 20 years before onset of cirrhosis or hepatoma.	Variable. Usual time from infection to development of antibodies is 1-3 months. The time from HIV infection to diagnosis of AIDS has been observed at < 1 year to > 15 years.
Precautions	Standard	Standard	Standard

Eliminating or minimizing the potential for attraction of pests through proper storage & disposal of food items

Don't give pests a reason to be here!

Some basic practices can help prevent attraction of pests.....



Do Not Collect Empty Soda Cans in the Medical Center



Keep Food & Fruits in Closed Containers

Discard Food Immediately After Use



Don't leave food out for extended periods of time. Eat & clean!



Wash Dishes After Use & Keep Work Area Clean!



Notify g.pest via DHCP with any pest problems

Eliminating/Minimizing the Risks of Contamination or Injury by Proper Disposal of Trash

INFECTIOUS WASTE

- * Blood
- * Items heavily soiled with blood
 - Blood transfusion bags
 - IV tubing with blood
 - Dressings soaked with blood
 - Laboratory Personnel to follow disposal policies and procedures specific to your department



REGULAR WASTE

- * Paper
- * Food Debris
- * Wrappers
- * Chux
- * Items soiled with urine, feces, or sputum (unless heavily soiled with blood)



SHARPS

- * Needles
- * Syringes
- * Slide covers
- * Broken glass
- * Lancets
- * Scalpels
- * Suture Needles
- * Used or unused sharps



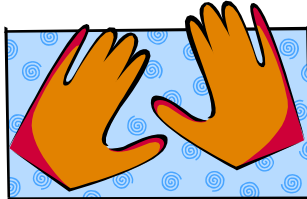
ALL SHARP ITEMS MUST BE DISPOSED OF IN DESIGNATED SHARPS DISPOSAL BOXES

Clostridium Difficile (C-Difficile) Fact Sheet

Clostridium Difficile (C. Difficile) is a contagious disease that can cause severe diarrhea and, rarely, death.



It is transmitted by picking up the germ on your hands and then transferring the germs to your mouth such as when you eat or touch your mouth. Sometimes the germ stays in the gastrointestinal tract without causing illness, but persons at high risk (see below), often become sick. The germ multiplies and then produces toxins that irritate the bowel-causing diarrhea. The stool contains the germs.



The germs can also be present on clothes, bed linens, and objects in a patient's room.

The germs can be spread to other people and objects.

Persons at increased risk for c. diff are:

- Prolonged hospitalized patients
- Elderly persons
- Immune-compromised persons
- Persons on antibiotics
- Gastrointestinal surgery

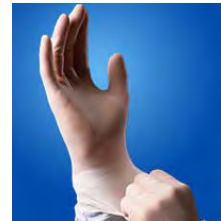


Preventing/Minimizing the Risk of Transmission of C. Difficile

Special Contact Precautions



- Private room or with another confirmed patient with active c. Difficile
- All people must wear gloves and gowns to enter the room (visitors, too)



- Patient to wear a red wrist bracelet or, it may be taped to the head of the patient's bed until precautions are discontinued. Bracelet is taped to the foot of the bed when the bed is ready to be cleaned.



- ◆ Consider the patient and everything in the room as potentially contagious
- ◆ Dedicate equipment to this patient only (BP cuff, stethoscope, thermometer, etc.)
- ◆ Do not share commode with any other patient
- ◆ Nursing staff to wash frequently touched surfaces daily with disinfectant wipes

Thoroughly wash hands with SOAP & WATER after removal of gloves



Alcohol gel does not kill this germ. You need to physically remove the germs from your hands with rigorous rubbing of hands with hand washing. The gown protects your clothes. No mask is needed.