



SCOREBUILDERS

SPOTLIGHT
Series

Eewwww!
Infections,
Documentation, and
Legal Stuff

Presented by
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Topics we'll cover

- ✓ What order do we don/doff PPE?
 - ✓ What PPE do I even use?
 - ✓ How does infection spread?
 - ✓ Where do I document that?
 - ✓ Is that legal?
- ✓ This session will review safety, protection, and professional responsibility. We will explore topics like infection control, accessibility, documentation, delegation and supervision, and areas related to patient education.



Infection Control

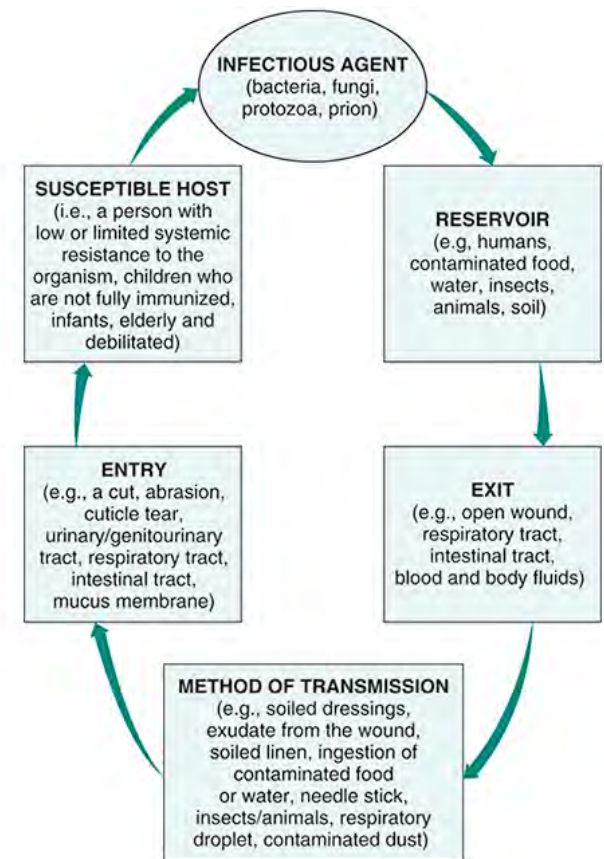
Infection

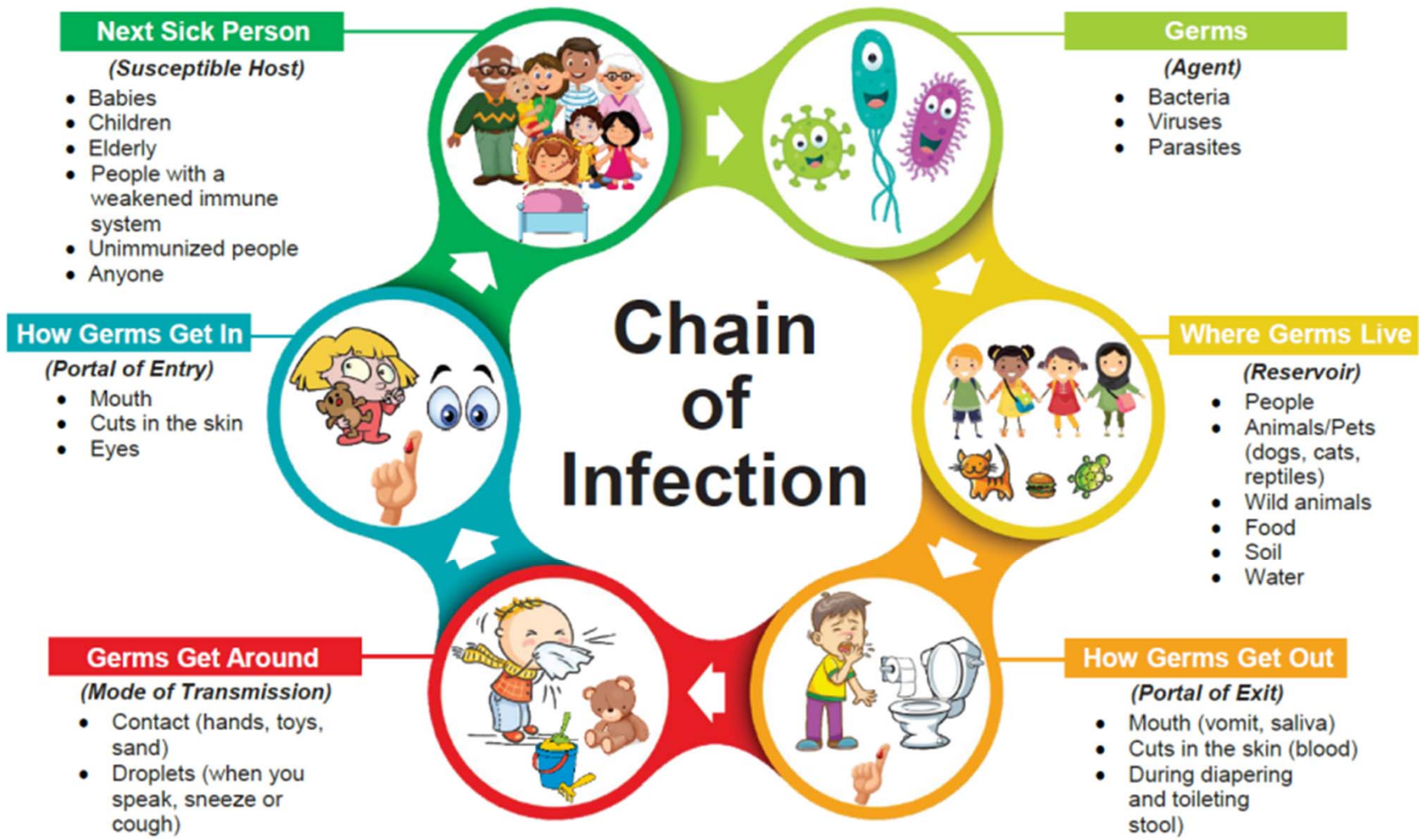
Definition: a condition where an organism invades a host and develops a parasitic relationship with the host. The invasion and multiplication of the microorganism produces an immune response with subsequent signs and symptoms.



