Rochester Regional Health

Clinical Faculty & Instructor Orientation

Agenda 08/13/2025 0800-1200

0800-1000	About RRH, Isolation & Infection Prevention, Epic & Co-signatures, Parking/Badges, Med Administration/Waste, Peripheral IV Guidelines, CLABSI Prevention, CAUTI Prevention, Wound Prevention & Identification
1000-1015	Break
1015-1130	DVT Prophylaxis, Pain Policies, Critical Events, BG Competency, Safety & Security
1130-1200	Patient Experience Damian Graybelle Patient Experience Specialist

Our Purpose

Uplift humanity through care for our community.

Our Values

Rooted in Community
For generations, we've proudly served the communities we live in.

Serve as One
Our work is never done, and it's never done alone.

Care Like Family
Our care is wholehearted, because the whole person matters.

Embrace Tomorrow, Today
We're driven to innovate together for a healthier world for all.

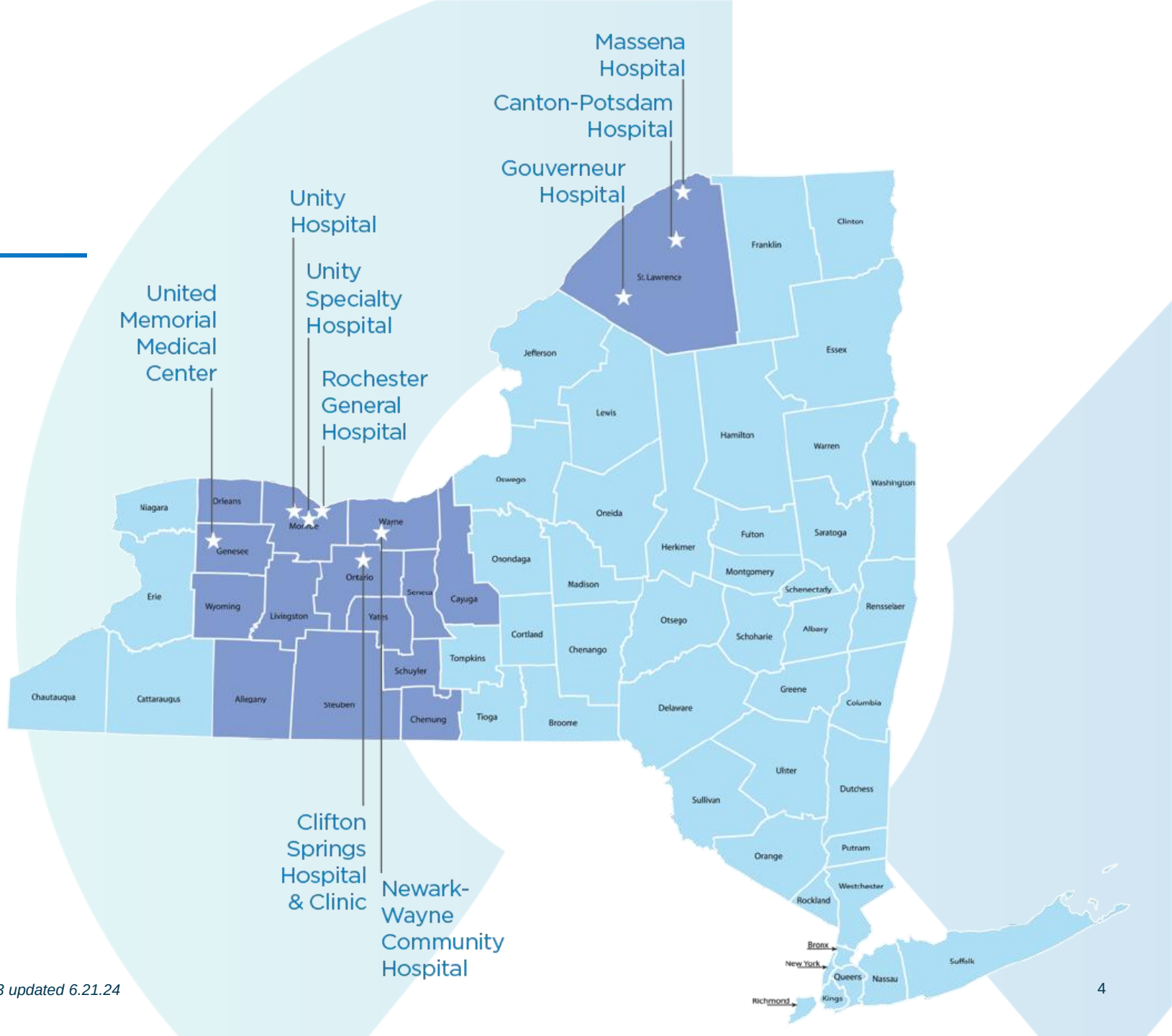
Our Vision

To become a national model of health and healing.

Who We Are

AN INTEGRATED HEALTH SYSTEM ROOTED IN COMMUNITY.

- **1,491** GRIPA Physicians
- **557** Health Care Practice Locations
- **300** HUD Certified Senior Apartments
- **50** Academic Affiliations
- **33** Patient Lab Testing Sites
- **22** Imaging Centers
- **15** Dialysis Sites
- **12** Urgent Care Sites
- **9** Hospitals
- **7** Cancer Treatment Centers
- **5** Skilled Nursing/Longterm Care Facilities
- **5** College Of Health Careers Campuses
- **4** ElderONE PACE Centers
- **4** Global Labs
- **3** Ambulatory Surgical Centers
- **1** Home Health and Hospice Agency
- **1** Ambulance Company



All data from FY2023 updated 6.21.24

Rochester Regional Health Hospitals

United Memorial Medical Center

Newark Wayne Community Hospital

Clifton Springs Hospital & Clinic

Rochester General Hospital

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Rochester Regional Health

Rochester General Hospital

Unity Hospital

top 1% in the nation
2nd year in a row

AMERICA'S 50 Best HOSPITALS™ 2020 healthgrades.

AMERICA'S 250 Best HOSPITALS™ 2020 healthgrades.

top 5% in the nation

Baby-Friendly Designations for Newark-Wayne Community Hospital, Rochester General Hospital, United Memorial Medical Center, Unity Hospital

Baby-Friendly USA

Top Honors & Clinical Excellence

NEW mobile medical unit for the homeless

Newark-Wayne earned its **FIRST** designation

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

Rochester General earned its **FOURTH** re-designation

FIRST LPN residency program for Long Term Care in New York 2019

#1 for most Beacon Awards in the country

AACN BEACON AWARD FOR EXCELLENCE

Current as of 2.27.20

Infection Prevention

Hand Hygiene

Two Ways to Clean Hands

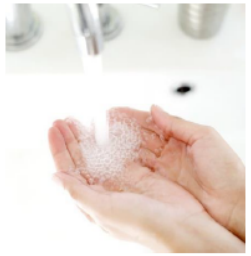
ALCOHOL-BASED HAND RUB

- The alcohol kills germs on your skin, but not effective if hands have organic material on them

- **Preferred in all other clinical situations**
- **Applied correctly, *kills* germs in seconds**

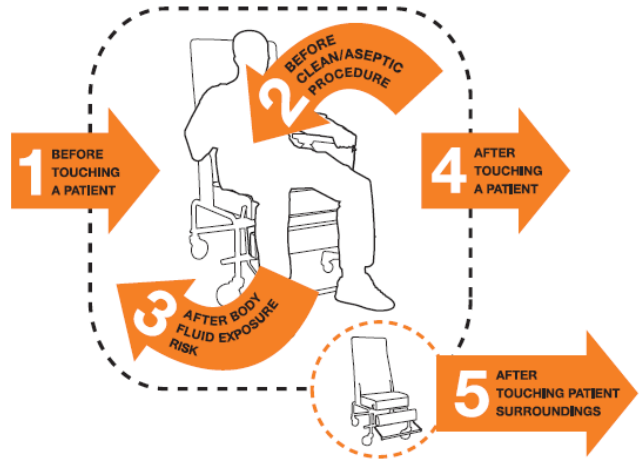
HAND WASHING WITH SOAP AND WATER

- The soap, running water, and friction remove dirt and germs from your skin



- **Use when:**
  - **Hands are visibly dirty or soiled**
  - **Before eating**
  - **After using the restroom**
  - **After contact with patient in isolation for C. diff**
- **Done correctly, *removes* germs**

Your 5 Moments for Hand Hygiene



Infection Prevention

Surgical masks should be used for

- Standard precautions when risk of contamination is present
- Per ordered isolation
- After returning from 5 day Covid isolation
- If you or a student are not feeling well
- If your area has a temporary masking mandate

N95 Requirements

- ✓ F**it testing is no longer required,** but is instead **recommended** for RRH clinical students.
- ✓ For students who would still like to complete fit testing, it will be offered **free of charge** through RRH. Please have your students follow the process outlined below to schedule a session:
- ✓ Students will schedule a test by calling (585) 454-8202: Work Ready Hotline.
- ✓ At time of scheduling, they will be sent the respirator fit test questionnaire via email, then they will be asked to bring that completed questionnaire to their scheduled appointment.

Exposure Process

- Any students exposed to COVID or test positive should contact:
  RRH COVID Hotline at 585-454-8202

- Any other incidents or exposures students will be instructed to
  - Contact their School
  - Follow up immediately with RRH Occupational Medicine Department

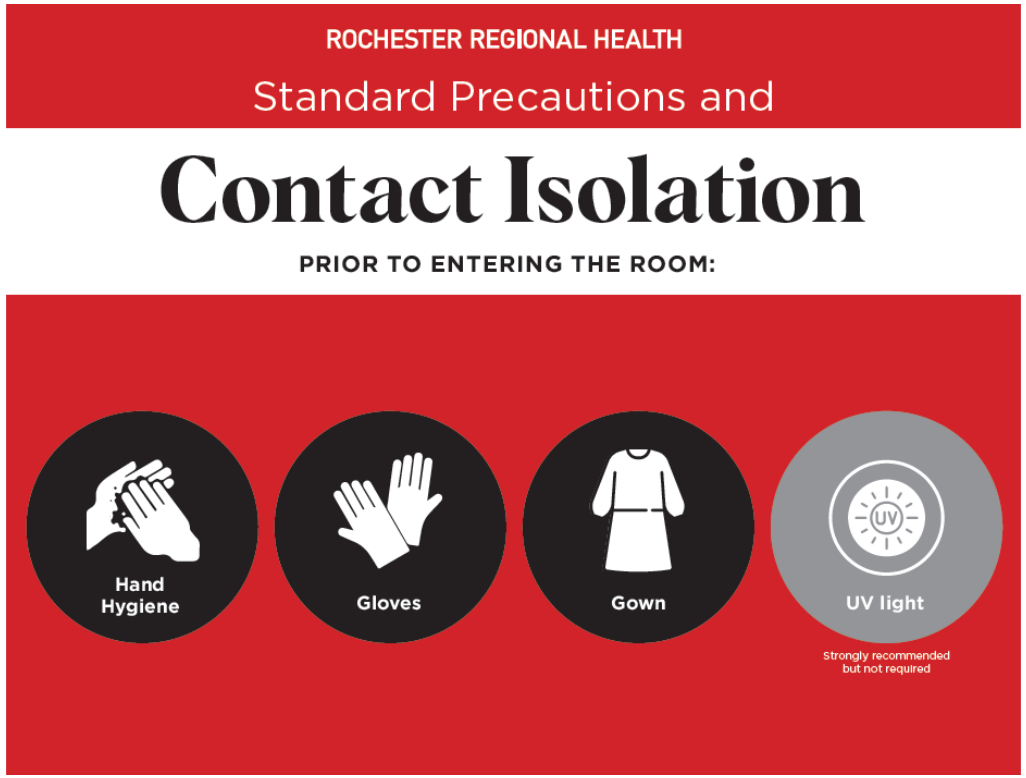
Contact Precautions

For situations such as

- Diarrhea illness **including CDIFF**
- Unexplained rash
- Multidrug-resistant organisms
- Wounds whose drainage cannot be contained by dressing

Gloves and gowns to enter room or to go beyond red safety zone

Dedicated equipment



UV after terminal clean is REQUIRED at RGH for CDIFF!

