

RADT 64

Patient Care Syllabus

Bonnie A. Patterson, BA, R.T. (R)(M)(CT), CRT
Updated 2018

**RADT 64 AND RADT64L
PATIENT CARE SKILLS SYLLABUS**

DAY: Fridays

TIMES AND LOCATIONS:

RADT64 lecture is 7:30 to 10:30 a.m. in Room 4076

RADT64L lecture is 10:30 to 11:30 a.m. in Room 4076

RADT64L lab is 12:00 a.m. to 3:00 p.m. in Nursing Skills Lab

INSTRUCTOR: BONNIE A. PATTERSON, BA, R.T.(R)(M)(CT)

PHONE # AND OFFICE HOUR: (707) 527-4945. I will be on campus on Fridays only, but I check for messages via email during the week, and will return your email within 48 hours. My office “hour” is on Fridays from (3:00 to 4:00) p.m. My office is Room 4074 on the third floor of the Race Health Sciences Building. The best way to communicate with me is by email: bpatterson@santarosa.edu. I check this multiple times a day.

COURSE GOALS: To familiarize students with all aspects of patient care skills required of Radiologic Technologists.
To acquire, practice, and to demonstrate proficiency in these skills in the laboratory environment.

GRADING: **RADT64:** Grading is based on a percentage of points accrued through quizzes, one midterm, an oral presentation and a final examination. **Quizzes will be frequent.** If you have any questions regarding an exam taken, you will have one week after the exam has been given to discuss it in my office, to challenge your grade. Class participation is expected. Failure to comply may drop your grade one full course grade, or 10%.

If a student earns a score of **less than 75% on any test, quiz, or midterm**, the student will be counseled which will result in being placed on remediation. A remediation plan will be initiated that will include identification of areas of weakness, goals for improvement and how those goals will be evaluated. The instructor provides students with written feedback as to their status. The instructor counsels students regarding criteria for successful completion of the course and makes recommendations for improvement. Recommendations may include, but are not limited to remediation with faculty assistance, utilization of peer study groups, tutors, self-study instruction, and seeking assistance from counselors and instructors. Remediation plans will include a schedule for completion of recommendations. The student is expected to comply with the recommendations listed and be able to document that those recommendations have been completed on schedule. Remediation is considered a pro-active mechanism that identifies an area of deficiency, and suggests behavior that will mitigate that behavior.

RADT64L: Practical skills tests (skills “check-offs”) will be performed by each student and evaluated by an R.T. instructor or the course proctor at intervals throughout the semester. **IT IS THE RESPONSIBILITY OF EACH STUDENT TO BRING THE PROPER MATERIALS TO LAB FOR CHECK-OFFS AND FOR PRACTICE. IF A STUDENT IS UNABLE TO PERFORM A SKILLS CHECK-OFF DUE TO LACK OF MATERIALS, A ZERO WILL BE GIVEN IN THE SKILLS AREA(S) FOR THAT DAY.** There will be **NO** exceptions to this rule.

In addition, the Skills Audit Checkoff Sheets MUST BE BROUGHT TO CLASS EACH WEEK, and the student is also responsible to submit this form to the instructor at the end of the semester for grading. Loss of this grading record results in a grade of F. It is the student's responsibility to have **each** area evaluated before the last lab session is completed.

Please refer to the handout for the area entitled "RADT64L Grading Policy." Your instructor will carefully review this with you and will ask you to sign one of the two copies and return it to her, demonstrating that you have read and understood this policy.

Program Grading Scale:

95 - 100% = A

85 - 94% = B

75 - 84% = C

74% and below = Fail

All classes must be attended. **NO LECTURE, SKILL, OR HANDOUT WILL BE REPEATED.** (Most demonstrations are on video DVD for your review.)

Two unexcused absences will reduce the final grade by one grade. Late assignments are not accepted and will constitute a zero grade for that assignment.

REQUIRED TEXT AND MATERIALS:

- 1) RadT64 *Patient Care in Radiography*, 9th Edition by Erlich and Coakes.
- 2) RadT64 Patient Care Course Materials for Students in Radiologic Technology
- 3) RadT64 Lecture Series for Students in Radiologic Technology: (Link given to student upon registration)
- 4) RADT64L Lab Skills Sheets (Orange sheets) for Students in Radiologic Technology

RADT64L
PATIENT CARE SKILLS LAB
LAB GUIDELINES AND EXPECTATIONS
Bonnie A. Patterson, B.A., R.T. (R) (M) (CT)

The following guidelines are considered to be the expectations and rules for the RADT64L Patient Care Skills Lab. Please follow them to make the experience as productive as possible for your fellow students and yourself. Thanks!!

