



# KEY SAFETY TRAINING

People make the difference. Technology makes it possible.



# Safety Contacts

## **SAFETY**



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## **INFECTION PREVENTION**



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## **QUALITY**



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## **HUMAN RESOURCES**

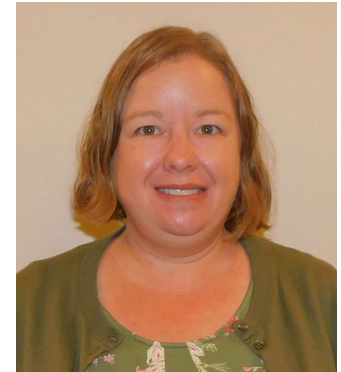


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## **EDUCATION**



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# About Riverwood

## OUR MISSION (Why we're here.)

To improve health by providing high quality, compassionate and personalized care.

## OUR VISION (Where we're going.)

To be the region's preferred health system providing exceptional, high value care.

## VALUES (How we act.)



# Standards of Behavior

Riverwood's Standards of Behavior Committee developed a list of behaviors to reflect our values in action. These are everyday actions we expect from all of staff, students and volunteers always.

## **Excellence**

*We are committed to striving for excellence in all we do. It is our vision to be the region's preferred health system providing exceptional care.*

## **Teamwork**

*We will foster healthy and supportive relationships in the workplace through teamwork, respecting co-workers and recognizing personal contributions.*

## **Communication**

*We will demonstrate effective communication with our patients, their families, and co-workers to ensure a common understanding; in order to provide high quality, compassionate and personalized care*

## **Patient Experience**

*We will strive to provide exceptional customer service with respect, compassion and integrity. We will treat patients as they want to be treated.*

References: [Standards of Behavior](#)

# Excellence

- I will lead by setting a positive example.
- I will make excellence the goal in everything I do.
- I will work to create a safe environment and will report any incidents immediately, knowing I can do so without fear of retribution.
- I will take pride in our facility.
- I will follow through on what I promise and take responsibility for my actions.
- I will use time productively.
- I will be an advocate for my patients, co-workers and the organization.
- I will be proactive vs. reactive.
- I will be open to change, possess a willingness to learn and embrace new ideas and innovation.
- I will look for ways to improve systems and processes.
- I will take ownership of my actions and decisions.

# Teamwork

- I will make teamwork a priority and work collaboratively to help others.
- I will embrace a culture of equality and inclusion that encourages, supports, and celebrates diversity.
- I will be inclusive to all and welcome new co-workers.
- I will assume the best about my co-workers and their intentions.
- I will work to resolve conflicts in a professional manner.
- I will show appreciation for my co-workers.
- I will speak well of my co-workers, medical staff and our organization.
- I will promote the strength of my co-workers, recognizing their contributions.

# Communication

- I will be respectful, professional and positive in my communication.
- I will acknowledge everyone in our facilities by making eye contact, greeting them, and offering assistance as needed.
- I will use AIDET + The Promise in every interaction (Acknowledge, Introduce, Duration, Explain, Thank you, Promise).
- I will strive to listen first and seek to understand what the other person is saying.
- I will seek in person communication and commit to speaking directly with someone when possible.

# Patient Experience

- I will speak clearly and explain procedures in a way that is understandable to my patient and their family.
- I will take time to answer questions from my patient and their family.
- I will address service shortfalls with a sincere apology and work to make it right.
- I will respect patient privacy, treating patients with dignity and compassion.
- I will respect the diversity of cultural and religious beliefs, recognizing how they may impact views of healthcare and interactions.
- I will practice empathy by putting myself in the other person's shoes.
- I will anticipate and be attentive to the needs to those we serve.

# Mutual Respect

## Goals

- promote a spirit of teamwork and cooperation
- provide a work environment of mutual respect

## Expectations

- Treat co-workers, supervisors, and subordinates with respect, honesty, consideration, and cooperation
- Refrain from making statements that others might find upsetting or offensive.
- Avoid statements that create a hostile work environment including jokes and other statements directed at another's race, color, creed, religion, sex, national origin, marital or public assistance status, disability, sexual orientation, veterans' status, political affiliation, age, physical appearance or other protected-class status.

# Code of Conduct

## **Purpose**

- Provide the highest standards of ethics by promoting honesty and transparency in every-day operations.
- Use our resources in a way that supports public benefit rather than the interests of a person or organization.

