

2026 ARL: Passport to Patient Spaces

Accommodation Note/Regional Disclaimer Awareness:
If you need an accommodation to complete this education, please inform your leader. In partnership with People & Culture (P & C), they will provide you with a reasonable accommodation to complete the course.
The option to use the mobile app is completely voluntary and primarily for the benefit of the teammate, rather than Advocate Health.

Description
This course provides essential training on various critical topics relevant to patient-facing teammates. Participants will gain knowledge and skills in abuse recognition and reporting, visitation, hazardous drug safety and handling, antimicrobial stewardship, safe patient handling mobility, ADA accommodations, language access, and the principles of the Emergency Medical Treatment and Labor Act (EMTALA). Through interactive lessons and practical applications, learners will be equipped to enhance patient safety, ensure compliance with regulations, and promote effective teamwork in healthcare settings.

WELCOME

- Navigation Instructions
- Welcome
- Introduction

EXCURSIONS FOR PATIENT SPACES

- EMTALA
- Abuse Recognition and Reporting
- Safe Patient Handling Mobility (SPHM)
- Visitation
- Hazardous Drug Safety & Handling
- Antimicrobial Stewardship

ACCESS & OPPORTUNITY

- ADA in Practice: Accommodations & Service Animals
- Language Access & Meaningful Communication

WRAP UP YOUR TRIP

- Quiz
- Conclusion

Navigation Instructions

Accommodation Note/Regional Disclaimer Awareness:

If you need an accommodation to complete this education, please inform your leader. Your leader and People & Culture (P & C) will work with you to assess possible reasonable accommodations to support your completion of this course.

A few navigation tips before we get started...

1. In order to move from one lesson to the next, scroll down using your mouse or touchscreen. The menu on the left allows you to move freely throughout the course.

2 In order to successfully complete this course, you will need to view each module and complete each activity in its entirety.

3 If you need to exit the course, you can select the **EXIT COURSE** button on the upper right-hand corner. You will resume where you left off upon your return.

If at any point you are redirected to another section within the course, you can return to the lesson you left off on by using the menu to the left.

Selecting Links in this Course



Watch how to return to the course window after selecting a link in the course. **Note**: there is no sound.

If you select a link in this course to access an outside resource it will open in a new browser window, be sure to return to this course window to continue with the course.

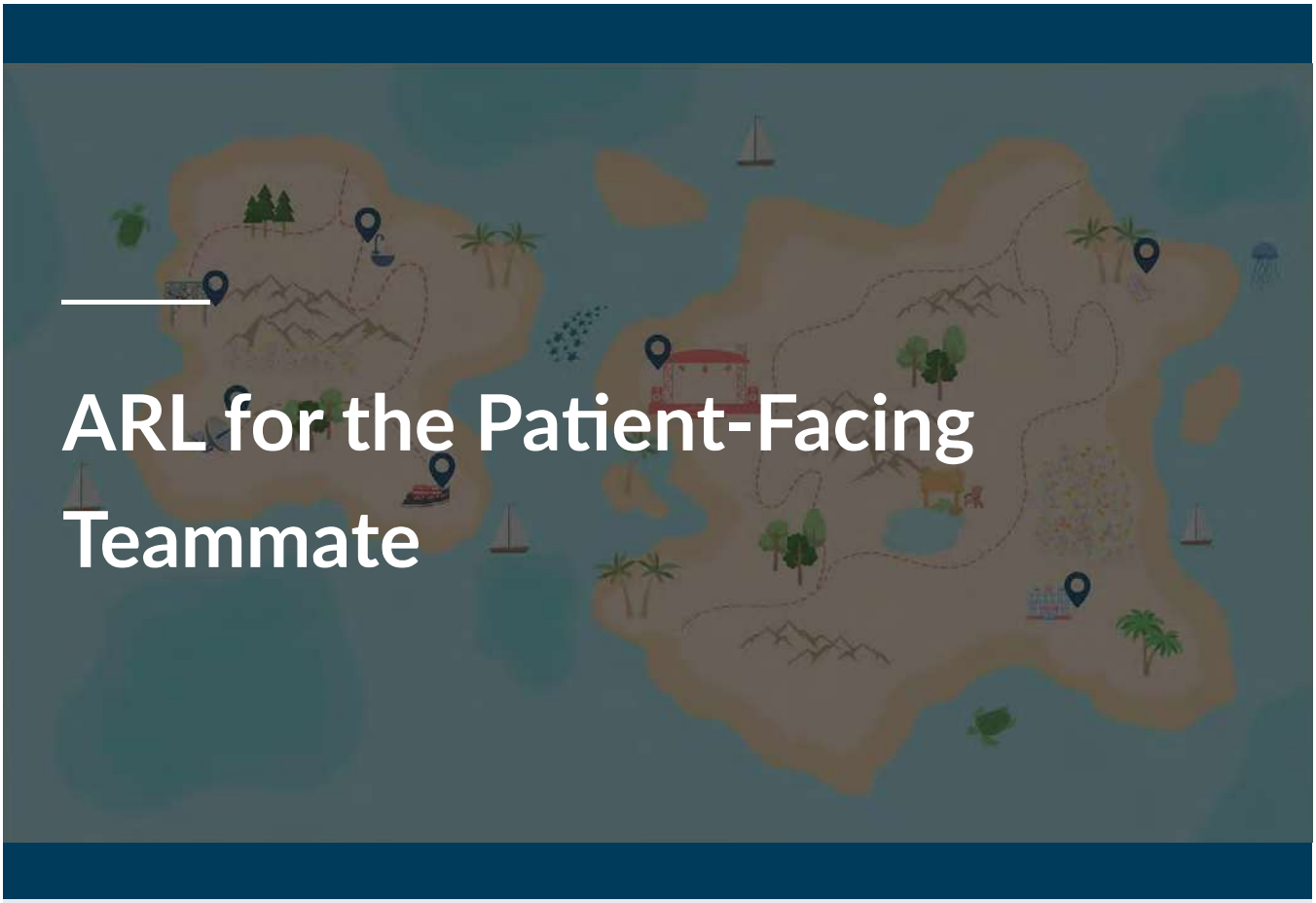
To return to this course window you can either use ALT+TAB keys on your keyboard or use your mouse to navigate back to this browser window.

You cannot receive a 'COMPLETE' in Workday if you do not finish the course in its entirety.

CONTINUE

EXCURSION 2 of 13

Welcome



ARL for the Patient-Facing Teammate

I am:

A New Hire Teammate

I am new to Advocate Health. I have NOT previously completed Annual Regulatory Learning in the past.

NEW HIRE

An Existing Teammate and Want to Complete Only the Required Lessons, then Attempt a Test-Out Where Allowed

I am NOT new to the Advocate Health. I have previously completed Annual Regulatory Learning courses in the past. I understand the importance of this learning and recognize that it is my responsibility to review, understand, and apply the content presented in this course to help ensure a safe, respectful, and inclusive environment for all.

NOTE: Some new content is required prior to your test out.

GO TO REQUIRED LESSONS

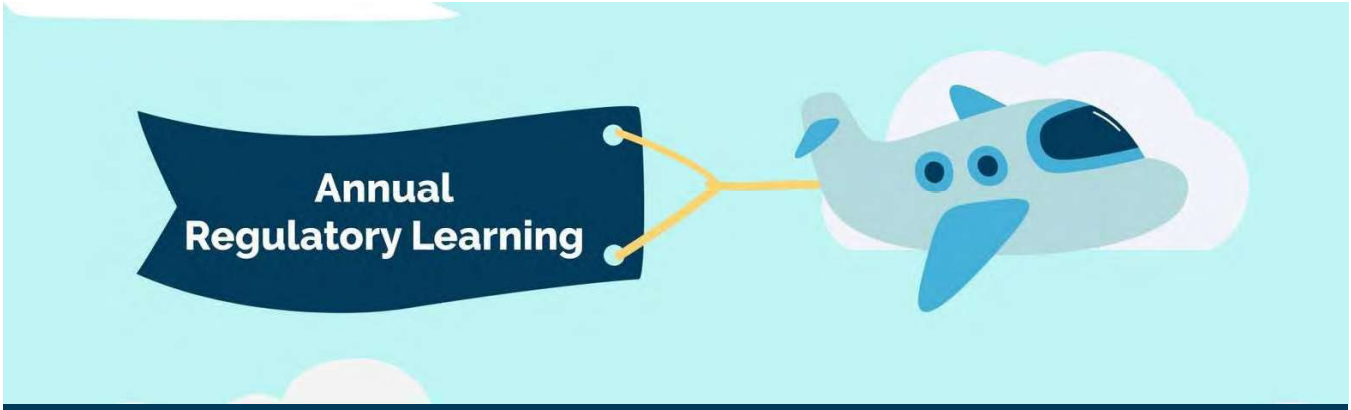
An Existing Teammate and Want to Review the Content

I am NOT new to the Advocate Health but would like to review the content. I understand the importance of this learning and recognize that it is my responsibility to review, understand, and apply the content presented in this course to help ensure a safe, respectful, and inclusive environment for all.