Contact Precautions: Back of Sign

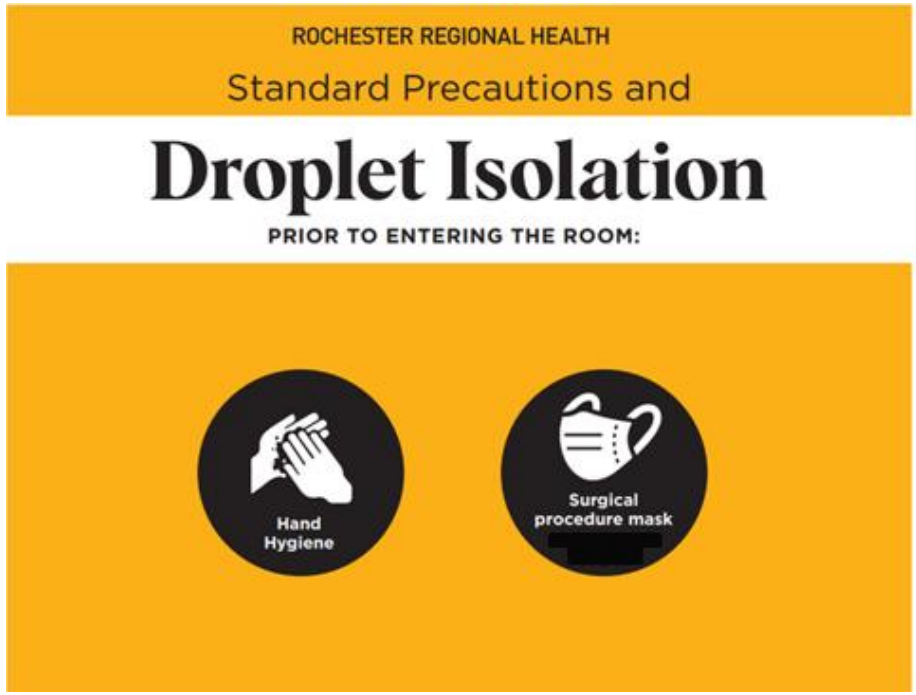
PATIENTS IN CONTACT ISOLATION	
• Place in a **PRIVATE ROOM**. Cohorting must be approved by Infection Prevention. • Patient restricted to room except for medically indicated procedures or as approved by Infection Prevention	
STAFF CARING FOR PATIENT IN CONTACT ISOLATION	
PPE Required:	Gowns, Gloves
Workflow:	• Use dedicated disposable equipment (e.g. stethoscope, blood pressure cuff, thermometer) when possible • Clean non-disposable equipment with hospital-approved disinfecting wipe after each use • Clean hands prior to donning personal protective equipment (PPE) • Wear a gown and gloves upon entry to patient room or care area • PPE Removal- PPE should be removed before exiting patient room or care area » Grasp PPE in a manner that avoids contamination (Outside of PPE is contaminated) » Remove and discard disposable PPE » Clean hands after removal of PPE
Transport:	• Notify receiving department of isolation status prior to transport • Patient wears a clean hospital gown, covers affected area as applicable (e.g. wound), covers body with clean sheet, and cleans hands prior to exiting patient room or care area • Transporter removes PPE and cleans hands (per above workflow) prior to exiting patient room or care area; if direct contact is performed during transport, wear gown and gloves
Room Cleaning:	• On discharge, EVS removes isolation sign when cleaning complete • UV light preferable after terminal cleaning
Visitors:	• Educate and offer appropriate PPE • Instruct to clean hands before entering and exiting patient room or care area • Educate to not visit other patients and avoid common areas
For additional information, indications for, and discontinuation of isolation, refer to "Infection Prevention - Transmission Based Precautions Policy" policy or contact Infection Prevention (Contact information available on IP SharePoint site).	

*UV is REQUIRED at RGH for CDIFF

Droplet Precautions

For illnesses such as influenza, Pertussis

Medical Grade mask to enter



Droplet Precautions: Back of Sign

PATIENTS IN DROPLET ISOLATION	
• Place in a **PRIVATE ROOM**. Cohorting must be approved by Infection Prevention. • Patient restricted to room except for medically indicated procedures • Patient to wear a surgical/procedure mask over mouth and nose when outside of room	
STAFF CARING FOR PATIENT IN DROPLET ISOLATION	
PPE Required:	Surgical Procedure Masks
Workflow:	• Clean hands prior to donning PPE • Wear mask over mouth and nose upon entry to patient room or care area • For patients receiving designated aerosol generating procedures (AGP), placement into a negative pressure room or HEPA filter is needed along with N95 respirator, gown, and gloves. *See Infection Prevention - Recommendations for Managing Aerosol Generating Procedures (AGPs)* • PPE Removal » PPE should be removed before exiting patient room or care area » Clean hands prior to removing mask » Grasp PPE in a manner that avoids contamination, remove and discard disposable PPE » Clean hands again after removal of PPE
Transport:	• Notify receiving department of isolation status prior to transport • Patient wears mask (pediatric patients unable to mask-cover crib with clean sheet), a clean hospital gown, and cleans hands prior to exiting patient room or care area
Room Cleaning:	• On discharge, EVS removes isolation sign when cleaning complete
Visitors:	• Provide education and offer surgical/procedure mask • Instruct visitors to clean hands before entering and exiting patient room or care area
For additional information, indications for, and discontinuation of isolation, refer to "Infection Prevention - Transmission Based Precautions Policy" policy or contact Infection Prevention (Contact information available on IP SharePoint site).	

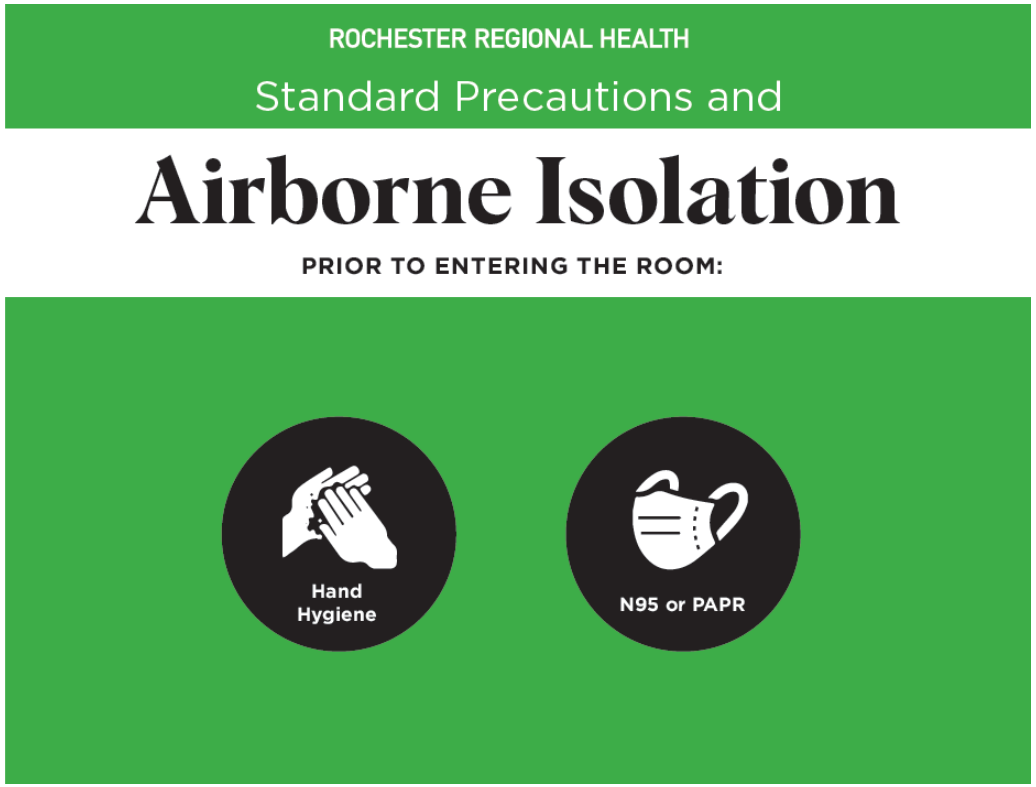
Airborne Precautions

Used for illnesses such as TB, chickenpox, measles

Requires negative pressure room

N95 mask to enter

Must be fit tested for N95 or use Powered Air Purifying Respirator/ Controlled Air Purifying Respirator



Airborne Precautions: Back of Sign

PATIENTS IN AIRBORNE ISOLATION	
• Place patients in a **PRIVATE Airborne Infection Isolation Room (AIIR)** (negative pressure). • Prior to admission of a patient with suspected disease requiring airborne isolation, the room must be checked to verify negative pressure is functioning. » Facilities is responsible for testing of negative pressure rooms prior to patient admission and daily while airborne isolation is in use » Facilities and the Nursing Supervisor are to be notified immediately if the event of negative pressure failure • Patients must **REMAIN IN THE ROOM with the door closed** except for medically necessary procedures • Patient to wear a surgical/procedure mask over mouth and nose when outside the negative pressure environment	
STAFF CARING FOR PATIENT IN AIRBORNE ISOLATION	
PPE Required:	N95 Respirator or CAPR/PAPR
Workflow:	• Clean hands prior to donning personal protective equipment (PPE) • Wear a fit-tested N95 (or CAPR/PAPR) upon entry and while inside the patient room or care area. • PPE Removal- PPE should be removed outside patient room or care area » Clean hands prior to removing N95 or PAPR » Grasp PPE in a manner that avoids contamination, remove and discard disposable PPE. Clean CAPR/PAPR helmet with hospital-approved disinfecting wipe » Clean hands again after removal of PPE
Transport:	• **Notify receiving department of isolation status prior to transport** • Patient wears a surgical/procedure mask, a clean hospital gown, covers body with clean sheet, and cleans hands prior to exiting patient room or care area • Transporter wears fit-tested N95 (or CAPR/PAPR).
Room Cleaning:	• On discharge, if room entry required before 1 hour has elapsed, fit-tested N95 (PAP/CAPR) must be worn. • On discharge, EVS removes isolation sign when cleaning complete.
Visitors:	• Educate and provide appropriate PPE • Instruct visitors to clean hands before entering and exiting patient room or care area
For additional information, indications for, and discontinuation of isolation, refer to "Infection Prevention - Transmission Based Precautions Policy" policy or contact Infection Prevention (Contact information available on IP SharePoint site).	

