
TOPIC: AUTOMATED EXTERNAL DEFIBRILLATOR (AED), USE OF

PURPOSE:

To provide safe and effective delivery of external defibrillation to a person experiencing sudden cardiac arrest characterized by unresponsiveness and lack of breathing.

LEVEL OF RESPONSIBILITY:

All Staff trained in use of AED

POLICY:

Any person that renders out-of-hospital emergency care or treatment to a person in cardiac arrest by initiating CPR, using the AED and activating the EMS System as soon as possible.

EQUIPMENT:

- Rechargeable battery or Standard Long-Life Battery
- 2 sets of adult defibrillator pads with integrated cable and connector
- 2 sets of infant/child reduced energy defibrillator pads (for use on children under the age of 8 or less than 55lbs/25kg).
- Scissors
- O2 tank
- Ambu bags and masks of appropriate sizes

PROCEDURES:

PREPARATION

1. Defibrillation must not be performed on someone who is responsive or breathing.
2. Press the ON/OFF button.
3. Follow the instructions of the voice and screen prompts in the order indicated.
4. Remove clothing from the person's upper body. If the skin is moist, wipe with dry cloth.
5. Open the defibrillator pads package. If the person appears to be under 8 years of age or 55lbs or less use the infant/child reduced energy defibrillator pads. Do not delay treatment to determine the child's exact age or weight. Check to see that the pads and attached cable and connector are not damaged. Pull off the protective backing from the pads.
6. Check to see that the gel has not dried out. If the pads are damaged or the gel has dried out, use a new set of pads. If excessive hair is present and the pads are not sticking, rip the pads off and replace with new pads.

PLACEMENT OF PADS

ADULT: One pad is to be placed below the person's right collarbone, and the other pad is placed over the person's ribs in line with the armpit and below the left breast. (Refer to the drawing on the package for correct positioning).

CHILDREN: (under the age of 8 or less than 55lbs/25kg)

One pad is centered on the chest between the nipples and the other on the child's back between the shoulder blades. (Refer to the drawing on the package for correct positioning).

CONNECT THE PADS TO THE AED

Insert the defibrillator pad connector firmly into the connector socket. A flashing light signifies where the socket is located at the top left of the device.

ECG ANALYSIS AND MONITORING

Once the defibrillator pads are connected properly, the AED automatically begins analyzing the patient's heart rhythm. **Do not touch the patient during rhythm analysis.** The device will display the patient's ECG and heart rate on the screen.

The AED provides voice and screen prompts to signify, if **NO SHOCK ADVISED.**

The AED will prompt the user to perform (continue) CPR starting with chest compressions.

These instructions are repeated at a one-minute interval while the AED is monitoring the patient. **CPR MAY INTERFERE WITH MONITORING.** Periodically pause for 15 seconds to check the patient and allow the AED to analyze the heart rhythm.

IF SHOCK ADVISED:

The AED gives voice warning and screen prompts to tell the user that a shock is advised. The AED automatically charges to prepare for shock delivery. While charging, it continues to analyze the patient's heart rhythm. **Make sure no one is touching the patient or the pads during this phase.** If the rhythm changes and shock is no longer appropriate, the AED automatically disarms. When the AED is fully charged, the user can disarm it by pressing the on/off button to turn off the device and return it to standby mode.

SHOCK DELIVERY

Press the shock button to deliver the shock.

The AED will not automatically deliver the shock.

The AED is ready to deliver a shock when

- A voice prompt tells the user to deliver shock
- The shock button is flashing
- You hear a steady tone and/or
- You see a screen prompt instructing you to press the orange button (shock button).

DEFIBRILLATION CURRENT CAN CAUSE OPERATOR AND BYSTANDER INJURY. DO NOT TOUCH THE PATIENT DURING DEFIBRILLATION.

The AED goes back to ecg analysis to determine, if the shock was successful. The AED will instruct the user if additional shocks are needed.

If the shock button is not pressed within 30 seconds of being prompted the AED will disarm itself and pause. It will resume analyzing after 30 seconds or when the resume-analyzing key is pressed.

PAUSE FOR CPR

After the programmed number of shocks in a series are delivered, the device automatically pauses for a programmed amount of time to allow you to perform CPR. The voice and screen prompts will tell you that the AED has paused.

During the pause phase, the AED screen shows a bar that fills in as the pause time is used up. The screen also shows how much time has gone by since the device was turned on and how many shocks have been delivered.

Continue CPR until relieved by EMS.

TOPIC: INFECTION CONTROL - CONTAGIOUS DISEASES, CONTROL OF

PURPOSE: To utilize a uniform procedure to serve patients who might have contagious illnesses that minimizes risk of exposure to other patients, visitors and staff.

