



Team Member Annual Required Learning Packet

Required Learning 2018

The expected time to complete this learning activity is 40 minutes. If you are unable to complete during scheduled work time, it may be completed outside of work with prior approval from your manager/supervisor. Any overtime must be approved in advance by your manager/supervisor.

Maple Grove Hospital

Required Learning 2018

This packet is for Maple Grove Hospital (MGH) employees and others. It presents fundamental and important information that helps us create a safe and caring environment for our patients, clients, customers, co-workers and ourselves.

We call this a “Required Learning Packet” because it contains information about the requirements our accrediting agencies identify as needing to be reviewed each year. These agencies include, for example, the Center for Medicare & Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Health (MDH).

We review information not merely as a requirement, but as a process to continually improve our skills and knowledge.

Directions

1. Review this Learning Packet.
2. Print and sign the last page (signature/documentation sheet) and forward it to Maple Grove Hospital Education Department.

If you have questions or any special learning needs, please contact the Education Department.

Phone: 763.581.1816

Maple Grove Hospital(MGH) Required Learning Packet

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*A partnership of
North Memorial Health and Fairview*

Our Vision

Together, healthcare the way it ought to be.

Our Mission

Empowering our customers to achieve their best health.

Our Values

Inventiveness

We believe in solving problems creatively and thinking differently about what is possible.

- We are empowered to think in new ways and contribute to positive change in our organization.
- We anticipate customer needs and find innovative solutions.
- We see challenges and change as opportunities to learn.
- We embrace change.
- We work in an environment where risking failure is acceptable when exploring new and better ways to serve our customers, while continuing to practice evidenced-based care.

Accountability

We believe every team member is empowered to meet our customers' needs including helping them make choices about their health.

- We understand our individual roles and take responsibility for meeting the diverse needs of our customers.
- We are empowered to help customers make choices about their care.
- We set high performance expectations and hold ourselves and our team members responsible for the quality of our work and the results we achieve as a system.
- We accept our mistakes, and we learn from them.
- We show up every day ready to do our best because we understand that together we are better than the sum of our parts.

Relationships

We create engagement with customers and team members through strong communication, partnering and respectful interactions.

- We involve customers in decisions about their health and encourage them to take responsibility for healthy life choices.
- We work with the entire care team to establish shared goals that reflect customer priorities.
- We promote open dialogue and share knowledge with our customers and team members.
- We demonstrate respect for customers and fellow team members.
- We count on and support one another individually and as part of the team.



Our Guiding Principles

Values describe our way of being. They guide every discussion, decision and behavior. It's not only what we do that matters, but more importantly it is how we do it that makes the difference. We ask that each team member commits to the below values and guiding principles.

- The values we demonstrate with each action and interaction are:
 - *Inventiveness*
 - *Accountability*
 - *Relationships*
- Our core competency is patient care. We partner with team members and providers to be pillars of support for the customer and family.
- We engage our customers to be active participants in their care. We listen to them, seek to understand them and involve them in their care.
- Relationships with customers and one another are founded on respect and a caring attitude, and are the keystone of our work environment.
- Unmatched service means that we anticipate and attend to the unmet needs of everyone we serve before they are even articulated.
- Our work is characterized by the right people doing the right work as we consistently strive to provide the best quality of care in a safe, secure and healing environment.
- Being inventive helps us continuously improve care. We will consistently look for ways to be efficient, effective, and safe in how we approach the well-being of our patients, families, guests and each other.

By signing below, I am making a conscious decision and a commitment to uphold the mission, vision, values and guiding principles of Maple Grove Hospital. I understand that by doing so I am contributing to the positive culture of the Hospital, which directly impacts the well-being of my patients, their families, my colleagues, and my own personal job satisfaction. I also understand that how I meet this commitment will be measured as part of my performance and behavior expectations.

I will deliver care the way it ought to be:

Signature

Date

Please Print Name

1. Patients' Bill of Rights and Patient Responsibilities

Patient Rights

Each of us must ensure a health care ethic that respects the patient. Staff must be sensitive to cultural, racial, linguistic, religious, age, gender, sexual orientation and other differences, including the needs of persons with disabilities.

Federal and state government law exists around a "Patients' Bill of Rights". The intent of the Patients' Bill of Rights is to ensure that all regional activities be conducted with an overriding concern for the values and dignity of patients. Minnesota Department of Health and our accreditors scrutinize compliance with the Patients' Bill of Rights.

The Patients' Bill of Rights Includes:

- | | |
|--|--|
| 1) Information about rights | 14) Disclosure of services available |
| 2) Courteous treatment | 15) Responsive service |
| 3) Appropriate healthcare | 16) Personal privacy |
| 4) Physician's identity | 17) Grievances |
| 5) Relationship with other health services | 18) Communication privacy |
| 6) Information about treatment | 19) Personal property |
| 7) Participation in planning treatment | 20) Services of the facility |
| 8) Continuity of care | 21) Protection and advocacy services |
| 9) Right to refuse care | 22) Right to communication disclosure |
| 10) Experimental research and right to associate | 23) Isolation and restraint |
| 11) Freedom from maltreatment | 24) Treatment plan |
| 12) Treatment privacy | 25) Non-discrimination and Accessibility |
| 13) Confidentiality of records | |

Patient Responsibilities

To have the best possible treatment experience while someone is a patient, they are asked to take on some responsibilities such as:

- | | |
|---|--|
| Provide information about health status | Be considerate of others |
| Keep appointments | Accept consequences of not following treatment plan |
| Be honest | Be tolerant/accepting of those who are different from them |
| Know their medications | |
| Understand their health problems | |
| Know their caregivers | |
| Follow the treatment plan | |

Along with these patient responsibilities, patients are being asked to participate in:

- Assessment and management of their pain.
- Creation of a safe environment for their health care like asking questions when they don't understand what they have been told or need clarification on procedures or medication usage.
- Communication with caregivers to accurately inform them of medical conditions, medications or other health-related matters.

All Inpatients and Same Day Surgery patients receive a copy of the Patients' Bill of Rights. The Patients' Bill of Rights is also posted and available in patient care departments throughout Maple Grove Hospital. Patient Rights information is posted at key entrances to the MGH and is included in the Patient Information brochure. The Patient Bill of Rights is available in large print and different languages from the Minnesota Department of Health website at <http://www.health.state.mn.us/divs/fpc/consinfo.html> (there is a direct link to this site from MGH Intranet). For more info about the Bill of Rights, contact Guest Services (763) 581-1002.

2. Language Services

Under Federal and State law, as well as Maple Grove Hospital's policy, patients have a right to free interpreter services. Failing to provide a qualified interpreter to Deaf, Deaf-Blind, Hard-of-Hearing (HOH) and Limited English Proficiency (LEP) patients presents serious patient safety and liability issues.



Did you know...



- Interpreters are available 24/7
- Assistive listening devices are available 24/7 to aid in communication with Deaf/HOH patients.

Maple Grove Hospital provides auxiliary aids or services to assure accurate and complete communication to deaf, hard-of-hearing, and Limited English Proficiency (LEP) patients and their companions.

- MARTTI (My Accessible Real-Time Trusted Interpreter)
An on-demand video interpretation system. Video remote interpreting is available for many languages, including American Sign Language (ASL) for the deaf. Maple Grove Hospital has MARTTI units stored and available on every floor where patient care is delivered.
- Telephone Interpreters
The telephone interpretation service can be accessed by speed dial using the designated phones within the patient room or requesting to connect to the Language Line from the operator on any telephone in the hospital.
- In-Person American Sign Language (ASL) and foreign language interpreters
In-person interpreters can be requested via an AMION page to the North Memorial Health Interpreter Services Department, who provides centralized interpreter scheduling. List and contact information of approved agencies can also be found on the MGH Intranet on the Language Services page.
- Pocket Talker
The Pocket Talker is primarily used for people who have hearing deficits but who are not deaf. It can also be used in reverse with persons who have difficulties making their voice heard. Please order by calling the Customer Service Center at 1-2321.
- TTY for the Deaf
TTY is an electronic device for text communication that is used with a telephone to communicate with persons who are deaf or hard-of-hearing by typing and reading communications. Please order by calling the Customer Service Center at 1-2321.
- Printed materials in various languages available on MGH Intranet on the Language Service page.

Employee DO's and DON'Ts

- **DO** identify all patients with language/communication barriers and complete the Communication/Language information in Epic.
- **DO** document in the medical record when interpreters are present and the purpose of the interpreter visit in the medical record.
- **DO** identify incidences when the patient or responsible party is unable to effectively communicate with Maple Grove Hospital staff and document all occurrences in the medical record.
- **DO** complete the Waiver if the patient or responsible party declines or requests to use an interpreter other than the interpreter offered by Maple Grove Hospital. The patient or responsible party should sign the waiver portion.
- **DO NOT** ask a patient to bring his/her own interpreter.
- **DO NOT** use a family member (child, parent, etc.) or friend to interpret.
- **DO NOT** ask one patient to interpret for another.
- **DO NOT** ask non-qualified hospital staff to interpret.

Working with Medical Interpreters

- **Remember the interpreter must interpret everything spoken or signed in her/his presence.** If there is something you do not want the patient to hear, you should not say it while the interpreter is present.
- **Allow enough time;** include time needed for registration, labs, x-rays, waiting time, and checkout.
- **Provide the interpreter with background information** or written materials you may use before going into the patient's room.
- **Look at the person you are speaking to,** not at the interpreter.
- **Speak naturally at a reasonable, modest pace.** Avoid terms such as "ask her" or "tell him"; it can be confusing
- **For ASL, slowing at names can be helpful,** since they have to be finger-spelled and can take time.
- It is typical for them to be behind a sentence or two. They must listen and understand a complete thought before interpreting it.

Professional Boundaries

Interpreters are our "voice" in another language; they cannot act independently as providers of social or medical services.

Interpreters are not allowed to:

- Provide transportation, counseling, or social services to patients.
- Keep the "patient or family company" in waiting areas or exam rooms when hospital staff are not present.
- Convey, explain, or collect medical information independently.