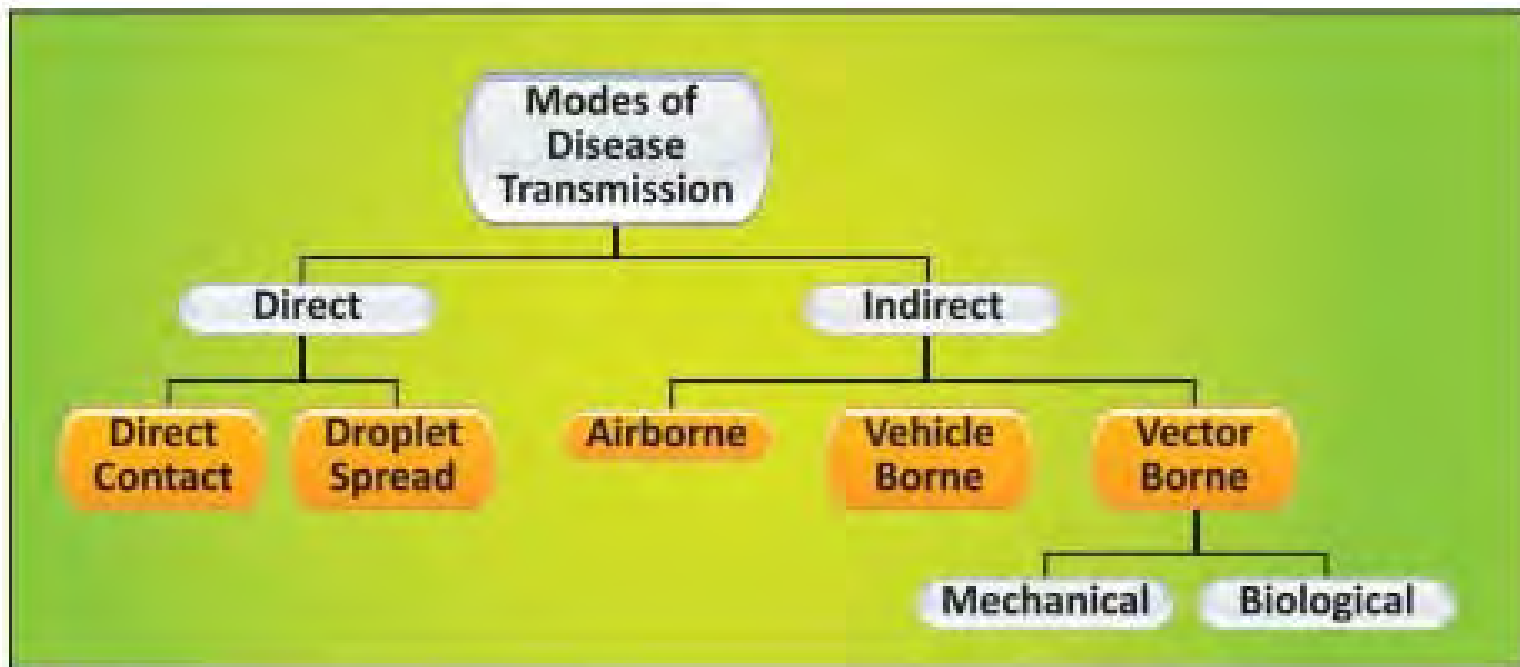
Cycle of Cross Contamination and Infection