1. Be considerate by being on time for class and after all breaks. No student is allowed in the lab without an instructor present.
2. No food is allowed in the lab. Only bottled water is permitted. Please leave all books, backpacks etc. on the shelf located at the entrance to the lab. Bring only your lab packs inside. The furniture needs to remain in place, for fire safety.
3. **You are required to wear your scrubs in the lab.**
4. Be available for your instructor or the proctor when it is your turn to be tested for skills evaluations. *This means that you should have your materials ready, a “patient” ready when necessary, and have your orange Skills Evaluation Form in your hand.*
5. If you need to leave the lab for any reason, please notify a buddy first, so they can let you back in.
6. **You must keep busy at all times.** Your instructor and proctor will be busy demonstrating, evaluating and observing other students. It is your own responsibility to practice and re-practice and re-re-practice all skills. (You will be glad you did when you are “on the spot” to perform in the clinical site or during your final practical exam
7. If the skill requires a “patient” to be on the bed in the lab, please do not put your shoes directly on the sheets. We have a very limited budget for cleaning laundry.
8. Clean up after yourselves before you leave the lab. No one is to leave the lab until it is in the same shape (or better shape) than when you found it. The chairs should be put up on the desks on Fridays, unless told otherwise.
9. Bring the lab pack to lab each week, as well as your orange skills check off sheets. Failure to have your supplies and/or check off sheets at the time of testing, constitutes a zero grade.
10. Get into the spirit of pretending. Be a “real” patient to benefit the person you are practicing with. Only do what your “R.T.” tells you to do. (Since you already know what is expected, the challenge is to only DO what you HEAR your partner say.) This forces your colleague to increase his or her communication skills.
11. I hope the lab will be a time to relax and have fun while you are working. I’ll do my best!

In the unlikely event of a fire, earthquake or other disaster necessitating Race Building evacuation, students and faculty are encouraged to follow these guidelines:

- Determine the safest way to leave the classroom and the building. Do NOT use the elevator.
- In the Dental Clinic, Student Health Services, Dental Lab or other areas on the first floor, safe egress may be the emergency exit or door on the east and/or west side of the building or out the front door.
- In room 4044, 4035, HLRC, Nursing Skills Lab, X-ray lab or other areas on the 2nd floor, safe egress may be the front stairway or the rear (east) stairway. Please proceed in an orderly fashion, panic is not useful in this situation.
- In room 4076, 4077, Health Science Office or other areas on the 3rd floor safe egress may be the rear (east) stairway or the center (west) stairway. Please proceed in an orderly fashion, panic is not useful in this situation.
- **Once outside the building, please proceed to the front of the Race Building toward Elliot Ave. and gather in the plaza identified as Evacuation Assembly Area.** Faculty are to take role and determine if all are present or accounted for. Faculty will report to the Campus Building Safety Coordinators (BSC) and Area Safety Coordinators (ASC) personnel identified by wearing yellow vests. These safety coordinators are ready to provide direction in the time of an emergency. Anyone missing from the faculty report will prompt an investigation whether someone may be trapped in the building.

SANTA ROSA JUNIOR COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
GRADING POLICY FOR THE RADT64L COURSE

The Patient Care Skills Lab course (RADT64L) teaches students the necessary skills to manage all types of procedures in the clinical setting in a way that is effective and safe for the patient as well as the student. The possible ramifications of a marginal performance by a student can be very serious to the patient in the clinical setting. In many cases, the improper actions of the student have the potential for lethal consequences, and for this reason, the inability to pass the skills tests required for this course will disallow the student from continuing in the program. The policy for passing skills test activities in the RADT64L course is as follows:

If a student receives an initial score of "0" in any skill, s/he must retest and successfully complete the task in order to be considered competent to perform at the clinical sites. Prior to the retest, the student is expected to practice the task and request that the instructor periodically observe and critique the performance. When the student feels ready, s/he will notify the instructor and a time will be established for the retest. (Note: The date for re-examination must be before finals week of the same semester.) The retest will be given by the instructor and witnessed by the Program Director (or designee). If the student does not pass the skill during the retest, then a plan for remediation will take place. The instructor will then decide a random date for a retest with the instructor and witnessed by the Program Director (or designee). (Note: The date for re-examination must be before finals week of the same semester.) If the student does not pass the skill after the third attempt, s/he will fail the lab portion of RadT64L. The maximum retest score will be a score of "3." If the student is unable to demonstrate proficiency during the retest, a "0" will again be given. (A retest score of "0" means that the student does not pass the course).

Note: If during a skills test, the student should fail to perform in an acceptable fashion, but discovers the problem and rectifies it, then the student will be considered to pass the skills test, but not with maximum score of "3."

I have read and understood the program policy as outlined above and have been given a copy for my own record.