When should a sign language interpreter be provided

- Any deaf or hard-of-hearing patient seeking or receiving health care services whether inpatient or outpatient
- Any patient's companion who is deaf or hard-of-hearing. This would include any person:
 - With whom the patient indicates should communicate with hospital personnel.
 - Legally authorized to make health care decisions (e.g. guardians, conservators, person with durable power of attorney).
 - With whom the hospital would ordinarily and regularly communicate concerning the patient's medical condition.

Limited English Proficiency (LEP) Patients

To ensure that Limited English Proficiency (LEP) patients understand their care and can make their own health care decisions, it is important to arrange for an interpreter when the patient/family requests one, when providing critical health information, when obtaining consents, taking medical histories, when explaining technical aspects of care, and when staff perceives the need.

3. Patient Safety

Recognize, Respond to and Disclose Adverse Events

When an adverse event or Good Catch (“near miss”) occurs, healthcare workers must respond quickly and effectively to prevent or reduce harm. Adverse events and Good Catches must be reported promptly. Disclosing the facts of an event to the patient according to MGH’s policies and procedures and discussing a plan of care should occur as soon as appropriate.

A review of the event is conducted to identify the underlying reasons and to implement appropriate actions for preventing a reoccurrence. Adverse events and close calls are learning opportunities to reduce system issues and to improve work performance.

Key Work Expectations or Competencies

- Recognize the occurrence of an *adverse event* or *good catch*.
- Lessen harm and address immediate risks for patients and others affected by *adverse events* and *good catches*.
- Disclose the occurrence of an *adverse event* in accordance with policies.

Example of appropriate recognition, response, and disclosure when a patient falls in the hospital:

- A patient care assessment is conducted immediately, the patient’s physician is informed, and appropriate care is provided.
- The fall prevention plan is updated and new interventions are identified and put into place.
- The facts surrounding the fall and the care provided are documented in the electronic health record and the fall is discussed with the patient and family.
- A Safety First Report submitted and reviewed by the manager/supervisor of the area, so that system related factors associated with the fall can be identified and addressed.

Maple Grove Hospital team members need to:

- Know and understand Maple Grove Hospital’s Safety First Report policy.
- Share concerns about occurrences and events with immediate manager/supervisor.
- Document occurrences for review by manager/supervisor.

Safety First Reports: Safety First Reports are completed through RL Solutions (a computer application available via the MGH portal when an event occurs that may not be consistent with the appropriate care of a patient or the routine operation of a Maple Grove Hospital department.

- Safety First Reports are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out any of the quality improvement review and risk management functions.

Sentinel/Significant Adverse Events: A sentinel adverse event results in an unanticipated death of a patient or permanent loss of function (coma, paralysis) of a patient. It may be associated with such events as a medication error, fall, blood transfusion, and/or hospital acquired infection

- **Reporting a sentinel adverse event:** All sentinel events should be immediately reported to your manager/supervisor. A Safety First Report must also be completed
- Significant adverse events are evaluated by an interdisciplinary committee of medical and Maple Grove Hospital staff. A part of the review is a Root Cause Analysis (RCA). This is a process for identifying the basic or causal factors that underlie variation in performance. A root cause analysis focuses primarily on systems and processes, not individual performance. The purpose is to identify potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis, that no improvement opportunities exist.

Contact your manager/supervisor or Clinical Effectiveness team members if you have any questions about reporting occurrences, or if you have any questions about making quality referrals.

Communication/Disclosure of Medical Accidents and Unanticipated Outcomes

Maple Grove Hospital's Policy: Communicating Outcomes to Patients and Families

Maple Grove Hospital's philosophy is to provide open and ongoing communication with patients about their care and the outcomes of such care.

When is disclosure indicated?

Patients or family members will receive relevant, accurate, timely, and easily understood information about all outcomes of care when:

- The outcome of care varies significantly from the outcome that was anticipated
- A medical accident has the potential to or actually has resulted in clinical consequences
- A medical accident has resulted in clinical consequences, but there is not a causal relationship between the accident and consequences
- A medical accident has not resulted in clinical consequences, but a reasonable person would want information about the accident because it might assist them in planning future care
- A near medical accident has reached the patient's awareness

The following examples of handling disclosure show that the process of disclosure may vary depending on the circumstances surrounding the medical accident.

- A patient did not receive a dose of an antibiotic that was ordered by a physician. The nurse notifies the physician of the medication error and then discloses the error to the patient (e.g. "We just realized that one dose of your antibiotic was missed and we informed your physician. Because we discovered this before your next dose is due, there should be little or no risk to you, but we are sorry this happened.").
- A patient did not receive the result of a breast biopsy that was abnormal. The nurse notifies the attending physician of the error and the physician discloses it to the patient or appropriate guardian or representative.
- A patient receives an overdose of a narcotic and experiences respiratory arrest, requiring the patient to be intubated and transferred to critical care unit. The attending physician is notified of the medication error and may disclose it to the patient or appropriate guardian or representative or delegates the disclosure to another provider.

Clinical Effectiveness may be contacted for assistance.

Did you know...



Any employee who has concerns about the safety of quality of care provided at Maple Grove Hospital may report these concerns to:

- Compliance Hotline at 763-581-4670 or
- Email: compliance@northmemorial.com

Patient Safety

Maple Grove Hospital is committed to excellent patient safety, including:

- Patient identification
- Communication among caregivers
- Medication safety
- Health care associated infections
- Fall prevention
- Patient involvement in their own care
- Recognition and response to changes in a patient's condition
- Suicide prevention
- Prevention of wrong site procedures (e.g. universal protocol)

These regulatory standards are used to develop Maple Grove Hospital's standards of care, systems, and processes.

Improve accuracy of a patient identification

- **Two patient identifiers, full name and date of birth:** You must use *TWO* identifiers to match a patient with any service or treatment. Other information that can be used **along with the patient's name** is the **medical record number (MRN)** and the **encounter number (HAR)**. The room or bed number shall **never** be used to identify a patient.
- **Eliminate transfusion misidentification error:** You must use a two person verification process, with the patient present, to match the blood or blood component to the order and to match patient to the blood or blood component to be given, just before starting the transfusion.

Improve the effectiveness of communication among caregivers

- **Write/record and read back verbal/telephone orders and test results:** Confirm accuracy with the person who provided the information.
- **Do not use abbreviations, acronyms, and symbols:** Prohibited abbreviations must never be entered into the patient electronic record or your notes. **A list of prohibited abbreviations is found in Policy Tech.**
- **Critical results are reported and documented as a priority and are timely:** Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the patient.
- **Use standard hand-off process:** Including an opportunity to ask and respond to questions for health care communications. Use **SBAR** (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the patient and his/her care. Read-back to verify important information. SBAR is to be used in the patient's medical records notes as well as in verbal communications between health care professionals.

Improve the safety of using medications

- **Look-alike/sound-alike medications (LASA)** require extra precautions when administering to prevent dangerous interchanging of these drugs. **The lists of these medications** can be found in the Look-Alike/ Sound-Alike (LASA) Medications Policy and Procedure which is located in Policy Tech. These medications are identified by TALL MAN (capital) letters, whenever possible, in information systems, automation, and shelf labels.



- **Label all medication or solution containers:** (e.g. syringes, medication cups, basins), when medication is removed from original packaging in perioperative or procedural settings. When medication is not going to be administered immediately and completely, it must be labeled. Verify all medication or solution labels both verbally and visually. If a med is not labeled, discard it.

Remember, if it hits the table, it needs a label.

- A label must include the following:
 - Medication name
 - Strength
 - Quantity
 - Diluent and volume (if not apparent from the container)
 - Expiration date when not used within 24 hours
 - Expiration time when expiration occurs in less than 24 hours
- **Anticoagulation therapy must follow the National Patient Safety Goal program requirements to reduce the likelihood of patient harm:** MGH provides unit dose products, programmable infusion pumps, an approved treatment protocol, interaction assessment, pharmacist monitoring lab tests, staff education, and patient education on medication interactions, diet, follow up monitoring, and danger signs.
- **Reconcile Medication Information:**
 1. Obtain information on the medications the patient is currently taking upon admission or arrival.
 2. Compare the medication information the patient brought to MGH with the medications ordered for the patient in order to identify and resolve discrepancies.
 3. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged or at the end of an outpatient encounter.
 4. Explain the importance of managing medication information to the patient when he or she is discharged or at the end of an outpatient encounter.

Reduce the risk of health care-associated infections

- **Hand hygiene guidelines must be used** in compliance with Centers for Disease Control and Prevention (CDC) expectations. **This means washing your hands** with soap and water when visibly soiled or when caring for a patient with C. Difficile. Otherwise, **use alcohol-based hand rub** before and after patient contact. “Foam in, Foam Out”.
- **A case of health-care acquired infection** resulting in unanticipated death or major permanent loss of function must be handled as a Sentinel Event including the use of root cause analysis.
- **Prevent hospital infections due to multi-drug resistant organisms** by implementing evidence-based practices. Educate staff, patients, and families to manage and prevent infections. Monitor outcomes.
- **Prevent central line associated bloodstream infections** by implementing evidence-based guidelines and best practices. Educate staff, patients, and families to manage and prevent infections. Standardize practice and supplies and monitor outcomes. The *central line bundle* must be completed on every central line insertion.
- **Prevent surgical site infections** by implementing best practices, policy, and timed use of antimicrobial agent prophylaxis. Educate staff, patients, and families to prevent infections. Monitor compliance and outcome.