## **Integrity in patient care**

- Respect patient rights and treat all patients with dignity and respect. The Minnesota Patient Bill of Rights outlines a patient's rights within the health care system: courteous treatment, knowing physician's identity, information and participation in treatment plans, right to refuse care, right to personal privacy.
- Patients presenting to the emergency department must be provided a medical screening and appropriate stabilizing treatment regardless of their ability to pay. The Emergency Medical Treatment & Labor Act (EMTALA) outlines our responsibilities.

## **Integrity in the workplace**

- Patients, personnel, and other propriety information must be kept confidential. Follow HIPAA requirements regarding sharing private health information and do not share confidential information outside of the organization unless for a business-related purpose and in an appropriate manner.

**References:** [9-Policy-5 Code of Conduct](#), [Minnesota Patient's Bill of Rights](#), [Emergency Medical Treatment & Labor Act \(EMTALA\)](#), [31-Policy-4 HIPAA and Confidentiality Policy](#)

# Discrimination and Harassment Prevention

- Riverwood does not discriminate based on race, color, creed, religion, ancestry, sex, national origin, disability, age, sex, sexual orientation, marital or veteran status, political affiliation, public assistance status, familial status, or any other legally protected status or class .
- Riverwood is committed to providing an inclusive and welcoming environment that is free from discrimination and harassment in any form, including sexual harassment.
- Bring concerns to the attention of your supervisor immediately.
- If the person engaging in discrimination or harassment is a supervisor, manager or director, please contact the Chief Executive Officer or Human Resources.
- All complaints will be investigated in prompt, fair, thorough and confidential manner.

References: [31-Policy-5 Discrimination and Harassment Prevention Policy, Including Sexual Harassment](#)

# Workplace Violence Prevention

- Riverwood will not tolerate violence or threats of violence, and we have a plan in place to keep our employees and patients safe.
- For violence in progress, call 911 for law enforcement assistance.
- If you are uncomfortable about a situation you experience or observe, bring your concerns to the attention of your supervisor immediately. Concerning behavior includes threats, instances of stalking, offensive phone calls, and other forms of offensive behavior or intimidation.
- If the person engaging in violence or threats of violence is a supervisor, manager or director, please contact the Chief Executive Officer or Human Resources.
- All complaints will be investigated in prompt, fair, thorough and confidential manner.

References: [31-Policy-9 Workplace Violence Policy](#)

# Employee Safety Programs

## **Safety Mission Statement**

- Riverwood is committed to the safety and wellbeing of its patient, customers and the Riverwood team with the ultimate goal of providing the safest environment possible.
- Safety success requires your commitment.
- Our safety goal is ZERO ACCIDENTS AND ZERO INJURIES

## **Common Sense Safety Tips**

- Observation – pay attention and observe your environment.
- Assist and Aid – notice everyone you encounter and help when needed or requested.
- Report – report any unsafe incident or event you witness.

Contact: Quint Askildson, Safety Coordinator, 218-927-21-21, ext. 3619 or [qaskildson@rwhealth.org](mailto:qaskildson@rwhealth.org) with questions or concerns.

# Emergency Operations Overview

## **PURPOSE**

The purpose of the Emergency Operation Plan (EOP) is to be a comprehensive plan that improves coordination among all departments within the system as well as an integrated response within the community to all emergencies regardless of their place of origin. This plan covers major accidents, natural disasters, security event/violent critical incident, abduction, fire, severe weather or as indicated by the situation.

## **YOUR ROLE**

The individual who first identifies the situation or receives notification should take appropriate action for the situation and notify their manager, the Charge Nurse or a Senior Leadership Team (SLT) member. This plan will be executed at the discretion of the Charge Nurse or SLT member in coordination with the Chief Executive Officer (CEO) or designated representative(s).

References: [26-Plan-1 Emergency Operations Plan](#)

# Rapid Response Instructions

Follow these steps if you recognize a potential or actual emergency, incident or threat that may threaten or impact:

- The health and safety of occupants (including patients, staff, and visitors)
- Riverwood Healthcare Center's ability to provide care, or the physical environment or property

<b>STEP 1</b>	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead page if appropriate per this EOP. See quick reference <i>Emergency Paging Alerts and Response below</i> and for hazard-specific action see Incident Annexes for Initial Response.
<b>STEP 2</b>	Take a deep breath and assess the situation. Gather basic facts: <ul style="list-style-type: none"><li>• Type of incident, including specific hazard/agent</li><li>• Location of incident,</li><li>• Number and types of injuries, and</li><li>• What you have done so far</li></ul> If the situation allows, begin to document your actions
<b>STEP 3</b>	Contact your immediate supervisor to report the incident and get further instructions. If you are unable to contact your supervisor, contact the Charge Nurse or a Senior Leadership Team member, for potential activation of the Hospital Incident Commander System and the Emergency Operations Plan. Activate overhead pages or facility emergency alert system as appropriate.
<b>STEP 4</b>	Notify additional authorities if appropriate and as indicated by plans.
<b>STEP 5</b>	Follow facility policies, procedures, and plans for extended response, documenting actions and incident reporting. For quick reference, see initial response in each annex of Section 5.