Print Name: _____

Signature: _____

Date: _____

SANTA ROSA JUNIOR COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
GRADING POLICY FOR THE RADT64L COURSE

The Patient Care Skills Lab course (RADT64L) teaches students the necessary skills to manage all types of procedures in the clinical setting in a way that is effective and safe for the patient as well as the student. The possible ramifications of a marginal performance by a student can be very serious to the patient in the clinical setting. In many cases, the improper actions of the student have the potential for lethal consequences, and for this reason, the inability to pass the skills tests required for this course will disallow the student from continuing in the program. The policy for passing skills test activities in the RADT64L course is as follows:

If a student receives an initial score of "0" in any skill, s/he must retest and successfully complete the task in order to be considered competent to perform at the clinical sites. Prior to the retest, the student is expected to practice the task and request that the instructor periodically observe and critique the performance. When the student feels ready, s/he will notify the instructor and a time will be established for the retest. (Note: The date for re-examination must be before finals week of the same semester.) The retest will be given by the instructor and witnessed by the Program Director (or designee). If the student does not pass the skill during the retest, then a plan for remediation will take place. The instructor will then decide a random date for a retest with the instructor and witnessed by the Program Director (or designee). (Note: The date for re-examination must be before finals week of the same semester.) If the student does not pass the skill after the third attempt, s/he will fail the lab portion of RadT64L. The maximum retest score will be a score of "3." If the student is unable to demonstrate proficiency during the retest, a "0" will again be given. (A retest score of "0" means that the student does not pass the course).

Note: If during a skills test, the student should fail to perform in an acceptable fashion, but discovers the problem and rectifies it, then the student will be considered to pass the skills test, but not with maximum score of "3."

I have read and understood the program policy as outlined above and have been given a copy for my own record.

Print Name: _____

Signature: _____

Date: _____

LECTURE SCHEDULE AND ASSIGNMENTS SHEET

RADT 64

PATIENT CARE SKILLS

BONNIE A. PATTERSON, BA, R.T.(R)(M)(CT)

LESSON TOPIC/DATE	ASSIGNMENTS
<p>Week 1 – 8/24</p> <ul style="list-style-type: none"> • Course Overview and Discussion of Lecture and Lab Expectations • “The Radiographer as a Member of the Health Care Team” • “Medical Legalities” 	<ul style="list-style-type: none"> • Read all handouts given in class today that describe the course rules and expectations. • Read Chapters 4 & 5 in textbook. • Read Code of Ethics and Patient’s Rights from RadT64 Course Materials.
<p>Week 2 – 8/31</p> <ul style="list-style-type: none"> • “Safety, Transfers, and Positioning” • Handouts given for written and oral assignments relating to the OSHA standards regarding bloodborne pathogens. • Empathy Video 	<ul style="list-style-type: none"> • Read Chapters 7 & 12 in textbook. • Read "Rules for Good Body Mechanics" and handouts on patient transfers from wheelchair and gurneys in the RADT64 Course Materials. • Hand in your <u>signed</u> copy of the “RADT64L Grading Policy.”
<p>Week 3 - 9/7</p> <ul style="list-style-type: none"> • “Attitudes and Communication in Patient Care” • AIDET • Trust exercise • Communication exercise 	<ul style="list-style-type: none"> • Read Chapter 6 in textbook. • Read “Geriatric Radiology” in your Merrill’s positioning book • Read AIDET in your Course Materials • Prepare presentation on OSHA guidelines (see handout and assignment sheet).
<p>Week 4 - 9/14</p> <ul style="list-style-type: none"> • “Infection Control and Medical Asepsis” • .PPT Flu <ul style="list-style-type: none"> • Quiz 1 in HLRC at 7:30 a.m. (<i>covers weeks 1-3</i>) 	<ul style="list-style-type: none"> • Read Chapters 8 & 9 from the textbook. • Know terminology words from the RadT64 Course Materials. • Read article in course materials entitled "Image Report: Bad Blood." • Carefully read section on "Body Substance Precautions" from course materials.

<p>Week 5 – 9/21</p> <ul style="list-style-type: none"> • “Surgical Asepsis”, “Skin Prep” • Video “Aseptic Technique” (19 min.) • Quiz 2 in HLRC at 7:30 a.m. (Covers <i>Infection Control and Medical Asepsis</i>) 	<ul style="list-style-type: none"> • Read Chapters 18 from the textbook. • Read Isolation Procedure in RadT64 Course Materials.
<p>Week 6 – 9/28</p> <ul style="list-style-type: none"> • “Isolation Technique” • Quiz 3 in HLRC at 7:30 a.m. (Covers <i>Surgical Asepsis and Skin Prep</i>) 	<ul style="list-style-type: none"> • Read chapters 10 & 11 in the textbook & (review ch.9)
<p>Week 7 – 10/5</p> <ul style="list-style-type: none"> • “Evaluating the Patient’s Physical Needs” • “Vital Signs” • Quiz 4 in HLRC at 7:30 a.m. (Covers <i>Isolation</i>) 	<ul style="list-style-type: none"> • Read section in the RadT64 Course Materials entitled "Important Diagnostic Signs and Their Interpretation." • Reminder: OSHA assignments due next week.
<p>Week 8 - 10/12</p> <ul style="list-style-type: none"> • Midterm in HLRC at 7:30 a.m. on all information given from the beginning, through the lecture on “Isolation.” • Oral reports on OSHA Standards for Bloodborne Pathogens to be given in class today. (10 minutes per group) 	<ul style="list-style-type: none"> • OSHA presentation is due today (30 points) • Midterm (50 points) • Study Guide is on pg. 27 of Course Materials.
<p>Week 9 – 10/19</p> <ul style="list-style-type: none"> • “Meds, Their Administration, and Reactions to Contrast Media” 	<ul style="list-style-type: none"> • Read chapters 13,14, & 19 in textbook. • Read sections in RadT64 Course Materials: "Rules for Injections", "Types of Parenteral Injections.", "Facts About Contrast Media." & "Shock." • Read article in course materials entitled "Selective Uses of Low Osmolality Contrast Agents: Cost and Benefits."