- **Prevent catheter associated urinary tract infections by** inserting indwelling urinary catheters according to established evidence-based guidelines that address the following:
 - Limiting use and duration to situations necessary for patient care
 - Using aseptic techniques for site preparation, equipment, and supplies
 - Securing catheters for unobstructed urine flow and drainage
 - Maintaining the sterility of the urine collection system
 - Replacing the urine collection system when required
 - Collecting urine samples per protocol

Reduce the risk of patient harm resulting from falls

- **Implement fall reduction program assessments** (Hendrich II Falls Risk Assessment and Risk For Injury Assessment (ABCs) if patient were to fall **and interventions** as well as educate the patient on strategies to reduce fall risk by familiarizing patients to their surroundings and encouraging the use of call lights. Keep your education and training current.
- **Use fall prevention measures including:**
 - Applying a GREEN bracelet to alert all staff of the adult patient's risk for falls
 - Humpty Dumpty assessment, interventions, and fall program for pediatric patients
 - Using safety equipment (e.g. Posey Sitter II, bed alarms)
 - Answering call lights promptly
 - Cleaning up spills
 - Placing items within patients' reach



Improve recognition and response to changes in a patient's condition:

- All patients will receive the best level of pain control that can safely be provided to prevent unrelieved pain. Pain management and comfort enhancement includes regular pain assessment and appropriate patient/family intervention/education. At Maple Grove Hospital, we take a holistic approach to pain management and focus especially on making sure our patients are comfortable during their hospitalization. In addition to medications and non-pharmacologic treatments (such as physical therapy and heat/cold compresses), comfort enhancing techniques include a quiet environment conducive to healing, a warm smile and conversation, and attention to details (for example, making sure the call light is within reach, watching for non-verbal signs of discomfort). We believe everyone has a role in helping our patients. For this reason, our employees created the "Are You Comfortable" or RUC4 (Communication, Comfort, Care, Cleanliness) campaign to empower all of us to take part in providing comfort to our patients. We continue to make this our focus every day.
- **Other best practices include:**
 - Providing patients/family with verbal and written information about pain management and comfort enhancement.
 - Teaching patients/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior)
 - Teaching patient/family pharmacologic and non-pharmacologic interventions to provide comfort and reduce pain.



- Developing an individualized pain management plan which includes the patient's goal for pain management, patient preferences for treatment (taking into consideration patient's age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices).
- **Activate the Rapid Response Team to directly request additional assistance** when the patient's condition appears to be worsening. Encourage patient and family to seek assistance when condition appears to worsen. To activate this team, call *77, tell the operator you need the Rapid Response Team, and give your location. Specially trained staff (including ACLS trained RN, RT, phlebotomy, Pharmacy by consultation) will respond to help assess the patient, communicate with the patient's physician, begin intervention to avoid further decline in condition, and mentor staff about the patient's condition.

Identify safety risks inherent to the patient population

- **Identify patients at risk for suicide** who are being treated for emotional or behavioral disorders. All patients are screened for suicide risk upon entry into Emergency Care Center (ECC) or admission into MGH. "Over the past 2 weeks, have you felt down, depressed or experienced hopelessness?" and/or "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" Assess patient and environmental features that affect suicide risk and address immediate safety and appropriate treatment setting needs. Provide information to individuals at risk such as crisis hotline access.



Precautions applies to all surgical and non-surgical invasive procedures

- **Implement the pre-procedure verification process for correct patient, site, and procedure:** A checklist is used to review and verify procedural documentation, assessments, equipment, diagnostics and labeling are accurately matched to the patient.
- **Mark the procedure site:** The site must be marked by the physician account for laterality/level/digit. Marking involves the patient if possible.
- **The time out is performed immediately prior to starting the procedure** while all staff participating in the procedure is present and attentive. The time out is documented and all staff actively participate. Two or more procedures on the same patient require separate Time Outs to be performed before each subsequent procedure is initiated. Correct patient identity and site are addressed among other factors.

All members of a surgical/procedural team have the authority and responsibility to stop the preparation for a procedure or the actual procedure until any discrepancy is resolved.

4. High Risk Medication Policy and Independent Double Check Process at MGH

- Maple Grove Hospital has processes in place to safely manage high- alert medications such as:
 - Access to information about the drugs
 - Limited access to high alert medications
 - Use of auxiliary labels and automated alerts
 - Standardized process for ordering (including standardized concentrations wherever possible), storage, preparation and administration of high alert medications
 - Redundancies such as automated or independent double checks when necessary
 - Barcode confirmation within pharmacy
 - Bedside barcoding
 - Close monitoring
- Independent double check is a process whereby a second nurse verifies the medication administration rights as compared to the MAR. This is done without conferring with the nurse who prepared the medication. The six rights are right patient, right medication, right dose, right route, right time and right documentation.
- By signing off on independent double check, the nurse is attesting that the above six rights have been reviewed and accurate.
- Double- checking the six rights include:
 - **Right patient:** 2 patient identifiers (name, date of birth or MRN). Barcode scanning does not replace this
 - **Right medication** and concentration as compared to the MAR
 - **Right dose:** may be based on patient weight or other parameters such as glucose or heparin level; calculations may be required. Use actual weight in kg wherever possible (instead of stated weight)
 - **Right route** as compared to MAR (IV, SC, epidural, etc), trace IV line or epidural catheter
 - **Right time:** can depend on lab values, parameters, pending procedure/surgery and presence of adverse effects
 - **Right documentation:** By signing off on an independent double check, the nurse is attesting that all the above has been reviewed and accurate

****Please refer to the High Risk Medication Policy, Medication Administration Policy, and the High Alert Medications Policy****

5. Child Neglect and Abuse/Maltreatment Reporting

Child abuse/maltreatment can be inflicted by anyone caring for children, and it can occur in all types of families and settings. It is important to remember that children of all ages may be abused. Health care workers must always be alert to the possibility that abuse/maltreatment may be occurring. The child may not say anything or may say that he/she has never been hurt. Children frequently do not complain about abuse. All health care providers and other staff are legally required to report suspected neglect, physical or sexual abuse of a child to County Child Protection Services.

Here are some indicators of child abuse and maltreatment

Physical Indicators

- Injuries inconsistent with explanation given
- Injuries to face, head, chest, abdomen or genitals
- Bruises, welts in various stages of healing, fractures, burns, or abdominal injuries
- Underweight, poor growth pattern, failure to thrive
- Lack of appropriate food, clothing, shelter, medical care or supervision

Behavioral Indicators

- Aggressive behavior or delinquency
- Attempted suicide, alcohol or substance abuse
- Family history of violence, alcohol or substance abuse
- Witness to violent or domestic abuse in the home environment
- Reports of sexual assault, exhibits unusual sexual behavior or knowledge

Infant or unborn child abuse/maltreatment

Physical and behavioral indicators (maternal)

- Current enrollment in drug/alcohol rehab program or report of substance use
- Previous history prenatal substance-exposed infant
- Inconsistent or inadequate prenatal care
- Violence and substance abuse in the home
- History of incarceration, probation or parole
- History of loss of parental rights/custody
- Unexplained hypertension, vaginal bleeding, abruptio placenta, preterm labor, precipitous delivery

Physical and behavioral indicators (infant)

- Positive toxicology screen for un-prescribed medications or drugs
- Excessive jitteriness with normal blood glucose
- Poor feeding or frantic sucking
- High-pitched cry
- Seizure, vomiting, watery stools
- Diaphoresis, physical stigmata of fetal alcohol syndrome

To report suspected cases of child physical abuse and neglect (up to 17 years of age), call the Suspected Child Abuse and Neglect (SCAN) Team at ext. 1-4357 or 763-581-4357. A member of SCAN team will assist in identifying, reporting, and collecting information.

A Safe Place for Newborns: Maple Grove Hospital accepts infants presented to hospital staff within seven days of birth. MGH will not notify the police to report any person for abandonment if the infant is presented within seven days of birth; presented in person to a hospital staff member; and the infant is unharmed. If a child is presented to a staff member, you need to accept the newborn without judgment, and bring the newborn directly to the Emergency Care Center. Maple Grove Hospital's policy and Standard Operating Procedures (SOP) further outlines the actions to take in this situation.

6. Domestic Abuse

Maple Grove Hospital's policy is that all patients, men as well as women, will be assessed for domestic abuse. The patient's response to the assessment questions must be documented in the medical record. It is important for the patient to know that this is a safe place to discuss issues of physical, emotional or sexual abuse whether current or past. The medical setting provides a unique opportunity to meet with patients in private so the patient can feel safe to disclose concerns about abuse.

A few indicators of abuse:

Emotional abuse

- Depression, suicide attempts, panic attacks
- Chemical use
- Threats to harm victim, family members, pets

Sexual abuse

- Statements of forced sexual contact, rape
- Presence of a sexually transmitted disease
- Injury to vaginal and/or rectal tissue

Physical abuse

- Marks in areas commonly covered by clothing
- Strangulation marks on neck

Presenting symptoms

- Injuries inconsistent with explanation of injury
- Frequent medical visits with vague complaints or symptoms (may be a cry for help)
- Partner answers all questions, overly solicitous, does not want to leave patient alone with hospital staff
- Little or no prenatal care
- Considerable delay in seeking medical treatment

Documentation

- Objective, factual reporting of injuries and statements made by patient may be invaluable to patient in possible legal proceedings and should be documented
- Photographs of injuries
- Inform patient that medical records are available for them if needed as proof

Positive assessment:

If an assessment is positive, ask patient if she/he would like to talk with a SafeJourney Advocate who can assist with safety planning, support and resources. If patient agrees, make referral by calling SafeJourney, extension 13940 or 763-581-3940.



7. Vulnerable Adults

All health care professionals are required to report to a county CEP/Adult Protection agency if/when they believe that a vulnerable adult is being or has been maltreated or has sustained an injury that's not reasonably explained.

What is a vulnerable adult?

- 18 years of age or older
- Lives in a licensed facility where he/she receives care of supervision
- Receives home care services, clinic or hospital care
- Has a physical or mental infirmity or an emotional dysfunction which limits his or her ability to meet their basic needs or impairs the ability to protect him/herself from maltreatment

What is maltreatment?