# Overhead/desk phone paging numbers

- 7300 – Aitkin
- 7301 – Garrison (desk phones only)
- 7302 – McGregor (desk phones only)

Other quick reference internal and external phone numbers are in the EOP.

# Emergency Paging Alerts and Response

Use plain language communications for emergency alert situations to staff, patients and visitors. Repeat overhead pages **3 times**. This list includes pre-designated emergency alerts and the associated appropriate emergency response.

Condition	Plain Language Alert	Action Examples
<b>Fire</b>	<b>Fire Alarm + Location</b> (+ action for staff/patient/visitors as appropriate)	<b>Fire Alarm + Patient room 232</b> (+ action for staff/patient/visitors as appropriate)
<b>Code Blue</b> (see Policy 55-34)	<b>Code Blue + Location</b> (Outlying Clinics also dial 911)	<b>Code Blue + Emergency Department</b>
<b>Abduction/Elopement</b>	<b>Missing person (of any age) +Descriptor</b> (+ action for staff/patient/visitors as appropriate)	<b>Missing Person + Infant from nursery</b> (+ action for staff/patient/visitors as appropriate)
<b>Severe Weather</b>	<b>Severe weather + Descriptor</b> (+ action for staff/patient/visitors as appropriate)	<b>Severe weather + Tornado warning</b> (+ action for staff/patient/visitors as appropriate)
<b>Security or Lockdown</b>	<b>Security alert + Descriptor + Location</b> (+ action for staff/patient/visitors as appropriate) <b>NOTE: include Lockdown if appropriate</b>	<b>Security alert + Combative Person + Admitting</b> (+ action for staff/patient/visitors as appropriate)
<b>Disaster (Internal or External Emergency)</b>	<b>Internal / External emergency +descriptor + (activation of Hospital Incident Command, if applicable)</b>	<b>External emergency + Trauma Alert + Hospital Incident Command activation</b>
<b>Rapid Response Team</b>	<b>Rapid Response Team+ Location</b>	<b>Rapid Response Team+ Cardio-Pulmonary</b>

# Lockdown and Rally Points

## **Lockdown Buttons**

- Main Facility: Located at Hospital Front Desk, Therapy Services Desk, Dialysis and Facilities/Plant
- McGregor: admitting desk
- Garrison: admitting desk

## **Violent Critical Incident Rally Points**

- Main Facility: Healing Garden, front entry Riverwood Sign, back parking near garage, or safe location
- McGregor: catholic church parking area or safe location
- Garrison: across from or near animal hospital or safe location

All alarm signals and other response actions applicable to your section and position will be covered by your direct supervisor and annotated on your Day-1 orientation sheet.

# Fire Safety

## R.A.C.E. – fighting the fire

- **R**escue anyone in immediate danger
- **A**larm by using fire pull stations, paging (hospital #7300), and notifying others
- **C**onfine fire spread by closing doors
- **E**xtinguish using P.A.S.S. or Evacuate fire zone

## P.A.S.S. – how to use a fire extinguisher

- **P**ull the pin on the fire extinguisher
- **A**im at the base of the fire using recommended distance on extinguisher label
- **S**queeze the fire extinguisher handles together
- **S**weep the extinguisher spray from side to side at fire base and advancing forward as fire is extinguished



# Responding to fire alarms

## **If in your area/fire zone**

- Leave your work area
- Close all doors as you leave
- Report to your designated outdoor location

## **If in another area/fire zone**

- Leave your work area
- Close all doors as you leave
- Report to your designated indoor location

# Electrical Safety

- Take extra care with electrical equipment, even equipment you are familiar with and use regularly.
- Check electrical cords and outlets before plugging in equipment.
- Monitor equipment during use.
- Know how to respond to emergencies involving electrical problems. During an emergency you may be required to provide CPR or use an automated external defibrillator (AED).
- Work together with maintenance staff to ensure that equipment is hazard free and is properly installed.

# Lockout-Tagout Procedure

Equipment in need of repair should undergo the Lockout-Tagout procedure to protect others and prevent accidental use.