<p>Week 10 – 10/26</p> <ul style="list-style-type: none"> • “Contrast Media” • “Care of Patients During Imaging Exams of the GI System” • Quiz 5 in HLRC at 7:30 a.m. (<i>Covers Meds, Their Administration, and Reactions to Contrast Media</i>) 	<ul style="list-style-type: none"> • Read Chapter 17 of the textbook. • Read section in RadT64 Course Materials: "The Large Intestine." • Read in course materials on material discussing enemas. • Read in Merrill's Textbook, on materials entitled "The Large Intestine."
<p>Week 11 – 11/2</p> <ul style="list-style-type: none"> • “Care of Patients with Drainage Tubes and Alternative Medical Treatments” • Distribution of assignment on “Review for the Final Exam” (due in December). 	<ul style="list-style-type: none"> • Review Chapter 20 in the textbook • Read in Merrill’s material on “Geriatrics”. • ”Read terminology section in the Course Materials on drainage tubes. • Read "Quick Tips on NG Tubes" in RADT 64 course materials.
<p>Week 12 – 11/9</p> <ul style="list-style-type: none"> • Guest Lecture on C-Arm • “Care of Patients with Special Problems” • Quiz 6 in HLRC at 7:30 a.m. (<i>Covers Care of Patients with Drainage Tubes and Alternative Medical Treatments</i>) 	<ul style="list-style-type: none"> • Read Chapter 21 in the textbook • Read handout in course materials entitled "Bedside Radiography: Special Conditions and Environments. • For the review session of week 17, write sample multiple choice test questions on the chapter which will be assigned to you in class.
<p>Week 13 – 11/16</p> <ul style="list-style-type: none"> • “Medical Emergencies in Radiographic Imaging” 	<ul style="list-style-type: none"> • Read Chapters 15 & 16 in textbook. • Read section in course materials on emergency cart medications.
<p>Week 14 – 11/23</p> <ul style="list-style-type: none"> • No School 	<ul style="list-style-type: none"> • Have a great holiday!!!
<p>Week 15 – 11/30</p> <ul style="list-style-type: none"> • “Medical Emergencies in Radiographic Imaging” (cont’d). • Discuss party in lab. • Distribution of Course and Instructor Evaluations for RADT64 and RADT64L. • Quiz 7 in HLRC at 7:30 a.m. (<i>Covers Care of Patients with Special Problems</i>) 	<ul style="list-style-type: none"> • For the review session of week 17, continue to write sample multiple choice test questions on the chapter which will be assigned to you in class

<p>Week 16 - 12/7</p> <ul style="list-style-type: none"> • “Care of Patients During Special Procedures” • Quiz 8 in HLRC at 7:30 a.m. <i>(Covers Medical Emergencies in Radiographic Imaging)</i> 	<ul style="list-style-type: none"> • Read Chapter 22 in the textbook. • Complete the evaluation form on the RADT64 and RADT64L courses. • Next week, submit your sample test questions on the chapter(s) assigned to you. (Distribute copies to all.)
<p>Week 17 – 12/14</p> <ul style="list-style-type: none"> • Continue with remainder of course lecture information. • Review for final exam if time allows. • Collection of questions for the Review Assignment (they are graded). 	<ul style="list-style-type: none"> • Completed Patient Care Skills Forms are due in lab today.
<p>Friday, 7:00 to 9:45 a.m. – 12/21</p> <ul style="list-style-type: none"> • Comprehensive Final Exam in the HLRC. 	<ul style="list-style-type: none"> • Study well!!! • Relax, you’ll be great!! • Review the computer program in HLRC (C116)--it's a review of patient care.

CALENDAR:

Final exams for the Fall Semester are from December 17th through 23th.

Winter Break is December 22 through January 13 with classes for the Spring of 2019 session beginning on January 14th. Enjoy yourselves. You deserve it!!!!!!!!!!!!!!!

