

Preventing Bloodborne Pathogen Exposure Splash Injuries

Health Risks: Bloodborne pathogen exposure (BBPE) can lead to serious, long-term health consequences.

The "Rush" Factor: Most splash injuries happen when we are hurrying or skipping critical PPE steps.

Key Points

1. Pause Before You Start

- Assess the task and your environment before engaging.
- Confirm you have the **correct PPE** ready (face shield, gown, and gloves) for the task.

2. Slow Down

- Rushing leads to mistakes; speed increases your risk of exposure.
- Always follow the proper donning and doffing sequences—do not cut corners.

3. Be Mindful

- Maintain total focus on the high-risk task at hand.
- Eliminate distractions—safety requires your full attention.

4. Report Immediately

- If a splash occurs, do not wait. Follow the exposure protocol right away.

NCD Lab Test Changes – Effective 1/5/2026

Flu A & B and RSV tests on Solana machines, is moving to Abbott ID Now machines.

- ❑ Due to availability of reagents no longer available from manufacturer after 12/31/2025
- ❑ End of Life for the Solana Instrumentation

Changes in Specimen Collections for Flu A/B

- ❑ Facilities will continue to collect **Nasal Swab**. Use the swabs provided in the test kit (Contact Lab for swab if not available on unit)
- ❑ Note: Alternatively, Universal Transport Media, sterile rayon, foam, flocked swab (standard tip), flocked swab (mini tip), Copan Mini Tip Flocked Swab, or Copan Standard Flocked swabs can be used to collect nasal swab samples.

Changes in Specimen Collections for RSV

- ❑ Facilities will continue to collect **Nasopharyngeal Swab**. Use the swabs provided in the test kit. (Contact lab for swab if not available on unit)
- ❑ Alternatively, Universal Transport Media, sterile rayon, foam, or flocked flexible-shaft NP swabs can be used to collect nasopharyngeal samples.

Changes in Beta Strep Complete A,C,G by PCR - Not Longer Available

- ❑ Beta Strep Complete by PCR will not be offered on new test platform. A throat culture will be ordered and performed. Continue to collect dual swabs.



NCD Lab Test Changes – Effective 1/5/2026

Changes in Test Ordering – See Crosswalk below

Current State	Future State
Influenzae A/B PCR	Influenza A/B (NAAT)
Influenza A/B PCR w/Reflex to RSV/hMPV	No replacement
Influenza A/B Antigen w/Reflex RSV/hMPV	No replacement
RSV/hMPV (hMetapneumovirus) by PCR	RSV (NAAT) (<18 or >=60 years old)
Beta Strep Complete A, C, G by PCR	Throat Culture (existing order)

Note: Patient swabs will be sent to the Lab for testing. Each test will need to be ordered separately, and a swab sent for each.

C Diff Reflex

- ☐ Orders for C diff will not change. If reflex is needed it will transfer to Central Lab for testing.



Updated: 12/29/25

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Mission Hospital: Nurse's Guide to Humulin®R U-500 KwikPen®

How supplied

- Pen Color: Aqua
- Dose knob: Can be dialed in increments of 5 units
- Single patient use only

How should I store this product and prepare to use it?

- Store in patient-specific bin, and return it to that bin following each use
- Ensure a sufficient supply of pen needles are kept with the pen
- Do not use the pen longer than 28 days from first use
- The pen must be primed before each injection to ensure proper dose

Go-Live: 1/6/26

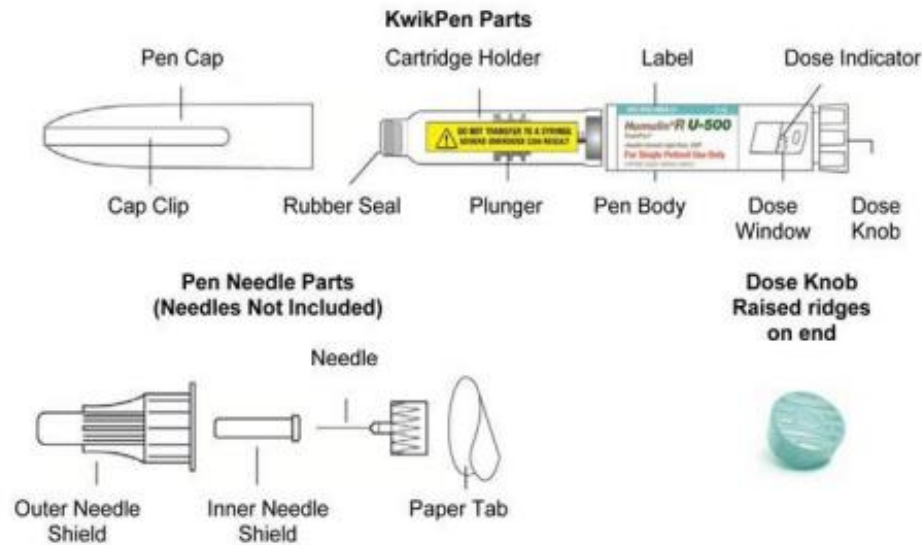
- U-500 Insulin Vials will be replaced with the Humulin®R U-500 KwikPen®



