

Joint Commission Study Guide

The Joint Commission **can visit at any time** and the information on this study guide is information they expect you to know if they ask. At the UAP marathon there will be a Joint Commission Readiness station. The UAP is expected to be able to answer the following questions at this station.

1. List (a) what number do you **call** if you see or smell smoke/fire, (b) the **location** of the fire “pull stations” on your unit, and (c) the **number** of Fire Extinguisher(s) on your unit and (d) the location of the fire extinguishers on your unit.
 - a. **686-5333**
 - b. **varies per unit (know where it is on your unit)**
 - c. **varies per unit (know where it is on your unit)**
 - d. **varies per unit (know where it is on your unit)**

2. What do **RACE** and **PASS** mean? (Hint: Code Red)
 - a. RACE = **Rescue, Alert, Contain, Extinguish and Evacuate**
 - b. PASS = **Pull, Aim, Squeeze, Sweep**

3. Find the **Medical Gas Shut off Valves** (including oxygen) on your unit.
 - a. Where are they located? **Varies per unit (know where it is on your unit)**
 - b. Who are the only personnel that can shut them off in an emergency?
Respiratory Therapy

4. Where are **confidential papers** (papers with medical identifiers and patient information) discarded in your work area? **In the confidential paper bins Location varies per unit (know where it is on your unit)**

5. Find the **Emergency Management Reference Guide** online, and list the second step in Management of Code Gray.
 - **Access Intranet → select the Emergency Information link on the right → open CODE GRAY link**
 - **Employees should make patients, families and visitors aware of the severe weather procedures and safe locations that may be necessary to use in the event of a CODE GRAY.**

6. List one place where the “**Patients’ Rights**” can be found. When are they given to the patient?
 - **In the Patient Guide provided on admission.** If patient comes through Admissions (direct admit), they will give the guide to the patient. *** If patient arrives from ED, the clinic, PACU, etc..., we are to provide the Guide to the patient. (Location varies per unit (know where it is on your unit)
 - **Online at www.uamshealth.com (to find this site, from www.uams.edu: click Hospitals and Clinics → Patients and Visitors → Patient Rights**

7. Who should you call in case of **hazardous materials spills**? **Secure and contain. Contact Campus Operations Call Center at 526-0000 to notify Occupational Health and Safety**

8. How do you access the UAMS **Infection Control Manual**? **Intranet → Tools and Resources → Polices and Handbooks → Infection Control Manual OR Intranet → Clinical Desktop → Policies**

9. List the TWO patient identifiers used at UAMS. When do you use the patient identifiers?
 - a. **Name and Date of birth**
 - b. **Before any encounter with the patient: vital signs, checking blood sugar, giving a meal tray, drawing lab, collecting urine**

10. If the patient cannot tell you his/her name, how do you check the 2 patient identifiers? **Verify the armband (name and DOB) with EPIC (name and DOB)**

11. Are bilingual employees automatically qualified to assist patients with the interpretation of clinical information?
NO. Only staff that have been approved by UAMS as interpreters may assist patients with translation. There is also an approved language line for interpretation of clinical information in all areas.

12. What is the most important thing that can be done to prevent hospital-acquired infections? **Wash your hands!!!**

13. What is a Code Pink? What is your role during a Code Pink?
 - a) Severe Weather – hide in the equipment room
 - b) Infant or Child Abduction - stand in a hallway, stairwell, near an elevator or exit and monitor for suspicious activity, look in areas where a child could be hidden (duffle bags, boxes, etc...).**
 - c) Active Shooter – find a room that will lock and stay there
 - d) Mass Casualty – go to the ER

14. How do you know a piece of equipment is okay to use? **There is a sticker on it with an inspection date.**

15. How do you know if it's been properly cleaned? **There will be a green sticker on the power button**

16. What do you do when a piece of equipment is not working? **Sequester it (get it out of the rotation), Call Clinical Engineering or go to their website and fill out the work request, fill out and place a pink tag on it.**