1. Reservoir for organism/host: (ex: person with COVID-19)
2. Method of exit for the organism
3. Method of transmission of the organism
4. Method of entry of the organism into a new host
5. Susceptible host: Infection develops in new host





Modes of Transmission



- **Droplet transmission**
(oral/nasal to ear/nose/mouth)
- **Airborne transmission**
(dust or aerosol, likely respiratory)
- **Vehicle transmission**
(food, drinks, drugs, equipment)
- **Vectorborne transmission**
(think mosquitoes)

Terminology

Asepsis

- Absence of microorganisms that produce disease, the prevention of infection by maintaining a sterile condition

Medical Asepsis

- Practices that help **reduce the number and spread** of microorganisms
- PPE

Surgical Asepsis

- Practices that render and **keep objects and areas free** of all microorganisms
- “surgical scrub”

Nosocomial [pronounced: nōzō'kōmēəl] or Hospital Acquired Infections

- Pertaining only to infections originating in a hospital

Time to Practice

While reviewing a patient's medical chart prior to your treatment, you see they are under isolation for COVID. When you begin your treatment with them and ask during your subjective history portion of your evaluation, they tell you they contact traced the source of their COVID to one of the kids at the daycare where they work. The kid had allergies and was sneezing with a runny nose for about a week before multiple of them tested positive. With your knowledge of the cycle of cross-contamination, **what was the infectious agent in this cycle?**

- a) COVID
- b) the kid
- c) droplets from sneezing
- d) the patient



PPE

PPE: Personal Protective Equipment

- Scrub suits
- Masks
- Eye protection
- Gowns
- Gloves (often worn as a Universal Precaution)
- Accessories – caps, beard covers, shoe covers



CDC Recommendation for Application of PPE

<http://blogs.hcpro.com/osha/2011/09/donning-and-doffing-ppe-the-mnemonic-way/>

Don PPE from the bottom up:

1. Gown
2. Mask
3. Goggles
4. Gloves (when raised above the head)



Doff PPE in alphabetical order:

1. Gloves
2. Goggles
3. Gown
4. Mask



* **WASH HANDS BEFORE AND AFTER!!!!**

What order do you don?

mask

gloves

goggles

beard & hair cover

shoe covers

gown

What order do you doff?

mask

gloves

goggles

shoe covers

gown

Contact Precautions

- **Hands** – wash with CHG antiseptic soap prior to entering room; hand rubbing also acceptable with alcohol based hand rub
- **Gloves** – wear upon entering room, remove prior to leaving room
- **Gown** – wear during substantial direct contact, remove prior to leaving room
- **Dedicated equipment** – patient care items remain in room, if removed, disinfect or label as biohazard
- **Room** – private or cohort
- **Patient transport** – limit to essential purposes only

Examples: MRSA, staph, VRE, C diff

Droplet Precautions

- **Hands** – wash upon entering and leaving room
- **Mask** – required when working within 3 feet of patient
- **Room** – private room preferred, may cohort
- **Patient transport** – limit to essential purposes only and pt must wear mask

Examples: Strep, flu, COVID-19

Airborne Precautions

- **Hands** – wash upon entering and leaving room
- **Mask** – an N-95 respirator (varies) must be worn, discard upon leaving room
- **Room** – private room with negative air flow, door must be closed (airborne infection isolation room [AIIR])
- **Patient transport** – limit to essential purposes only and pt must wear mask

Examples: TB, chickenpox, measles

Time to Practice

Your patient is positive for tuberculosis. Your goal is to assist her with a transfer to the bedside chair. **Which of the following meets the minimum standard of PPE to be worn by the HCP when working with this patient?**

- a) Gloves
- b) Gloves, N95 respirator mask
- c) Gown, gloves
- d) N95 respirator mask