Contact Plus Precautions

Intended to identify and prevent the transmission of extremely drug resistant pathogens

- CRE
- VRSA/ VISA (vancomycin resistant S. aureus
- Candida auris
- CRAB (Carbapenem-resistant Acinetobacter)

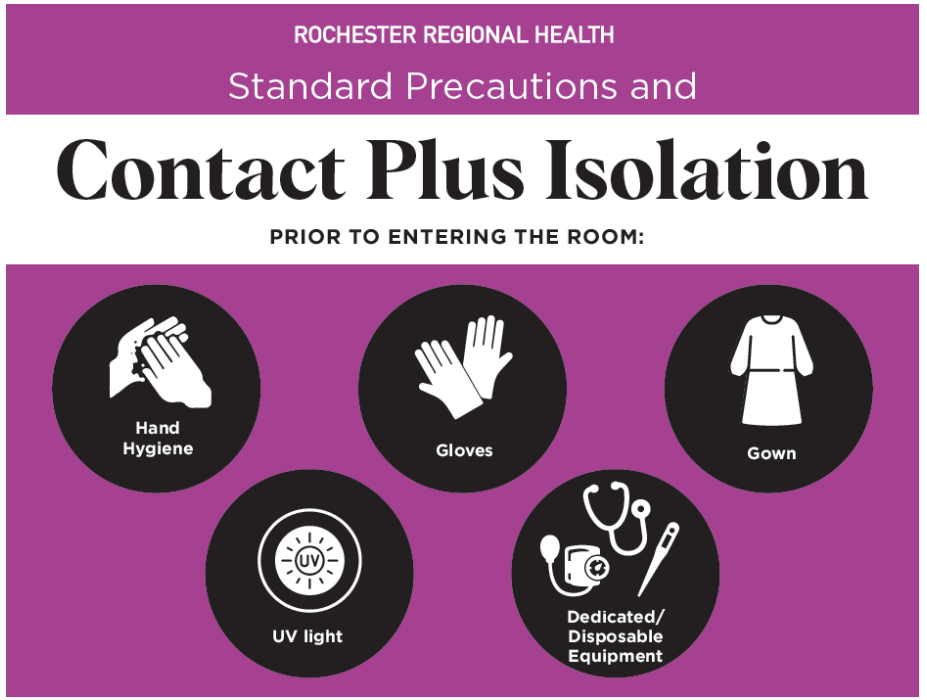
These organisms spread by

- Direct contact (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient)
- Indirect contact with an intermediate object/person (e.g. environmental surfaces or items in the patient's environment)

Gloves and gown to enter

Dedicated equipment for patient

UV light after terminal clean is REQUIRED at RGH



Contact Plus Precautions: Back of Sign

PATIENTS IN CONTACT PLUS ISOLATION	
• Place in a **PRIVATE ROOM** unless a shared space has been approved by Infection Prevention • Patient restricted to room except for medically indicated procedures or as approved by Infection Prevention	
STAFF CARING FOR PATIENT IN CONTACT PLUS ISOLATION	
PPE Required:	Gowns, Gloves
Workflow:	• Use dedicated/disposable equipment (e.g. stethoscope, blood pressure cuff, thermometer) when possible • Clean non-disposable equipment with hospital-approved disinfecting wipe after each use • Clean hands prior to donning personal protective equipment (PPE) • Wear a gown and gloves upon entry to patient room or care area • PPE Removal- PPE should be removed before exiting patient room or care area » Grasp PPE in a manner that avoids contamination (Outside of PPE is contaminated) » Remove and discard disposable PPE (place reusable gowns in soiled linen receptacle) » Clean hands with soap and water after removal of PPE
Transport:	• Notify receiving department of isolation status prior to transport • Patient wears a clean hospital gown, covers affected area as applicable (e.g. wound), covers body with clean sheet, and cleans hands prior to exiting patient room or care area • Transporter removes PPE and cleans hands (per above workflow) prior to exiting patient room or care area; if direct contact is performed during transport, wear gown and gloves
Room Cleaning:	• On discharge, EVS removes isolation sign when cleaning complete • UV light preferable following terminal cleaning
Visitors:	• Educate and offer appropriate PPE • Instruct visitors to clean hands before entering and exiting patient room or care area • Educate to not visit other patients and avoid common areas
For additional information, indications for, and discontinuation of isolation, refer to "Infection Prevention - Transmission Based Precautions Policy" policy or contact Infection Prevention (Contact information available on IP SharePoint site).	

Enhanced Isolation Precautions

Intended to prevent the transmission of novel or high-consequence pathogens:

That could be easily disseminated or transmitted from person to person

For which methods of transmission are still under investigation

For which there may be the potential for high morbidity/mortality

This could include pathogens such as Coronavirus Disease 19 (COVID-19), Middle Eastern Respiratory Syndrome (MERS), or Ebola

Gloves, gowns, N95, eye protection to enter

Quarantine Isolation Precautions

- For patients that were exposed to COVID 19 within the prior 14 days
- N95, gloves and eye protection required to enter the room
- Gown required when performing an AGP
- Removal of quarantine isolation per RRH policy

Quarantine Isolation Precautions: Back of Sign

PATIENTS IN QUARANTINE ENHANCED ISOLATION	
• Place in a **PRIVATE ROOM**. Cohorting must be approved by Infection Prevention. • Patient restricted to room except for medically indicated procedures • Patient to wear a surgical/procedure mask when not in room	
STAFF CARING FOR PATIENT IN QUARANTINE ENHANCED ISOLATION	
PPE Required:	Eye Protection (goggles or face shield), N95 or PAPR, Gloves, Gown during AGPs
Workflow:	• Use dedicated disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer) when possible • Clean non-disposable equipment with hospital-approved disinfecting wipe after each use • Clean hands prior to donning PPE • Wear mask over mouth and nose upon entry to patient room or care area. • For patients receiving designated aerosol generating procedures (AGP), placement into a negative pressure room or HEPA filter is needed along with N95 respirator, gown, and gloves. *See Infection Prevention - Recommendations for Managing Aerosol Generating Procedures (AGPs)* • PPE Removal-Remove gown and gloves inside room, N95/PAPR and eye protection outside room » Grasp PPE in a manner that avoids contamination (Outside of PPE is contaminated) » Clean hands prior to removing N95/PAPR and eye protection » Remove and discard disposable PPE. Clean eye protection or CAPR/PAPR with hospital-approved disinfecting wipe. » Clean hands again after removal of PPE
Transport:	• Notify receiving department of isolation status prior to transport • Patient wears a procedure mask, clean hospital gown, and cleans hands prior to exiting room or care area • Transporter wears fit-tested N95 (or CAPR/PAPR) and eye protection
Room Cleaning:	• At discharge, if room entry required before 1 hour, N95 (or CAPR/PAPR) and eye protection must be worn • On discharge, EVS removes isolation sign when cleaning complete • UV light preferable following terminal cleaning
Visitors:	• Educate and provide appropriate PPE • Instruct visitors to clean hands before entering and exiting patient room or care area
For additional information, indications for, and discontinuation of isolation, refer to "Infection Prevention - Transmission Based Precautions Policy" policy or contact Infection Prevention (Contact information available on IP SharePoint site).	

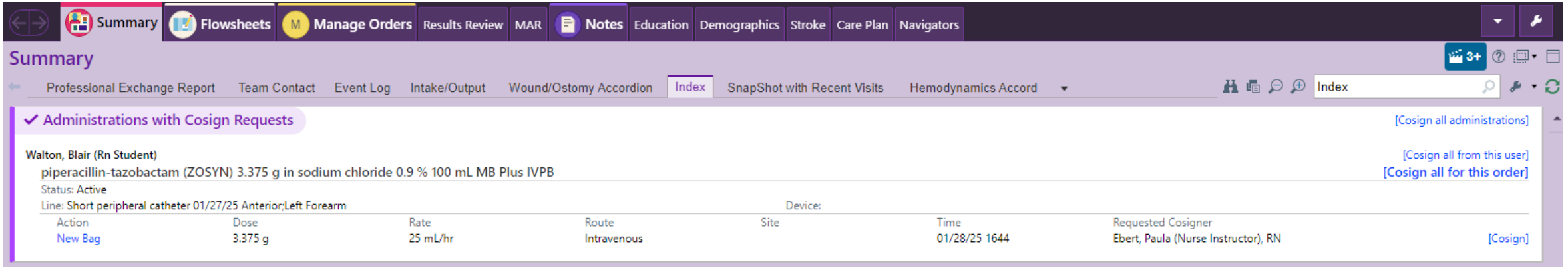
Epic & Co-Signatures

Epic Questions & Answers

- Co-signature process in Care Connect (Knowledge Builder)
  - Training of Students
  - This is the responsibility of the instructor, a document will be sent to those who have attended this meeting to use as a reference.

- Password distribution
  - All students names who have been entered into ACEMAPP have access requested
  - IT Help (RGH): 585-922-HELP
  - If IT cannot help- reach out to hospital clinical coordinator

Epic: Co-Signing Medications



Epic: Co-Signing Flowsheets

Flowsheet Data Needing Cosign

All Flowsheet Data Needing Cosign — Cosign All

Show links for individual values

Cosign Requestor: Walton, Blair (Rn Student) — Cosign

Vital Signs			
Row Name		01/28/25 1616	01/28/25 1615
		Cosign	Cosign
Vitals			
BP	Cosign	90/56 (P)	—
MAP (mmHg) (device)	Cosign	66 (P)	—
Pulse	Cosign	110 ! (P)	—
Resp	Cosign	26 (P)	—
Temp	Cosign	36.2 °C (97.2 °F) (P)	—
Rhythm	Cosign	—	AFIB (P)
Oxygen Therapy			
SpO2	Cosign	86 % ! (P)	—
Patient Position	Cosign	Laying in bed (P)	—
Cardiac			
Cardiac (WDL)	Cosign	—	X (P)
Cardiac Regularity	Cosign	—	Irregular (P)
Heart Sounds	Cosign	—	S1, S2 (P)
Jugular Venous Distention (JVD)	Cosign	—	No (P)
Patient on Cardiac Monitor	Cosign	—	Yes (P)

Head to Toe			
Row Name		01/28/25 1615	01/28/25 1600
		Cosign	Cosign
Neurological			
Neuro (WDL)	Cosign	WDL (P)	—
Level of Consciousness	Cosign	Alert (P)	—
Orientation Level	Cosign	Oriented (P)	—
Cognition	Cosign	Appropriate for developmental age (P)	—
Speech	Cosign	Appropriate for developmental age;Clear (P)	—
Motor Function/Sensation Assessment	Cosign	Grip;Motor response;Sensation;Motor strength (P)	—
Right Hand Grip	Cosign	Strong (Full strength) (P)	—
Left Hand Grip	Cosign	Strong (Full strength) (P)	—
Right Foot Dorsiflexion	Cosign	Moderate (P)	—

Close

Pre/Post Conference Space

Student Spaces at RGH

- Conferencing is NOT PERMITTED in our cafeteria spaces
  - WolfGang Puck seating should only be used for eating
- E5310 Conference Room: *New Student Lounge
  - Lockers, fridge, microwaves
  - Reserved through Sign-Up Genius
- Reach out to Bethany for options!