REVIEW CONTENT

EXCURSION 3 of 13

Introduction



Welcome to Passport to Patient Spaces

During this trip, you will learn about:

- EMTALA
- Abuse Recognition and Reporting
- Safe Patient Handling Mobility
- Visitation
- Hazardous Drug Safety & Handling
- Antimicrobial Stewardship
- ADA in Practice
- Language Access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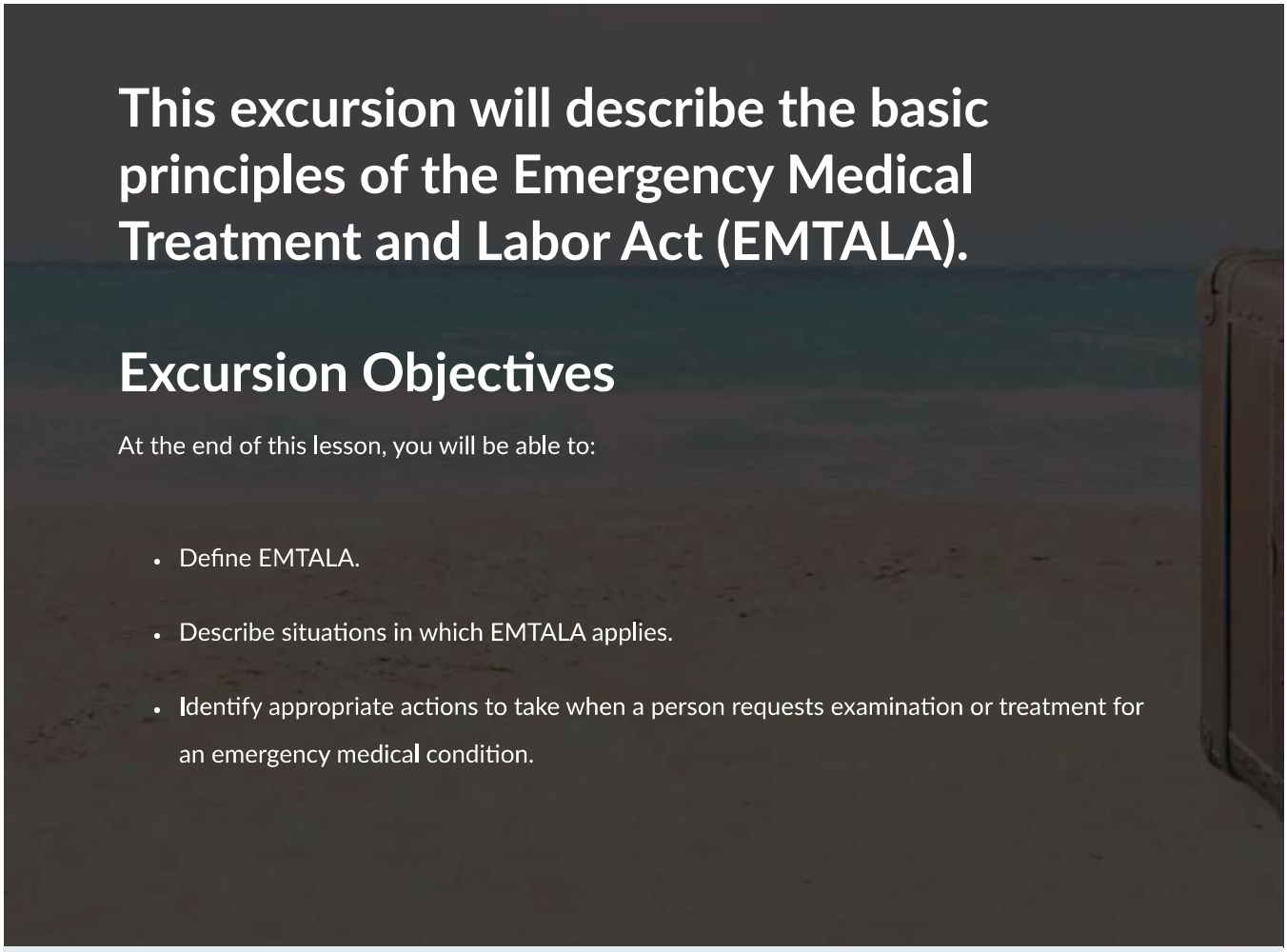
CONTINUE TO FIRST EXCURSION

EXCURSION 4 of 13

EMTALA

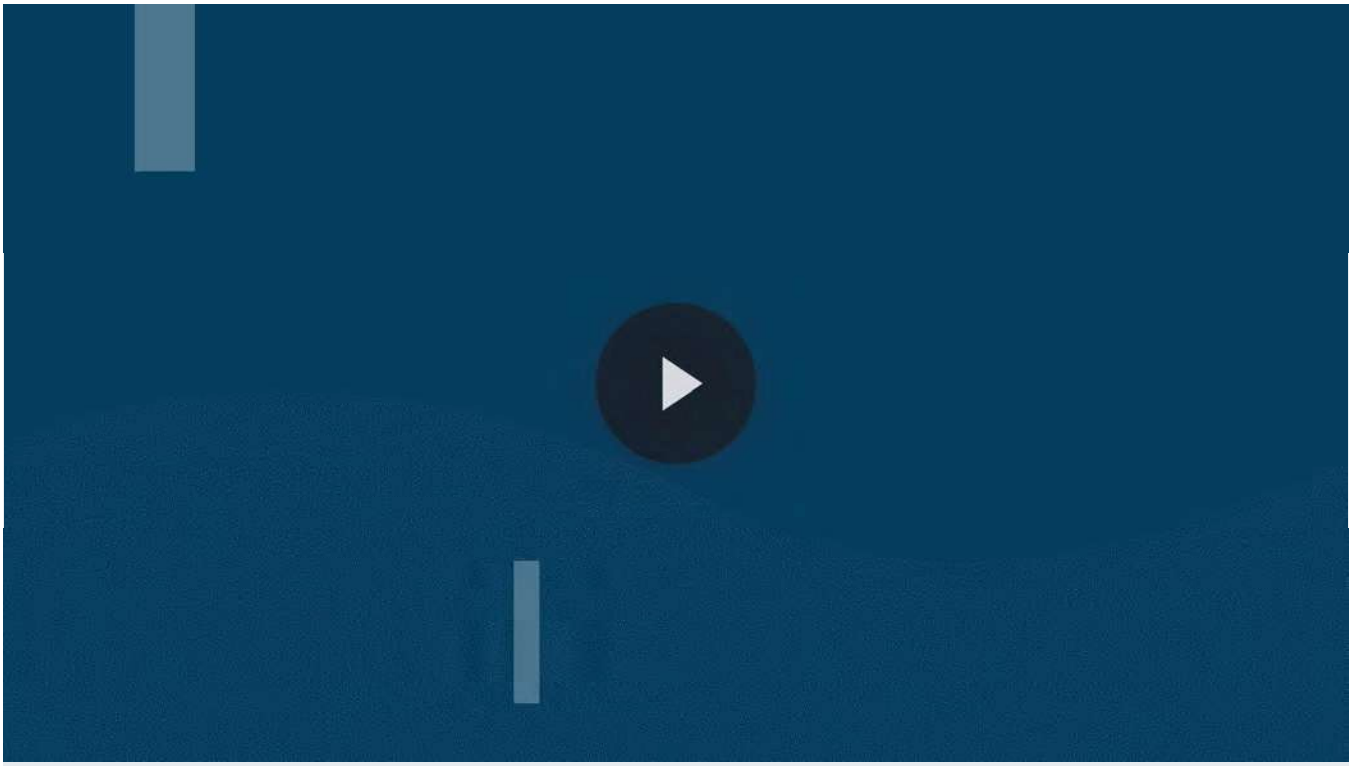


This excursion will describe the basic principles of the Emergency Medical Treatment and Labor Act (EMTALA).

Excursion Objectives

At the end of this lesson, you will be able to:

- Define EMTALA.
- Describe situations in which EMTALA applies.
- Identify appropriate actions to take when a person requests examination or treatment for an emergency medical condition.



Appropriate Actions

Medical Screening Examinations, Emergency Medical Conditions, Transfers

Medical Screening Examinations

A medical evaluation determines whether a person has an "emergency medical condition" (EMC). This exam should be performed to determine, with reasonable clinical confidence, if a person's condition constitutes an EMC.

The extent of the MSE should be determined by the condition of the patient. Hospital bylaws will specify who can perform an MSE, but in

nearly all Advocate hospitals, ED triage is not the equivalent of initiating an MSE. Depending on the condition of the patient, an MSE may include:

- Physical Examination and Medical History
- Ancillary Services - CT Scans, lab tests, diagnostic evaluations
- Specialty consults, if required
- Other necessary, available resources

The scope of the MSE cannot be influenced by the person's ability to pay. The MSE cannot be delayed to determine if the person has insurance coverage.

There is **no EMTALA violation** if a **person refuses** the MSE **and** the following are met:

- Provider documents that he/she explained the examination and treatment, risks and benefits, and MSE refusal by the person.
- Reasonable attempts have been made to have the person sign a refusal of MSE (these attempts should be documented).

Emergency Medical Condition

EMCs are medical conditions with such acute symptoms (including severe pain) that, if not given immediate medical attention, would likely:

- Place the person's health in serious jeopardy, OR
- Seriously impair the person's bodily functions, OR
- Cause serious dysfunction in the person's bodily organs/parts

Select "START" to learn more.

EMC 1

EMC & Pregnancy

Pregnancy can be considered an EMC when:

- The woman is having contractions AND
- There is not enough time to safely transfer her before delivery OR
- Transferring the woman would pose a threat to the safety and health of the patient or her unborn child

EMC 2

EMC & Mental Illness

Mental illness can be considered an EMC when:

- The person is grossly psychotic or expresses suicidal or homicidal thoughts or gestures that would be dangerous to themselves or others

Stabilizing the Emergency Medical Condition

If the MSE reveals an EMC, stabilize the condition. The hospital must provide stabilizing treatment for an EMC within its capabilities and capacity.