PATIENT CARE SKILLS LAB SCHEDULE

RADT 64L
PATIENT CARE SKILLS
BONNIE A. PATTERSON, BA, R.T.(R)(M)(CT), CRT

DATE	ACTIVITY	MATERIALS TO BRING TO CLASS
1. Week 1	<ul style="list-style-type: none">• Demo: Patient Transfers (w/c to xray table; bed to w/c)• Kits Inventoried• Practice: Transfers <u>with Handling Tubes Safely</u>	<ul style="list-style-type: none">• Wheelchair• Utility Gloves
2. Week 2	<ul style="list-style-type: none">• Demo: Handwashing• Demo: Handling Tubes Safely• Practice: Wheelchair transfers	<ul style="list-style-type: none">• Towels & soap• Wear short or push-up sleeves.
3. Week 3	<ul style="list-style-type: none">• Demo: ; Patient Transfers (gurney to xray table)• Practice: All Skills• Skills Check-Off on part of Transfers (w/c to xray table and back to the w/c)	<ul style="list-style-type: none">• Gurney, sliderboard• Hemostat and Urinary Bag with Tubing• Materials for the areas in which you need practice.
4. Week 4	<ul style="list-style-type: none">• Demo: Putting on Sterile Gloves• Practice: All Skills• Skills Check-Off on Handwashing	<ul style="list-style-type: none">• One pair of sterile gloves• Wear short or push-up sleeves.• Cloth surgical towel.• Materials for the areas in which you need practice.• Soap and Towels
5. Week 5	<ul style="list-style-type: none">• Demo: Skin Prep & Opening/Setup a Sterile Tray• Practice: All Skills• Skills Check-Off on remainder of Transfers (gurney to xray table)• Skills Check-Off on Handling Tubes Safely	<ul style="list-style-type: none">• Skin Prep Kit• Sterile Gloves• Utility Gloves• Hemostat for Handling Tubes Safely

DATE	ACTIVITY	MATERIALS TO BRING TO CLASS
6. Week 6	<ul style="list-style-type: none"> • Demo: Surgical Scrub • Practice: All Skills • Skills Check-Off on Putting on Sterile Gloves 	<ul style="list-style-type: none"> • Sterile Gloves • Scrub package that contains an iodophor-impregnated sponge, brush and nail cleaner. (X2 packs for practice) • Materials for the areas in which you need practice. • Have a new package of sterile gloves for testing ready.
7. Week 7	<ul style="list-style-type: none"> • Demo: Closed Gowning & Gloving, Cap & Mask • Practice: All Skills • Skills Check-Off on Skin Prep • Skills Check-Off on Opening/Setup of a Sterile Tray 	<ul style="list-style-type: none"> • Surgical gown, surgical cap, mask and one pair of gloves. • Materials for the areas in which you need practice.
8. Week 8	<ul style="list-style-type: none"> • Demo: Double-Bagging Linen and Cassettes During an Isolation Case (reverse and standard) • Practice: All Skills 	<ul style="list-style-type: none"> • Isolation Gown, Mask, Utility Gloves and Cap. • Red Biohazard Bag. • Materials for the areas in which you need practice.
9. Week 9	<ul style="list-style-type: none"> • Demo: Vital Signs • Skills Check-Off on Surgical Scrub 	<ul style="list-style-type: none"> • Wrist watch with a second hand; small paper or notepad, pen. • Materials for the areas in which you need practice. • Scrub package that contains an iodophor-impregnated sponge, brush and nail cleaner. (X2)

DATE	ACTIVITY	MATERIALS TO BRING TO CLASS
10. Week 10	<ul style="list-style-type: none"> • Demo: Filling A Syringe • Practice: All Skills • Skills Check-Off on Gowning and Closed Gloving 	<ul style="list-style-type: none"> • Variety of needles and syringes. • Vials • Alcohol wipes. • <u>New</u> surgical gown, surgical cap, mask and two pair of <u>new</u> gloves.
11. Week 11	<ul style="list-style-type: none"> • Demo: Setting Up an IV • Practice: All Skills • Skills Check-Off on Isolation Technique-Standard & Reverse Isolation 	<ul style="list-style-type: none"> • IV tubing • Roll of paper tape • Utility Gloves • Bag or bottle of fluid for setting up an IV. • Butterfly Infusion Set • Sterile Gauze (2" x 2")Materials for the areas in which you need practice. • Isolation Gown, Mask, Utility Gloves, and Cap. • Two Sterile Disposable Bags •
12. Week 12	<ul style="list-style-type: none"> • Demo: Discontinuing an I.V. • Practice: All Skills • Skills Check-Off on Vital Signs (pulse, respirations, BP) 	<ul style="list-style-type: none"> • IV tubing • Roll of paper tape • Utility Gloves • Bag or bottle of fluid for setting up an IV. • Butterfly Infusion Set • Sterile Gauze (2" x 2") • Materials for the areas in which you need practice. • Wrist watch w/second hand, paper & pen.

DATE	ACTIVITY	MATERIALS TO BRING TO CLASS
13. Week 13	<ul style="list-style-type: none"> • Demo: Barium Enemas • Practice: All Skills • Skills Check-Off on filling a syringe 	<ul style="list-style-type: none"> • Barium enema bag, tubing and enema tip with retention catheter. • Hemostat • Water soluble jelly. • Utility gloves. • Materials for the areas in which you need practice. • Variety of needles and syringes. • Vials
14. Week 14 HAPPY THANKSGIVING!!!	<ul style="list-style-type: none"> • No School 	<ul style="list-style-type: none"> • No School
15. Week 15	<ul style="list-style-type: none"> • Practice: All Skills • Skills Check-Off on Setting Up and Discontinuing an I.V 	<ul style="list-style-type: none"> • Materials for the areas in which you need practice • IV tubing • Roll of paper tape • Utility Gloves • Bag or bottle of fluid for setting up an IV. • Butterfly Infusion Set • Sterile Gauze (2" x 2")
16. Week 16 – rm. 4059	<ul style="list-style-type: none"> • Practice: All Skills • Skills Check-Off on Barium Enemas 	<ul style="list-style-type: none"> • Materials for the areas in which you need practice. • Barium enema bag, tubing, enema tip with retention catheter & utility gloves
17. Week 17	<ul style="list-style-type: none"> • Practical Final Exam • Hand in your completed Patient Care Skills Evaluation Forms today. 	<ul style="list-style-type: none"> • Bring all materials, since you will be picking a skill at random, which you will be asked to perform.