Student Spaces at Newark and Clifton

- Please reach out to Hannah if you need a space for conference
- You may utilize cafeteria spaces- just remember confidentiality when in public areas
- Please refrain from utilizing staff break rooms

Parking/Badges

Rochester General Hospital Parking- FREE for students

- All students: register their cars at the carter street parking office M-F 0700-1700
- Registration Form will be sent to instructors- must be completed on DAY 1 of clinical. *Have students bring a picture or their license plate.*
- RGH Parking Office: Ground Level, Carter Street Garage
- Don’t overcrowd the parking office, please.

ROCHESTER
REGIONAL HEALTH

Resident/Student Parking Registration Form

NAME :				
PHONE #:				
UNIVERSITY / COLLEGE NAME :				
VEHICLE YEAR	MAKE	MODEL	COLOR	LICENSE PLATE#
DEPARTMENT :				
LAST DAY OF ROTATION :				
INSTRUCTOR'S NAME AND PHONE # :				
FOR SAFETY & SECURITY PARKING OFFICE USE :				
PARKING AREA ASSIGNED TO:			DECAL # :	
DATE ENTERED:			INTIALS:	

RGH Student Parking Attestation

I, _____, have received my RGH Student Parking Permit. I have been instructed to display the decal on the rear drivers side window and to park on the TOP LEVEL of the Portland Garage. I understand that if I park below the TOP LEVEL or fail to affix my parking permit I will be required to pay the maximum daily rate.

Date Signature

RGH Student Parking Guidelines

Days, M-F Clinical:

- ✓ Park in Carter street garage, obtain parking pass from carter street garage office before you leave to exit.

Evening/Weekend Clinical:

- ✓ Park in Portland Garage, attendant will let them out as long as decal is affixed to their car.

Rochester General Hospital ID Badges

Instructors:

To obtain an ID badge you must go to the Safety and Security office located in the Carter Street Garage at RGH. You will need to have a bar code on your badge in order to perform POCT. The person creating your badge will need to be made aware of that.

If you are working in a space that requires badge access (Sands critical care tower) you will need badge access

Students:

Hospital Badges needed for the following areas: Women's Care, Sands Tower (SSDU, MSDU, Sands 600), 2800, 3800

- All other students are to wear their school ID in plain view on their uniforms.

Other Affiliates Space/Parking

UMMC:

- Contact department Nurse Manager for meeting space
- Free Parking: ER Parking Lot ONLY --> select yellow lined spaces
- Instructor Badge: Contact security located in the ER waiting room
- Safety & Security: Call switchboard 585-343-6030

Newark and Clifton:

- Please utilize the parking spaces furthest from the hospitals, parking is FREE
- Please reach out to Hannah if need a space for group

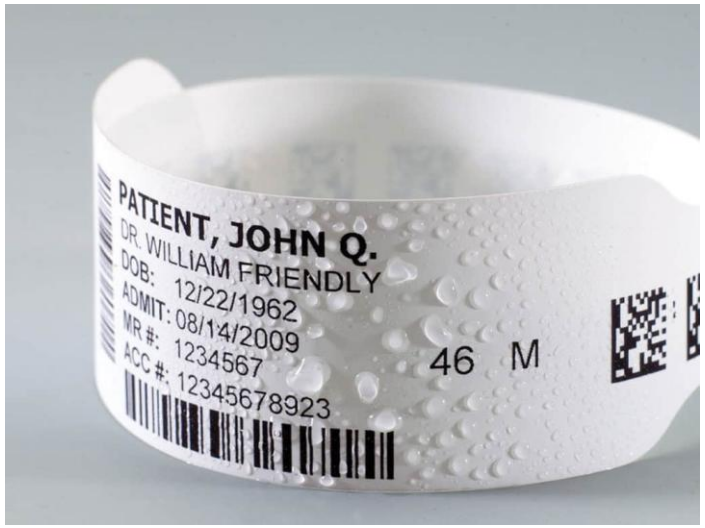
Medication Administration & Waste

Medication Administration

- RGH, uses Omnicell Automated Medication Dispensing machines.
- ***Updates to RASON Guidelines***
- Please scan barcodes on ALL medications and IV medications or fluids
- Check for Allergy Bands (red)

Patient Identification Bands

Patient identification is a fundamental responsibility of every staff member in order to provide correct care/service to the correct patient. For all situations, the standard basic identifiers to be used will be **patient name and date of birth**.



Prior to transport, treatment, test, procedure or intervention; identification of the patient utilizing the above identifiers will be performed to assure it is the correct individual.

Patient Identification Bands

Acute Care sites: All inpatients will wear a wristband.

For affiliates/ sites using Identification Bands:

The employee places the ID Band on the patient's wrist or ankle. In the event no extremity is accessible, the patient care staff will determine a continuous, safe process to identify the patient

If an ID Band is removed from the patient during their stay, the nurse or delegated employee will replace the ID Band immediately. Name and date of birth must be validated prior to replacing an ID Band.

If patient is an unreliable historian, cognitively impaired, disoriented, etc. nurse should use patient ID or person accompanying patient (proxy/ family/ etc.). If neither is available a 2 nurse Identification process can be used with Patient Chart.

Visual Communication Handoff Tools

Red "ALLERGY" Band

Pink "Restricted Limb" Band

Yellow Sign
and/or
Yellow Gown
(follow HD protocol)

Purple "DNR" Band
(No DNR band at Unity)

Daniels Reusable System

Sharps Containers

Non Haz Pharmaceutical Containers

Chemotherapy Containers

Hazardous Waste Containers

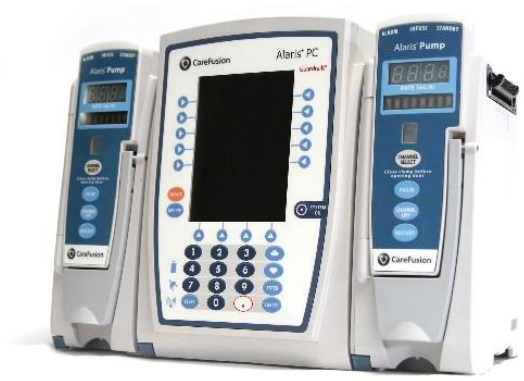
PIV Guidelines

PIV Assessment

Observe site for signs of complications, including but not limited to pain, change in circulation/motion/sensation (CMS) phlebitis, infection, hematoma, or infiltration:

- **Every 8 hours** w/ intermittent or non use.
- **Every 2 hours** for continuous infusion
- **Every hour** or as appropriate for high risk medications which may cause tissue necrosis/sloughing.

Pediatrics: Observe flow rate, catheter insertion site and dressing **hourly.**



Guardrails should be used at all times

See RRH Policy: NPS 16

Assessment: Visual Infusion Phlebitis Scale

Changed with clinical indication per the Visual Infusion Phlebitis (VIP) scale.

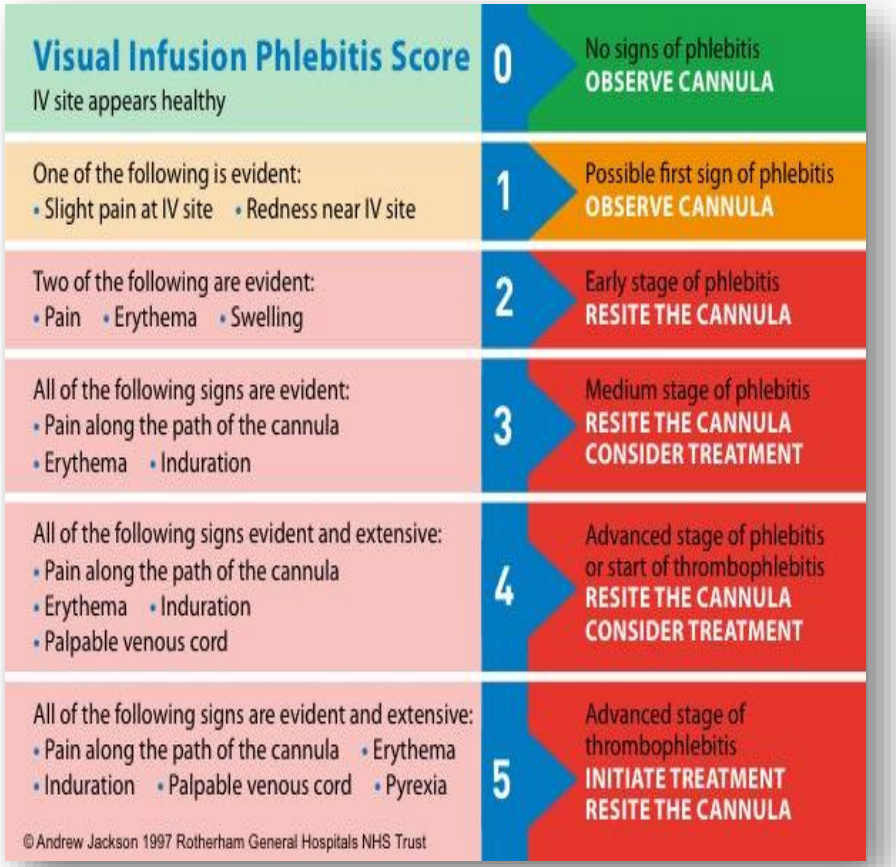
Scale: 0-5;

- ≥ 2: catheter needs to be removed.
- ≥3: catheter needs to be removed and provider notified

Exceptions:

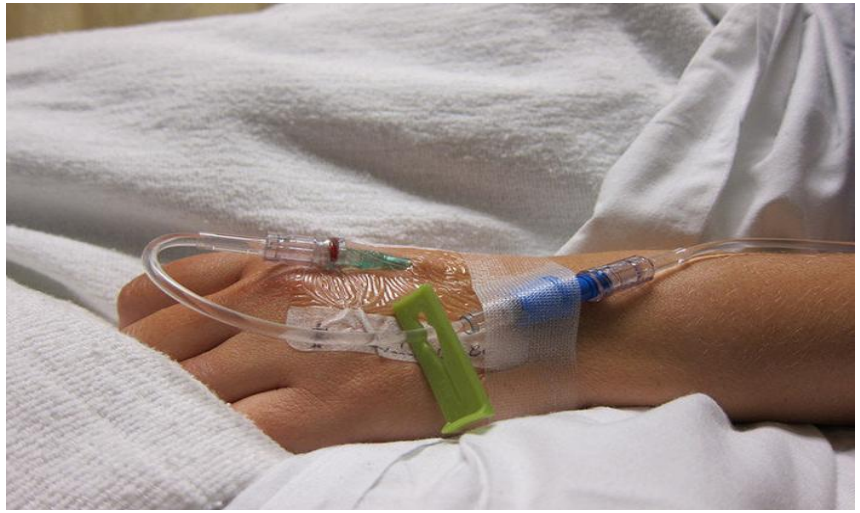
- Provider order for removal.
- SPCs from outside facility or EMS must be changed within 24 hours.

Documented minimally by RN once per day and PRN with any changes



Peripheral IV Dressing changes

Assess Every 8 hours: Ensure dressing is clean, dry and intact on all sides.