- Contact Plant regarding any equipment safety issues
- Turn off or de-energize equipment before repairing, servicing or conducting maintenance. Turn off the circuit breaker that powers the equipment.
- Place a lock or tag on the deactivated circuit to prevent anyone from turning it back on.

# Hazard Communication Right-to-Know

Hazardous chemicals used by each department are evaluated, and information concerning their hazards is shared with affected personnel. Information shared includes container labeling, Safety Data Sheets, and other forms of warning. Safety Data Sheets can be found on the Riverwood Portal Safety page under SDS/MSDS Chemicals/Pharmaceuticals.

## **Handling of Spills**

Know the procedures for handling of a spills or leaks in your work area. Notify Plant Operation's Spill Team in the event of ANY SPILL in our facilities.

- Leaving the area may be the first thing you do — depending on the hazards of the chemical spilled.
- Remove contaminated clothing and wash affected area.
- Get medical treatment and first aid as needed.
- Inform your Manger/Supervisor.
- Identify the location
- Approximate amount spilled
- Name of material if known
- Print SDS for Spill Team

References: [27-Proc-23 Hazardous Communication/Right-to-Know](#); [27-Proc-3 SDS Safety Data Sheet](#)

# Preventing Slips, Trips and Falls

## Your Role

- Keep work areas clean, orderly and in a sanitary condition
- Wet or slippery surfaces – use warning signs, report spills immediately and/or cover spill with an absorbent material
- Keep hallways and walkways free of clutter
- Contact plant to replace old light bulbs, fix broken fixtures or to bring their attention to any other lighting hazards
- Pay attention to your work environment
- Report and unsafe work conditions to your manager
- Report dangerous work conditions to OSHA if not resolved.

References: [6-Proc-152 Fall Protection](#)

# Sharps Safety

Blades, sharp edges, and more can cause serious cutting injuries to workers. Riverwood participates in the Minnesota OSHA Sharps Safety Program to maintain a safe environment by identify risks associated with needles and sharp objects and provide proper protective equipment and training.

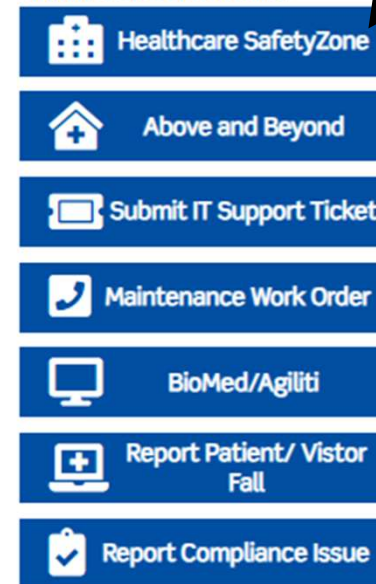
## Your Role

- Make sure blades and other sharp objects are properly guarded when not in use.
- Use personal protective equipment if recommended.
- Know appropriate work procedures.
- Report any unsafe work conditions to your manager.
- Report dangerous work conditions to OSHA if not resolved.

# Reporting Safety Concerns

- Under Ticket Submissions on the Riverwood Portal Home Page, select Healthcare Safety Zone.
- Fill out a non patient event form to report security, ground or equipment-related concerns.
- Call Ext. 5509 to follow up with requests that are safety related or require immediate attention.
- For urgent after hours and weekend requests, please call the plant staff member on-call

## Ticket Submissions

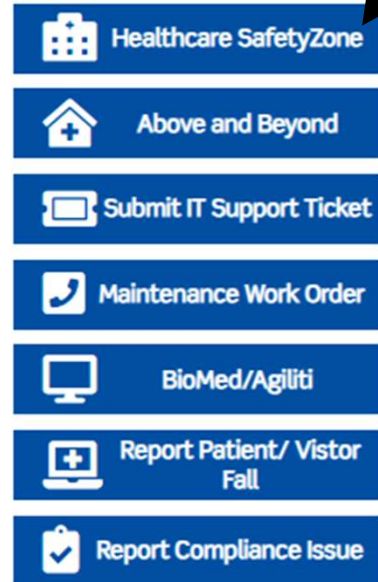


# Reporting Injuries

If you are injured on the job in any way, no matter how minor:

- Seek medical care through Riverwood's emergency department or from a provider if necessary
- Report your injury to your manager/supervisor right away
- Your manager/supervisor will report the injury on Health Care Safety Zone which:
  - Tracks events to keep our operations as safe as possible
  - Provides necessary information for first report of injury filing in case further care is needed down the road