Capability of the Facility	The physical space, equipment, supplies, and specialized services, such as on-call doctors, of the hospital

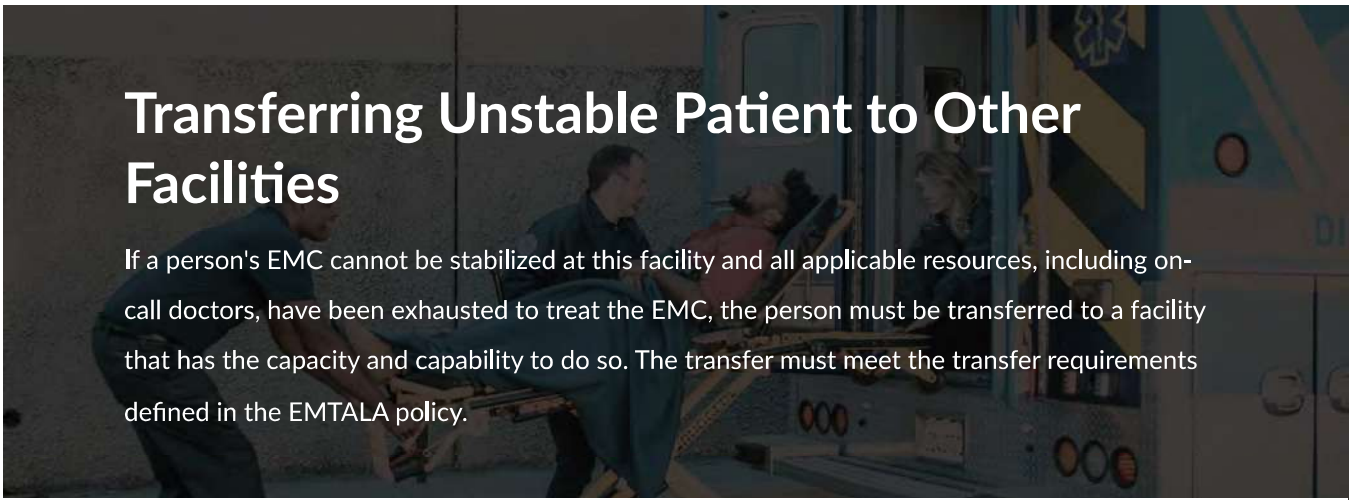
Capability of the Staff	The level of care personnel can provide based on their training and scope of professional license.
Capacity	Includes beds, staff, and equipment, but also takes into account whether hospital customarily accommodates patients in excess of occupancy limits

When is a person stable?

The person is "stable" when:

- The treating physician/other attending ED medical professional has determined (with reasonable clinical confidence) that the EMC has been resolved, **OR**

- No material deterioration of the condition is likely to result from or occur during a transfer within a reasonable medical probability



Transferring Unstable Patient to Other Facilities

If a person's EMC cannot be stabilized at this facility and all applicable resources, including on-call doctors, have been exhausted to treat the EMC, the person must be transferred to a facility that has the capacity and capability to do so. The transfer must meet the transfer requirements defined in the EMTALA policy.

Patient Refuses Transfer

It is not an EMTALA violation if a person refuses a transfer or leaves against medical advice if the hospital/ED has:

- Documented a description of the proposed transfer; **AND**
- Documented explanation that the provider explained the risks/benefits of transfer and description of why person refused the transfer; **AND**
- Documented reasonable attempts made to get person to sign off on refusal of MSE

The Facility Receiving the Transfer

If the receiving hospital has the capacity and specialized capabilities to treat the EMC, they **must** accept appropriate transfers. A receiving hospital cannot refuse a transfer even if they believe the transfer is unsafe. The receiving hospital should strongly recommend a safe transfer, but cannot refuse such a transfer.

Reporting Obligations

When to report improper transfers:

- Hospitals are **required** to report every suspected improper transfer within 72 hours of it happening.
- Report suspected receipt of an improper transfer to your Site Accreditation Leader/Coordinator and/or via the Compliance Hotline.



On-Call Duties

On-call requirements and practices

Hospitals must maintain a list of on-call physicians. the list must best meet the needs of the hospital's patient base given the hospital's resources.

- Includes specialists and subspecialists
- A physician, not a physician group, is on call



An on-call physician must:

- Be available to support the Emergency Department when contacted.
- Provide timely guidance and, when requested by the Emergency



An on-call physician cannot:

- Refuse to accept appropriate transfers if the hospital is required to do so.
- Refuse to see someone that has been terminated from

Physician, cone in to evaluate the patient.

- Help determine appropriate stabilizing care or next steps for the patient.
- Accept appropriate transfers when specialty care is required.

their private practice

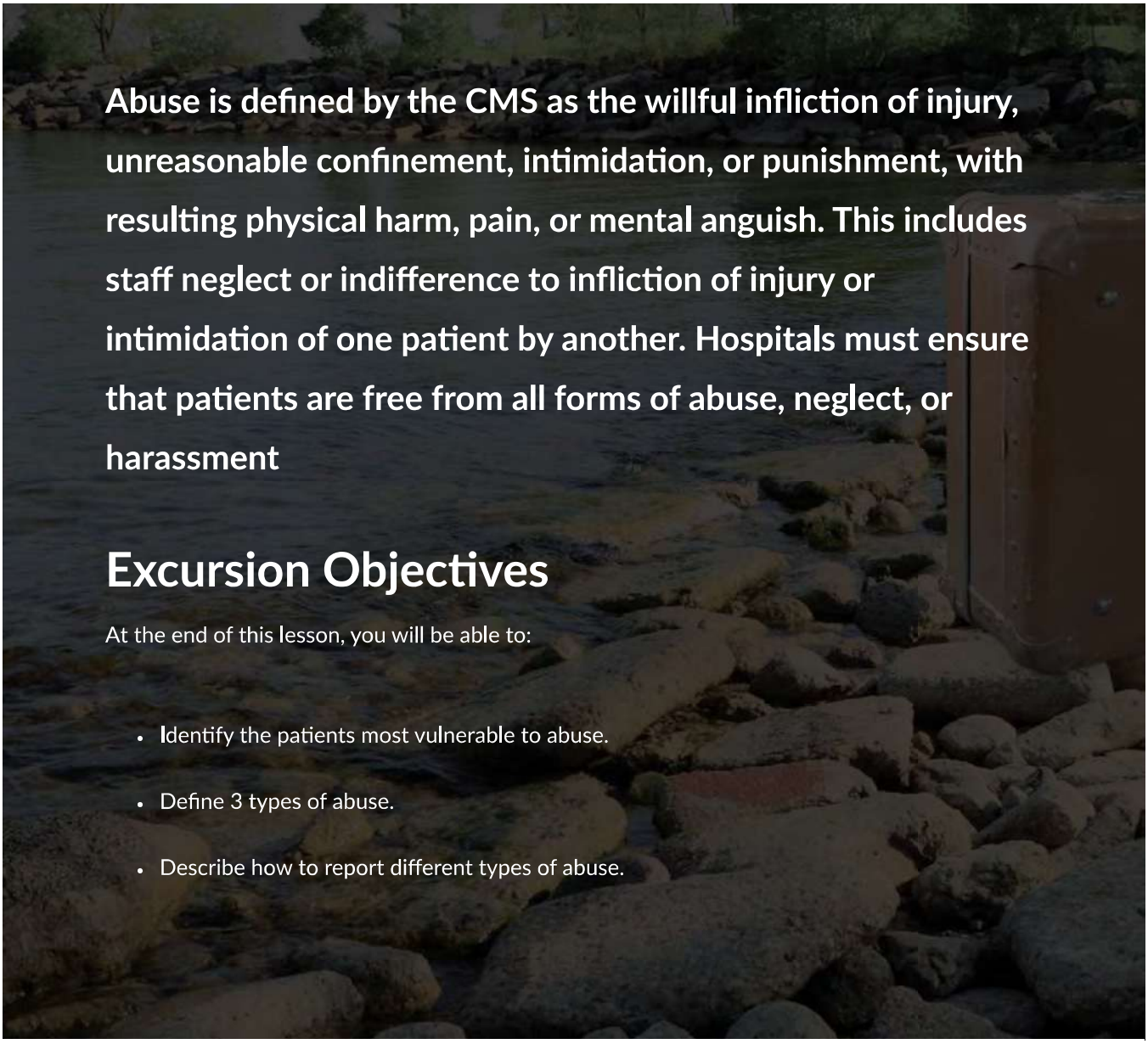
- Wait until regular office hours to see the person
- See only people from that physician's practices or only insured patients

If a person has to be transferred because physician failed to take call or another physician had to be called in, the on-call physician may be subject to penalties under law.

CONTINUE TO NEXT EXCURSION

EXCURSION 5 of 13

Abuse Recognition and Reporting



Patients Vulnerable to Abuse



The elderly, especially those living in long-term care settings



Needy/demanding patients



Patients who are totally dependent upon a caregiver for their needs



Patients with psychiatric disorders

Types of Abuse

There are different types of abuse. A victim may be abused in more than one way at the same time.

Select flashcards below for definitions.

Physical Abuse	Unlawful use of any physical force on another person including beating or offensive touching
Sexual Abuse	Use of force to have sexual contact or intercourse

Emotional/
Psychological Abuse

Threatening, intimidating
or harassing an individual

Abusive Teammate Behavior

Abusive teammate behavior may look like:

- Unwillingness to care for patient
- Defensiveness when asked about a patient
- Displaying anger towards a patient
- Ignoring patient needs
- Inappropriate affection for a patient

Reporting Abuse

Advocate Health is required by law to report suspicion of abuse.

In order to learn more about your location's requirements, select the plus sign (+) for your assigned group below.

Illinois

Advocate Health is required by law to report suspicion of abuse. If patient abuse is suspected:

- Immediately report the concern to your leader and Risk Management
- Complete a Patient Safety Event Form
- If unable to find the safety event report form, reach out to your unit leader.

Report any instance of abuse to IDPH within 24 hours of receiving the suspected abuse information.

Report to IDPH submitted by Site regulatory department or designee.

PolicyTech: Detection and Reporting of Patient Abuse (for Illinois)

Wisconsin

Advocate Health is required by law to report suspicion of abuse. If patient abuse is suspected:

- Immediately report the concern to your leader and Risk Management
- Complete a Patient Safety Event Form
- If unable to find the safety event report form, reach out to your unit leader.