Accessing an IV

ALL entries into cap port must be **first swabbed with an alcohol prep pad** and the hub scrubbed for 15 seconds

Flush with 3 ml Normal Saline every 8 hours and before and after each use

IV Tubing & Bags

- IV tubing will be changed every ***96 hours***. Tubing will be labeled as it is initiated or changed.
- Blood tubing is good for 4 hours
- Intermittent infusion sets that are not connected to a continuous infusion are changed ***every 24 hours.***

  Any time the PIV is changed, so is the tubing.

- IV solutions prepared by pharmacy must be changed every 24 hours

- Premixed solutions from the manufacturer are changed every 96 hours and must be labeled appropriately

Preventing CLABSI

End Cap & IV Tubing Changes

Change needless injection cap every **7 days (done by VAT team during dressing changes or trained staff)**. If used intermittently, still change cap no sooner than 96 hours and with an administration set change. Also, change **prn**:

- When leaking
- Evidence of residual blood or debris
- Prior to drawing blood cultures
- Suspected contamination is present

Primary and secondary administration sets should be changed every **96** hours when used for continuous infusion or:

- If contamination or product integrity is compromised
- When new CVC is placed

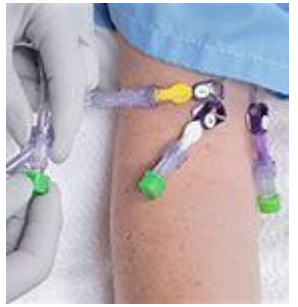
If the primary set is used for intermittent solutions OR the secondary set is detached from the primary set, the set is changed every **24** hours

Swab Alcohol Caps and CLABSI Reduction

- Every end cap of a CVC line ***and every y-port of IV tubing utilized by the CVC***

  Use male green cap at end of IV tubing instead of red cap.

- Changed every time line is used



PREVENT

C — CAPS
All inactive ports are covered with an alcohol cap

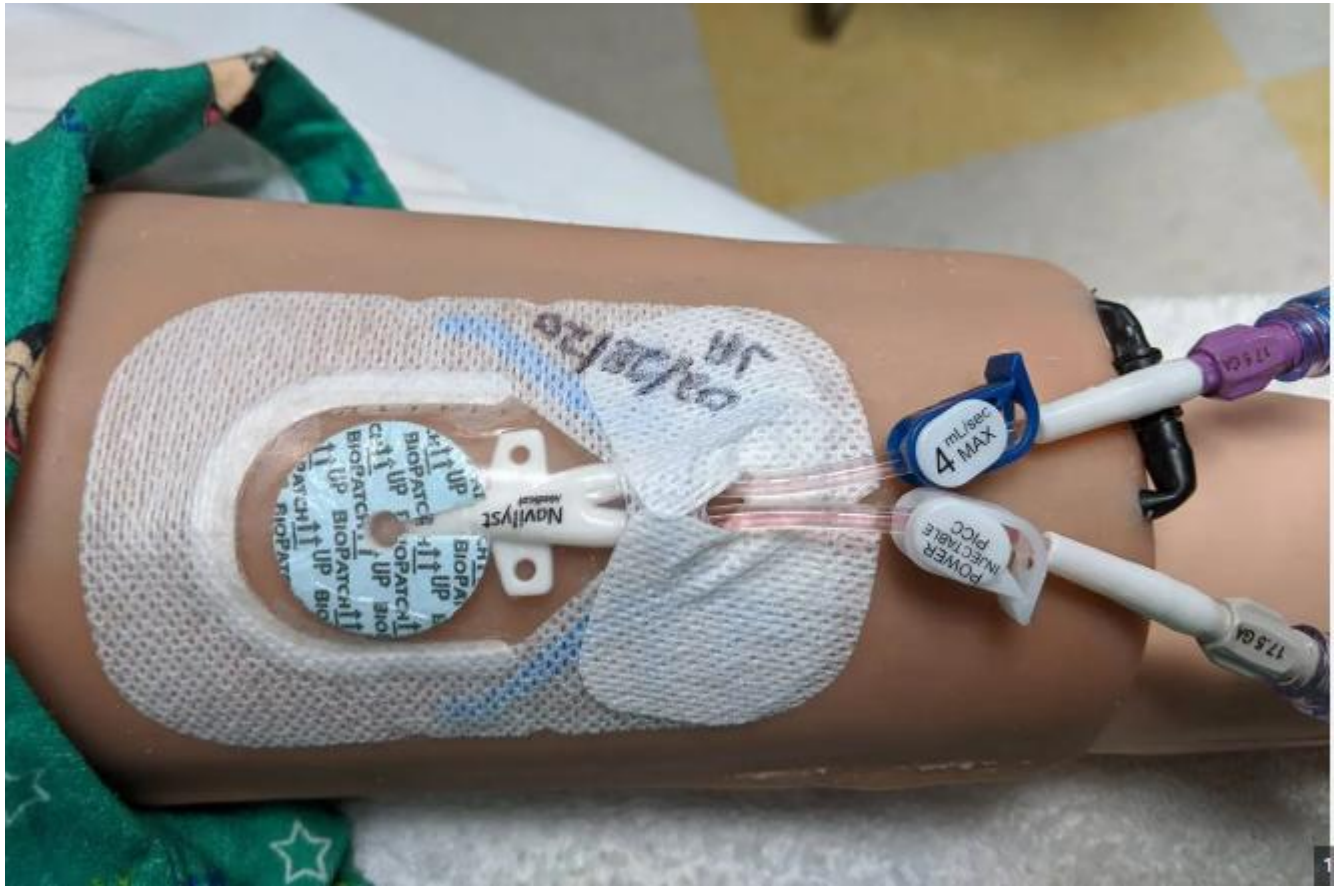
L — LINE NECESSITY
Seek order to discontinue if line is no longer in use

A — ASEPTIC TECHNIQUE
Hand hygiene before touching line, strict aseptic technique with dressing/cap changes

B — BATHING WITH CHG
All patients with CVCs should be bathed once daily with CHG wipes

S — SCRUB the HUB
Vigorously scrub the hub for 15 seconds before accessing line

I — INTACT DRESSINGS
Ensure dressings are always intact, occlusive, and changed every 7 days



Preventing CAUTI

Indications For Urinary Catheter

Do any of the following indications for indwelling urinary catheter apply?

- Patient has acute urinary retention or bladder outlet obstruction
- Need for accurate measurements of urinary output in critically ill and/or acute kidney injury patient
- Patient has undergone urologic surgery or other surgery on contiguous structures of the genitourinary tract
- Patient has Stage III or IV open sacral or perineal wounds and incontinent
- Patient requires prolonged immobilization (e.g. Epidural Catheter, potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
- Patient on hospice or comfort care
- Chronic indwelling catheter in place on admission
- Patient has gross hematuria

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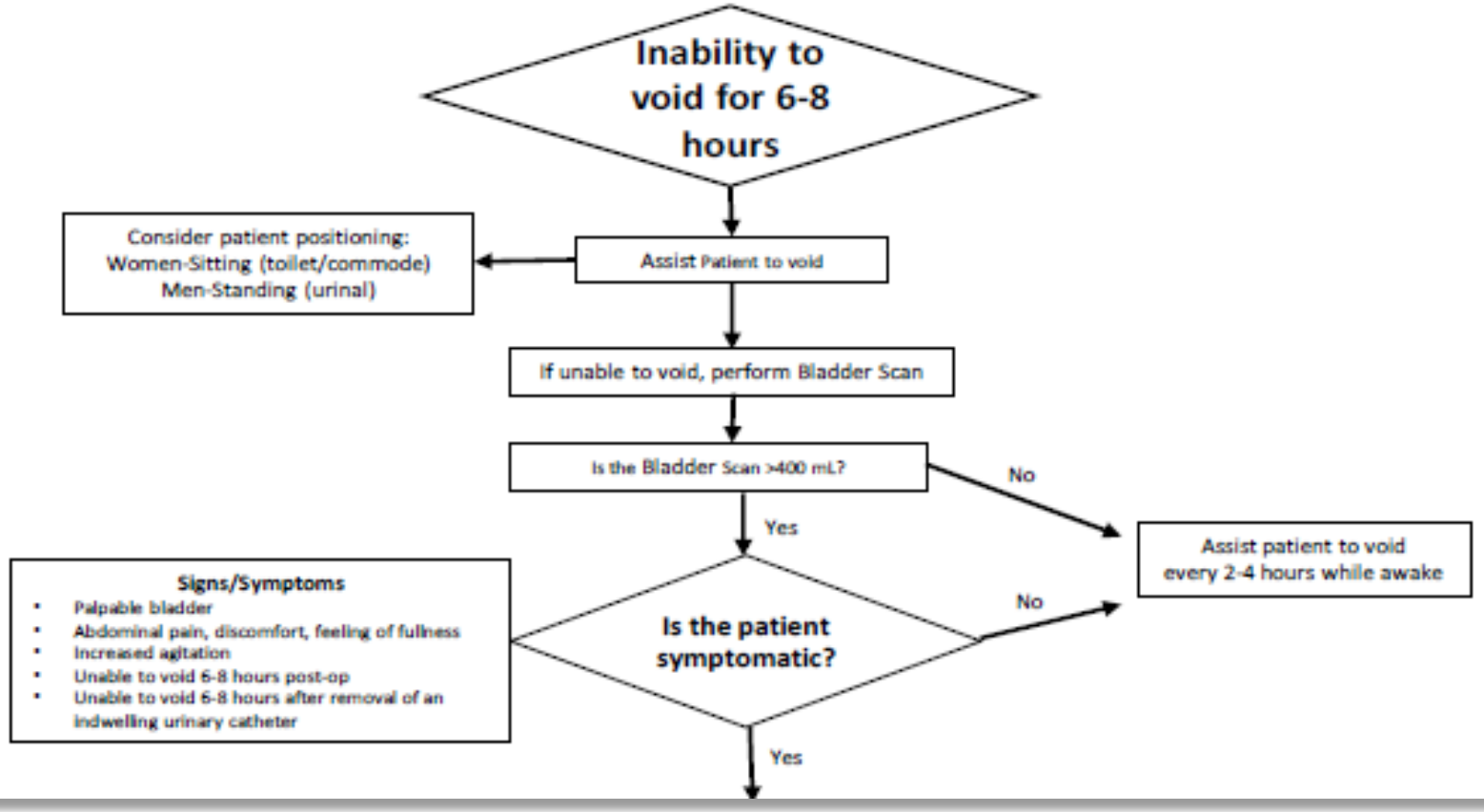
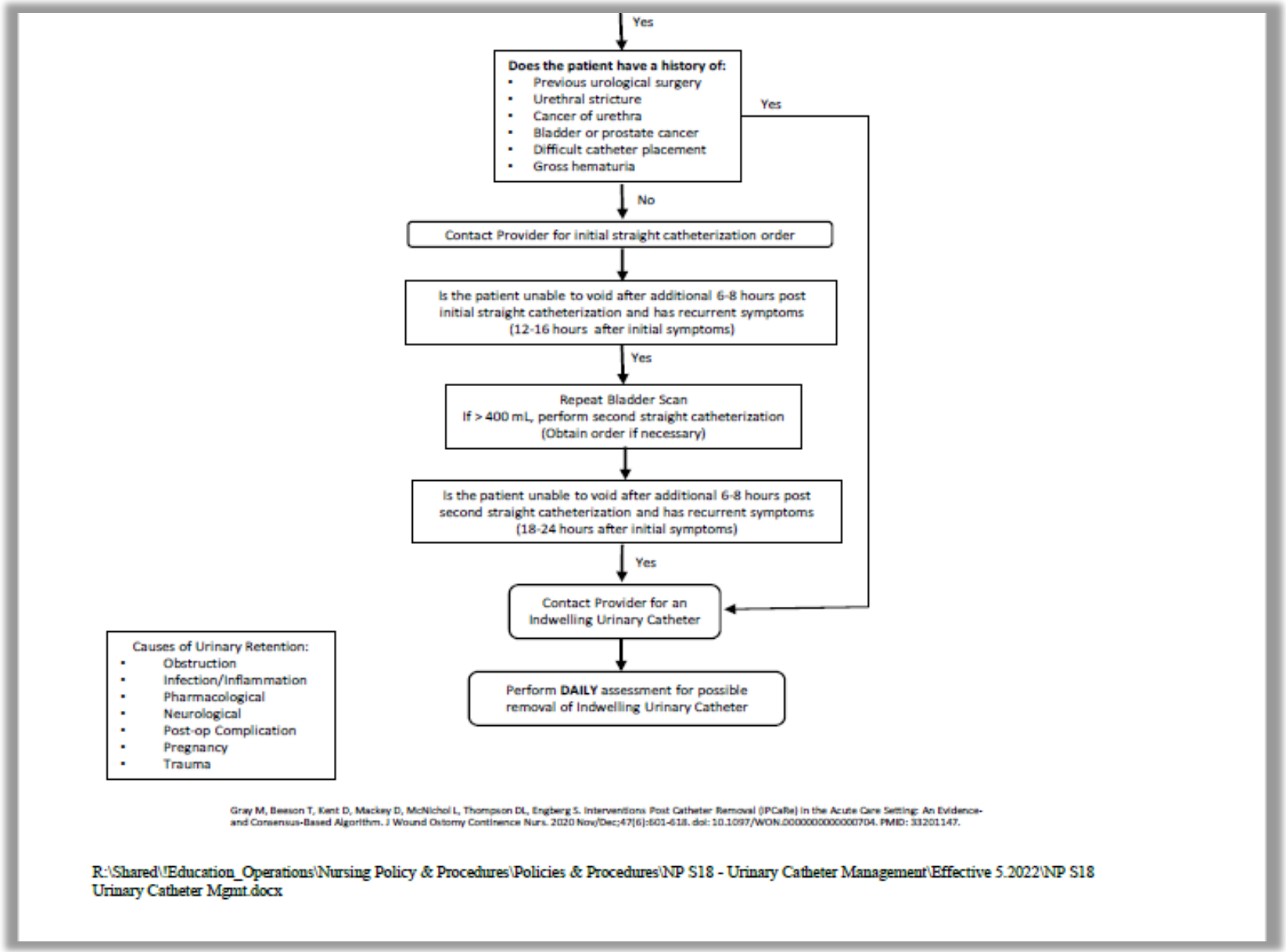
Addendum C. Nursing Acute Urinary Retention Algorithm