Abuse

- Assault, criminal sexual conduct, verbal abuse, hitting, slapping, kicking, involuntary confinement, deprivation, etc.
- Use of drugs to injure or facilitate a crime
- Staff to patient sexual conduct

Neglect

- Failure to provide for basic needs of food, shelter, health care and sleep

Financial exploitation

- Misuse of funds, especially for benefit other than to patient, unauthorized expenditures

Reporting

If you have a concern that a patient is being abused or mistreated, **call the MN Adult Abuse Reporting Center at 844-880-1574.**



8. Make It OK

Mental illness touches all of us every day; one in four people will experience a mental illness at some point in their life. Mental illness touches individuals of every race, age, ethnicity, and occupation. It disrupts a person's thinking, feelings, mood, ability to relate to others, and daily functioning. Mental illness is biological in nature and can be treated effectively.

Many stereotypes surround mental illness and create a stigma around this medical illness. This stigma impacts how each of us think about, talk about, and even treat those experiencing a mental illness. Media often portrays mental illness in a negative light-usually as associated with violence. In reality, only 5% of violent crimes are committed by an individual suffering from mental illness. This stigma can be very harmful and often leads people to be ashamed of their or their family member's illness. It causes most people to wait an average of 10 years to seek treatment. The impact of this waiting will result in high school dropout rates (highest rates are youth with mental illness), suicide, job loss, and isolation, to name a few.

The Make It OK campaign exists to equip people to better understand mental illness and to encourage people to start talking more openly about it; their tagline "Stop the silence: Make It OK" reflects this mission. They highlight that it is OK, mental illness is a medical illness, not a character flaw, and they seek to equip people with tips to stop the silence and start talking.



Visit NAMIhelps.org for more information and resources for mental illnesses.



Visit MakeltOK.org for more tips on talking about mental illness.

9. Personal Safety at Work

The following Security tips will help you be prepared in keeping Maple Grove Hospital a safe place for everyone.



Identification Badges

All team members, volunteers, contracted workers, agency staff, and authorized visitors must wear unaltered photo ID badges above the waist when on property.

Parking Areas

Be observant when going to your car. Have your key ready and look inside your car before you unlock it and get in.

Escorts

Request that Safety and Security officers escort you to/from your vehicle 24/7. Avoid walking alone.

Suspicious Persons

Report suspicious activity or persons normally not seen in your workplace to Security.

Secure Your Belongings

Secure your personal property in a locked area. Avoid bringing valuables into the workplace.

10. Personal and Family Emergency Preparedness

Be Informed! Know what to do before, during and after an emergency that could impact you, your family, your workplace or community. For example, external emergencies may be weather-related such as tornadoes, severe thunderstorms, ice storms or blizzards. External emergencies may also be mass casualty incidents or communitywide outbreaks (like influenza) where many people show up at the hospital for care. Emergencies may also be internal such as an IT or communication failure, a utility failure or a security type of incident.

- Know your role when there are emergencies at work (see MGH Emergency Codes). Review the policies and procedures BEFORE you need to use them and contact your manager/supervisor or the MGH Emergency Management Coordinator if you have questions.
- Participate in drills.
- Have a plan at home for you and your family so you can be available to assist us when Maple Grove Hospital has an emergency.

11. Emergency Management

Emergencies regardless of size, cause or complexity need to be managed efficiently.

Our System Emergency Operations Plan (EOP) is designed to establish a scalable, flexible framework within which NMH will accomplish the comprehensive emergency management activities of mitigation, preparedness, response and recovery for a variety of emergency situations that could affect the safety of customers, team members and the physical environment while meeting applicable codes and regulations.

Leadership will determine the need and size of an Incident Management Team and will set up an Incident Command System as necessary. This team may meet in person or virtually over the phone depending on the emergency.

In an emergency, be flexible. You may be asked to do a different job or report to the Labor Pool (location given at time of event) for reassignment.

If you are away from work and are needed you will be notified through Everbridge and will be asked to reply with your availability and then will be given specific instructions on where and when you are needed.

Emergency Response

Call *77 from any telephone or Vocera and give the location.

Overhead paged

	CODE RED	FIRE AND/OR SMOKE DETECTED	<ul style="list-style-type: none"> Rescue anyone in danger Contain the fire by closing room and fire doors 	<ul style="list-style-type: none"> Alert by pulling the fire alarm Alarms will sound and location will be broadcast
	CODE PINK	INFANT/CHILD ABDUCTION	<ul style="list-style-type: none"> Report if infant/child is missing Safety & Security will broadcast and respond to identified area Family Birth Center team members perform visual head count of all babies/pediatric customers 	<ul style="list-style-type: none"> Cover all exits and monitor corridors - essential movement only Call *77 to report suspicious person(s)
	CODE WALKER	MISSING CUSTOMER	<ul style="list-style-type: none"> Report a missing individual who is 18 years or older and on holds or suffers from conditions that may prevent him/her from making rational decisions or cause them to wander away 	<ul style="list-style-type: none"> Monitor corridors and exits Call *77 to report the found individual's location
	ACTIVE THREAT	ACTIVE THREAT	<ul style="list-style-type: none"> Stay calm and get as much information as possible If not involved, stay away from the area and keep customers away 	<ul style="list-style-type: none"> Ensure safety of customers Safety & Security will broadcast threat and location Remember Run, Hide, Fight
	SEVERE WEATHER ALERT	SEVERE WEATHER ADVISORY (tornado, severe thunderstorm, blizzard, etc.)	<ul style="list-style-type: none"> Weather warnings with imminent threat will be broadcast Move and/or direct customers away from windows 	<ul style="list-style-type: none"> Customers who cannot be moved, should be turned away from windows and protected with pillows & blankets

Not overhead paged (team response only)

	CODE GREEN	AGGRESSIVE INDIVIDUAL - EMERGENCY ASSISTANCE NEEDED	<ul style="list-style-type: none"> Activate a Code Green team by pressing a Code Green button in the customer room or by calling *77 	<ul style="list-style-type: none"> Stay Calm and remove yourself and others from immediate danger Code Green team will respond to identified location
	CODE BLUE	ADULT/PEDIATRIC CARDIO PULMONARY RESPONSE (CPR)	<ul style="list-style-type: none"> Activate a Code Blue team by pressing a Code Blue button in customer room or by calling *77 Code Blue Team will respond to identified area 	<ul style="list-style-type: none"> Provide appropriate intervention (initiate CPR) If Code Blue is called in your work area, return to area to assist with other customers/visitors
	RAPID RESPONSE TEAM	CUSTOMER IN NEED OF IMMEDIATE MEDICAL ASSESSMENT	<ul style="list-style-type: none"> If a customer's condition rapidly changes and assistance is needed from a team of critical care clinicians, press the Rapid Response button in the customer room or call *77 and give location 	<ul style="list-style-type: none"> The appropriate Rapid Response Team (adult, pediatric, OB) will respond to identified location
	TEAM RESPONSE	DEPARTMENT-SPECIFIC OR COMPLEX EMERGENCIES	<ul style="list-style-type: none"> Department specific response teams include ECC stat, NICU stat, OB stat, trauma team stat, stroke team stat, or delivery team stat 	<ul style="list-style-type: none"> Incident management team to manage large scale or complex emergency, such as a mass casualty incident, IT downtime, etc.



A partnership of North Memorial Health and Fairview

12. Fire Safety--CODE RED

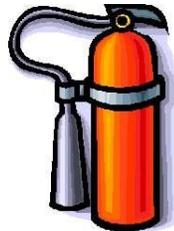
What types of fires must be reported?

- Visible flame
- Visible smoke
- Smoke odor
- “Out fires” (fires that have been extinguished)

What is the fire response procedure? It's RCAI

- **R** = Rescue anyone in danger.
- **C** = Contain/confine by closing fire doors/room doors. Only go through the fire doors to evacuate or move people to an adjacent safe place (area of refuge). Do not use the elevators.
- **A** = Alert by pulling alarm or dialing *77 and giving your location.

1. **RESCUE**– Rescue any person from immediate danger!
2. **CONTAIN/CONFINE**– Confine the fire!
 - Close all doors and windows
 - Turn on all lights
 - Remove all items from the corridor on the floor of the alarm
 - Secure the area! Stop pedestrian traffic from entering the area. Assure that no one enters except fire response personnel
3. **ALERT**– Alert others by:
 - A. Activating a fire alarm pull station on your way to the nearest safe telephone
 - B. Calling *77
 - Provide the following information:
 - Who you are
 - Where the fire is located (be very specific, e.g. Four Seasons Cafe, lower level, Maple Grove Hospital)
 - How large the fire is
 - What type of fire is burning
 - If people are in danger
 - Stay on the line until you:
 - Are released by the call center
 - Determine it is unsafe for you to remain at your location, or
 - Hear the “All Clear” announced on the public address system



What if I hear the Code Red announcement indicating a fire in my building, but NOT in my area?

- All pedestrian traffic within the building in which the alert is given is to be stopped. Passage through smoke doors is prohibited unless staff is needed for immediate patient care.
- Persons are not permitted to remain in stairwells and elevator lobbies.
- Hospital telephones are to be restricted to emergency use.
- Report any adverse conditions to the Emergency Operator.

What is the Fire Evacuation Plan?

The hospital has identified smoke compartments on each level. Move into the next smoke compartment on same level (**horizontal evacuation**)

There is a 2 hour fire rated separation between the compartments.

- Stairwells will be used for movement to another level if neighboring smoke compartment is compromised or route is blocked (vertical evacuation).
- Stay calm; help all patients and guests to move safely
- Stay accounted for with a group or partner.
- Total facility evacuation will be announced overhead, if it becomes necessary.