PolicyTech: Abuse, Neglect, or Harassment of Patients in Hospitals (Wisconsin only)

Child Abuse/Neglect: Cases of suspected child abuse/neglect must be reported to Child Protective Services in the county where the child lives or to local law enforcement as soon as possible after assessment.
Adult Abuse: When warranted, report adult abuse to local law enforcement as soon as is reasonably possible.

- Abuse of adults 59 and younger will be reported to Adult Protective Services in the county where the patient lives
- Abuse of adults 60 and over, should be filed with the county department, the adult-at-risk agency, a state or local law enforcement agency, the department or the board on aging and long-term care.

Advocate Medical Group

PolicyTech: AMG Policy and Procedure: Mandatory Reporting - Child Abuse and Neglect, Elder Abuse and Neglect

North Carolina/Georgia/Alabama

Child Abuse Reporting
It is the law for all individuals to report any suspicion of child abuse to DSS and in some instances making a report to law enforcement may be required. For example, a gunshot wound, powder burn, poisoning or wound/injury caused by a knife or sharp object.

Reporting is confidential. Your information will not be released without a court order.

- **In North Carolina**, report abuse concerns involving parent/caregiver who lives in the home to Department of Social Services (DSS) county in which the child/family lives.
  - Forsyth County DSS: 336-703-2911
  - Davidson County DSS: 336-242-2500
  - Davie County DSS: 336-753-6250
  - Wilkes County DSS: 336-651-7400
  - Mecklenburg DSS: 24/7 980-31-HELPS(43577)
  - Cabarrus DSS Intake line: 704-920-2277

- Stanly County DSS: 704-982-6100, After hours: 704-986-3700
- Union County DSS: 704-296-6124, After hours: 704-289-1591

If patient resides in an NC county not listed above, contact that county's DSS.

- **In Georgia,** Centralized Reporting in GA for DFCS-Georgia Mandated Reporting Laws, Governed by O.C.GA 19-7-5: Adults are mandated to report if they have reasonable cause to believe that suspected child abuse has occurred.
  - Mandated Reporter Contact Information:
  cpsintake@dhs.ga.gov
  Primary: 1-855-CHILD (1 855-422-4453)
  Fax: 229-317-9663
- **In South Carolina,** in South Carolina, contact the SCDSS 24-hour, toll-free hotline at **1-888-CARE4US** or 1-888-227-3487.
- **In Alabama,** suspected child abuse/neglect should be reported to the local county DHR office or local law enforcement.
- Contact Social Workers in your facility if additional assistance is needed.

Elder Abuse Reporting

- Healthcare facilities are required to report abuse, including elder abuse to officials including the State Survey Agency and Adult Protective Services, in accordance with State law through established procedures. This includes:
  - Abuse of a resident/patient
  - Neglect of a resident/patient
  - Diversion of drugs belonging to a resident/patient
  - Diversion of drugs belonging to a health care facility
  - Fraud against a resident/patient
  - Fraud against a health care facility
  - Misappropriation of the property of a health care facility
  - Misappropriation of resident/patient property
  - Injury of unknown source not observed and suspicious

- Report to Local Law Enforcement Agency any allegation of abuse and any reasonable suspicion of crime.
    - 2 hour limit, if results in serious bodily injury
    - 24 hours, all others

- Follow facility reporting policies.
    - **Acute Care:** Notify your leader and contact Clinical Care Management
    - **Skilled Nursing Facility (SNF)**: Notify the Administrator or Director of Nursing
    - **Long-Term Care Facilities in Georgia:** Reports of any resident/patient abuse to an adult protection agency providing protective services, as designated by the department (the Department of Human Services Division of Aging Services Adult Protective Services (APS) and to an appropriate law enforcement agency or prosecuting attorney.
      Reports can be made by telephone at 1-866-552-4464 or via the online reporting system located at https://aging.georgia.gov/report-elder-abuse.
      If the mandatory reporter performs services as a member of the staff of a hospital, social agency, financial institution, or similar facility, the reporter shall notify the person in charge of the facility, who will then report the suspected abuse.

- Contact the local Department of Social Services (DSS) if you encounter an older adult who:
    - Shows signs of mistreatment without medical explanation
    - Complains of abuse
    - If someone you suspect is high risk of abuse or neglect

- Reporting options by state:
  These links will open in a new tab. Please return to this page and complete the course to receive a course completion.
    - NC Adult Protective Services

- NC Division of Health Service Regulation (DHSR) Complaint Intake & Health Care Personnel Investigations
- For SC SLED Special Victims Unit, call: 1-866-200-6066 or 1-888-CARE4US.
- SC Adult Protective Services
- GA Reporting or call 1-866-552-4464

Home Health Reporting: Talk to supervisors and other clinicians involved in the patient's care, involve social work and notify the MD prior to making a report to DSS (unless emergent situation).

Reporting Sexual Assault: Reporting is mandatory for all minors (<18) and cognitively disabled adults. Adult patients have the choice on what level of medical care they would like and what additional agencies, including Law Enforcement, to involve in their process. There are specific requirements for criminal cases.

- Reporting to law enforcement is required:
  - in pediatric patients (minors <18)
  - if the assault involved a deadly weapon such as a knife and/or gun (regardless of age)
  - if grave bodily harm has been inflicted
  - if there is potential loss of life or limb
- Otherwise, it is up to the adult patient whether or not they want to report.
- Whenever possible, it should be highly encouraged to get law enforcement involved: however, it cannot be done without the permission of the patient.

Reporting Intimate Partner Violence: Not all forms of IPV fall under mandatory reporting.

- NC Gen Stat 90-21.20: Injuries caused by a weapon (guns, knives, sharp objects), poisoning and infliction of grave bodily harm fall under mandatory reporting.

- IPV that occurs in front of a child requires a DSS report (elderly & vulnerable, handicap etc.) requires an Adult Protective Services (APS) report.

Reporting Human Trafficking: No matter how they enter the healthcare system, listen with concern for the person's needs. Most victims know what would make them less vulnerable. We are each part of the larger safety net. Reducing vulnerability in our patients makes our community safer.

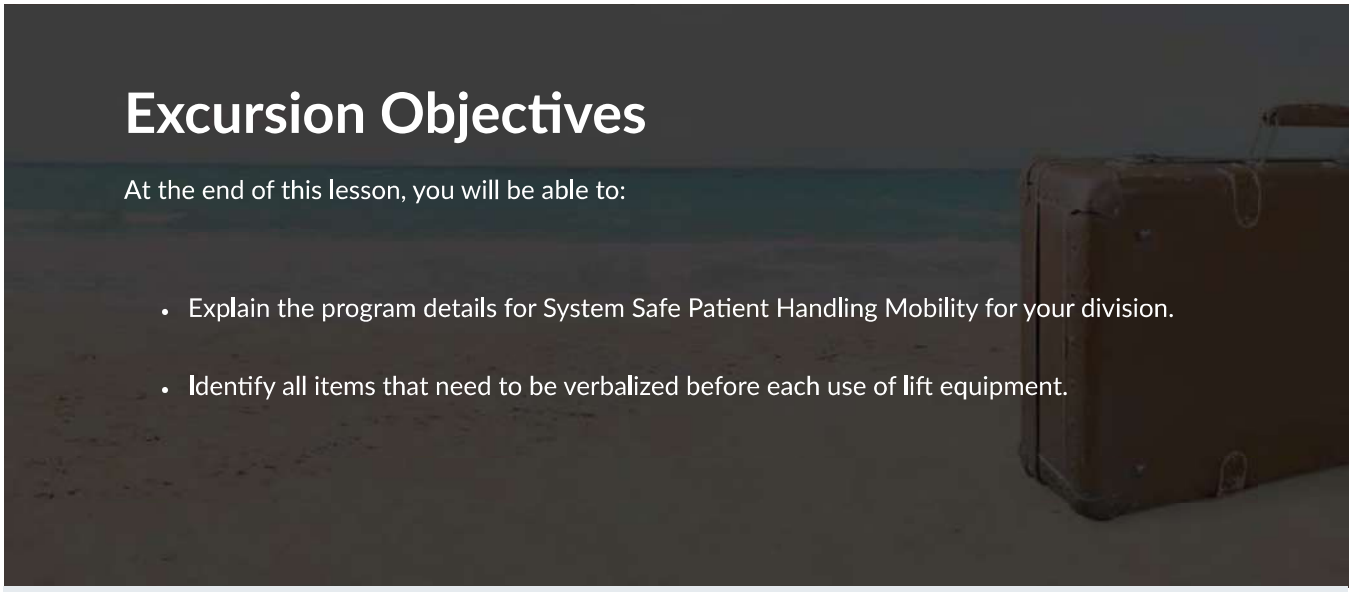
- Mandated Reporting:
    - Minor engaged in commercial sex work or sex for resources
    - Physical/sexual abuse or neglect of a minor
    - Abuse/neglect/exploitation of disabled or dependent adults
    - Trauma/injury due to criminal act by assault, poisoning, or knife/sharp objects or injures causing grave bodily harm
    - In Georgia, report CSEC to DFCS, LE or to the statewide hotline: 1-866-END-HTGA

- Mandated Reporting & Considerations for Youth
    - We are mandated to report the abuse, neglect and exploitation of all children
    - The commercial sexual exploitation of children (CSEC) is considered child sexual abuse
        - Report suspicions of CSEC to DSS and Law Enforcement
        - DSS is mandated to screen in reports of CSEC, regardless of guardian involvement
    - Be mindful of potential labor trafficking of youth
    - Youth cannot voluntarily return to their trafficking situation (or potential trafficking situation)

CONTINUE TO THE NEXT EXCURSION

EXCURSION 6 of 13

Safe Patient Handling Mobility (SPHM)



Excursion Objectives

At the end of this lesson, you will be able to:

- Explain the program details for System Safe Patient Handling Mobility for your division.
- Identify all items that need to be verbalized before each use of lift equipment.