17. What kind of Medical Waste are you exposed on your unit? How do you dispose of it?
 - a. **Blood or other bodily fluids**
 - b. Anything exposed to blood or other bodily fluids must be disposed of in RED trash cans except SHARPS which go into the sharps containers**

18. Are patients permitted to bring from home and use in the hospital, extension cords or space heaters?
NO

19. **Food and/or beverages and/or personal belongings** (backpacks/purses) are allowed at the alcoves and the Nurse's Station: TRUE or FALSE. **Beverages only if covered with your name written on the cup. NEVER near blood and body fluids. Food is NEVER allowed. Backpacks and purses are NOT allowed in the alcoves and at the nurse's station.**
20. What is the definition of a **Sentinel Event**? **An unexpected occurrence that has resulted in unanticipated death, serious physical or psychological injury, or the risk thereof. Examples: death or serious injury resulting from a fall or equipment failure, suicide, surgery on the wrong body part**
21. How do you learn about performance improvement?
Unit dashboards, monthly staff meeting, and the annual Nurse Practice fair. On-line and live educational programs may also be available.
22. List two of our Unit Specific **Performance Improvement** initiatives and list where you would find this information on the unit? **Projects vary on each unit (know what it is on your unit).**
23. The correct documentation of **Restraints AND Patients with an Observer** includes...
- Non-Behavioral Restraints
 - a. Monitoring including Vital Signs, respiratory status, circulation, skin integrity, level of stress/agitation every **2 opposite the R.N.** hours
 - b. Correct form for documentation in Epic **on restraints flow sheet**
 - For Violent/Self destructive behavior in restraints or with observer
 - a. Monitoring including patient location and level of stress/agitation **Every 15 Minutes on the Restraints and/or patient observer flow sheet**
 - b. Monitoring including Vital Signs, respiratory status, circulation, skin integrity **Every 2 Hours on the restraints flow sheet**

24. List the steps or URL address (website) to look up a Nursing Policy (Nursing Manual) <http://intranet.uams.edu/nursingmanual/Policy-addenda/addendum-j6.htm>
25. If a patient is admitted with TB (tuberculosis), we should assign them to what kind of Pressure Room (negative or positive). How do you know if the room is under the correct pressure?
- A. Negative**
- B. If the room is under negative pressure, the orange “ball” above the door to negative pressure-capable rooms will suck inward when the door is closed. The door must remain closed for the room to maintain negative pressure. If the ball does not suck inward and remains visible outside the room when the door is closed, call 526-0000 (Campus Operations) and ask them to change the room to negative pressure. If your area does not have the orange “ball, you can do a “tissue test” by placing a tissue underneath the closed door. If the tissue sucks underneath the door, the room is under negative pressure. If your unit does not have a negative pressure room the patient CANNOT be placed on your unit.**
26. True or False: All non-hospital food placed in the **refrigerator or freezer** must have a patient label on it with the date it was placed, and the food should be discarded in three days. **True**
27. How many **Oxygen Cylinders** are stored on your unit? **Varies on each unit (Know yours)**___Where are they?___**Location varies (Know yours)**_____
28. True or False: Paper signs can be taped to the door in patient care areas. **False. “Homemade” paper signs are not allowed. Nothing should be taped to a door or wall in a patient care area.**
29. Heidi, RN and Becky, PCT both decide to answer a call light. They both place their cans of soda by the opened bedside chart in the alcove and walk to the rooms. Becky comments on how pretty Heidi’s

dangly, long, hoop earrings and hoodie sweatshirt look while Heidi comments to Becky on how she likes her fake painted red fingernails and her new tattoo that is showing on her lower back when she leans over slightly. List what is wrong with this picture:

- **Open soda can – drinks must have lids and your name written on it**
- **Dangly, long, hoop earrings**
- **Hoodie**
- **Fake nails**
- **Red nail polish**
- **Visible tattoo**