## Ticket Submissions



References: [31-Proc-11 Return to Work Procedures](#); [31-Form-2 Worker Compensation – Temporary Transitional Job Duties](#); [24-Proc-3 Return to Work Authorization](#); [31-Form-14 Workability Form](#)

# Requesting an Ergonomic Assessment

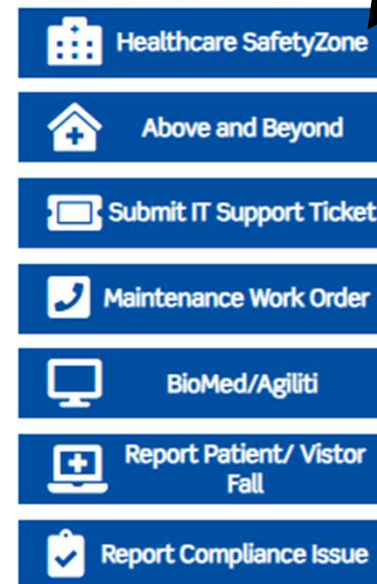
If you experience the following signs and symptoms of musculoskeletal disorders:

- Fatigue, Soreness, Aches and pain (aching or sharp)
- Weakness, Discomfort, Tenderness, Burning, Tingling
- Numbness, Stiffness, Swelling, Loss of coordination, Body parts “falling asleep”
- Loss of strength, Loss of joint movement or trouble sleeping due to pain

## Your Role

- Ask your manager to submit an ergonomic assessment request for you, or
- Submit the request yourself in SafetyZone; under Employee Form select Ergonomic Evaluation

### Ticket Submissions



# Patient Safety, Employee Health and Infection Prevention



**Jeanine LeBlanc**  
**Infection Preventionist**  
**218-927-5553**  
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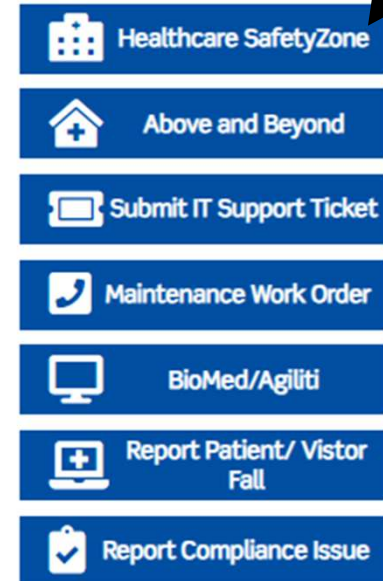


**Lara Max**  
**Patient Safety and Employee**  
**Health Coordinator**  
**218-927-5555**  
[lmax@rwhealth.org](mailto:lmax@rwhealth.org)

# Reporting illness

- Notify manager
- Complete Healthcare SafetyZone
- Infection Prevention will call you the following day
- Riverwood's return to work authorization policy requires staff experiencing:
  - Diarrhea/vomiting: can return to work after 48 hrs. symptom free without use of anti-diarrheal meds
  - Fever (100.4) F: can return to work after 24 hrs. symptom free without use of fever reducing meds
  - Respiratory symptoms: follow respiratory hygiene practices and mask when around others.

## Ticket Submissions



References: [24-Proc-3 Return to Work Authorization](#)

# Patient Safety

- Patient safety is our organization-wide commitment to prevent harm by designing reliable care processes, learning from both risks and events, and empowering staff, patients, and families to speak up — guided by Just Culture and high-reliability principles.
- Patient Safety Events & Good catch Program
- Proactive risk assessments
- Root cause analysis & corrective action plans
- Patient & family engagement
- Governance & compliance

# Critical Access Hospital National Performance Goals (NPGs)

Each year The Joint Commission (TJC) identifies a list of National Performance Goals (NPGs) specific to Critical Access Hospitals focusing on improving patient safety.

References: [2026 Critical Access Hospital National Performance Goals \(NPGs\)](#)



## 2026 Critical Access Hospital National Performance Goals (NPGs)

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- Goal 1 The critical access hospital ensures that the correct patient receives the correct care at the correct time.
- Goal 2 The governing body and leadership team foster a culture of safety.
- Goal 3 The critical access hospital has an emergency management program.
- Goal 4 The critical access hospital prioritizes excellent health outcomes for all.
- Goal 5 The critical access hospital prioritizes infection prevention and control.
- Goal 6 The critical access hospital prioritizes pain management and safe prescribing practices.
- Goal 7 The critical access hospital respects the patient's right to safe, informed care.
- Goal 8 The critical access hospital reduces the risk for suicide.
- Goal 9 The critical access hospital develops and implements safe transplant practices.
- Goal 10 The critical access hospital performs waived testing in a safe and consistent manner.  
*Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver. The list of FDA-approved waived tests can be accessed at the following link: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm>.*
- Goal 11 The critical access hospital maintains workplace and patient safety.
- Goal 12 The critical access hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
- Goal 13 The critical access hospital safely performs imaging services.
- Goal 14 The critical access hospital has a medication management program that focuses on safety.