Advocate Health has a System Safe Patient Handling Mobility (SPHM) Policy.

Select your state from the tabs in the next activity to review program specifics.

ILLINOIS | NORTH CAROLINA/GEORGIA | WISCONSIN

- Advocate Health IL Division has a SPHM with Minimal Manual Lifting Policy
- Access SharePoint "Safe Patient Handling Mobility" for program information.
- Utilize Transfer Mobility Coaches (TMC) on your unit as a resource
- Avoid manual lifting with SPHM tasks when able, when lifting more than 35 lbs. use SPHM equipment and tools to avoid patient and or teammate injury.
- For SPHM Equipment repairs, place a Service Now Request with Clinical Engineering or call 55-80000 or (630)929-8000 with emergent needs. Be sure to have the asset tag number ready.

ILLINOIS | NORTH CAROLINA/GEORGIA | WISCONSIN

- Follow Safe Patient Handling & Mobility Policy and procedures for SPHM tasks.
  - Charlotte/Wake Policy: Safe Patient Handling (GCM, Wake Market)
  - Navicent: Please refer to **Lift Savers Minimal Lift Safe Patient Handling Policy**
- Utilize SPHM champions on your unit as a resource.
- Avoid manual lifting with SPHM tasks when able, when lifting more than 35 lbs. use SPHM equipment and tools to avoid patient and or teammate injury.
- For SPHM Equipment repairs, place a Service Now Request with Clinical Engineering or call the number(s) identified below with emergent needs. Have the asset tag information ready.
  - Charlette x6161 or 704-446-61616 Option 2

- Navicent 478-633-7272 Option 4

ILLINOIS | NORTH CAROLINA/GEORGIA | WISCONSIN

- Advocate Health WI Division has a SPHM with Minimal Manual Lifting Policy
- Access SharePoint "Safe Patient Handling Mobility" for program information.
- Utilize Transfer Mobility Coaches (TMC) on your unit as a resource
- Avoid manual lifting with SPHM tasks when able, when lifting more than 35 lbs. use SPHM equipment and tools to avoid patient and or teammate injury.
- For SPHM equipment repairs, place a Service Now Request with Clinical Engineering or call 414-649-7700 with emergent needs. Have the asset tag information ready.

If you work at Navicent, please select the pdf below to review the Lift Savers Minimal Lift Safe Patient Handling Policy.

PDF

lift-savers-minimal-lift-safe-patient-handling-86867-1-002.pdf
382.1 KB

All Teammates are Expected to Verbalize

Before each use of lift equipment:

- Ensure battery is charged for transfer.
- Ensure the lift operates through full range, both the control panel and handset are working.
- Examine sling for rips, tears, holes and frayed seams. DO NOT USE sling with any signs of wear. Discard and replace.
- Examine attachment areas on lift and spreader bars to ensure good working order.
- Ensure sling type matches lift for sling and spreader bar compatibility (i.e., clip vs. loop).
- Ensure wheels and castors on lift move freely and brakes lock appropriately.
- Examine exposed parts of lifts that are in close contact with the patient's body for sharp edges, cracks etc.



If any issues are found during visual inspections, be sure to report appropriately based on your Division. Select the tab for your Division to learn how to report.

BY PHONE (24/7/365): All requests for service that are urgent, or do not have an asset number, must be called into one of the phone numbers listed here. Please pick accordingly to ensure timely service is received. Do not attempt to use the online portal for these instances.

MIDWEST | SOUTHEAST

Illinois: 55-8000 or (630)929-8000

Wisconsin: (414) 219-7700

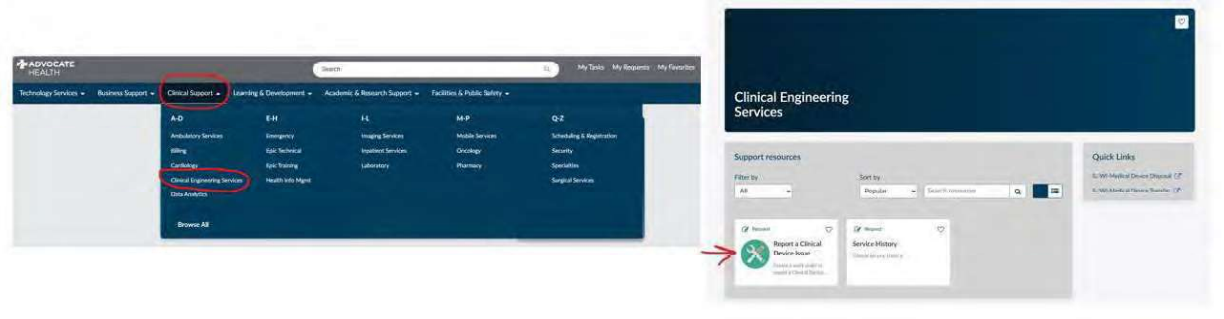
MIDWEST | SOUTHEAST

Charlotte- Biomed: x6161 or 704-446-61616, option 2

Navicent- Biomed: 478-633-7272, option 4

ONLINE: This is for **routine requests only when an asset number is available.** If your need is urgent or you do not have an asset number, please reference the “BY PHONE” section above.

Access the Clinical Engineering Online Service Requester through the Employee Center: [Employee Center Pro Homepage - Employee Center]



For more information, please review the job aide for your Division.

IL & WI

This link will open in a new window. Please be sure to return to this window to complete the course.

VIEW JOB AIDE

NC/GA

This link will open in a new window. Please be sure to return to this window to complete the course.

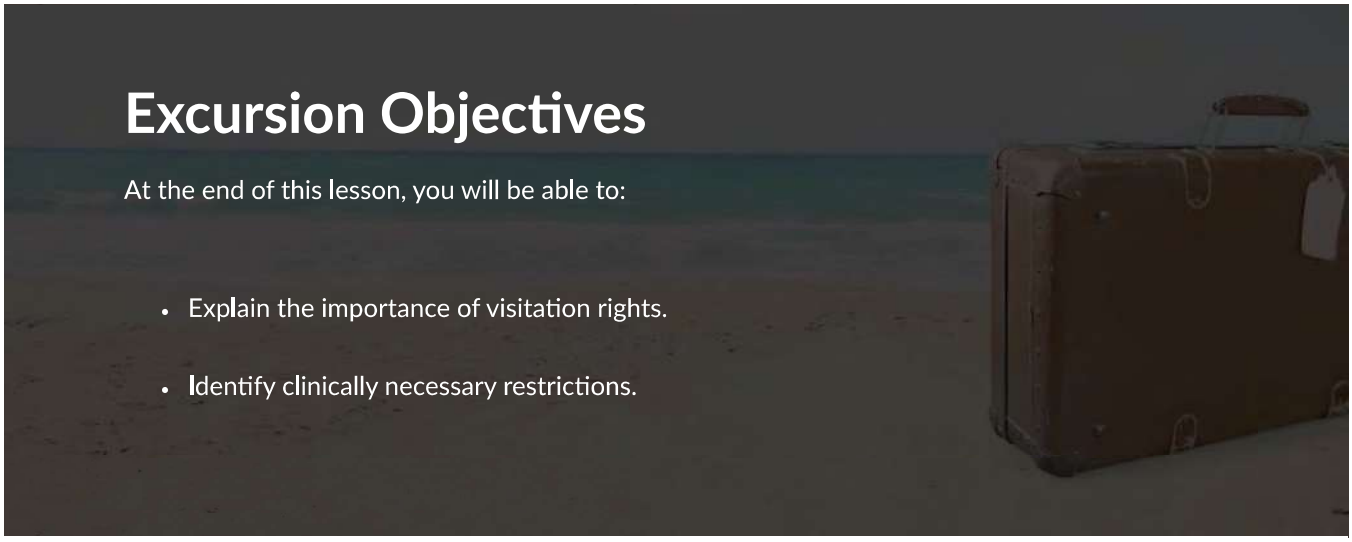
VIEW JOB AIDE



CONTINUE TO NEXT EXCURSION

EXCURSION 7 of 13

Visitation



Visitation Rights

Visitation rights are crucial for ensuring that patients receive emotional support and maintain connections with their loved ones during their hospital stay. These rights help to enhance the overall patient experience, promote healing, and provide comfort during challenging times.



Who can visit?

Select each tab to learn more about visitation rights.

Patient Designation

- Patient consents and makes determination regarding visitor preferences
- Patient may withdraw or deny consent at any time

Non-Discrimination in Visitation

- Visitation privileges must not be restricted, limited or denied on basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability
- Discuss how to respect and accommodate patient preferences regarding visitors

Clinically Necessary Restrictions

From time to time, hospitals must implement visitation restrictions to ensure the well-being of everyone involved. These restrictions are not meant to inconvenience but to protect. In such cases, restricting visitation ensures that medical staff can provide the best possible care without interruptions.

Additionally, there are special circumstances where exceptions to visitation guidelines are necessary. These decisions are made with the patient's best interest in mind, ensuring they receive the support they need while maintaining a safe and respectful environment.

Select "START" for some examples of clinically necessary restrictions.

1

Infection Control

Restricting visitation to prevent the spread of infectious diseases, such as during an outbreak of a contagious illness.

2

Patient Safety and Care

Limiting visitation for patients who require intensive care or are undergoing critical medical procedures

3

Special Circumstances

Allowing exceptions to visitation guidelines for compassionate care situations, such as end-of-life care or when a patient is experiencing significant emotional distress

Summary



All visitors should enjoy full and equal visitation privileges, consistent with patient preferences.