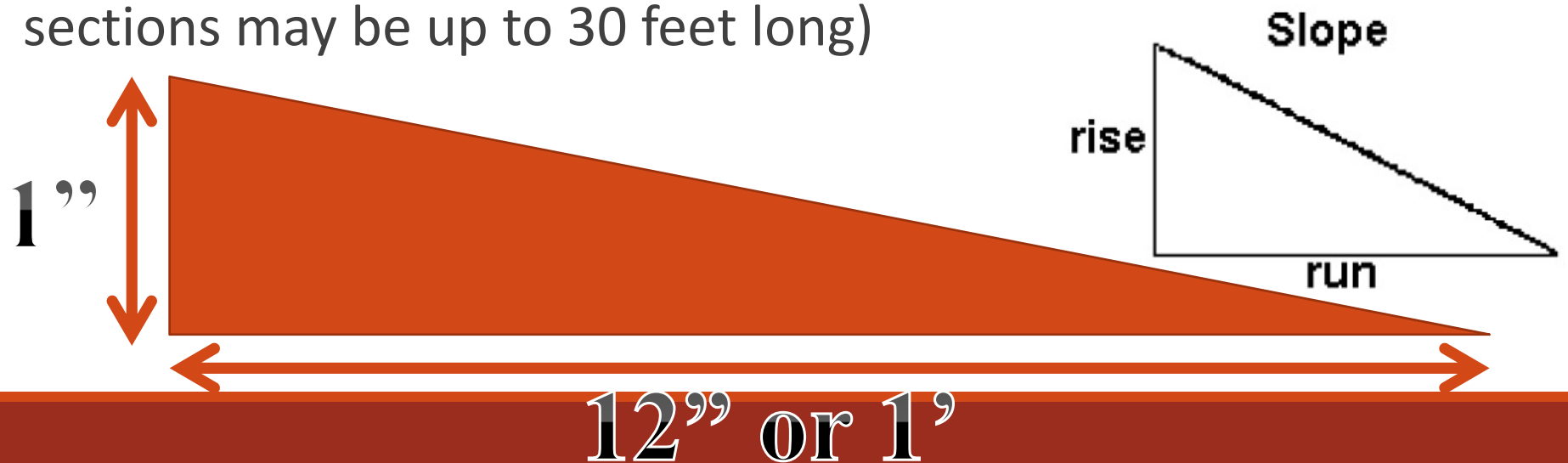
Sources of ADA Information

The screenshot shows the ADA.gov website. At the top left is the ADA.gov logo with the text "United States Department of Justice Civil Rights Division". To the right is the title "Information and Technical Assistance on the Americans with Disabilities Act" and a search bar labeled "Search ADA.gov". Below the search bar is a navigation menu with four items: "Law / Regulations", "Design Standards", "Technical Assistance Materials", and "Enforcement". The main content area is titled "ADA Standards for Accessible Design". It contains two paragraphs of text. The first paragraph discusses the Department of Justice's revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 (ADA), published in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the "2010 ADA Standards for Accessible Design," "2010 Standards." On March 15, 2012, compliance with the 2010 Standards was required for new construction and alterations under Titles II and III. March 15, 2012, is also the compliance date for using the 2010 Standards for program accessibility and barrier removal. The second paragraph states that the "1991 ADA Standards for Accessible Design," printed as Appendix A of the title III regulation in the Code of Federal Regulations, July 1, 1994 could be used for new construction and alterations under Titles II and III until March 14, 2012. On the left side of the content area, there are two links: "2010 ADA Standards for Accessible Design - html" and "2010 Standards - PDF (screen quality)".