LEVEL OF RESPONSIBILITY:

All Clinical Staff

POLICY: PCC Community Wellness Center is committed to providing primary care services to its patient population. Occasionally, patients who have specific contagious illnesses pose a risk to other patients at PCC. For this reason, a specific set of procedures will be used to provide all patients, visitors or staff with services, including those with potentially contagious diseases, while minimizing the potential spread of infection. All staff will proactively identify these patients and involve the triage nurse and providers in the implementation of these procedures as quickly as possible. All patients contacted through phone triage will be given specific instructions regarding entry into PCC. Appropriate staff will be notified of patient's name and procedure to be followed upon their arrival.

PROCEDURE:

1. All staff members who care for patients will perform hand hygiene in accordance with the policy (See hand hygiene policy.) Standard precautions will be followed at all times.

2. Triage should begin at the time that an office visit is scheduled. Symptoms of an infectious or communicable disease will be noted and reported. Consultation with nurse and/or provider may be necessary to determine the most appropriate time for visit. Not all cases can be identified prior to scheduling. Therefore, when a staff member notices anyone that appears to have any of the following symptoms, the staff member should assume that the patient may have a contagious illness, request that the individual wear a mask and notify the triage nurse or team leader immediately:

- Red bumpy rash over skin, either fresh or scabby
- Cough that is very strong, persistent and it is possible to hear or see mucous being coughed up
- Appearance of being quite sick with fever and stiff neck
- An open wound
- Uncontrolled bleeding or pregnant and bleeding
- In their opinion, any other clear symptom of chicken pox, measles, severe respiratory infection, TB or meningitis

Signs stating the above symptoms are to be posted in all PCC waiting rooms. (See attachment.)

3. The triage nurse or team leader will assess the patient briefly wherever he/she may be and consult with a provider as necessary. A mask may be applied to the patient at the nurse's discretion. All patients who are coughing should be encouraged to cover their nose and mouth

with a disposable tissue. A hand hygiene station will be provided for the patients in each waiting area that will include, tissues, hand gel, facial mask with loops and instructions.

4. If the triage nurse or team leader agrees that the patient may be contagious, she will prioritize other patients appropriately so that the contagious patient may be seen immediately. In addition to Standard Precautions, staff will adhere to specific precautions appropriate for reducing the risk of transmission for the suspect disease, e.g. Contact, Droplet or Airborne Precautions. (See Isolation Based Precautions Policy for specific instruction.) When possible, access to the patient will be limited to staff who are immune to the suspected disease.
5. If it is necessary for the provider to see the patient, the provider will come to the exam room for the visit. If the suspect communicable disease is transmitted via an airborne route, the door to the exam room will be closed.
6. If the patient needs to have lab work or other treatments completed, clinical staff will bring the necessary equipment to the exam room to complete that work.
7. If billing or appointment activities need to occur, patient care representatives will do these over the phone or bring the necessary materials to the room for the visit.
8. When patient care is complete, the patient will leave directly.
9. The room will be ventilated and cleaned as necessary.
10. The provider will determine the need for the prophylaxis for persons other than the patient who document an unprotected exposure to the contagious disease.
11. Each PCC site will have approved masks on site for use in interactions with patients with suspected or actual active pulmonary tuberculosis or other contagious airborne transmitted disease.

Addendum –
Care & Cleaning of Exam Rooms Post Treatment of Patients with
Infectious & Communicable Diseases

Diagnosis of the infectious or communicable disease and an understanding of the mode of transmission of that disease will direct the common sense post treatment care of the exam room. In all cases, exam rooms can be reopened and available for use immediately after cleaning.

- ✓ For diseases spread by direct or indirect CONTACT (infectious diarrhea, scabies, varicella, et al. – *For complete list, please see reference*)
 - Wipe surfaces with standard disinfectant
 - It is not necessary to wipe all surfaces – only those subject to **patient contact**. This should include diagnostic equipment used (BP cuffs, stethoscopes, thermometers, etc.)
 - Place all disposable items (paper sheets, etc.) in regular trash
 - Place used linens in routine dirty linen container
 - If causative organism is known to form spores (anthrax, clostridium difficile, et al.), add bleach to the cleaning routine

- ✓ For diseases spread by DROPLET (influenza, types of meningitis, etc.)
 - Wipe surfaces potentially contaminated by respiratory droplets with standard disinfectant
 - This should include diagnostic equipment used (BP cuffs, stethoscopes, thermometers, etc.)
 - Place all disposable items (paper sheets, etc.) in regular trash
 - Place used linens in routine dirty linen container

- ✓ For diseases spread via an AIRBORNE route (tuberculosis, varicella, etc.)
 - Routine cleaning of environmental surfaces in between patient use

Note: Although airborne particles are usually less than 5mc, capable of floating on air currents, they can only remain suspended for several minutes once the source (infected patient) is gone.

Reference:

Control of Communicable Diseases Manual, Abram S. Benenson, Editor – Sixteenth Edition

TOPIC: INFECTION CONTROL - POTENTIALLY INFECTIOUS MEDICAL WASTE

PURPOSE: To provide guidelines to prevent exposure to POTENTIALLY INFECTIOUS MEDICAL WASTE (PIMW) and to meet regulations based on the Centers for Disease Control (CDC), Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), and the Illinois Pollution Control Board (IPCB)

1. PIMW is identified as substance which because of its quantity, concentration, physical, or infectious characteristics may pose a substantial potential harm to human health or the environment when properly treated, stored, transported, or disposed of, or otherwise managed.