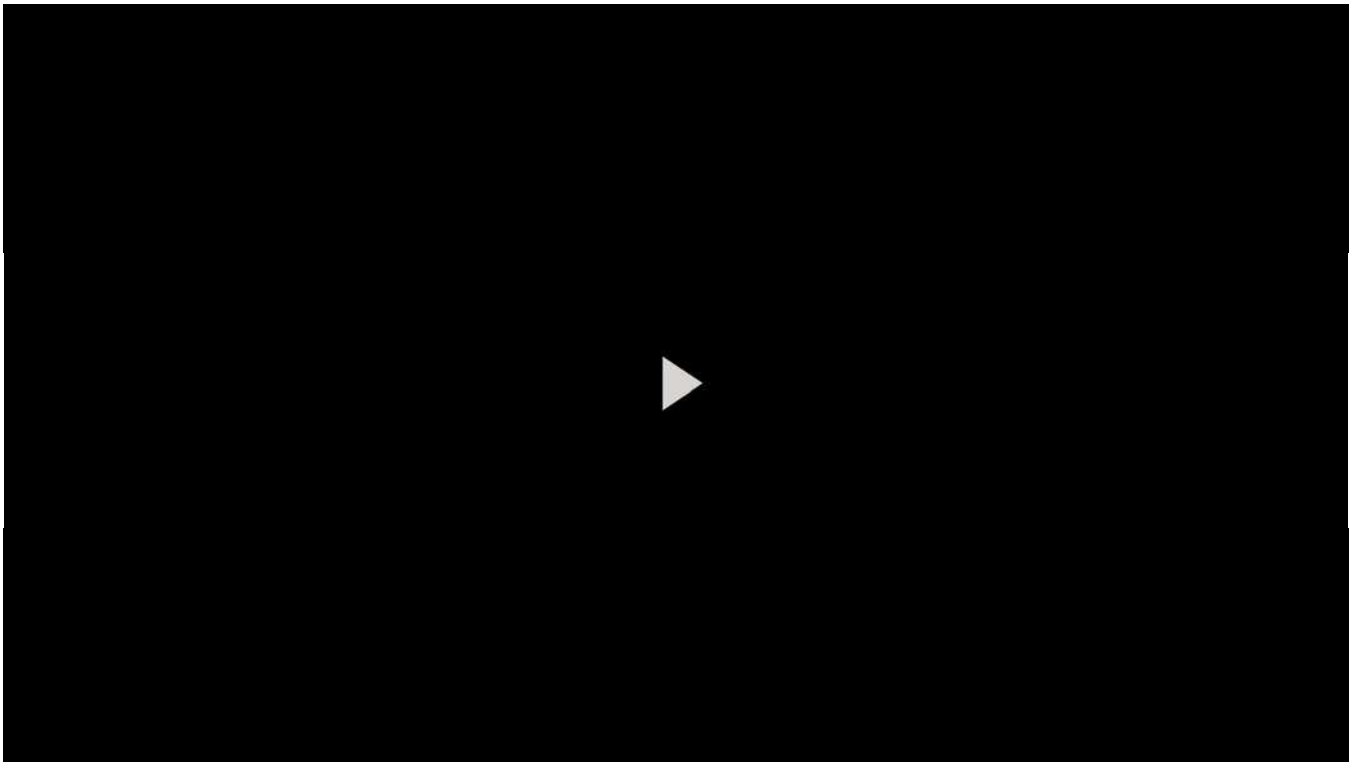
CONTINUE TO NEXT EXCURSION

EXCURSION 8 of 13

Hazardous Drug Safety & Handling



Select the arrow to watch the Overview of Hazardous Drug below.



What are Hazardous Drugs?

- [ ] Hazardous drugs (HDs) require special handling to prevent exposures

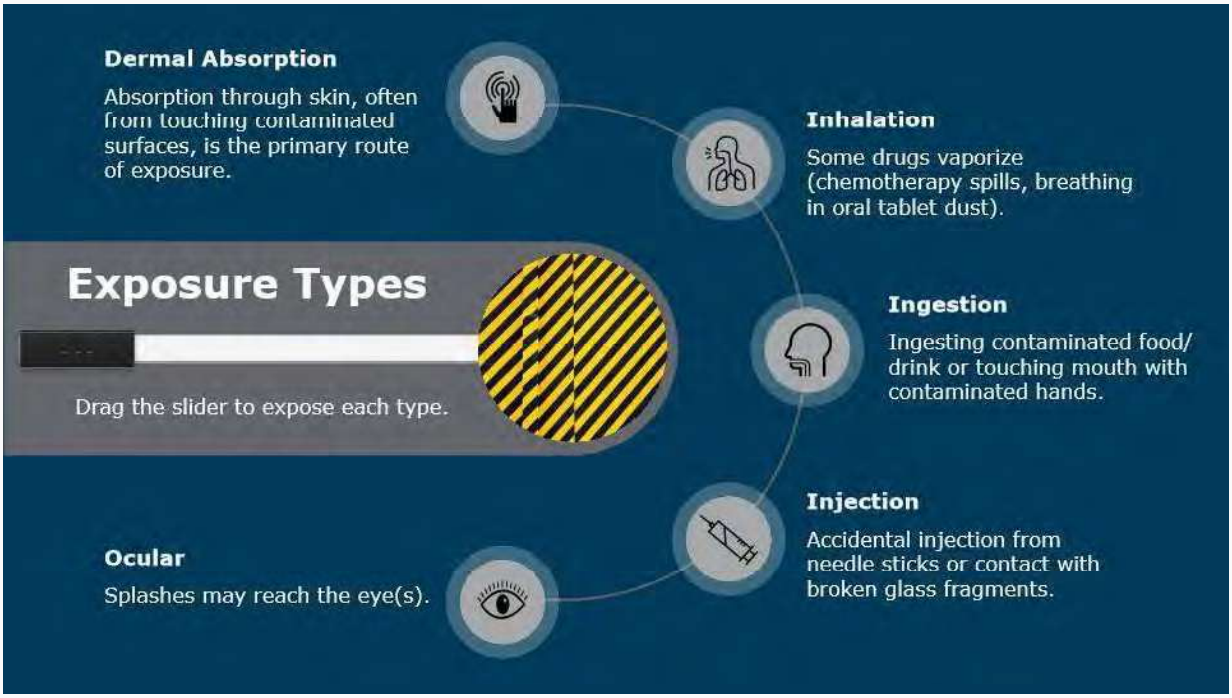
- [ ] Clinical & Non-Clinical teammates may be incidentally exposed to hazardous drugs (HDs) when they:

  - Create or use aerosols
  - Generate dust
  - Clean up spills

- Touch contaminated surfaces during the receipt, preparation, administration, cleaning, or disposal of HDs
- Handle body fluids of patients taking HDs

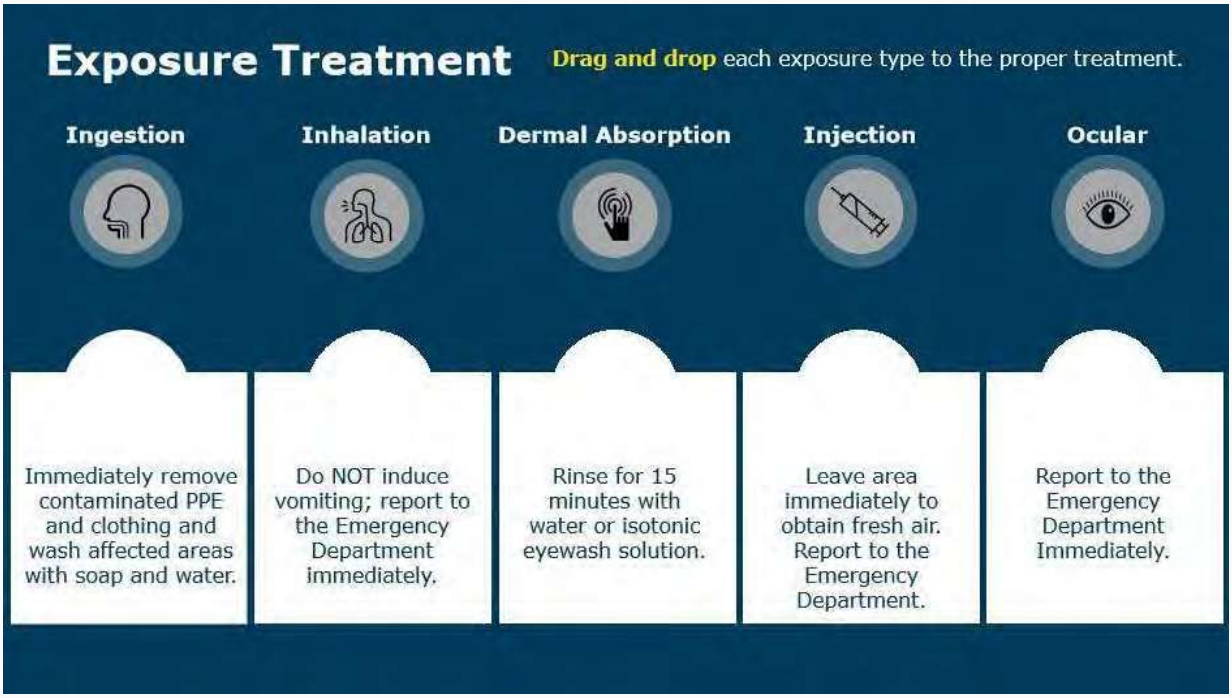
Potential Routes of Exposure

Drag the slider button below to learn about each exposure type.