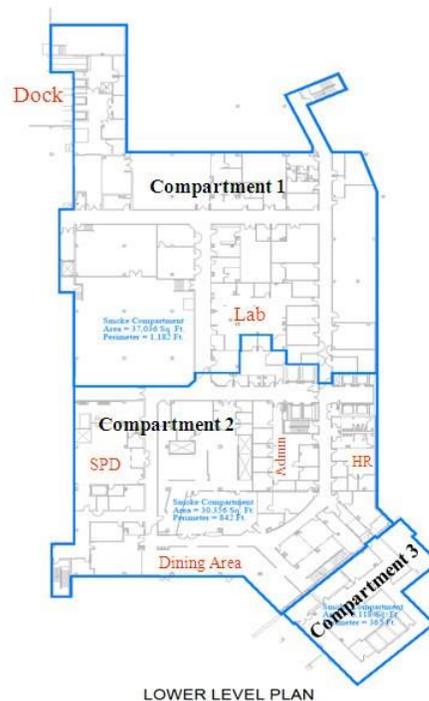
If fire/smoke is in:

-Compartment 1: Move to
Compartment 2

-Compartment 2: Move to
Compartment 1

-Compartment 3: Move to
Compartment 2

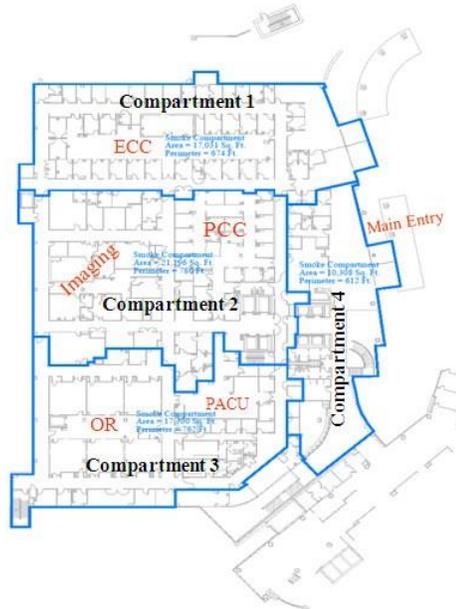
If there are no smoke
compartments left that are safe
to move into, move up to the
1st Floor



If fire/smoke is in:

- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 3 (PACU)
- Compartment 3: Move to Compartment 2 (PCC)
- Compartment 4: Move to Compartment 1

Surgical area has their own customized fire plan to follow

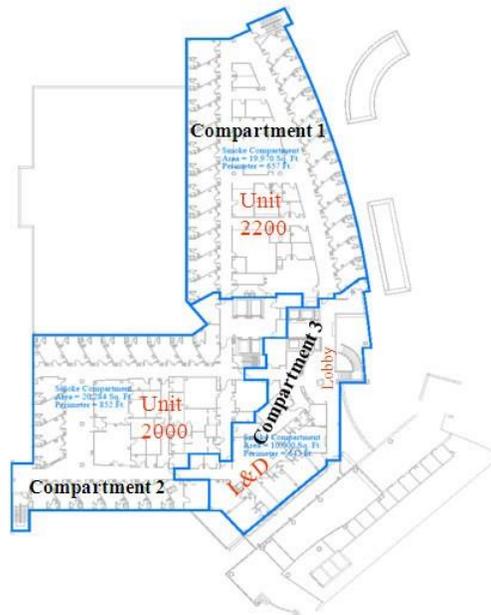


FIRST LEVEL PLAN

If fire/smoke is in:

- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 1
- Compartment 3: Move to Compartment 2

If there are no smoke compartments left that are safe to move into, move down to the 1st Floor



SECOND LEVEL PLAN

If fire/smoke is in:

-Compartment 1: Move to
Compartment 2

-Compartment 2: Move to
Compartment 1

-Compartment 3: Move to
Compartment 1

If there are no smoke
compartments left that are
safe to move into, move down
to the 2nd Floor



THIRD LEVEL PLAN

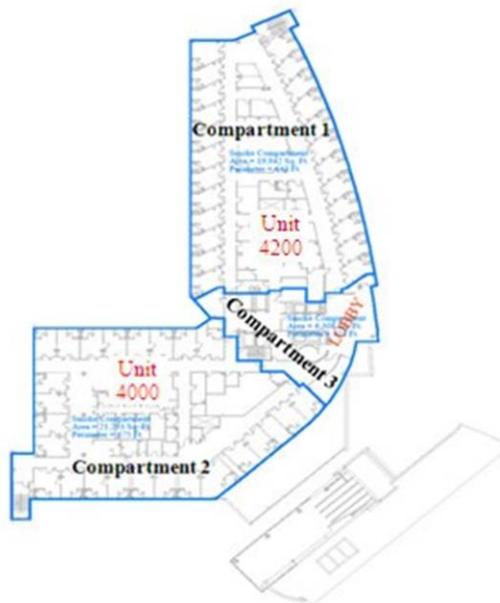
If fire/smoke is in:

-Compartment 1: Move to
Compartment 2

-Compartment 2: Move to
Compartment 1

-Compartment 3: Move to
Compartment 1

If there are no smoke
compartments left that are
safe to move into, move down
to the 3rd Floor



FOURTH FLOOR PLAN

Please note that if there was a fire on Unit 3200, NICU patients would evacuate down to the 2000 NICU. If there was a fire on Unit 2000 NICU patients would be evacuated up to 3200, to allow patient care to continue.

MGH has the following evacuation equipment:

- **Medsleds: Standard and Bariatric**

- Both rated to hold 1000 pounds
- Bariatric sled is 12 inches wider than standard sled to accommodate larger girth
- 1 regular and 1 bariatric stored on each unit (stored in equipment rooms)



Standard Adult Sled



Bariatric Sled

- **Stair Chairs**

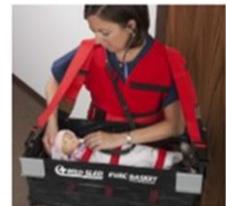
- Rated to hold 500 pounds
- Stored in cabinet near north stairwell on:
- 4200 (1)
- 3200 (1)
- 2200 (1)



- **NICU Evacuation Baskets**

- Stored at:
- Cabinet near North Stairwell on: 3200 (9)
- Cabinet to the left of the NICU nursery entrance on 2000 (9)

**NICU EVACUAT
BASKET**



Hands-Free



13. Electrical Safety

Safety Inspections

- Look for a Safety Inspection sticker on patient care devices, products and equipment, e.g. IV pump, chair, bed, lift. If there is no sticker or the sticker has a past due inspection date, remove the product from patient use and contact Facilities or Bio-Medical Engineering.
- If your department will be purchasing new equipment, contact Facilities or Bio-Medical Engineering for a safety check and inspection.

Electrical Outlets

- Cover outlets in pediatric areas to prevent little fingers from getting big shocks.
- Do not overload outlets. Overloaded circuits can cause fire or shorted circuits.



Emergency Electrical Outlets

- Provide generator supplied power in ten seconds or less.
- Plug all life support and critical patient care equipment into specially marked emergency electrical outlets (red), this includes downtime computers and printers.

Moisture/Fluids

- Any type of moisture is an electrical hazard. This includes wet or sweaty hands, standing on a wet floor, liquid spills on the floor, etc. Keep your hands dry. Wipe up small, non-hazardous spills immediately.

Cords and Plugs

- Never break off the third prong on a grounded plug to adapt it to a two-slot outlet!
- Use three-pronged instead of two-pronged plugs. Only double-insulated appliances shall be permitted to have two-pronged plugs.
- To remove a plug from an outlet, pull on the plug, not the cord.
- Never pull the cord from a device and leave the cord dangling from an outlet!
- Approved extension cords should be used in emergency situations only.
- Keep cords away from heat and water. Don't run cords under rugs or through doorways.
- Cords that are damaged or that feel warm/hot to touch must be taken out of use immediately and reported to Bio-Medical Engineering. Call x12321 to report.

14. Safe Medical Devices

It is the policy of Maple Grove Hospital to prevent or minimize medical device-related patient incidents, to ensure patient safety, and to improve the quality of patient care.

Physicians, nurses or other healthcare personnel who use or maintain the products often discover medical product defects. It is essential that all personnel understand the importance of immediately reporting all product defects and device-related adverse patient events.

The Safe Medical Device Act of 1990

- Was enacted to ensure:
 - That prompt and appropriate actions are taken when defective medical devices are identified
 - Timely regulatory reporting (within 14 days of the event) of a device-related patient incident that caused a death, serious injury or illness
 - Is enforced by the Food and Drug Administration (21 CFR 803)

Definitions

Medical Device: Broadly defined as anything used in treatment or diagnosis that is not a drug (e.g. implants, disposables, machines, instruments, etc.).

Serious Illness and Serious Injury: An illness or injury that:

- Is life threatening
- Results in permanent or serious impairment or damage to the body
- Requires medical or surgical intervention to prevent permanent or serious harm to the body

Procedure

1. Medical Equipment Management

- **Safety testing of medical equipment**: Patient care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the Customer Service Center at 1-2321 to report.
- **Actions to take if equipment fails/breaks**:
 - Remove it from service
 - Put on a defective sticker
 - Call the Customer Service Center at 1-2321
- **Actions to take if equipment is involved in a possible Safe Medical Device-related patient incident**: If medical device (anything used in patient care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:
 - Attend to the medical needs of the patient/user
 - Remove the equipment from service
 - Put on a defective sticker, noting it was involved in an incident
 - Tell the area's manager/supervisor
 - Save the disposables for evaluation during the investigation of the incident
 - Complete a Safety Report First Report through RL solutions (a computer application available on the MGH Intranet)
 - Call the Customer Service Center at 1-2321

2. Utility Management

- **Reporting of problems with a utility:**
 - For most utilities, notify the Customer Service Center at 1-2321
- **Back Up Generators**
 - Electrical outlet connected to the backup generator has a RED outlet and/or plates
 - Emergency generators are tested each month
- **Shutting off an oxygen valve:**
 - All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care/treatment rooms.
 - Zone valves may only be turned off by authorized staff (Facilities, Respiratory Care practitioners, managers/supervisors and other named designees). A label next to each zone valve lists persons authorized to turn off a zone. Each zone valve is labeled with the rooms/area it supplies.

Medical Gas Shut Off



At the direction of the Incident Commander or Facility Manager the following staff members are authorized to shut off medical gas zone valves by pulling the white lever toward them:
Clinical Managers/Supervisors, PCF's
Maintenance Engineers, Respiratory Therapy
Reviewed by the Safety Officer

When advised by the authorized staff (as posted on the plaque next to the gas panel), a PCF/Leader may be asked to turn off a particular gas valve. This is done by pulling the handle toward you fully, perpendicular to the wall.