Nursing Acute Urinary Retention Algorithm





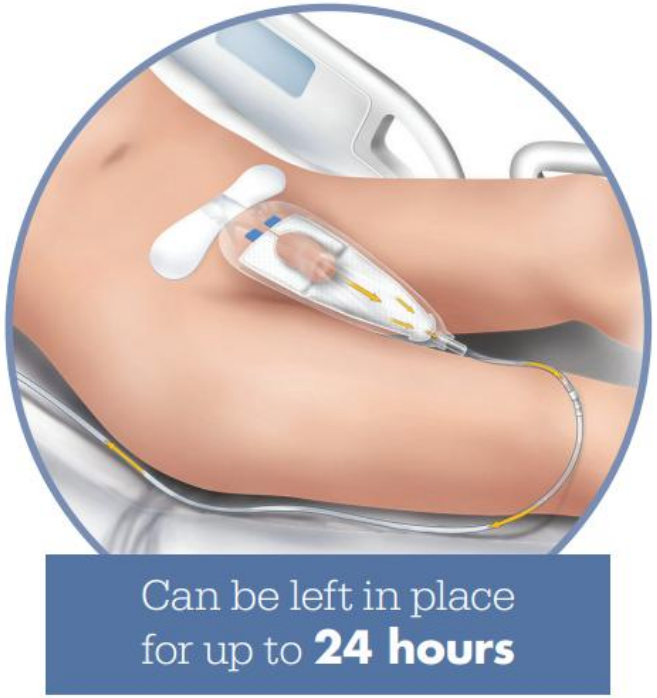
Gray M, Beeson T, Kent D, Mackey D, McNichol L, Thompson DL, Engberg S. Interventions Post Catheter Removal (IPCaRe) in the Acute Care Setting: An Evidence- and Consensus-Based Algorithm. J Wound Ostomy Continence Nurs. 2020 Nov/Dec;47(6):601-618. doi: 10.1097/WON.0000000000000704. PMID: 33201147.

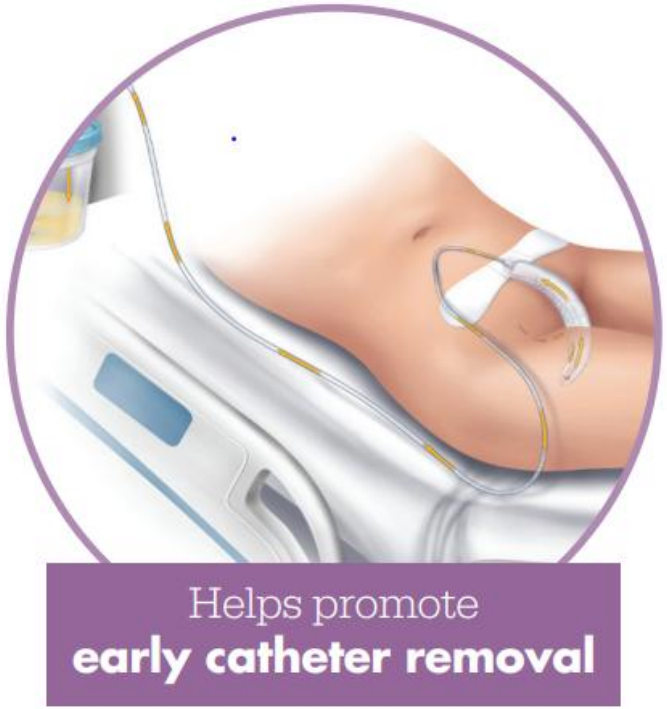
R:\Shared\!Education_Operations\Nursing Policy & Procedures\Policies & Procedures\NP S18 - Urinary Catheter Management\Effective 5.2022\NP S18 Urinary Catheter Mgmt.docx

Prima and Primo External Catheters

[Sage PrimoFit Training - YouTube]

[Sage PrimaFit Training - YouTube]





CAUTI Bundle

Try alternatives to Urinary Catheters:

Prima/Primo Devices
used ONLY for incontinence,
not convenience!
Straight Cath
Bladder Scanner
Bedside Commodes/Bedpans
Programmed toileting

Discuss the continued need for catheter during Multidisciplinary Rounds and remember No Catheter….No CAUTI

Skin Prevention & Identification

Self care products

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Rochester General Hospital

Daily Bathing
Bath wipes will be used for head to toe bathing and incontinence care. Lotion in wipes hydrates the skin. For more soap suds squeeze to activate.
PLEASE THROW AWAY IN TRASH. **DO NOT FLUSH DOWN TOILET**

Dry skin/ Prevent skin breakdown
This lotion is used as a barrier on skin after incontinent episode or if you have dry skin
Prevent Breakdown

Infection Prevention
If you have a central line or Foley catheter you will be cleansed daily with CHG wipes to prevent infection! Ask the nursing staff when you are ready to be washed up.
CHG can be used as a complete bath or after bath wipe use
PLEASE THROW AWAY IN TRASH. **DO NOT FLUSH DOWN TOILET**

Open area on skin/ Incontinence
Staff will use Triad cream if you are incontinent or have an open wound.

Hair Care
Shampoo Caps can be used to wash hair. Shower caps are warm and do not need to be rinsed off

Baby shampoo available upon request

Urinary Incontinence
Urine collection devices are available to help keep your skin dry and has lower infection risk than a catheter

Oral Care
Tooth brushes, tooth paste, denture care and suction toothets avalible. We encourage oral care at least twice a day

Why does RGH not use briefs?
RGH does not offer briefs due to the risk of breakdown on the skin from moisture. We have multiple options to aid in incontinence management

Pressure Injury Prevention Bundle

For ALL at Risk Patients (Braden 18 or less):

Skin Observation:

- Two Nurse Skin check within 24 hours of admission and 1 hour of transfer
- Q8hr head to toe skin inspection

Pressure Relief:

- Reposition Q 2 hours in bed and Q 1 hour in chair
- Use waffle cushion in chair
- Heels elevated off bed - utilize heel protector boots
- Preventative foam dressing(s) applied to sacrum and heels
- Head of the bed <30 degrees
- Grey foam on O2 tubing