Accessibility

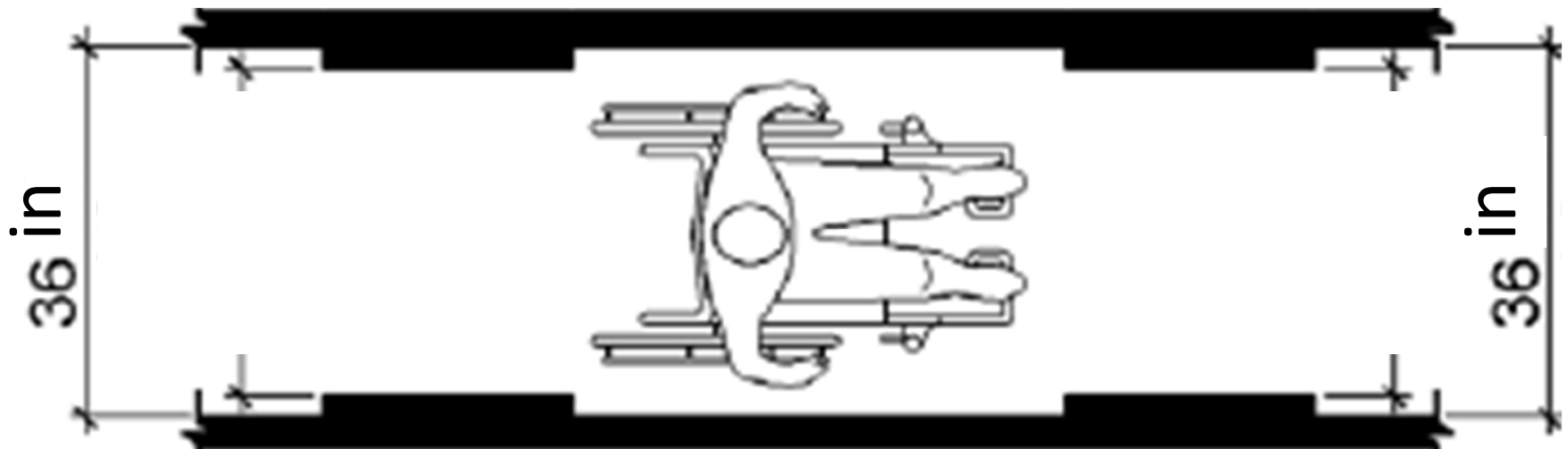
ADA Guidelines: Ramps

405.2 Slope & 405.6 Rise. The least possible slope shall be used for any ramp. The maximum slope of a ramp in new construction shall be 1:12. (one foot of ramp for each inch of rise) The maximum rise for any run shall be 30 inches. (ramp sections may be up to 30 feet long)