Scavenger Hunt: The medical gas access panel(s) in my unit are located (review with preceptor):

15. Prevention of Workplace Violence

Maple Grove Hospital recognizes that it is in the best interest of the community, team members, customers and the organization as a whole, to maintain an environment which is free from violence and harassment and misuse of power and authority. Threats, harassment, aggressive or violent behavior by team members, customers, visitors, relatives, acquaintances, strangers, vendors or others will not be tolerated. Individuals will be held accountable for the effect their behavior has on our community. Team Members contributing to a hostile or violent work environment are subject to the performance improvement process up to and including termination and/or legal action.

What is workplace violence?

Violence in health care work setting refers to a broad range of behaviors including (but not limited to) physical violence, verbal or written threats, intimidation and /or behaviors that are disruptive to MGH's environment and generate a concern for the personal safety of customers, visitors, team members and others who are present in the facility.

What does the MGH Workplace Violence Prevention (WPV) Team do?

- **Oversee Workplace Violence staff training**
- **Oversee site specific response team processes**
- **Review, update and improve upon site specific WPV policies and procedures**
- **Routinely review acts of WPV for trending and opportunities**
- **Assure appropriate resources for WPV**

If you experience threatening behavior, report it to:

- Your manager/supervisor, Human Resources or any member of leadership
- Contracted vendors, alert your MGH lead contact if you have any concerns regarding WPV
- If there is potential for immediate harm initiate a Code Green by pressing the green button on the nurse terminal or calling *77 by Vocera or phone.
- **Complete a Safety First Report in RL Solutions**
- **Report to Emergency Care Center if any bodily injury is sustained**

Visit the WPV page on the MGH intranet for more resources and information



If this frog is present on a patient's doorframe, speak to the nurse prior to entering the room.

The frog visual cue is a behavior escalation awareness identifier.

16. Office Ergonomics/ Back Injury Prevention

3 EASY STEPS TO SETTING UP YOUR COMPUTER WORKSTATION

STEP 1: Your Chair

- Sit as far back in the chair as possible.
- Adjust the seat height so your shoulders are down and relaxed and your elbows and forearms are at a 100-110 degree position with your wrists and hands straight.
- Adjust the armrests so your shoulders and arms are relaxed and supported. Consider removing the armrests if they do not adjust or are in the way.
- Adjust the seat back (lumbar) height so the inward curve of your lower back is comfortably supported by the chair's lumbar support.
- Adjust the seat back tilt so that your upper and lower back is comfortably supported in a slightly reclined position.
- Ensure that your feet are resting flat on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor.
- **TIP:** Frequent positional changes and stretching can significantly help to minimize fatigue.



STEP 2: Your Keyboard

- Pull up close to your keyboard so there is a comfortable 100-110 degree angle bend in your elbow.
- Keep the mouse as close as possible to the keyboard on the same work level. Don't reach!
- Maintain a level or neutral wrist position. If you rest your wrists on the work surface you may want to use a wrist rest for keyboard and mouse.
- Maintain the keyboard tray in slightly negative tilted position (-5 to -10 degree angle).
- **TIP:** Incorporating short cut keys will help minimize strenuous mousing.



STEP 3: Your Monitor

- Center the monitor directly in front of you.
- Position the top of the monitor at eye level. (If you wear bifocals, lower the monitor to a comfortable reading level.)
- Position the monitor at a distance for easy viewing while sitting back in your chair. This is typically an arm's length away.



OTHER CONSIDERATIONS:

- Use a headset if on the phone more than 25% of the workday.
- Position frequently used items within easy reach (e.g. phone, stapler, etc.).
- Use a document holder and position it close to or in-line with the monitor.

Want more information? Contact Team Member Health Center at 1-2194.

Useful web links:

http://www.osha.gov/SLTC/etools/computerworkstations/components_keyboards.html#placement
<http://www.healthycomputing.com/office/setup>

Back Injury Prevention

10 EASY TIPS TO MAINTAINING A HEALTHY BACK

1. Use proper lifting techniques

- Test the weight of the load before lifting
- Keep the load close
- Assume a wide base of support and bend your knees
- Pivot your feet – don't twist
- Use smooth, controlled movements. Avoid rapid or jerking motions
- Keep your head up and tighten your stomach muscles as you lift
- Keep items within a safe lifting zone-between shoulders and waist



2. Use equipment whenever possible – Patient lifting devices (EZ stand, mobile lifts, HoverMatts, etc.), carts, etc.

3. Ask for assistance when lifting heavy objects

4. Maintain good posture – keep the natural curves of the spine. Don't slouch!

5. Avoid prolonged postures. Change positions frequently throughout the day.

- Standing
 - Stand on an anti-fatigue mat
 - Wear comfortable footwear
 - Prop your foot up on a stool or elevated surface
 - Keep a slight bend in your knees – don't lock your knees
- Sitting
 - Sit as far back in the chair as possible
 - Adjust the chair for proper posture and comfort
 - Ensure that your feet are comfortably resting on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor.
 - Adjust the seat height so your shoulders are down and relaxed and your elbows are at a comfortable right angle position with your wrists and hands straight
 - Keep work close – don't reach

6. Stretch frequently throughout the day.

7. Maintain a healthy diet.

8. Maintain an adequate level of physical fitness/exercise.

9. Maintain good sleeping posture. Sleep on a firm mattress on your back or side rather than your stomach whenever possible.

10. Maintain a healthy lifestyle.

Want more information? Contact Team Member Health Center at 1-2194.

Useful web link:

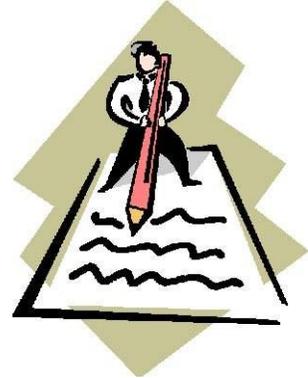
http://ergonomics.ucla.edu/Back_Lifting.html

17. Work-Related Injury/Illness Reporting

The safety and health of team members are of primary importance. It is Maple Grove Hospital's desire that no team member has an injury or illness because of a work situation. Sometimes injuries or illnesses do occur and are work-related. Work-related injuries or illnesses must be documented in accordance with state and federal regulations. The team member, the manager/supervisor, Human Resources, and the Team Member Health Center all have responsibilities for this process.

Team Member Responsibilities

- Immediately report the work-related injury/illness (including blood/body fluid exposures) to your manager/supervisor or designee.
- The supervisor/manager or designee will send the employee to the MGH ECC to complete the Employee Incident Report or Blood and Body Fluid Packet.
- Attend health care provider appointments, if needed.
- Provide health care provider work release (with or without restrictions) to your manager/supervisor and the Team Member Health Center.
- Work within prescribed restrictions at work and at home.
- Maintain communication with all appropriate parties.



Manager/Supervisor Responsibilities

- To review complete circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again.
- If applicable, review work restrictions to determine if the team member can work in the assigned department; discuss with the Team Member Health Center.
- Maintain ongoing communication with the team member and the Team Member Health Center.

Team Member Health Center Responsibilities

The Team Member Health Center at NMMC, in collaboration with MGH Human Resources Department handles all required OSHA documentation and conducts all necessary follow up with the team member

- Coordinate and monitor medical care.
- Review work release received from physician and coordinate work duties.
- Initiate First Report of Injury as required by law.
- The Team Member Incident Report and Workability will be faxed to the Team Member Health Center at North Memorial.

18. Radiation Safety

Radiation is a harmful physical agent. Radiation exposures can occur by unprotected exposure to radioactive materials or an x-ray machine. Radioactive materials are used for both diagnosis and treatment. For example, temporary or permanent patient implants of sealed radioactive sources are placed in surgery. All rooms where radioactive materials are stored and/or used are posted with a "Radioactive Materials" sign.



Precautions

- When entering rooms, look for signs indicating where radioactive materials are stored. Any cabinet, refrigerator, package, bottle or other container marked with a yellow and magenta "Caution Radioactive Material" is a potential source of radiation exposure.
- When cleaning the area, work quickly and take only the materials you need with you. Do not empty trash containers marked "Radioactive Material". If you notice leaks or damage to any object labeled "Radioactive", do not attempt to clean. Close and lock the door. Call Safety and Security.
- Radioactive materials may be used in restricted patient rooms. **Do Not Enter These Rooms**, check with the Patient Care Facilitator. These rooms will be posted with a yellow and magenta radiation caution sign. The radiation caution sign may be removed only by the Radiologist.

Radiation Protection

Protection from radiation sources can be achieved by:

- **TIME:** Personal exposure is proportional to the time spent near the source. Stay near the source no longer than necessary.
- **DISTANCE:** The closer you are to the source, the greater the exposure. Keep as much distance between yourself and the source as possible.
- **SHIELDING:** Wear protective vests, eye goggles, gloves and/or respiratory protection. Stay behind structural barriers. Containers of radioactive sources are shielded with lead, which lines the shipping container. If a container is undamaged, there is adequate protection.
- **CONTAMINATION CONTROL:** Control access to the contamination area. Contact Radiation Safety Officer as outlined in the department procedures.

MRI Safety

- Magnetic Field of the MRI system is **ALWAYS** on, dangers always exist.
- All personnel must undergo MRI Screening procedure *before* entering the MRI room.
- Follow written and verbal instruction provided by the trained MRI staff.

MRI Safety Zones

4 Safety zones are posted and described to control access to the MRI environment. MRI safety trained individuals monitor the area.