Media in the HLRC for Patient Care Lab Skills Review

DVD 150 Volume 1:

2-minute Hand Wash, Putting on Sterile Gloves, Surgical Scrub, ~~Closed Gowning and Gloving~~ (**do not view**), Skin Prep, Vital Signs, Standard Precautions, Reverse Precautions

DVD 150 Volume 2:

Patient Transfer – Bed to Wheelchair, Gurney to Bed, Table to Gurney, Handling Tubes Safely, Barium Enema, Filling a Syringe, Connecting an IV, Setting up an IV, Opening a Sterile Package

DVD 2015 Radiologic Lab Skills:

Bed to Wheelchair, Gurney Transfers, ~~Skin Prep~~ (**do not view**), Gowning and Closed Gloving, ~~Surgical Scrub~~ (**do not view**), Disconnecting an I.V.

OSHA Blood Borne Pathogen Rule
Occupational Safety & Health Administration
www.osha.gov

Assignment Sheet
RADT64

1. Read the entire handout. The next two pages, entitled “Overview of OSHA Blood borne Pathogen Rule,” outline the OSHA standards. The pages following show an example of a hospital’s internal policy enforcing the OSHA regulations.

2. You will be assigned to a group. Your group will be given one area of the OSHA guidelines to explore in depth. The group’s findings will be presented orally during class following the Midterm test. Your oral report should be limited to 10 minutes.

3. The report is worth a total of 30 points and the grading criteria for the assignment are as follows:
 - Participation/voice projection/eye contact: 10 points
 - Knowledge of subject: 10 points
 - Creativity of presentation: 10 points

4. Oral Report Group Assignments:

Group 1 – Do “A.1.”and “A.2.” Be sure to include the history of why these standards had to be developed by OSHA. Define which diseases are spread through contact with bodily fluids and the possible effects of these diseases.

Group 2 – Do “A.3. – A.7.”

Group 3 – Do all of “B.”

Group 4 – Do areas “C.” and “D.”

OVERVIEW OF OSHA BLOODBORNE PATHOGEN RULE

THE FOLLOWING GUIDELINES ARE MANDATED BY FEDERAL OSHA AND RECOMMENDED BY THE AMERICAN HOSPITAL ASSOCIATION AND CENTERS FOR DISEASE CONTROL (CDC). THEIR PURPOSE IS TO PROTECT PATIENTS, EMPLOYEES AND PHYSICIANS FROM OCCUPATIONAL EXPOSURE TO BLOODBORNE INFECTIONS, SUCH AS HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND HEPATITIS B VIRUS (HBV).

A. BLOOD AND BODY FLUID PRECAUTIONS

1. Blood and Body Fluid Precautions must be strictly followed for all patients at all times, regardless of diagnosis, especially when contact with blood, body fluids/substances, or other potentially infectious materials (OPIM) are anticipated. OPIM are defined as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.
2. Blood and Body Fluids/Substances must be handled with personal protective equipment to reduce the risk of occupational exposure to or transmission of blood borne pathogens.
3. Gloves are required for:
 - a. direct contact with blood/OPIM
 - b. contact with non-intact skin or mucous membranes
 - c. when cuts, lesions or dermatitis are present on hands of health care worker (HCW)
 - d. handling contaminated instruments
 - e. vascular access procedures, e.g. phlebotomy, IV starts
4. Masks and face shields (with solid side shields) are worn when splattering or aerosolizing is anticipated to prevent eye, nose, and mouth contamination.
5. Impervious gowns are worn when soiling or splashing of clothing is anticipated.
6. Shoe covers are to be worn in situations involving gross splattering, e.g. traumas, autopsies
7. Emergency resuscitation equipment such as ambu bags, mouthpieces, pocket masks and ventilation devices are required.

B. EMPLOYEE HEALTH

1. Hepatitis B vaccine is required for all employees who have potential for occupational exposure to blood and body fluids (within 10 days of hire for new hires). A release form must be signed if vaccination is declined.
2. Exposure to blood and body fluids via needle stick, mucous membranes or non-intact skin requires medical evaluation in the Emergency Department; follow up with Employee Health, and documentation of the exposure incident, per the employee exposure protocol.
3. A written opinion regarding post exposure evaluation and follow up will be provided to the employee (effective 7-6-92).