ADA Guidelines: Ramps

403.5.1 Clear Width. The minimum clear width of a ramp shall be 36 inches.



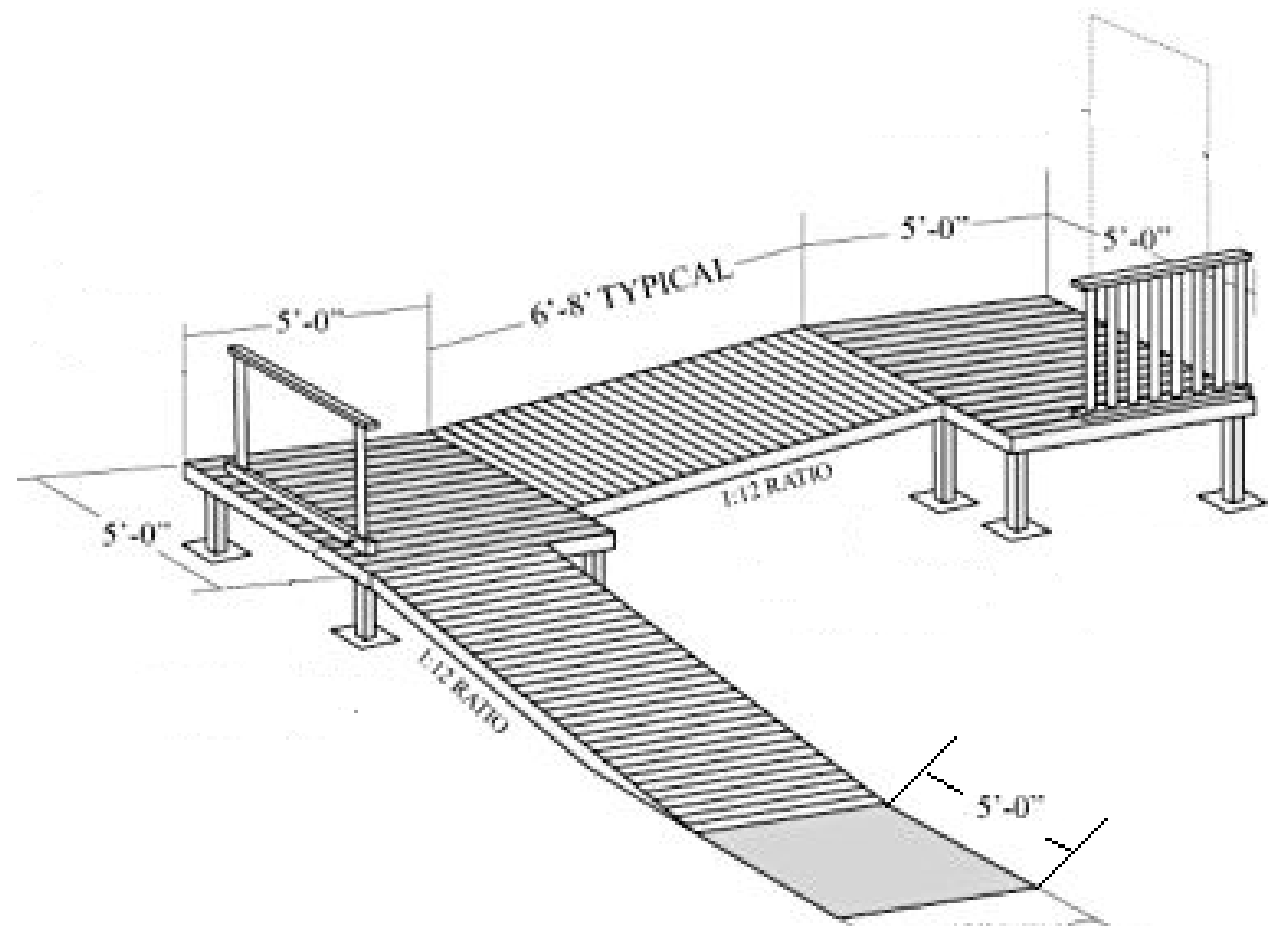
ADA Guidelines: Ramps

405.7 Landing. Ramps shall have level landings at bottom and top of each ramp and each ramp run.

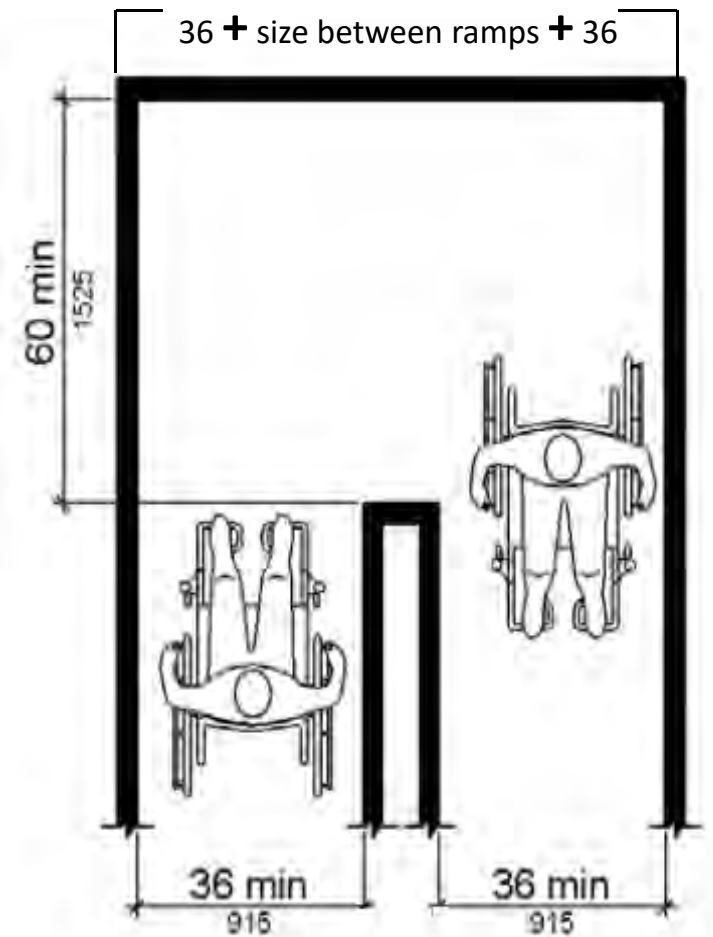
- 1) The landing shall be at least as wide as the ramp run leading to it.
- 2) The landing length shall be a minimum of 5 feet in length. (example: 4 foot wide ramp requires a 4 x 5 landing.)

403.5.2 Turns. If ramps change direction at landings, the minimum landing size shall be 5 ft x 5 ft.

1. right & left hand turns (90° turns) need a 5 ft x 5 ft landing
2. u-turns (180° turns) require a 5 ft x twice the ramp width landing