Zone 1- General Public



Zone 2- MRI patient screening & preparation, personnel



Zone 3 – **Caution:** Restricted Access: Control room area, supervised/screened personnel

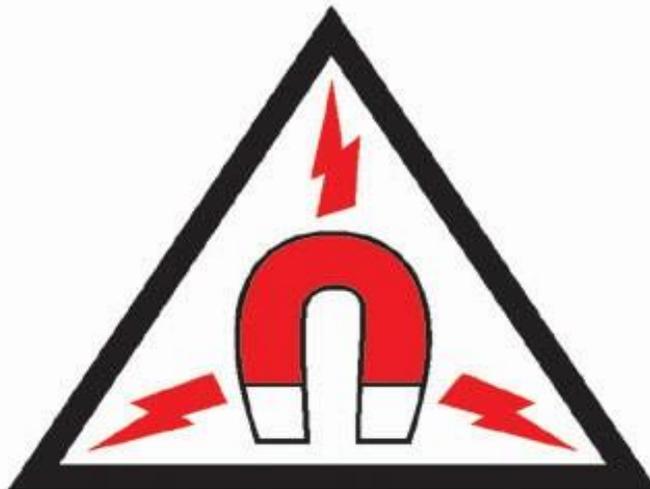


Zone 4- **DANGER:** Restricted Access: Scanner Location, Screened MRI patients under the direct supervision of trained MRI personnel only.

DANGER!

RESTRICTED ACCESS

STRONG MAGNETIC FIELD



This Magnet is Always On!



**NO PACEMAKERS, NO METALLIC IMPLANTS,
NO NEURO STIMULATORS**

Persons with pacemakers, neuro stimulators or
metallic implants must not enter this area.

SERIOUS INJURY MAY RESULT.

NO LOOSE METAL OBJECTS

Objects made from or containing ferrous
metals should not be taken into this room.

SERIOUS INJURY OR PROPERTY DAMAGE MAY RESULT.



RESTRICTED ITEMS INCLUDE:

CELL PHONES, HEARING AIDS, KEYS, JEWELRY & PAGERS

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19. Hazardous Gases and Vapors Safe Compressed Gas Cylinder Usage

Cylinder Storage

Compressed gas cylinders should be secured at all times. Appropriate securing devices include chains attached to the wall or holding racks as pictured below. If you encounter a cylinder that is not correctly secured; immediately return it to a securing device or alert someone whom can.

Storing of compressed gases/portable oxygen tanks:

- All compressed gas cylinders must be properly secured (e.g. in a tank holder or chained to a fixed object such as a wall) when being stored or during transport so they cannot fall or bang violently against one another.
- No more than 12 FULL oxygen E cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible from your area. Each storage area has signage indicating maximum amount allowed based on fire zone.



Cylinders in storage must be easily identified as empty or full. At MGH empty is considered anything less than 500psi and is easily identified by the needle being in the red zone on the gauge. Once the gauge reflects 500psi or less, it should be placed into the storage rack labeled as empty.

20. Indoor Air Quality (IAQ): Hazardous Vapors and Other Contaminants

The quality of indoor air depends on many factors, including structure, building material, outdoor environment and occupants. Indoor contaminants that have been shown to have health consequences come from indoor and outdoor sources, as well as from occupant related activities. The main contaminants include:

- Bioaerosols which include pathogens and allergens
- Volatile organic compounds, such as alcohol and acetone
- Formalin products
- Cleaning products
- Particulates, e.g. lead dust, asbestos
- Combustion products such as carbon monoxide, or tobacco smoke

Examples of common concerns identified by employees include exhaust fumes by the loading dock areas, cigarette smoke and mold growth.

- Facilities Department maintains various types of air handling systems to assist in control of all known contaminants
- Additionally, many processes are in place to test for and identify the source and abate as necessary
- If you have concerns with indoor air quality, contact the Customer Service Center at 1-2321.

MGH is a Fragrance Free Facility

Perfume, cologne, scented soap, hair products and lotions are **NOT** to be worn by hospital employees within the hospital (scented deodorant is permissible). Recognizing that sensitivity to fragrance is not limited to patient care areas; this policy applies to all employees, volunteers, physicians, and contracted patient care providers.



21. MN Right to Know Law, Roles & Rights

Minnesota Employee Right to Know Act:

The Minnesota Employee Right to Know Act is a combination of State and Federal laws that ensure employees are told about the dangers associated in working with hazardous substances, infectious agents, and harmful physical agents.

Hazardous Substances

- Include chemicals or substances that are toxic, corrosive, irritants, flammables, highly reactive explosives, strong oxidizers, nuclear materials or by-products, sanitizers or pressurized containers. It is a substance that may produce short-term or chronic long-term health effects.

Infectious Agents

- Include communicable bacteria, viruses, fungi or parasites that can cause illness as a result of exposure to the agent. Exposure may occur by inhalation (breathing in), ingestion (eating or drinking), injection or absorption through the skin.

Harmful Physical Agents

- Include laser, noise, extreme heat or cold, dust, or non-ionizing and ionizing radiation such as from an x-ray machine.

Employees' Role

Employees are required to:

- Learn about the hazards of your job.
- Learn how to work safely.
- Know where to find information about these hazards.
- Report any unsafe situation to your manager/supervisor or the Safety and Security Department x1-1105.
- Know how to access the SDS database on the MGH Intranet.

Maple Grove Hospital's Role

Employers are required to:

- Tell employees about hazards they may encounter at their jobs.
- Discuss what employees need to know to work safely.
- Show employees where they can find information about hazards.
- Evaluate all substances entering and existing in the workplace that may present hazards.
- Provide employee training at orientation and annually thereafter in SDS database access, use, and purpose.
- Have information about job hazards accessible to employees and maintain a current SDS database.

Employees' Rights

Employees have the right to:

- Refuse to work in an unsafe situation
- Refuse to work if they have not been trained
- Receive information about the hazards of their job

22. MN Right to Know: Information Resources and Preventative Measures

For **ANY** concern with Hazardous Substances, Infectious Agents or Harmful Physical Agents, contact:

- Manager/supervisor
- Safety and Security at 1-1105
- Compliance Hotline at 1-4670; or via email at compliance@northmemorial.com

For more information on Hazardous Substances

- Electronic Safety Data Sheets (SDS) on MGH Intranet

Infectious Agents

- Infection Control manual on MGH Intranet
- Infection Control Department
- Emergency Care Center

Preventive Measures

- Recognize hazards communicated by signs/symbols (see below)
- Identify hazards and potential hazards before you start the task
- Know where to find information
- Learn what to do to protect you
- Report any unsafe situation to your manager/supervisor or Safety and Security at 1-1105
- Never use products from an unlabeled container. Contact Environmental Services via the Customer Service Center at 1-12321 for assistance in disposal

	<p><u>Biohazard Sign</u> Blood/body fluid precaution. Use Personal Protective Equipment (PPE) as recommended.</p>
	<p><u>Radiation Caution</u> Do NOT enter area without checking with the person in charge. Follow Distance, Time and Shielding guidelines:</p> <ul style="list-style-type: none"> • Distance: Keep a distance from the source of radiation • Time: Limit your time near the source • Shielding: Wear protection such as lead vests, gloves, eyewear, etc. Stay behind structural shields
	<p><u>Stop</u> Stop and read isolation guideline card before entering patient's room. Take protective measures, as described on the isolation guideline card. Refer to your manager/supervisor or Infection Control resources listed above for further information.</p>

23. MN Right to Know: Hazardous Substances

Safety Data Sheets (SDS)/Hazardous Waste: Why is the SDS important?

Hazardous substance manufacturers are required to provide a current SDS with their product. These forms present necessary information you might need to protect yourself, co-workers, and the environment.

SDS's provide information on the following:

- Manufacturer information
- Ingredients of the mixture
- Description of the chemical hazards
- First aid information
- Handling and storage information
- Personal protective equipment needed



SDS's on the Maple Grove Hospital's Intranet

- SDS's can be accessed on the MGH Intranet, as a Quick Link. An instruction manual is available to help you search for a specific chemical or item.

Blood/Body Substances or Biohazardous Infectious Waste:

- **Exposure:** Wash the exposed site. Immediately report the incident to the manager/supervisor in your work area, complete an Employee Incident Report (if able), and then report to Emergency Care Center. A copy of our Exposure Control Plan can be found in the Infection Prevention Guidelines.
- **Leak/Spill Cleanup:** Wear gloves and any other appropriate Personal Protective Equipment (PPE), clean immediately utilizing hospital-approved disinfectant. If material is blood borne or infectious, clean up the spill with a bath blanket or towel first (dispose of in infectious waste) and then sanitize the area. (Materials Management has chemo spill kits for the pharmacy staff to utilize).

Hazardous Material Handling:

Hazardous substances are any chemicals that can harm you (health hazard) or can create a dangerous situation (physical hazard) such a fire or explosion.

- Before handling any chemical container for the first time, **read the label**. Warnings may be in words, pictures or symbols. Report any torn or illegible label to your manager/supervisor. Always carry and store chemicals in approved, properly labeled containers.
- A **Safety Data Sheet (SDS)** gives information about ingredients, what protective equipment to use, how it can enter your body, and signs of over exposure. SDS information is found on MGH Intranet. If needed, ask your manager/supervisor for help.
- **Hazardous Material Spills/Leaks: People in the area are the first line of defense. If they have been trained to clean it up, they should take care of it**
 - Remove people to a safe area as needed (e.g. overcoming fumes)
 - Secure the area to prevent persons from coming in contact with the spill
 - **Tell your manager/supervisor**
 - **Call *77**
 - Give Safety and Security a copy of the chemical's SDS
- **Hazardous Waste Disposal**

Maple Grove Hospital complies with applicable laws/rules regarding the handling, storage and disposal of various wastes (e.g. sharps, infectious/biohazard, pharmaceutical, chemicals, chemotherapeutic, fluorescent bulbs, batteries, etc.) Follow your area-specific practices (e.g. labeling, logging, signing manifests) related to hazardous waste disposal. Below are some general guidelines for handling common waste:

 - **Batteries:** Place in used battery containers in your area. Contact Environmental Services via the Customer Service Center at 1-2321 for pick up when your bucket needs to be emptied.