C. OTHER METHODS OF CONTROL

1. Hand washing is required before and after patient contact, contact with specimens or blood and body fluids, and as soon as possible after removing gloves.
2. Used syringes and disposable sharps are to be disposed of immediately at point of use in puncture resistant containers. Needles must not be recapped or manipulated in any way.
3. Laboratory specimens or other potentially infectious material are to be labeled with biohazard labels and processed and handled in a safe manner, using secondary containers or clear bags, when appropriate.
4. Medical waste is labeled as biohazardous.
5. Spills of blood or body fluids are cleaned up immediately using an EPA approved disinfectant.
6. A copy of the OSHA standard and the Exposure Control Plan is in the Infection Control Manual in each department (effective 07-6-92).

D. MANDATORY COMPLIANCE

COMPLIANCE WITH THESE GUIDELINES ARE MANDATORY. WHEN AN EMPLOYEE DECLINES TO USE APPROPRIATE SAFETY PRECAUTIONS, THE CIRCUMSTANCES WILL BE INVESTIGATED AND DOCUMENTED.

EMPLOYEES NOT UTILIZING APPROPRIATE PRECAUTIONS AND PROTECTIVE EQUIPMENT ARE GIVEN FEEDBACK AND ARE SUBJECT TO THE DISCIPLINARY PROCESS IF REQUIRED SAFETY PRECAUTIONS ARE IGNORED AFTER INSTRUCTION AND FEEDBACK.

SAMPLE EXPOSURE CONTROL PLAN

PURPOSE: The purpose of the Exposure Control Plan is to eliminate or minimize occupational exposure to blood borne pathogens and other potentially infectious materials and to provide appropriate treatment and counseling to the employee should an exposure occur. The guidelines contained herein apply to all hospital employees, volunteers, and contract employees.

DEFINITIONS: **“Occupational Exposure”** means reasonably anticipated skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

“Blood borne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

“Other Potentially Infectious Materials” means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.”

PROCEDURE:

- I. EXPOSURE DETERMINATION
 - A. Job Classifications which Place The Employee at Risk of Occupational Exposure

Central Sterile Processing: Supervisors, & Techs, Dental Assistants
Environmental Services: Manager, Supervisor, Aides

Laboratory Personnel: Phlebotomist
Clinical Lab Assistant
Medical Technologist
Lab Supervisor
Lab Director
Pathology Tech/Sec.

Mobile Health Clinic: Family Nurse Practitioners

Nursing: Staff Nurses OR Tech
LVN's Ortho Tech
CNA's OR, Anesthesia, ER Aides
Manager Shift Administrator
Assistant Nurse Manager
Endo Nurse Assistant
Educator
Unit Secretary/Nurse Assistant

PT: Therapists Occupational Therapists
Assistant, PT Aides Speech Therapists

Radiology: Techs (ER, OR, Ortho, Nuclear Med)

Respiratory Therapists/Supervisor/Manager/CP Tech/EKG, EEG Techs
Transporters.

B. Job Classifications and Tasks Which May Place Employees at Risk of Occupational Exposure

The following employees have routine or periodic patient contact. The performance of their usual job responsibilities does not place them at risk of exposure to blood or body fluids. However, unanticipated contact may occur in unforeseen circumstances involving patient contact:

Admitting Personnel
ED Clerks, Unit Secretaries,
Dental Clinic Secretary
Discharge Planners, Case Managers, Social Worker
Mobile Health Clinic: Office Assistant
Nursing: Unit Secretary
Telemetry Techs
Director Nursing Operations
Data/Materials Coordinator, OR

Nutrition Services: Tray Passers/R. Dieticians
Radiology Transporters
Registration Secretaries
Volunteers

The following employees perform some tasks which place them at risk of exposure to blood and body fluids:

Engineers:	Cleaning plugged toilets Working on sewer lines/fixing tube system
Infection Control Coordinator:	TB skin testing/IM injections
Linen Room Attendant:	Handling soiled linen
Lab Secretary/ Lab Sec. Supervisor:	Removing specimens from the pneumatic tube system
Nutrition Services- Dish room Staff:	In the event syringes, blood or mucus is left on meal tray.
Personnel-Employee Health Nurse:	Phlebotomy/IM injection/suture removals
FNP:	IM injections
Pharmacists:	Preparation of antihemophilic factor (Factor 8 and 9) / preparation of immune globulin.

II.

SCHEDULE AND METHODS OF IMPLEMENTATION

- A. Universal Precautions: (known as Blood and Body Substance Precautions) – See Infection Control Manual
- B. Engineering Controls: Handling and Disposal of Sharps (procedures in place)
 - 1. As soon as possible after use, contaminated disposable sharps are placed in leak proof puncture resistant containers which are labeled as biohazardous. These containers do not require reaching into them by hand to process sharps.
 - 2. The containers are accessible to employees and located as close as possible to the area of use.
 - 3. Containers are closed prior to being stored, transported or shipped.
 - 4. Recapping of needles or removal of needles by hand is prohibited. When these procedures are necessary they are accomplished using mechanical devices or a one handed recapping technique. Such procedures are the administration of incremental doses of medication or recapping of needles on IV tubing after heparin lock medication administration.
 - 5. Bending, shearing or breaking of contaminated needles is prohibited.