Important things to remember

- Insulin pens are for **individual patient use only**
- This is **concentrated insulin**, and when used incorrectly can lead to patient harm or death
 - **DO NOT** transfer to a syringe, as overdose can result
- Use a **new pen needle** with each injection
- Make sure the insulin pen is stored in a **patient-specific** location

Humulin® R U-500 KwikPen® Directions for Use



1. Wash hands and apply gloves
2. Pull pen cap straight off and wipe the rubber seal with an alcohol swab
3. Make sure the insulin inside looks clear and colorless, if it does not, discard pen
4. Remove the paper tab from the pen needle then push the capped needle onto the pen's rubber seal and twist until needle is on tight
5. Pull off the outer needle shield and keep, then pull off the inner needle shield and throw away

6. Prime the pen before each injection by turning the dose knob to 5 units, then tapping the cartridge holder gently to collect air bubbles at the top. Push the dose knob in until it stops and "0" is seen in the dose window
7. You should see insulin at the tip of the needle, if you do not, repeat the priming process
8. Turn the dose knob to the patient's required units of insulin. The knob can be moved in both directions if too much is accidentally dialed up. Perform an independent double check per facility policy
9. Clean the injection site with an alcohol swab and let dry
10. Inject the insulin subcutaneously in the stomach area, buttocks, upper legs or upper arms. Change the site with each injection
11. Push the dose knob in all the way and hold in for 5 seconds before removing from the skin to assure patient has received full dose
12. Check that the dose window shows "0"
13. Carefully replace outer needle shield and unscrew needle from pen and dispose of in sharps container
14. Replace pen cap and put pen back in patient-specific bin

Mission Hospital: Unit-Based Isolation Carts

Go-Live: January 5th, 2026

A predetermined number of isolation carts will be stationed on each inpatient unit at Mission Hospital.

- Carts will be stored on the unit, eliminating the need to place an order to have one delivered
- Storage locations have been suggested by Infection Prevention; however, carts may move around on the unit to best be utilized by staff
- Supply Chain will round on each unit regularly to replenish carts; staff can also stock carts as needed using the unit supply of PPE
- If additional carts are needed due to a high number of isolated patients, or if PPE supply is running low, please contact Equipment Distribution via phone (828-213-0200) or by placing a Service Central Medial Equipment Request:
 - Under "Requesting Equipment", select Add
 - Equipment Type: Other
 - Quantity: # of Carts Needed
 - Request Priority: How Quickly Needed
 - Save, then write "Isolation Cart(s)" in the Additional Comments section



Mission Hospital: Difficult Airway Response Team (DART)

Reminder - Mission Hospital has a difficult airway response team that will be notified in the case of an emergency involving the airway. The DART team will consist primarily of anesthesia and the trauma team.

- ❑ Patients who may have the potential for a difficult airway will be identified by risk factors including, but not limited to:
 - History of Head/Neck Tumor
 - Prior Difficult Intubation
 - Cervical Spine Injury
 - Cervical Surgery
 - Clinical discretion
 - Airway Edema
 - Airway Bleeding
 - Previous or current Tracheostomy
- ❑ Once the care team identifies a patient is at risk for a difficult airway, they should notify the physician and RT
- ❑ Physician will place “Difficult Airway” order.
- ❑ Respiratory therapy will post an “Airway Alert” sign on the patient door as a precaution.
- ❑ In the event of an emergency, physician, rapid response or RT will send out a DART alert
 - ❑ ICU CNCs will bring difficult airway supplies to the emergency.

Airway Alert

Difficult Airway	
Details	Additional Info
History	Compliance History
Comments	Results
Pharmacy	Plan History
Order 09/08/2023 10:08 EDT Details Requested Start Date/Time 09/08/2023 10:08 EDT Additional Comments Nursing/RT place a Difficult Airway Sign on patient's door and activate DART for airway compromise. Validations	



Updated: 01/05/2026

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Clinical Updates

Midnight Census Report – Process No longer needed

- Great news! The Midnight Census Report is no longer needed due to strengthened controls within our EHR and coding processes.

Keppra IVPB changing to IV Push: Go-live 1/8/26

- Keppra IV Push administration guidelines will be added to the comments
- Plans Impacted
 - Severe Traumatic Brain Injury (GCS < 9) Subplan (MSJ)
 - NS Neurosurgery Cranial Surgery Plan (MSJ)
 - Neurology Subarachnoid Hemorrhage (SAH) Plan (MSJ)
 - Mild to Moderate Traumatic Brain Injury Subplan, Adult (GCS 9-15)
 - Seizure Treatment Plan, Adult (System)
 - ED Seizures Plan (System)
 - APA Subarachnoid Hemorrhage (MSJ)
 - FSER Seizures Plan