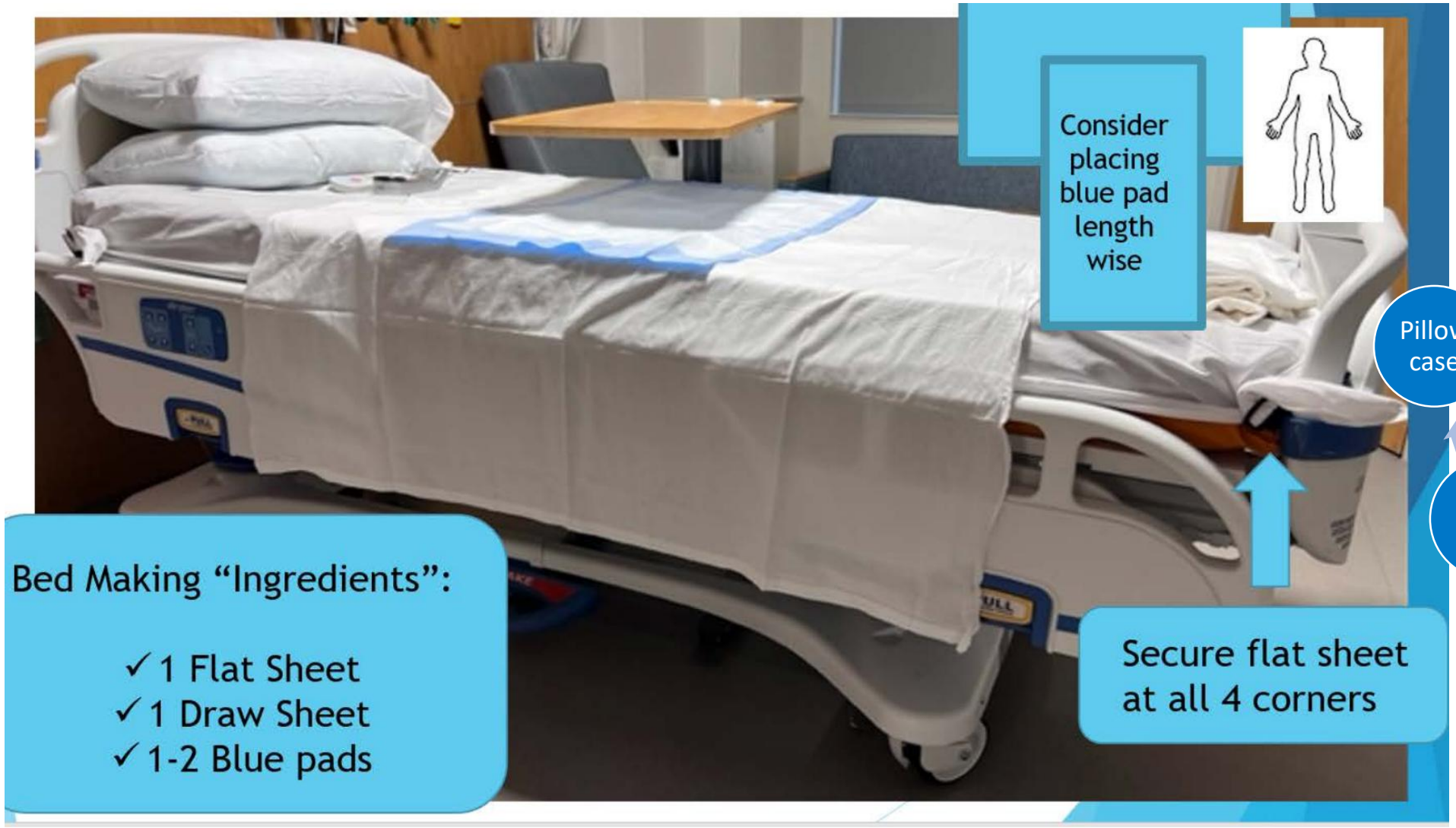
Pressure Injury Prevention Bundle

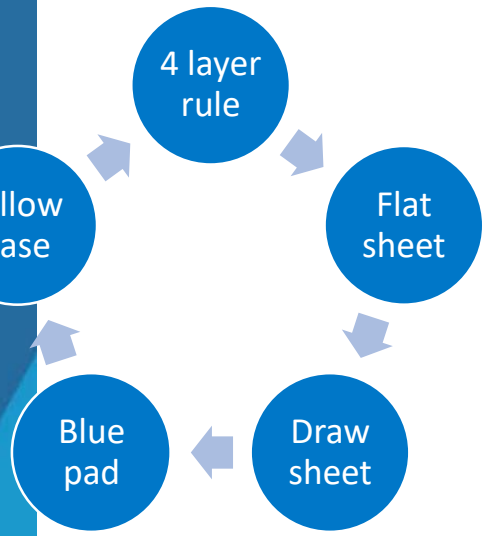
Moisture Management:

- Apply barrier cream daily and after cleaning episodes of incontinence- Blue (intact), Triad (open)
- Toilet Q 2 hours (if patient is able)
- Use of absorbent pad - no more than 4 layers under pt
- Internal and External collection devices as appropriate

Please consult WOCN for any PI found and staging.
Place a photo in Rover

Bed Making

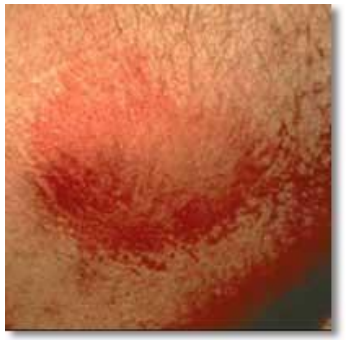

Consider placing blue pad length wise
Bed Making "Ingredients":
✓1 Flat Sheet
✓1 Draw Sheet
✓1-2 Blue pads
Secure flat sheet at all 4 corners


4 layer rule
Flat sheet
Draw sheet
Blue pad
Pillow case

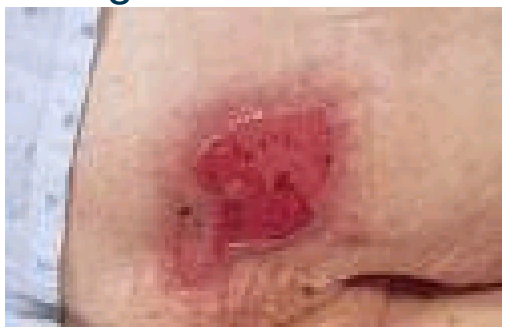
Please immediately report to the RN any skin abnormalities not documented in care connect or worsening of skin!

Skin Abnormalities

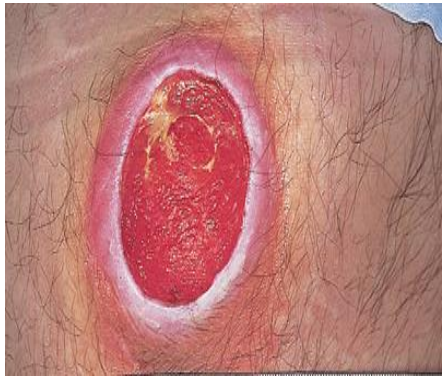
Stage 1



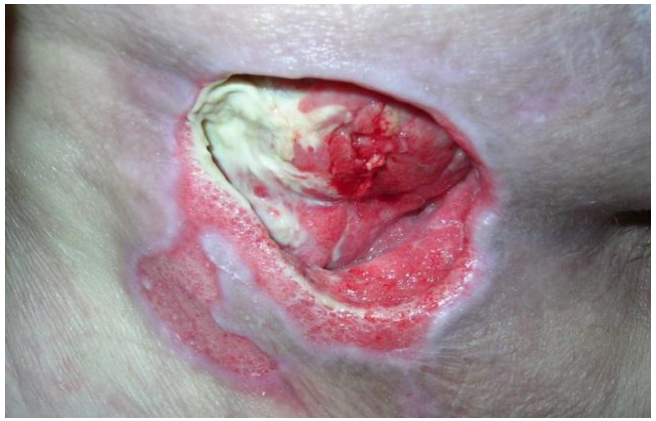
Stage 2



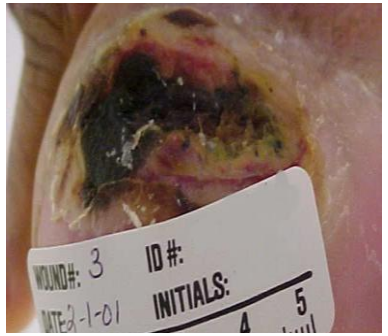
Stage 3



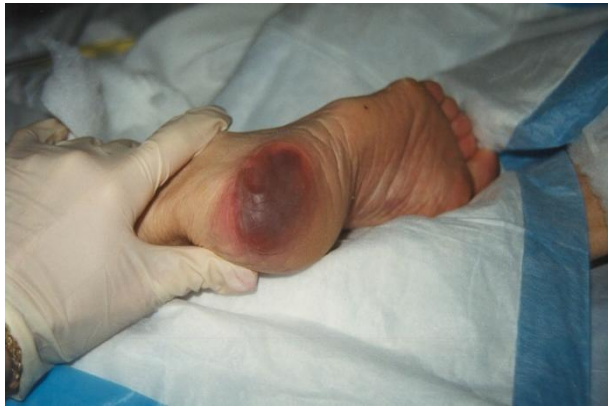
Stage 4



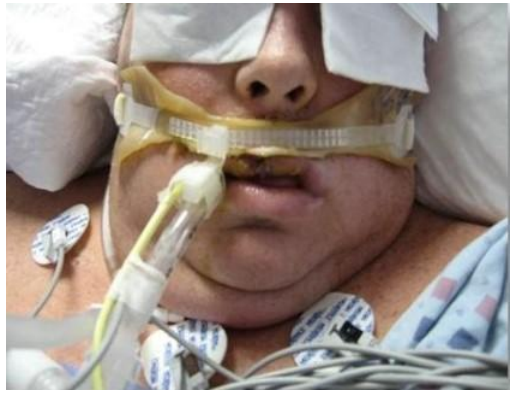
Unstageable



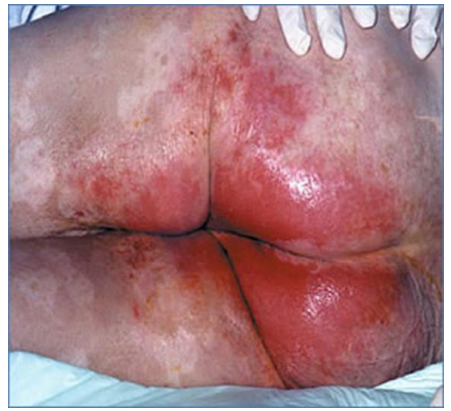
Suspected Deep Tissue Injury



Mucous Membrane



Incontinent Dermatitis



DVT Prophylaxis

Exactly what is a Venous Thromboembolism?

- A DVT, or deep vein thrombosis, occurs when a blood clot forms in a vein preventing blood flow. This usually occurs in the pelvis or lower extremities.
- If a clot forms in the lungs, it is referred to as a Pulmonary Embolism (PE).
- The term Venous Thromboembolism, or VTE, is an umbrella term for DVT and/or PE.
- VTE is a common source of perioperative morbidity and mortality.

VTE= PE and/or DVT

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Demographics

Source: National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 2023

- Venous Thromboembolisms effects 600,000 patients each year, resulting in approximately 100,000 deaths annually.
- Effects of VTE
  - Increased length of stay (LOS)
  - Indefinite use of anticoagulants
  - Modification to activities of daily living
  - Risk for bleeding
  - Financial burdens
  - Post- thrombotic syndrome
    (chronic pain, swelling, skin discoloration and ulcers)

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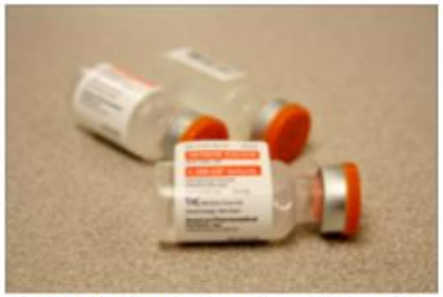
VTE Bundle

- Best Practice Guidelines recommend a VTE bundle including chemical prophylaxis, mechanical prophylaxis, and ambulation to decrease the risk of VTE in both pre and postoperative patients.
- The bundle, in its entirety, is needed to decrease a patient's risk for VTE.

Chemical Prophylaxis + Mechanical Prophylaxis + Ambulation = VTE Bundle

Chemical Prophylaxis

- The use of chemical agents to reduce or prevent disease.
  - Heparin SQ (usually given every 8 to 12 hours)
  - Enoxaparin (Lovenox) SQ (usually given every 24 hours)



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Chemical Prophylaxis (cont.)

Utilization and Nursing Considerations at RRH

- Heparin SQ and Lovenox SQ are to be given preoperatively per orders
  - DO NOT HOLD…PROVIDERS WILL DISCONTINUE THE MEDICATION IF IT IS NOT TO BE GIVEN PREOPERATIVELY
- Heparin SQ is to resume as scheduled postoperatively
- Enoxaparin (Lovenox) SQ will be resumed 24-48hrs postoperatively

Chemical Prophylaxis (cont.)