right/left (90°) turn

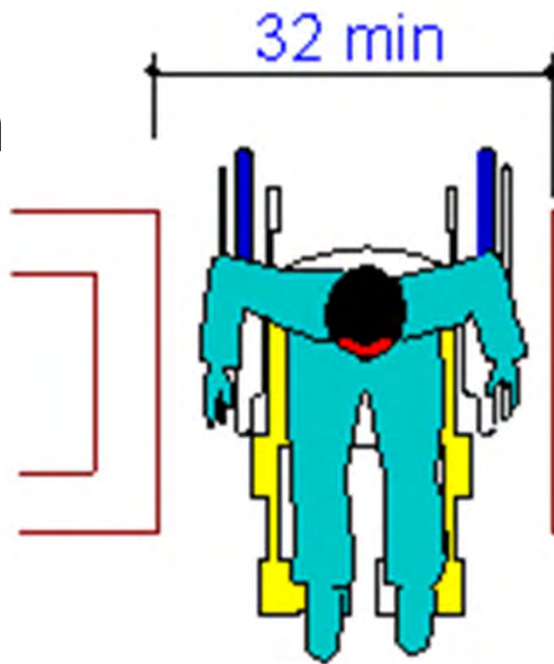


u-turn(180°) turn

ADA Guidelines: Door width

32 inches minimum

36 inches preferred



ADA Guidelines: Bathroom

604.4 Toilet Height:
17-19 inches measured
from the top of the
seat to the floor for
sitting transfer



ADA Guidelines: Bathroom

606.3 Sink Height: 34 inches maximum from the floor

- bowl depth slopes from front to back

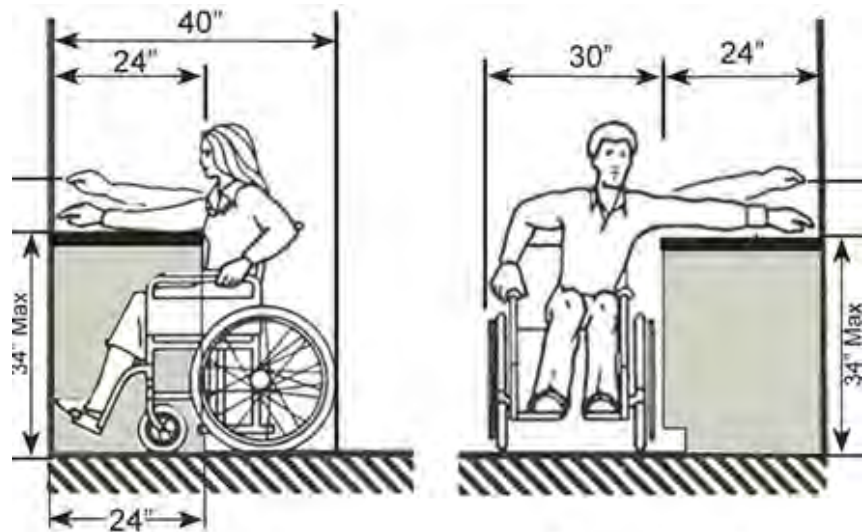
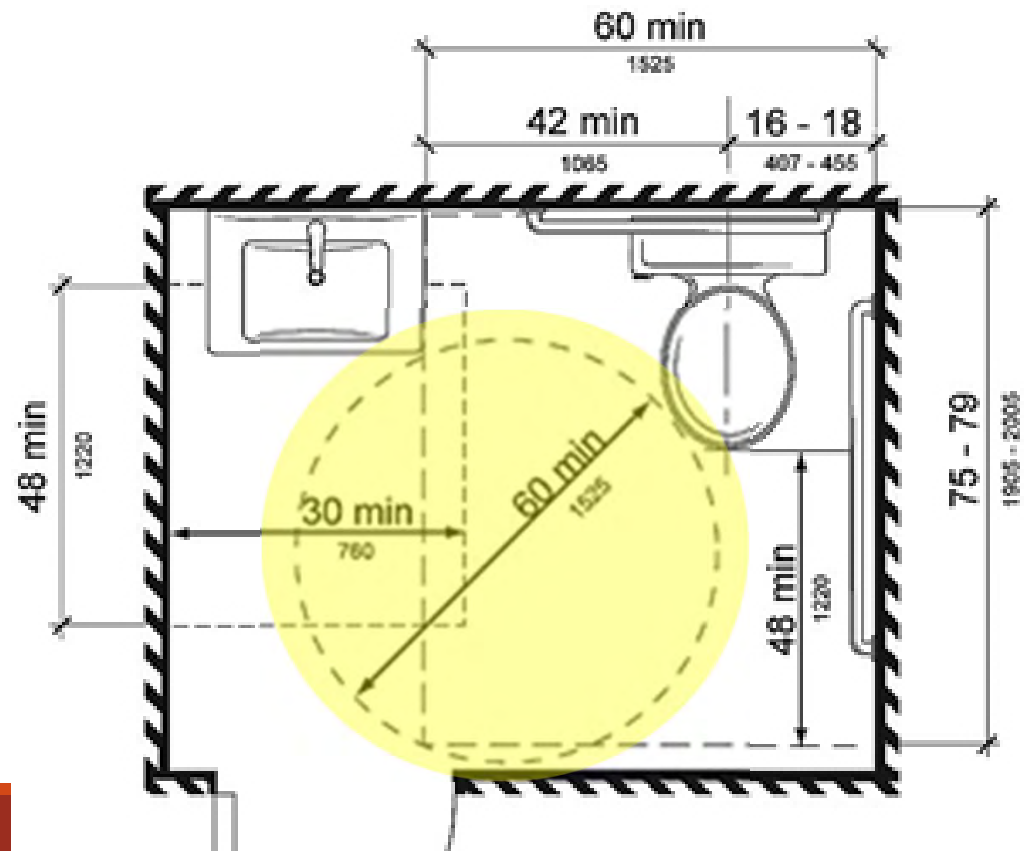


Diagram #1
Reach In

Diagram #2
Reach Over

ADA Guidelines

Turning radius:
60 inch diameter
minimum



Time to Practice


A patient with a complete spinal cord injury at T3 level is being discharged home. The patient will use an electric wheelchair for mobility. The rehabilitation team completes a home visit and finds that there are 3 full height steps (6 inches each) into the house. A ramp must be constructed. **What should the recommended length of the ramp be?**