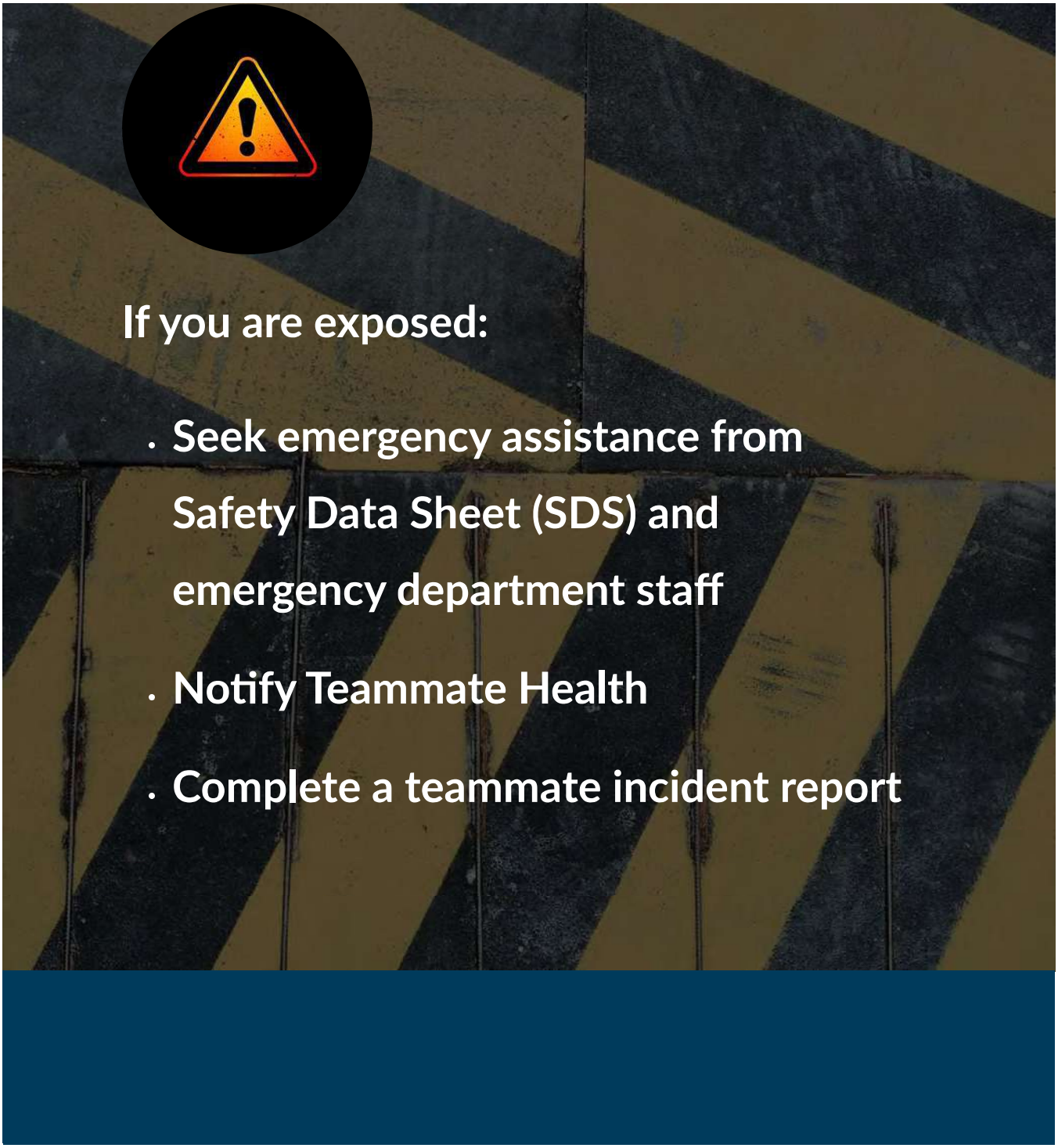
Exposure Treatment

Drag and drop each exposure type to the proper treatment, then submit your answers by selecting the checkmark on the bottom right-hand corner.



Continue





If you are exposed:

- Seek emergency assistance from Safety Data Sheet (SDS) and emergency department staff
- Notify Teammate Health
- Complete a teammate incident report

Protecting Yourself



We can't always eliminate the use of hazardous drugs, but we can reduce the risk and impact of hazardous drug exposure to teammates.

Work safely around patients receiving hazardous drugs by following these important steps...

Step 1

Wearing Appropriate Personal Protective Equipment (PPE)



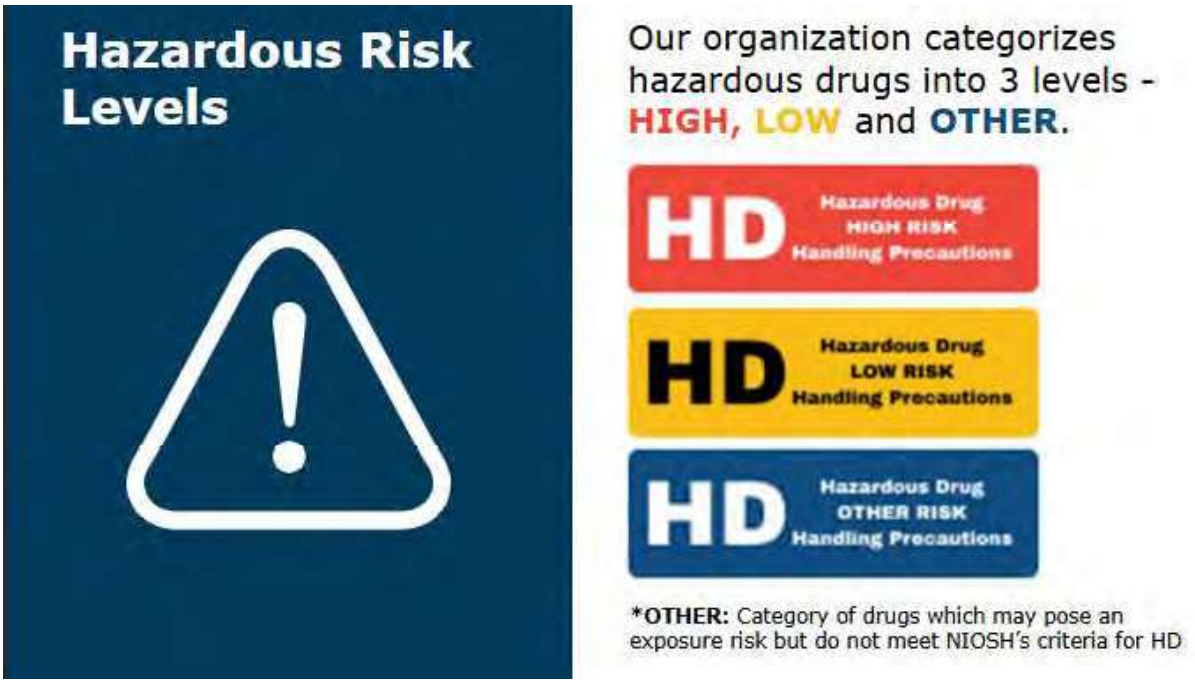
Refer to Hazardous Drug PPE chart to see what PPE is required when handling Hazardous Drugs in certain situations. It may include:

- Two pairs (double glove) of chemo-rated gloves
- Impervious gown/Chemo gown
- Eye/face protection when there is a risk for splash

- Respirators, such as N95 fit-tested masks and CAPR/PAPRs, are an additional layer of PPE that help limit exposure to volatile hazardous drugs.

Step 2

Reading Labels & Signs



- Look for any **signage**, if available, inside/outside the room that may indicate the patient is receiving a hazardous drug
- Medications considered Hazardous will have **labeling** indicating it is an HD.
- Clinicians with MAR access will see the **risk designation** (low, high, or other) within the medication entry.

Step 3

Handling Body Fluids



Always use standard precautions with **all patients** when handling patient body fluids.

- This includes wearing gloves, and if there is risk for splash, add a fluid-resistant gown and eye/face protection

Use PPE according to the Hazardous Drug PPE Chart

- For at least 48 hours after the last **high risk** or **other risk** hazardous drug is given

Additional risk-reduction measures include:

- When flushing, place a plastic-backed pad over the **toilet seat** and **wear PPE when flushing to minimize splash exposure.**
- Use a bedpan/commode liner (if available) to absorb waste when a patient is unable to use the toilet

Do **not allow visitors** to use the patient's toilet

Step 4

Handling Hazardous Drug Spills



A hazardous drug spill must be addressed **immediately.**

In the event of a hazardous drug spill:

- Notify a supervisor
- Avoid the spill area
- Help others (patients, visitors, teammates) avoid the area

- Follow your site procedure for cleaning the spill

Step 5

Using Safety Data Sheets (SDS)

Safety Data Sheets:

- Provide information to help protect you from exposure to hazardous materials
- Are required for any hazardous chemical or drug
- Are available online
- Refer to your department leader if you need help accessing your Safety Data Sheets

Step 6

Handling Patient Linens

Use PPE and label linen bags according to your site procedure for at least 48 hours after the patient completes hazardous drug therapy

Step 7

Disposal

Hazardous drugs and any associated contaminated materials (e.g., gloves, gowns, tubing, absorbent pads) must be disposed of appropriately to follow EPA or other regulations. Refer to the hazardous waste disposal policy for details on proper disposal.

Summary

To find the list of Hazardous Drugs, refer to your Hazardous Drug policy in the policy manual.

There are fertility risks associated with handling hazardous drugs. Pregnant or breastfeeding females as well as females/males attempting pregnancy may request exemption from handling hazardous drugs.

I understand the fertility risks associated with handling hazardous drugs.

Please read the statement above.

I understand where to find the PPE requirements for handling hazardous drugs.

I attest to the statement above.

- ○ Yes
- ○ No

SUBMIT

Please answer the question above.

CONTINUE TO NEXT EXCURSION

EXCURSION 9 of 13

Antimicrobial Stewardship



Excursion Objectives

This lesson provides general information about the threat of antimicrobial resistance and the role of antimicrobial stewardship for the safety of teammates, patients, and visitors. At the end of this lesson, you will be able to:

- Define antimicrobial stewardship
- Describe the dangers of antimicrobial resistance
- Understand the roles of prescribers, care providers and clinical staff and how you can impact antimicrobial resistance

You are taking this lesson to meet TJC Regulation MM.18.01.01, EP 3 and DNV IC.3, SR.3.