Missed and or Refused Doses

- A missed dose of heparin **CAN BE GIVEN** if the next scheduled dose is 4 or more hours away
- If it is 4 or more hours past the scheduled administration time, **skip the dose**, notify the provider and resume treatment as scheduled
  - DO NOT RESCHEDULE OR ADJUST THE TIMES
- If the chemical prophylactic agent is completely missed or refused, the patient should be reeducated on the risks, the provider must be notified, and a progress note written with each missed dose

Mechanical Prophylaxis

- Devices that decrease venous stasis to the lower extremities, but do not carry a risk of bleeding
- Sequential Compression Device (SCDs)
  - Prolonged use of SCDs can lead to cutaneous breakdown, therefore the device must be removed for assessment and hygiene purposes

https://openi.nlm.nih.gov/detailedresult?img=PMC4233228_cios-6-468-g001&query=Sequential%20Compression%20Device&it=xg&req=4&npos=1

Mechanical Prophylaxis (cont.)

Utilization and Nursing Considerations at RRH

- If ordered, SCDs need to be physically on the patient and the device turned on.
- Documentation is required.
  - Both licensed and unlicensed staff can document that SCDs are on.
    - » Documentation of "**ON**" implies that the device was physically on the patient for the entirety of your shift.
  - Removal of the device for hygiene, elimination or assessment purposes does not require "**OFF**" documentation. However, the device must be immediately be reapplied.
  - SCD sleeves are to remain on the patient during transport.
  - The device and hoses are to remain on the unit.

Mechanical Prophylaxis (cont.)

Refusal

- Refusal to wear SCDs, despite frequent ambulation and chemical prophylaxis requires patient education, provider notification and documentation.

Early Ambulation

- Early ambulation has shown benefits including decreased length of stay (LOS) and fewer postoperative complications, most significantly, venous thromboembolisms.

Sam Edwards (2013). iStock. https://www.istockphoto.com/photo/nurse-helping-patient-with-walker-in-hospital-room-gm151811818-24440055

Summary

- Best Practice Guidelines recommend a VTE bundle including chemical prophylaxis, mechanical prophylaxis, and ambulation to decrease the risk of VTE in both pre and postoperative patients.
- The bundle, in its entirety, is needed to decrease a patient's risk for VTE
- Use of a VTE bundle can
  - Decrease length of stay (LOS)
  - Prevent prolonged use of anticoagulants
  - Maintain activities of daily living
  - Prevent post- thrombotic syndrome
  - Save lives

Pain

Pain Assessment and Documentation: Key Points

Obtain the patient's self-reported pain rating:

a) Use the Appropriate Scale for the patient need

RN must document pain assessment:

a) on admission

b) with every full head to toe assessment

c) with reassessment after PRN medication

d) PRN

LPN may obtain routine and follow up pain data And Report abnormal pain data to RN

1. **Chart numeric score and medication given**

   Pain medication orders should reflect tablets or milligrams according to type of pain, e.g. Hydrocodone 1 tab for mild pain. Hydrocodone 2 tabs for moderate pain etc.

2. **Pain reassessment score is documented within**

   60 minutes

   of medicating patient regardless of route. If medication administered close to shift end, should be part of Handoff Report so reassessment will be documented by next nurse within 60 minutes.

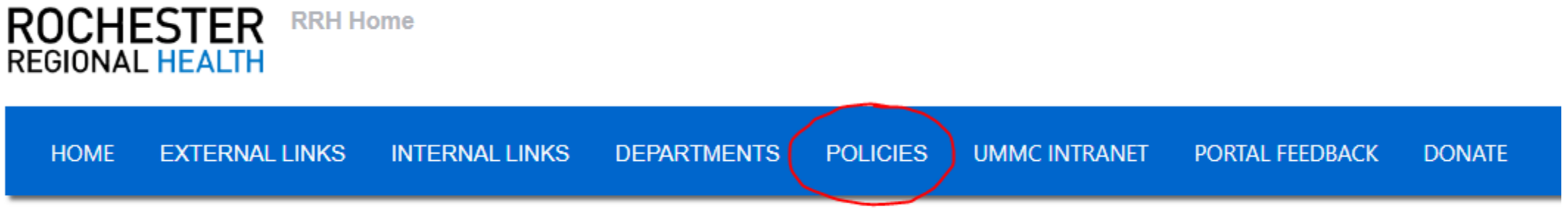
3. **PRN medications**

   Always look to so see when the last dose was given

Policies

RRH Policies

- All medication policies and procedures available on RRH Intranet
- Use Microsoft edge icon on desktop
- Policies:
  RRH Intranet>Policies>RRH Policies



Critical Events

OVERHEAD PAGE	WHAT IT MEANS
Fire alert (location)	Fire alarm received
Fire alert confirmed (location)	Actual fire condition
Code Team (location, ICU/ED/WICC) team to respond.	Adult cardiac/respiratory emergency
Pediatric Code Team (location) ED team to respond.	Pediatric cardiac/respiratory emergency
Emergency Response Team	Staff/Visitor Emergency
Assistance needed—STAT (location)	Psychiatric/uncontrolled person incident
Amber alert—newborn	Newborn abduction Family Birthplace
Team OB (location)	Obstetric emergency or threatening event.
Missing Person (location with description if possible	Missing person other than newborn
Command center activated—Leadership to respond	Incident impacting Unity or the Health System
MCI Alert—multi-casualty incident	Incident in the community with multiple patients expected
Lockdown	Facility lockdown
Critical security incident (location)	Person with a weapon
Decon Team alert	Multiple patients requiring decontamination
All clear	Situation has been resolved.

RGH Critical Event review

2-4444

Fire Alert

Close all patient doors/ Clear Hallways

Wait for all clear to be announced

Stroke Alert

Alerts Neuro ENIT Nurse, Neurologist, CT tech, and Radiologist of event

Obtain: VS, BG, Transport monitor

Code Blue

Alerts Medical and Surgical ENIT Nurse, Medical ICU Providers, and Respiratory Therapist of the event.

ERT Alert

Emergency Response Team

Visitor/Employee Emergency

BLS trained staff can defib in AED mode, perform compressions, and rescue breaths

Obtain vital signs, pertinent history, BG

Emergency Numbers

In the event of an emergency i.e., code, fire, security, use **any** phone to dial **42-711** (NWCH) **7777** (Clifton)

Codes are plain language

Common codes:

- Code Team (Cardiac arrest or Respiratory Arrest)
- Rapid Response
- Stroke Alert
- Assistance needed STAT (Security needed for patient or visitor)
- Fire Alert

A full list of Codes is located on the units

BG Competency

Fingerstick Blood Glucose

- Training must be completed in hospital on unit.
- Must complete competency, and quiz.
- Must supervise students at all points of the process

Safety & Security

Safety & Security Information

- Secure your vehicle at all times.
- Do not leave your valuables, cell phones, GPS, purses or packages in plain view.
- Report any suspicious activity to Safety and Security or the switchboard:

  RGH: 585-922-4300

Instructor Info & Expectations

Mandatory Paperwork

- Orientation Packet
- Student compliance grid
- RGH Clinical: 1st week in the hospital please email Bethany to meet your students
- **Email the Managers of your unit to introduce yourself and plan to shadow the unit if you are unfamiliar**
- You should obtain a Badge for RGH

**Please be sure if you have questions or issues you reach out to Bethany Hudnell.

Bethany.Hudnell@rochesterregional.org

Cell: 585-260-3289

Expectations for Clinical Faculty

Please review the following checklist to ensure compliance with the expectations of RRH for Clinical Faculty:

- ☐ **Review Rochester Area Schools of Nursing Skills Guidelines to ensure that you or your students are not practicing outside established standards**
  - ☐ Attend faculty orientation for RRH. There is a day class and an evening class scheduled to fit your needs.
- ☐ If you want to perform Fingerstick Blood Glucose checks with your student you must complete training and competency every 6 months. Your glucometer access will be disabled after 6 months if a new competency is not completed.
- ☐ **You should plan on shadowing on a unit if you have never worked on that unit before, and plan to meet the leadership team for that unit. YOU MUST reach out to the Nurse Managers on your units prior to starting!!!**
- ☐ If you plan to pass medications with your students, you will need to be bio-ID'd and trained to use our medication dispensing machines. The instructor ONLY should be doing the med passes. (Exception: Capstones)
- ☐ **Know where you and your students should park while at clinical—RGH requires a form to be completed. Do not park in visitor lots.**
- ☐ **Be sure to get an ID badge from RRH. You will need to wear a badge at all times during clinical hours.**

Clinical Instructor Expectations

- Excellent communication with all bedside staff
  - Success of clinical often depends on communication level of instructor
  - Med passes, student assignments, changes of schedule, miscommunications, feedback.
- Positive & Collaborative Attitudes
- Prompt notification if any problem should arise or support is needed.
- Always follow RASON guidelines for students
- Only approved shadows are permitted

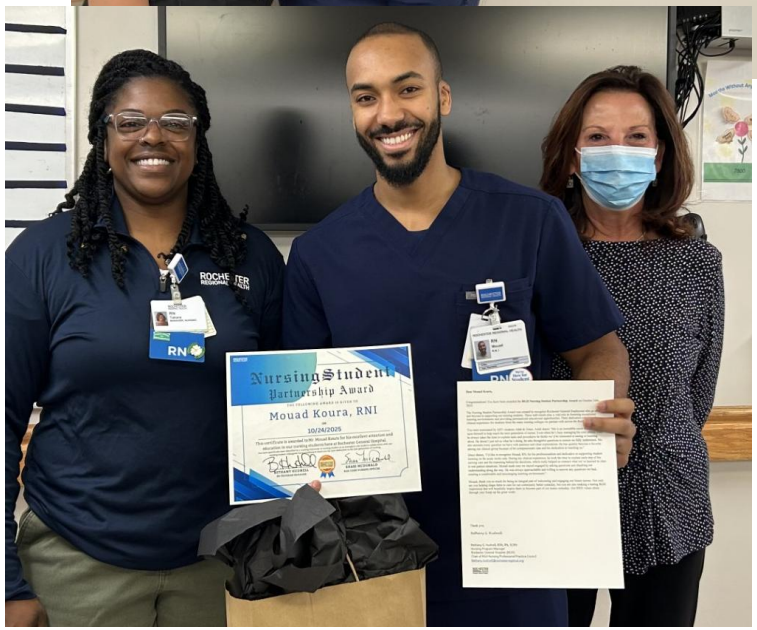
Student Engagement (RGH)..

Email Still Active for Students:
RGHstudents@rochesterregional.org

Clinical Kick-Off (sign ups needed):
RGH Dates: OCT 20th-24th

Surveys for Students Offered @ RGH Clinical Kick-Off

An Opportunity for Staff Recognition (at RGH)!



Fall 2025 Nursing Student Partnership Award Winners

Your Academic Partners

SANDY MORSE, MS, RN, CNOR
Associate Director, Academic Partnerships
sandy.morse@rochesterregional.org
585.434.6916

ASHLEY TEETER, RN
Associate Director, Academic Partnerships
Ashley.teeter@rochesterregional.org
585.260.0422

Partnership With:
Genesee Community College
Bryant & Stratton College
Monroe Community College
University of Rochester School of Nursing
Rochester General College of Health Careers

Partnership With:
SUNY Brockport
Finger Lakes Community College
Finger Lakes Health College of Nursing
Roberts Wesleyan University
St. John Fisher University
Nazareth University

Questions?