- a) 36 inches (3 feet)
- b) 72 inches (6 feet)
- c) 108 inches (9 feet)
- d) 216 inches (18 feet)



Documentation

Purpose of Documentation

- Communicate with other treating professionals
 - Assistance with discharge planning
 - Reimbursement
 - Assistance with utilization review
 - A legal document regarding the course of therapy
- 

Types of Documentation

PATIENT/CLIENT NOTE

- History
- Systems Review
- Tests and Measures
- Evaluation
- Diagnosis
- Prognosis
- Goals

SOAP NOTE

- Subjective
- Objective
- Assessment
- Plan

Subjective

- Any information gathered from the patient, family, care giver
- Any information gathered from the medical chart
- Any information you collect that is not a result of test you conduct/measure
- Patient's response to treatment/interventions
- Patient's goals
- Any other information the *patient* tells you

Objective

- Interventions/treatment completed with the patient
- Any tests and measures performed
 - ROM, MMT, ADLs, balance, gait, transfers, special tests, joint mobility
- Objective observations made by the therapist
- Often this information is compared note to note to demonstrate progress, or lack there of

Assessment

- A reflection of the physical therapist's clinical judgment
- Describes relationships
 - how impairments relate to functional deficits
- Justifies decisions
 - why pt needs continued therapy; why assistive device is needed/selected
- Discusses pt progress or lack thereof
- Describes any inconsistencies
- Viewed by other health care providers to assess pt deficits
- Viewed by third-party payers to justify treatment

Plan of Care

- Includes ideas for future PT sessions
- Includes goals
- Includes frequency and expected duration of PT services

Patient Care Goals

Must be *functional* and *measurable*!

The ABCDs of Goal Writing

Audience

- who will exhibit the skill


Behavior

- what the person will do

Condition

- what circumstances (position, equipment, etc.) must be provided/available to perform the behavior

Degree

- how well the behavior will be done
 - measurable
- 



Legal, Ethics, Delegation/Supervision, and Patient Education

Terminology

Autonomy

- Requires that the wishes of competent individuals must be honored.

Duty

- Obligation that individuals have to others in society.

Abandonment

- Unacceptable one-sided termination of services by a health care professional without patient consent or agreement.

Beneficence

- A moral obligation of health care providers to act for the benefit of others.

Informed Consent

- Granting permission from a patient to the health care provider to provide treatment. Patient must be mentally competent.

Negligence

- Failure to do what a reasonable and prudent person would ordinarily have done.

Malpractice

- Failure to exercise the skill that would normally be exercised by other members of the profession with similar skills and training.

Nonmaleficence

- The obligation of health care providers to above all else, do no harm.

HIPAA

Health Insurance Portability and Accountability Act

- Passed in 1996
- Sets guidelines for the protection of patient's health information
- Covers past, present, and future care



OSHA


Occupational Safety and Health Act

- Passed in 1970
- Protects employees from being physically harmed in the workplace
- Created the agency OSHA (Occupational Safety and Health Administration) that sets and enforces workplace safety and health standards.



Direction & Supervision of PTAs

A PT should consider the following:

- Education, training, experience, and skill level of the PTA
 - Complexity and acuteness of the patient's condition or health status
 - Predictability of the consequences
 - Setting in which the care is being delivered to the patient or client
 - Frequency of reexamination of the patient
- 

Tasks ONLY a PT may complete

- Interpretation of referrals
- Initial examination, evaluation, dx, prognosis
- Development of a POC
- Modification/revision of a POC (including goals)
- Reexamination of a pt
- Establishment of d/c plan and documentation of d/c summary/status
- Oversight of all documentation related to pt care

Guiding Documents

- Standards of Practice for Physical Therapy
- APTA Guide for Professional Conduct
- Code of Ethics for the Physical Therapist
- The Guide to Physical Therapist Practice



Patient Motivation

- Establish a positive rapport with the patient
- Use treatments that match/work toward the patient's goals
- Modify activities that the patient has challenges with and work back up to it
- Positive reinforcements



Communication with Patients

- Speak clearly and vary tone based on the situation and topic
- Use simple and concise directions
- Avoid medical jargon
- Adjust style based on type of patient (child, adult, elderly, cognitively impaired)



Time to Practice

A patient with a knee injury has early stage Alzheimer's and exhibits many of the clinical signs associated with that diagnosis. Which of the following steps would be the **MOST** appropriate to maximize patient adherence?

- a) Select exercises that align with the patient's goals
- b) Limit the exercise program to 15 minutes
- c) Select a maximum of 3 different exercises with simple instructions
- d) Forego prescribing a home exercise program for this patient



SPOTLIGHT *Series*

Thanks for Tuning In!

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