6. Reusable sharps, such as special needles are placed in puncture resistant, leak proof containers until they are re-processed. Containers used to transport or store reusable sharps are labeled as biohazardous.
7. Environmental Services personnel are responsible for checking and replacing sharps disposal units routinely except in OR/OPS where OR/OPS aides perform this function. Sharps containers are replaced when less than full.
8. Sharps found on the floor and broken glassware are cleaned up with a dust pan and broom.
9. New products designed to eliminate exposures to sharps are evaluated at the Resource Analysis Committee.

C. Safe Work Practices – (procedures in place)

1. Hand washing – see Infection Control Manual.
2. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is not permitted in work areas where there is a likelihood of occupational exposure.
3. Food and drink is not kept in refrigerators, freezers, shelves, cabinets, counter tops and bench tops where blood or other potentially infectious materials are present.
4. Hand washing facilities are accessible to employees. If hand washing facilities with soap and running water are not accessible, appropriate alternatives are provided, such as antiseptic hand cleansers or towelettes.
5. Employees who perform procedures that may create splashing or spraying of blood or other potentially infectious materials are trained to perform such procedures in a manner that reduces risk of exposure.
6. Employees are trained to recognize specimen containers as containing potentially infectious materials.

7. Containers that are used to transport specimens, such as phlebotomy trays, are appropriately labeled as containing potentially infectious material. Containers that are used to transport specimens outside the hospital are also labeled as biohazardous.
8. Employees are instructed to place all specimen containers that may be contaminated or leak in a secondary container, such as a zip-lock bag, that is leak-resistant or, if necessary, puncture-resistant.
9. Contaminated equipment is decontaminated prior to servicing.
10. Mouth pipeting is prohibited.

D.

Personal Protective Equipment

1. The following personal protective equipment is available to all personnel involved in procedures which would place them at risk of exposure: gloves, gowns, face shields, face masks, eye protection, shoe covers, resuscitation bags and pocket masks for ventilation.
2. Training in the proper selection, indications, mandated use and procedures for disposal or reprocessing is provided prior to performance of the procedures.
3. Protective clothing is removed prior to leaving the work area and when it becomes penetrated by blood or other potentially infectious material.
4. Protective gowns are available and are utilized by employees when penetration by blood or other potentially infectious material is anticipated.
5. Gloves are required:
 - when there is reasonable likelihood of contact with blood and other potentially infectious materials;
 - during all vascular access procedures;
 - when there is contact with mucous membranes and non-intact skin;
 - when contaminated items or surfaces are handled;
 - when handling, transporting or disposing of biohazardous waste.Gloves are changed in between patients or when contaminated, torn, or punctured. Disposable, single-use gloves are not washed or decontaminated. Utility gloves are re-used if the integrity is not compromised. Alternative gloves are available if an employee has an allergy or sensitivity to the gloves provided.

6. Masks are required when splashes, spray, spatter or blood droplets may be generated and eye, nose, or mouth contamination is possible.
7. Gowns and aprons or other similar outer garments are worn in occupational exposure situations, depending on the task and degree of exposure anticipated.
8. Surgical caps or hoods and/or shoe covers or boots are worn when gross contamination can be reasonably anticipated, e.g. autopsies, orthopedic surgeries or trauma resuscitation.

E.

Housekeeping

1. There is a written procedure for cleaning and decontamination of environmental surfaces, e.g. floors, work surfaces and equipment.
2. There is a written procedure for reusable trash receptacles used to hold contaminated items, including
 - a regular schedule for inspection
 - procedures for cleaning and decontamination when visibly contaminated

F. Laundry – (See Infection Control Manual)

G. Post Exposure Follow-up – (See Policy on Management of Employees

Exposed to B/BF)

H.

Labels and Signs – See Infection Control Manual – Biohazardous Waste

1. The following items have been labeled:
 - Refrigerators, freezers and storage units that contain blood or other potentially infectious material.
 - Containers used to store, transport or ship regulated waste, blood or other potentially infectious material.
 - Sharps disposal containers.
 - Contaminated equipment sent for servicing or repair.

I.

Compliance Monitoring

- 1. The Department Managers, Supervisors, and Assistant Nurse Managers are responsible to insure employees receive appropriate training at the time of initial hiring and on an ongoing basis. The infection Control Nurse, the Employee Health Nurse and the Safety Officer provide orientation for new employees, and the Infection Control Nurse and the Employee Health Nurse are scheduled for in services in each department on an annual basis or as needed.***

- 2. Department Managers, Supervisors and Assistant Nurse Managers are responsible for enforcement of these practices. Employees not utilizing appropriate precautions and protective equipment are given feedback and are subject to the disciplinary process if required safety precautions are ignored after instruction and feedback.***

- 3. When an employee declines to use appropriate safety precautions the circumstances will be investigated and documented.***

- 4. The Exposure Control plan will be reviewed with employees at orientation and will be included in the Infection Control Manual, located in all Departments. It will be addressed at annual required Infection Control in services.***

- 5. The Exposure Control Plan is reviewed and updated annually, on or before May 5 of each year; or whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees; or whenever employees jobs are revised such that new instances of exposure may occur.***