Antimicrobial Stewardship

"The effort to measure and improve how antibiotics are prescribed by clinicians and used by patients" - U.S

What is Antimicrobial Stewardship?

Antimicrobial Stewardship includes coordinated interventions designed to improve and measure the appropriate use of antibiotic agents by promoting the selection of the optimal antibiotic drug regimen including dosing, duration of therapy and route of administration.

The goals of Antimicrobial Stewardship include:

- Improve **individual patient outcomes** by:
  - Optimizing treatment of infectious process
  - Minimizing risk of complications of therapy
  - Reducing length of stay
- Improve **collective population outcomes**
  - Reduce antimicrobial selection pressure to slow antimicrobial resistance because inappropriate antibiotic use in one patient impacts effectiveness in other patients



Why is Antimicrobial Stewardship Important?



Increased antibiotic resistance is associated with increased morbidity,

Increased antibiotic use has contributed to increased

Simultaneous decrease in antimicrobial development

Costly health care

- $20 billion direct

mortality and increased healthcare associated infections By 2050, multidrug resistant organisms (MDROs) will kill more patients than cancer	**resistance and other consequences** 30% of C. difficile infection now occurs in the community	Lack of new antibiotics to address resistance	• $35 billion indirect • 8 million additional days

What does Antimicrobial Stewardship look like in action?

Select each teammate role for some examples.

Lab _

What is an example?
Reduce reporting of contaminants to reduce antimicrobial use

Why?
Avoidance of excessive durations of antimicrobials can reduce adverse drug events and antimicrobial resistance

Providers

What is an example?
Assign stop dates once duration is known

Why?
Avoidance of excessive durations of antimicrobials can reduce adverse drug events and antimicrobial resistance

Pharmacy

What is an example?
Ensure restricted antimicrobials are prescribed according to institution guidelines

Why?
Adherence to restricted antimicrobial prescribing can ensure optimized therapy, therefore reducing antimicrobial resistance

Nursing

What is an example?
Initiate discussion about IV to PO switch

Why?
IV to PO switch can reduce length of stays and line-related infections

Patients

What is an example?
Receive education about viral vs bacterial infections, when antibiotics are needed vs not

Why?

Patient understanding is crucial to the continued success of AMS

Factors Contributing to Antimicrobial Resistance

The most significant contributing factor to antimicrobial resistance is antibiotic prescribing patterns. Since 50% of antibiotic prescribing is considered inappropriate, antimicrobial stewardship is **key** for slowing antimicrobial resistance. Other contributing factors include:

- Invasive Medical Procedures
- Selection Pressure
- Antibiotic use in animals
- Breakdown of hand hygiene
- Transfer between community and healthcare setting



Your Role in Antimicrobial Stewardship

What you can do to improve antimicrobial stewardship

How YOU can help

You can impact antimicrobial resistance at every stage of antibiotic use. Here are some steps you can take.

Assessment	• Only prescribe antibiotics for bacterial infections; not viruses, colonization or contamination. • When starting an antibiotic, use facility-specific empiric therapy guidelines. • Prescribe the narrowest spectrum antibiotic possible that avoids collateral damage. • Make every effort to obtain an accurate drug allergy history.
Antibiotic Order	• Administer the antibiotic in a timely manner. • Make sure cultures are ordered before giving antibiotics.
Outcomes	• Perform an antibiotic timeout at 48-72 hours; constantly assess the patient's need for antibiotics. • Target antibiotics based on culture results, and define the duration of therapy. • Monitor the patient for side effects, especially diarrhea.

- Only administer antibiotics for the shortest duration necessary.

3 Habits to Adopt



Document antibiotic indication

Antimicrobials require an indication to be selected at the time of order. Please make every effort to choose the indication from the dropdown menu that most closely matches the indication for use.



Specify antibiotic duration of therapy

Most common infections such as UTI, pneumonia, and cellulitis can be treated for 5-7 days. Orders should be reassessed daily to define the length of therapy that matches the diagnosis and microbiology.



Routinely perform an antibiotic "timeout" at 48-72 hours of therapy to assess appropriateness of therapy:

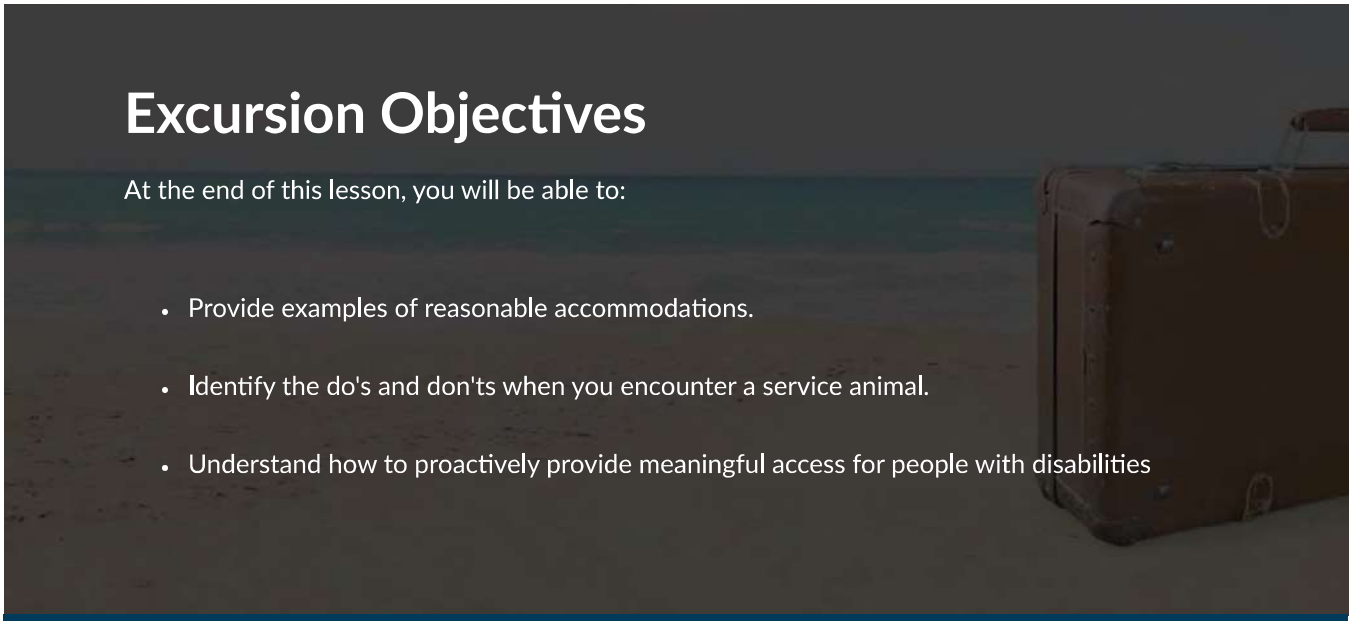
*- The **Right syndrome** identified*
*- The **Right drug** selected*
*- Given at the **Right dose***
*- Via the **Right route of administration***

*- For the **Right duration of therapy***

CONTINUE

EXCURSION 10 of 13

ADA in Practice: Accommodations & Service Animals



Providing Reasonable Accommodations

What are reasonable accommodations?

Reasonable accommodations are adjustments that provide full and equal access to healthcare services. They must be reasonable for both the patient and the care team. If the initial request cannot be met, a reasonable alternative must be offered. **Always be sure to ask about accommodation needs.**

Some examples of reasonable accommodations include:

1. Dimming or adjusting lighting
2. Large-print or recorded instructions
3. Amplified audio devices
4. In-person interpreters for complex visits
5. Physical assistance through inaccessible doorways

Important Principle

Assistive devices are an extension of the individual - do not touch, move, or interfere without permission (e.g., wheelchairs, service animals).

What do you think?

A patient with Autism presents at an Advocate Health outpatient clinic with a companion. Some individuals with Autism are sensitive to things like bright lights, loud or overlapping noises, strong smells and unpredictable movement.

In this case, the patient is visibly distressed and is screaming in the waiting area.

Which of the following best depicts how the teammate should respond? **Select all that apply.**

- [ ] Remain calm and supportive, ensure the patient's physical safety, and maintain the appropriate amount of distance from the patient to avoid overwhelming them.
- [ ] Assess factors in the environment that could be contributing to the patient's distress (loud sounds, unfamiliar individuals, bright, fluorescent lights, strong smells)
- [ ] If available, offer the patient and their companion a quiet waiting area, such as a private room. Reduce sensory input by closing blinds and dimming or turning off the lights. Offer the patient sensory aids such as noise-cancelling headphones or sunglasses if available.

SUBMIT

CONTINUE

What is a Service Animal?

A service animal is a dog or miniature horse trained to perform tasks directly related to a person's disability.

When you encounter a service animal, it can be tempting to ask all about it. This, however, can lead to inappropriate questions and a violation of the individual's privacy. Keep in mind the allowable and prohibited questions below.

✅ Allowable

Is the animal required because of a disability?

What work or task is it trained to perform?

❌ Prohibited

Any questions about the nature or extent of the disability

Asking for documentation or certification







Key Points to Remember

- No registration, vest, or breed restrictions
- More than one service animal may be present
- Exclusions apply only for safety or infection control risks

What do you think?

A patient enters an Advocate Health facility with a dog they identify as a service animal. All of the following statements are true **except**:

- ○ A teammate may ask whether the dog is a service animal required because of a disability.
- ○ A teammate may ask the patient to describe their disability.
- ○ A teammate may ask what work or task the service animal trained to perform.
- ○ The dog is not required to wear a vest or have specific documentation.

SUBMIT

CONTINUE TO NEXT EXCURSION