2. PIMW includes:

a. **CULTURES AND STOCKS** This waste shall include but not limited to cultures and stocks of agents infectious to humans and associated biologicals; cultures from medical or pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live or attenuated vaccines; or culture dishes and devices used to transfer, inoculate, or mix cultures.

b. **HUMAN PATHOLOGICAL WASTE** This waste shall include tissue, organs, and body parts (except teeth and the contiguous structures of bone and gum), body fluids that are removed during surgery, autopsy, or other medical procedures; or specimens of body fluids and their containers. This includes USED and FILLED devices such as pleuravacs and hemovacs. It does not include empty foley catheter bags, empty IV bags and tubing, soiled chux/underpads, and empty containers which previously contained body fluids. These are examples of items NOT considered PIMW or "regulated" waste and should be placed in with ordinary trash waste.

c. **HUMAN BLOOD AND BLOOD PRODUCTS** This waste shall include discarded human blood, blood components (e.g. serum and plasma), or saturated material containing FREE FLOWING BLOOD or blood components ONLY. This does NOT include bloody gloves or dressings with small amounts of blood. If waste is determined to be PIMW, staff should dispose of waste in a biohazard bag, secure bag and remove contained waste from room and dispose waste in centralized biohazard disposal garbage container.

d. **USED SHARPS** This waste shall include but not limited to discarded sharps used in animal or human patient care, medical intravenous, or other medical needles; hypodermic or intravenous syringes; pasteur pipettes; scalpel blades, sterile urine tops with needles or blood vials. This includes broken or unbroken glass (including slides and cover slips) in contact with infectious agents.

e. **ISOLATION WASTE** This waste shall include discarded materials contaminated with blood, excretions, exudates, and secretions from humans that are isolated to protect

others from highly communicable diseases. "Highly Communicable Disease" includes the following viral diseases:

Alastrim, Smallpox, Monkey Pox, Whitepox, Hemorrhagic fever agents (including Crimean hemorrhagic fever (Congo), Juniin and Machupo viruses; Herpesvirus simiae (Monkey B Virus); Lassa virus; Marburg virus; Tick-borne encephalitis complex; Venezuelan equine encephalitis virus; Yellow fever virus. IT DOES NOT include waste from other types of isolation (contact, airborne, droplet) for infections with MRSA, VRE, TB, and other diseases not mentioned above.

f. UNUSED SHARPS This waste shall include but not be limited to the following unused, discarded sharps (hypodermic, intravenous or other needles, hypodermic or intravenous syringes; or scalpel blades).

LEVEL OF RESPONSIBILITY:

All Staff

POLICY: PCC Community Wellness Center recognizes the importance of practicing proper infection control techniques and has written this policy in accordance with existing regulatory standards.

PROCEDURE:

1. All such waste as describe above is to be handled with caution by all staff:
 - a. A minimum of latex or disposable gloves are required.
 - b. Masks, gowns, and protective eyewear when appropriate are to be used to prevent exposure to liquids or solids described above.
 - c. Careful handwashing is to be performed.
 - d. Red plastic labeled biohazard bags and syringe/sharps containers of leak proof rigid hard plastic are to be utilized in all areas where PIMW/sharps are generated.
 - e. Bags must be securely tied in such a manner that they will not open. Red bags must be labeled with the biohazard symbol.

2. PIMW waste is to be transported in an enclosed covered cart or enclosed container by an individual trained in proper procedures and placed in soiled utility room for pick-up by outside service.

REFERENCE: "Guidelines for Environmental Infection Control in Health-Care Facilities Recommendation of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC): 2003

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TOPIC: DISPOSAL OF SHARPS

PURPOSE: To dispose of infected, used and/or contaminated needles, syringes, and other sharps in a safe manner.

LEVEL OF RESPONSIBILITY:

All Clinical Staff

POLICY: All sharps will be disposed of in a safe manner, following protocol established by PCC Community Wellness Center.

PROCEDURE:

1. Red plastic containers labeled "SHARPS" for infectious wastes are required in all areas where needles and syringes are used.
2. Needles are NEVER to be recapped following use. Needle safety devices should be used as directed and whenever possible.
3. Needles and syringes are not to be cut prior to disposal.
4. All sharps are to be dropped and not pushed into rigid puncture resistant leak proof containers.
5. All sharps containers in exam rooms must be secured and locked to prevent attempts at removal of contents. All sharps containers must be placed at least forty-eight (48) inches from the floor when located in other patient rooms, treatment areas, or any area with public access.
6. Sharps containers should be changed when 3/4 full. Designated staff must put on proper PPE and seal container with the locking cap. Secure lid to container. Full sharps containers should be stored in biohazard waste box upright. Dispose of PPE and wash hands immediately.