# Patient Fall Prevention

- Fall prevention in our CAH means proactively assessing risk and consistently using safety measures—assistive devices, toileting support, bed/chair alarms, and purposeful rounding—to keep patients steady and supervised. It's especially critical in our largely older community, where a single fall can lead to serious injury, loss of independence, longer hospital stays, and avoidable readmissions.
- Call Don't Fall Campaign
- "Fall interventions" inside door frame of patient rooms
- How will I know if this patient is a fall risk?

# Blood & Body Fluid Exposure

- Immediate first aid
- Notify supervisor & complete Healthcare SafetyZone
- Report to Same Day clinic for appt or ER- depending on day and time of occurrence.
- Submit "Employee workability form" to HR(completed by counseling provider)
- Engage Employee Health for follow up needs
- Participate in debrief

# Organism Survival in Environment

**Multi Drug Resistant Organism (MDRO)** pathogens and Dialysis-associated pathogens can survive in the environment for longer periods without the visible presence of blood or feces and have been associated with health care transmissions.

**Uniforms and lab coats are frequently contaminated from the patient care environment.**

Pathogen	Survival Time
<i>S. aureus</i> (including MRSA)	7 days to >12 months
Hepatitis A	2 hours to 60 days
Hepatitis B	7 days to 2 weeks
Hepatitis C	4 days to 3 weeks
<i>Clostridium difficile</i> (spores)	>5 months (up to 1 yr)
Norovirus (and feline calicivirus)	8 hours to >2 weeks
VRE & CRE	5 days to 4 months

# Break the Chain of Infection

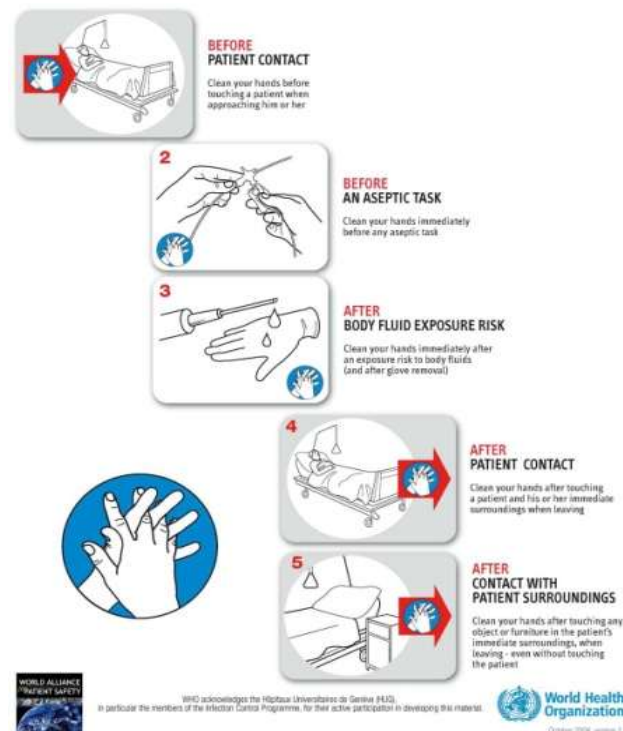
Protect yourself from exposure by understanding how to break the chain of infection



# Hand Hygiene

## 5-Moments for Hand Hygiene

1. Clean hands before approaching or touching a patient
2. Clean hands immediately before any invasive or aseptic procedure
3. Clean hands immediately after an exposure to bodily fluids & after glove removal
4. Clean hands after touching patient & their immediate surroundings when leaving
5. Clean hands after touching any object or furniture in patient's surroundings when leaving – even without touching the patient