Seizure Treatment		Current State
		Loading Dose PROVIDER: consider discontinuing Keppra before 7 days if aneurysm is secured and the patient has not had seizure events.
<input type="checkbox"/>	levETIRAcetam (Keppra)	20 mg/kg, IVPB, IV Piggyback, ONCE For seizure treatment
<input type="checkbox"/>	+ 12 hr levETIRAcetam (Keppra)	1000, mg, IVPB, IV Piggyback, BID, Duration: 7 day
Non Categorized		

Seizure Treatment		Future State
		Loading Dose PROVIDER: consider discontinuing Keppra before 7 days if aneurysm is secured and the patient has not had seizure events.
<input type="checkbox"/>	levETIRAcetam (Keppra)	20 mg/kg, Inj, IV Push, ONCE For seizure treatment, Push over 3-5 min. Max dose of 4500 mg IVP over 5 min. Pharmacist to round to the nearest 500 mg. May be administered undiluted.
<input type="checkbox"/>	+ 12 hr levETIRAcetam (Keppra)	1000, mg, Inj, IV Push, BID, Duration: 7 day Push over 3-5 min. May be administered undiluted.
Non Categorized		

Ethics Consults

Any member of the care team is welcome to initiate an ethics consult. It is always appropriate to seek guidance from the Ethics Committee when needed.

- ❑ Examples of situations that may warrant an ethics consult include, but are not limited to:
 - Conflicts with legal decision-makers
 - Disagreements among the care team regarding the plan of care
 - Moral distress or compassion fatigue
- ❑ To request an ethics consult, navigate to the "Orders" section and type "ethics" in the search bar. Select the appropriate reason for the consult. This action will send a notification to the Ethics Committee.

	Advocacy For Patient Rights
	Formal Ethics Consultation
	Informal Staff/MD Mtg.-Key Issues
	Interdisciplinary Care Team Discussion
	Mediation Regarding Care Decisions
*Priority:	Mtg. Pt/Family-Difficult Choices
Duration:	Mtg. Pt/Family-End of Life Issues
	Physician Referral
*Reason for Consult:	Physician Referral

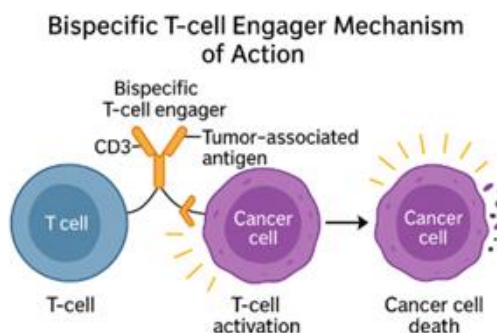
For inquiries regarding who is authorized to make decisions on behalf of a patient when they are unable to do so, such as providing consent, please refer to:

1. Policy: **Consent for Surgery, Anesthesia and Other Medical Treatments, 1RI.ADM.0029**
2. Consult Care Management
3. Consult Patient Safety/Risk

BiTE – Bispecific T-cell Engager Therapy

Bispecific T-cell Engager (BiTE) therapy is an advanced immunotherapy used to treat certain cancers. BiTE molecules are engineered antibodies that bind two different targets simultaneously:

- ❑ One arm binds to CD3 on T-cells.
- ❑ The other arm binds to a cancer cell.
- ❑ This dual binding activates the immune system to kill the cancer cells.
- ❑ Elrexfio, Imdeltra, and Talvey are examples of BiTE therapies.



-Patients receiving BiTE therapy require close observation 24-48 hours after starting therapy. Monitoring includes CRS and ICANS screening. After receiving the first step-up doses the risk of CRS and ICANS decreases.

-Patients are also at an increased risk of developing infections due T-cell engagement and resulting immune system dysregulation.

-BiTE therapy will be administered at Messino Cancer Center. Following administration patients will either return home with detailed monitoring instructions or be a direct admit to the oncology unit at Mission (K9A). Patients could also present to the Emergency Department if CRS or ICANS symptoms are present while the patient is at home.



-Patients receiving BiTE therapies will wear this bracelet.

-If a patient presents to the ED wearing one of these bracelets the patient should be prioritized due to being immuno-compromised. The patient should wear a mask at all times and be taken to a private room. Messino Cancer provider should be contacted immediately for care collaboration

and the Cerner Powerplan “Bispecific T-Cell Engager (BiTE) Therapy Emergency Management of Complications (MSJ)” should be ordered.

-Nursing staff should complete the CRS and ICANS assessments and document in Cerner. Nurse to click on reference text for handwriting assessment, print for patient to perform handwriting assessment.

Blue text indicates that reference text is present. The nurse should click on the blue text for more information about CRS & ICANS screening. The reference text should be printed for the patient to write a sentence as part of the screening.

Oncology provider should be notified of any changes in patient condition including increasing CRS/ICANS grade.



Wound of the Week (WOW!): What the What?

- The Sacral Bordered foam is both a preventive AND a wound dressing.
- Other dressings, especially gauze, Viscopaste or Xeroform are not appropriate under it.
 - They may cause excess moisture and friction which can damage skin



Only use other kinds of dressings under the bordered foams when there is a dressing change order to do so