30. What's the first thing you should do when you pick up **blood tube** for a lab draw?
- a. Shake it
 - b. **Check the expiration date**
 - c. Take the cap off
 - d. Hold it over your head
31. Where are the **keys to the patient bathrooms** located on your unit?
Location may vary on each unit (Know yours)
32. How long do you have to leave the **Super Sani-Cloth (formerly known as a Cavi Wipe)** solution to dry to be effective in cleaning? **2 minutes**
33. How long do you have to leave the **SANI- BLEACH wipe** solution to dry to be effective in cleaning?
Refer to the back of the packaging for answers. Varies. For C-diff – 4 minutes

34. When do you NOT use **hand gel** to sanitize your hands? **When hands are visibly soiled or if the patient has C-diff**
35. True or False: **Cardboard boxes** may be stored on the floor. **NO!** They must be stored off the floor. Only boxes that were mailed packed inside another box are permitted in a “clean” area (Equipment room, clean utility, etc...). Shipping boxes (dirty, contaminated) are not allowed to be stored in a “clean” area.
36. A patient has a new diagnosis of diabetes and starts asking you questions about it. What do you do?
Tell the patient you will ask the RN to see you to answer any medical/health-related questions.
37. When do you give/get handoff?
Change in patient assignment, change of shift, when I go on break, and any time I leave the unit. Someone has to watch my patients while I’m gone.
38. Should you silence the alarms on the IV pumps?
a. **No, I’m not allowed to do push any buttons on the pump as unlicensed staff.**
39. Your patient wants to take a shower. Are you allowed to disconnect the IV from the patient?
a. **No. I’m not allowed to do anything with the IV or IV tubing as unlicensed staff.**
40. Your patient is on telemetry and wants to take a shower. What should you do? (Select all that apply)
a. Remove the telemetry box and assist the patient to the shower
b. Check with the RN first. If RN says it’s ok, remove the telemetry box.
c. **Check with the RN first. IF RN says it’s ok, remove the telemetry box and call telemetry to let them know you are removing the box for a shower.**
d. **Replace the box electrodes as soon as the shower is complete and verify transmission by calling telemetry**

41. Do you clean equipment (vital sign machines, pulse ox, etc...) before/after use on each patient? **YES**
42. What would you do if you witnessed a cardiopulmonary arrest (Code Blue)? (Select all that apply)
- Click on the Code Blue icon on the computer.**
 - Dial 686-7333**
 - In outpatient clinics call 911 and 686-7333**
 - Off campus clinics call 911**
43. What is PPE?
Personal Protective Equipment items are made available to all employees to help prevent blood or body fluid exposure while giving patient care. PPE items include gloves, gowns, masks, and protective eyewear.
44. What are Standard Precautions?
Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).
45. What are Transmission-based precautions? (also known as Isolation Precautions)
These are the precautions put in place when practices above what standard precautions provide are necessary based on the suspected or known condition/disease of the patient. The categories of transmission-based precautions are Airborne (Tuberculosis, Chicken Pox), Droplet (Influenza, Meningitis), Contact (MRSA, VRE, C.diff) and Enhanced Precautions (MDR-Acinetobacter, CRE, other significant pathogens). Isolation Cart/Cabinets are necessary and the appropriate signage placed on the patient door. In addition,

there will be a “pink flag” identifying the precautions on the top bar of the EMR.

46. How do I get an annual flu shot as an employee or student at UAMS?
FLU vaccine is mandatory for all UAMS personnel and students. Student and Employee Health provides free influenza vaccinations annually beginning as soon as vaccine arrives in the pharmacy. Vaccinations are given until a declaration from the AR Department of Health that influenza season is “over” for the current year. You may contact Student/Employee Health by calling (501)686-6565. (This includes volunteers and vendors)
47. When surveyors arrive on your unit you should....
- a. Treat the surveyors as you would any important guest.
 - b. Introduce yourself, be confident!
 - c. Tell them about your unit and the type of patients you have.
 - d. All of the above**