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Right to know: Reducing risks of fecal pathogen exposure for ED patients and staff

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The purpose of this presentation is to review the literature regarding the multiple challenges that contribute to ED bedside toileting and examine best practices that will reduce fecal exposure, cross-contamination among patients, and employee splash injuries.

Cumulative Index to Nursing and Allied Health Literature, MEDLINE, and Cochrane database for information about the multiple challenges involved in bedside toileting were all searched, using the following search terms: bedside toileting, gastroenteritis, macerator, sluice machine, fecal pathogen exposure, and splash injury. In addition, costs and benefits of reusable versus disposable bedside toileting equipment were compared and contrasted.

Emergency departments have a higher exposure rate to fecal pathogens with current methods of bedside toileting. Short incubation periods may not allow the proper lead time needed for patients to access primary care providers. As a result, emergency departments and urgent care centers become a likely point of entry into the health care system. Although most inpatient rooms have built-in bathrooms, most emergency departments and outpatient examination rooms do not. Although many patients are ambulatory, restrictive monitoring equipment is required. For safety reasons, staff must bring toileting equipment to the bedsides of both ambulatory and non-ambulatory patients. Hopper dependence creates longer walking distances and delays. These delays may lead to incontinence events, skin breakdown, more frequent bed changes, and higher linen and labor costs. Reusable bedside toileting equipment is associated with at-risk behaviors. Examples are procrastination and sanitization shortcuts. These behaviors risk cross-contamination of patients especially when urgent situations require equipment to be reused in the interim. ED patients and staff are 5 times more likely to undergo fecal exposure. The 5 phases of ED bedside toileting at which risks occur are as follows: Equipment setup, transport of human waste to drainage areas, transfer of waste, pre-cleaning, and equipment disinfection. Therefore it is imperative that ED staff have a full understanding of hazardous materials involved, know safer bedside toileting practices, and have safer equipment available to protect all involved. Upgrading our knowledge, equipment, and practices must become a higher priority for ED leadership.

Disclosure: The East Bank Emergency Department of the University of Minnesota Medical Center, Fairview, will be moving toward 100% disposable bedside commode pails in addition to disposable bedpans, currently in use. On the basis of a literature review to understand best-practice ED bedside toileting, the following article was created. As a result of our learning, the University of Minnesota Medical Center emergency staff has designed, patented, and developed a landfill-compliant disposable commode pail that absorbs waste while reducing splashes and spills. Disposable commode pails (bags) are conveniently wall mounted for quick availability, and "at-risk behavior" is reduced. Advantages are all point-of-care. Both setup and waste treatment and disposal start and end at the bedside. The advantages are faster response times, reduction of soiled linens and bed changes, prevention of incontinence and skin breakdown events, and reduced splash injuries or pathogen transmission. Patient satisfaction improves with shorter bedside toileting delays. Employee satisfaction increases with reduced human waste handling. The cost of each unit is comparable to an adult overnight diaper. Bariatric commode pails or bags are in the planning phase, and a "green" disposable commode pail, made from biodegradable corn byproducts, will be made available at a higher cost.

Biography

Molly Bridget Delaney completed her BS and MS in Nursing and MBA, all from the University of Colorado. Her PhD was awarded from Columbus University in New Orleans. She is the Nurse Manager of the University of Minnesota Medical Center, Fairview in Minneapolis, Minnesota. She has taught budgeting at Winona State University in Rochester MN, where Mayo nurses obtain Masters' degrees. She has written 5 books, published multiple journal articles and serves as a peer reviewer for the Journal of Emergency Nursing.

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