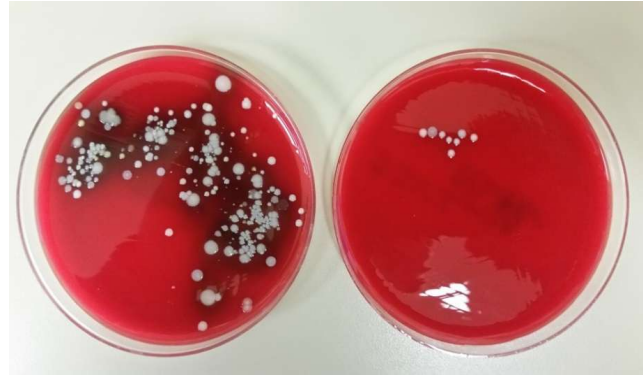


References: [30-Proc-62 Hand Hygiene and Glove Use](#); NPSGo7.01.01 EP 1

# Germs on Hands and Nails



*Pseudomonas* infection from artificial nail enhancement



Riverwood employee's hand culture Before and After Hand Washing

Riverwood policy on nail care for all individuals that **touch patients, patient equipment, patient environment, food, linen and medications** due to the increasing threat of MDROs and infection transmission in health care, nails are to be short (i.e. less than ¼ inch).

Nail polish, gels, and dips need to be intact without chips. Artificial nail enhancements applications are prohibited. Unit specific restrictions must be followed per department policy and enforced by manager.

# Cleaning Patient Care Equipment

Cleaning wipes are crucial for maintaining hygiene and preventing the spread of infection. Riverwood provides two types:

## **PDI Sani-Cloth AF3**

- 3-minute contact time
- Change wipes frequently to assure wet contact time
- Alcohol Free
- Use only on compatible equipment per Manufacturers instructions

## **Bleach Wipes**

- 3-minute contact time
- Wear gloves and sanitize hands when finished
- Effective on ALL pathogens (norovirus, C diff)
- Do not use on fabric, wood, natural rubber, painted and paper surfaces or restricted equipment
- Reacts with ammonia, toilet bowl cleaners, rust removers or acids to produce hazardous gases, such as other chlorinated compounds.



References: The Joint Commission NPSG 07.03.01; MM 09.01.01; IC 02.05.01; [30-Proc-47 Cleaning Disinfecting and Storing Patient Care Equipment](#)

# Workplace Practice Controls

Wear personal protective equipment (PPE) for splatter protection.

- Water-proof or impermeable gowns
- Gloves (nitrile, chemo, or vinyl)
- Facial Protection (mask and eye protection)

Be knowledgeable about your Department's hazardous work space. OSHA prohibits the following activities in potentially contaminated work areas:



- No eating
- No open drinking cups
- No applying lip balm
- Do not handle contact lenses
- Do not place food or drink in patient, medication or specimen refrigerators



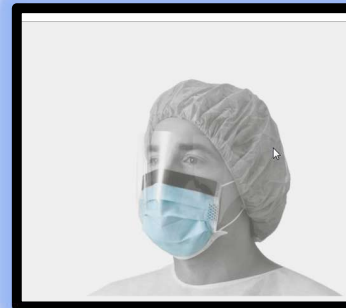
# Choosing Respiratory Protection



- ✓ Non-vaccinated staff during face-to-face contact-crossing door threshold (flu season) for oncology and Neutropenic
- ✓ Adult respiratory hygiene (coughing)
- ✓ Droplet precautions (pertussis)



- ✓ Child respiratory hygiene (coughing)



- ✓ Modified Droplet Precautions (Influenza-like-illness)
- ✓ Splashing in your face



- ✓ Modified Droplet (intubation/extubation)
- ✓ Airborne Infection Isolation (Chicken pox, disseminated shingles, TB)

References: [24-Policy-113 Respiratory Protection](#)

# Preventing Influenza (Flu) Transmission

Flu is primarily spread through respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can be inhaled by those nearby or contaminate surfaces, which can then be transferred to the face. Flu can also be spread through aerosol transmission, where smaller, lighter particles remain suspended in the air longer and can be inhaled potentially reaching the lungs.



Influenza droplets travel 6 feet

How to I prevent flu transmission?

- Get vaccinated.
  - Hospitals are required to monitor and report on vaccination rates. Employees must submit record of vaccination or complete a declination form yearly.
- Avoid being around others who are sick
- Practice respiratory and hand hygiene
- Clean commonly touched surfaces often
- Ask others to wear a mask if they are not covering their coughs

References: [30-Plan-63 Influenza Control Plan](#)

# Infectious Agents

Precautions Signs on room doors inform employees, volunteers and visitors about which precautions to follow when entering and exiting the room based on the type of infection or illness suspected.

- The front of the sign lists steps for donning and doffing PPE
- The back of the Precaution Signage lists the most common infectious agent and transport instructions



CONTACT PRECAUTIONS <i>In addition to Standard Precautions</i>	
VISITORS	
Report to Nurses' Station Before Entering Room	
Before Entering Patient Zone	
	1 Hand Hygiene
	2 Gown
	3 Glove
Dedicate Supplies	
Before Leaving Patient Room	
	4 Remove Gloves
	5 Remove Gown
	6 Hand Hygiene
Do Not Remove Sign on Discharge	
	Replace Curtain

CONTACT PRECAUTIONS <i>In addition to Standard Precautions</i>	
Suspected Disease or Condition	
Acute diarrhea in incontinent or diapered Disseminated Shingles (>5 dermatomes)* (plus Airborne-AID) Chicken Pox (plus Airborne Infection Isolation) Multidrug Resistant Organism(MRSA, ESBL,MDR,GNR,VRE) Pediatric RSV, Enterovirus, Adenovirus, Bronchiolitis, Croup Uncontained lesions, drainage, abscess, infected pressure ulcers Scabies, Lice, Bed Bugs (until adequate treatment)	
Limit Patient Transport to Essential Medical Services	
	Patient to Cleanse Hands
	Place New Gown on Patient
	Transfer to Clean W/C
	Remove your Gloves
	Remove your Gown
	Perform Hand Hygiene
	Take Patient Directly to Exam Room
	Follow Reverse Side Instructions

DROPLET PRECAUTIONS <i>In addition to Standard Precautions</i>	
VISITORS	
Report to Nurses' Station Before Entering Room	
Before Crossing Door Threshold (6-feet of Patient)	
	1 Hand Hygiene
	2 Apply Mask
After Leaving Patient Room	
	3 Discard Mask
	4 Hand Hygiene
Limit Patient Transport to Essential Services	
	Patient Hand Hygiene
	Mask Patient use cone mask

DROPLET PRECAUTIONS <i>In addition to Standard Precautions</i>	
Suspected Disease or Condition	
Pertussis (Whooping Cough) Epiglottitis due to <i>H influenzae</i> type b for 24 hours of antibiotics Influenza-like-illness (See Modified Droplet Precautions) Bacterial Meningitis* for 24 hours of antibiotics *( <i>H influenzae</i> type b & <i>Neisseria meningitidis</i> ) Meningococcal disease* for 24 hours of antibiotics *(sepsis, pneumonia, meningitis) Mumps <i>Mycoplasma pneumoniae</i> for duration of illness Parvovirus B19 (Erythema infectiosum) Adenovirus pneumonia <i>Streptococcus</i> group A pharyngitis for 24 hours of antibiotics <i>Streptococcus</i> group A invasive disease, sepsis, pneumonia German Measles Rhinovirus Petechial/eczchymotic rash with fever Abscess or draining wound that cannot be covered if <i>Streptococcus</i> suspected (In addition to Contact Precautions) Respiratory infections, bronchiolitis, and pneumonia, in infants and young children (In addition to Contact Precautions)	
	Routine Cleaning

AIRBORNE INFECTION ISOLATION <i>In addition to Standard Precautions</i>	
VISITORS	
Report to Nurses' Station Before Entering Room	
Before Entering Patient Room	
	1 Hand Hygiene
	2 Fit Check Respirator
	3 Check Alarm Negative Pressure
Leaving Patient Room	
	4 Close patient door
	5 Remove Respirator
	6 Hand Hygiene
Do Not Remove Sign on Discharge	
	Routine Terminal Clean

AIRBORNE INFECTION ISOLATION <i>In addition to Standard Precautions</i>	
Suspected Disease or Condition	
Disseminated Shingles or Herpes Zoster (>5 dermatomes) (Plus Contact Precautions until lesions dry) Localized Zoster in Immune-compromised* *(<500 neutrophil, >20mg Steroids for 30 days) Chicken Pox (Plus Contact Precautions until lesions dry) Tuberculosis Measles	
Limit Patient Transport to Essential Medical Services	
	Notify Receiving Unit before Transport
	Mask Patient with Cone Mask
	Assist Patient with Hand Hygiene
	Close Patient Door
	Remove Respirator (may re-use for TB)
	Hand Hygiene
	Take Patient Directly to Exam Room

References: [30-Proc-20 Transmission Based Precautions Guidelines](#); [30-Proc-48 Isolation Precautions and Safety Zone](#)

THANK YOU  
QUESTIONS?

[RiverwoodHealthcare.org](http://RiverwoodHealthcare.org)