- **Toner cartridges** (copier, fax, printer): Return empty cartridges to Materials Management for recycling.
- **Aerosol Cans:** If empty, place in regular waste/trash. If unable to use/get all of product out because of a damaged or expired container, call Environmental Services via the Customer Service Center at 1-2321 to pick up for disposal.
- **Pharmaceutical Waste:** Put non-hazardous in the BLUE container in your area. Hazardous pharmaceutical waste, designated by a BLACK "Special Handling Required" label and/or a Pyxis "Special Handling Required" message, should be put in a BLACK container. **Blood and sharps should not be placed in these containers.**
- **Laboratory and Other Waste:** Follow established guidelines for disposal, labeling, and manifest management as appropriate.
- **Hazardous Material Exposure:** Immediately report the incident to the manager/supervisor in your work area, complete an Employee Incident Report (if able), and then report to the Emergency Care Center.

24. AWAIR – A Workplace Accident and Injury Reduction Plan

Why does Maple Grove Hospital have the AWAIR Plan?

Maple Grove Hospital is committed to providing and supporting safety training to encourage a positive attitude, which strengthens safety awareness. Training of all employees is vital to a successful safety management program. The AWAIR Plan ensures that safety training begins during employee orientation and continues throughout the course of employment. Continual safety training, monitoring, and interaction between employees and manager/supervisors aid in the prevention of accidents. For more information, refer to MGH Policies.

What are the employee's responsibilities?

All employees of Maple Grove Hospital play an important role in the safety of your hospital and are responsible for keeping the work environment safe. Responsibilities of the employee include:

- 25.** Always report any injuries or accidents to your immediate manager/supervisor.
- 26.** Report unsafe work practices or hazards immediately to your manager/supervisor.
- 27.** Complete safety training as required and participate in safety activities.
- 28.** Be familiar with the proper use of required personal protective equipment, limitations and maintenance. Most importantly, wear or use the PPE when performing activities that require such protection.
- 29.** Footwear appropriate for the job is required per your hospital/department policy.
- 30.** Do not remove safety guards from any equipment. Do not operate any equipment if a safety guard is missing.
- 31.** When entering hallways from offices look both ways before entering hallway
- 32.** Notice mirrors at "T" intersections and check for people around the corner
- 33.** Practical jokes and horseplay can lead to accidents and will not be tolerated. Never distract the attention of another employee.
- 34.** Obey all warning signs and tags posted throughout the facility or affixed to equipment.
- 35.** Complete timely health protection, training or testing (e.g. FIT test, Mantoux).

AWAIR Plan and Corrective Action

Corrective action procedures are established to deal with any employee who disregards Maple Grove Hospital's policies, procedures, and safety rules, or who is repeatedly negligent in their duties. Corrective action is set up to first counsel, however Maple Grove Hospital cannot and will not permit negligent employees to repeatedly injure themselves and/or put their fellow employees at risk.

Remember, you are the key to a safe work environment!



25. Respiratory Protection Program

- Maple Grove Hospital established a Respiratory Protection Program to assure compliance with State and Federal requirements, specifically OSHA Standard 29 CFR 1910.134, and to protect the health of workers who may use respirators.
- Requirements include:
 - Medical evaluation
 - Annual education
 - Annual fit testing: Conducted by Team Member Health Center for employees who are identified as at risk. At MGH these include but are not limited to employees working in ECC, MSCC/ICC, phlebotomy, and Respiratory Therapy.
 - Filing of appropriate documentation for those employees who are required to wear a respirator.

Healthcare workers are required to wear respiratory protection when working with patients in Airborne Precautions (such as Mycobacterium tuberculosis (MTB), Sudden Acute Respiratory Syndrome (SARS), Smallpox, etc.)

Workers have two options of respiratory protection available to them at MGH, as provided within the Airborne isolation cart (stored in equipment room on unit 4000)

Infection Prevention- Airborne Isolation Precautions

Two methods of respiratory protection are available to Team Members:

1. N95 respirator mask (fit-testing required)
 - Available in clean supply areas of units with negative airflow rooms
2. Powered Air Purifying Respirator (PAPR)
 - Air-purifying respirator that uses a motor to force ambient air through air-purifying cartridges into the hood



N95 respirator mask



PAPR and PAPR hood

- The above items are readily available in the airborne isolation carts that are stored on unit 4000 equipment room. The carts may be obtained by any employee for initiation of airborne isolation.
 - a. Contact MGH Respiratory Therapy department, Infection Prevention or the Team Member Health Center with any Respiratory protection questions

26. Infection Prevention

Introduction

Any individual who enters a health care facility is at risk for infection. The promotion of health depends on the provision of a safe environment. The purpose of infection prevention is to identify and reduce the risk of infections among patients, employees, medical staff members, contract service workers, volunteers, students and visitors.

Infection Prevention – Hand Hygiene

- We are morally obligated to do no harm
- Hand hygiene is done for every patient, every encounter
- Use 5 moments of hand hygiene
- Moisturize your hands frequently
- **Inform patients** you have done hand hygiene and encourage them to do hand hygiene as well



WHO. Five Moments for Hand Hygiene
<http://www.who.int/gpsc/5plus/index.html>

Infection Prevention – Hand Hygiene

Waterless Hand Rub

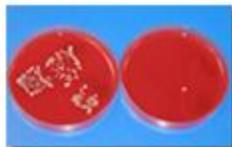


- Apply enough product to keep hands wet for 15 seconds
- Rub all surfaces (including nails)
- Don't use after caring for patient with diarrhea or when hands are soiled – use soap/water

Hand Washing



- Moisten with water
- Mechanically wash surfaces for 15 seconds (including under nails)
- Thoroughly rinse
- Pat hands dry
- Use paper towel to turn off faucet



Culture of a hand before and after use of hand antiseptic

Infection Prevention – Team Member Food and Drink Storage

- In accordance with OSHA's Bloodborne Pathogen Standard, food and drink may not be stored on any surface where:
 - There is potential for cross-contamination with blood/body fluid
 - Patient care support such as specimen handling/storage, equipment reprocessing or supply storage occurs
- All team member food and beverage should be stored in a designated location on the unit



✓
Designated off stage space with no patient care items, medications, etc.



✗
Potential cross-contamination, countertop used for patient care support

Infection Prevention - Linen Management

- Clean linens should be covered during transport and stored in covered containers, or within a closed storage room.
- Soiled/used linen is considered contaminated and should be handled wearing gloves.
 - Dispose at point-of-use in designated container (grey bags).
 - When moved to a collection area, wear gloves and carry the bag away from the body with careful attention not to drag on the floor

Infection Prevention – Equipment Cleaning and Disinfecting

- Team members are responsible for cleaning and disinfecting equipment after use when leaving the patient room to eliminate indirect spread of organisms
- CLEAN equipment should be stored in a designated CLEAN storage space
 - Never store cleaned, re-usable equipment or new disposable equipment in the soiled utility room
- Use hospital-approved disinfectant for recommended **CONTACT** time
 - **Contact time** is the amount of time a surface must stay wet to kill organisms, the label claim
 - Found on the product label



Infection Prevention - Standard Precautions

- **Use for all patients, all the time**
- Treat all patients' blood or body fluids as if they are infectious material.
 - Use personal protective equipment (PPE) based on exposure anticipation
 - Practice sharps safety
 - Use respiratory etiquette (cover your cough)
 - Practice hand hygiene
 - Clean and disinfect equipment immediately after use



Infection Prevention - Standard Precautions

PPE used for standard precautions



- **Gloves** are required when coming into contact with blood/body fluid, secretions, excretions, mucous membranes and non-intact skin
 - Remove contaminated gloves before touching clean surfaces (e.g. clean supply drawer)
 - Never decontaminate or re-use disposable gloves



- **Fluid-resistant gown** should be added if there is potential for clothes to become soiled while doing activities above



- **Facial protection** is required when performing activities where splashes or sprays of body fluid is anticipated
 - Includes **procedural mask** and **eye protection**
 - **Goggles** or **face shield** are accepted eye protection

Infection Prevention - Transmission-Based Precautions (Isolation Precautions)

- Isolation Precautions are additional **required** protective measures that are used for patients with specific diseases, or multi-drug resistant organisms to mitigate the spread of these to others. We don't want healthcare acquired infections!
- Always used in **combination** with standard precautions
- Based on routes of disease transmission or transmission route:
 - **Contact**
 - **Special Contact**
 - **Droplet**
 - **Airborne**
- Who can initiate precautions: RNs, Providers, Infection Prevention
- Use resources to determine type of isolation need (i.e.: Epic, Isolation Precautions Policy, Infection Prevention Team)

Infection Prevention - Transmission-Based Precautions (Isolation Precautions)

- Team members and patients are alerted to the need for Isolation Precautions by:
 - Signage on the patient's door. Signs are available on every inpatient nursing unit



Door sign example:
Indicates what protective equipment is required for team members, patients and visitors



- Electronic medical record flag or isolation order



EMR Flag:
Indicates active isolation

Infection Prevention-Airborne Isolation Precautions

- Airborne Isolation is required for patients **suspected or known** to have:
 - Laryngeal/pulmonary tuberculosis
 - Chickenpox (varicella) or disseminated herpes zoster (shingles)
 - Measles

In addition to Airborne precautions, gloves and gowns may be needed for standard precautions and/or a transmission based precaution history

- Customer is placed in a negative airflow environment as soon as possible
 - Air flows from the corridor into the patient room
 - Air is exhausted to outdoors
 - Door must remain closed
 - Negative airflow room locations can be found within the Infection Prevention Airborne Isolation policy
 - Patient should wear a droplet (procedural mask) for any transport/ambulation outside the room



Infection Prevention – Influenza Immunization

- Influenza (flu) is a highly transmissible respiratory illness caused by a virus and is a leading cause of vaccine-preventable deaths in the United States
 - 86% of children who died from influenza had not been vaccinated
 - 62% were otherwise healthy

Cite: Influenza-Associated Pediatric Mortality
Centers for Disease Control and Prevention (CDC) website



Build a fortress of immunity...

- The more of us that get vaccinated, the less likely flu will spread from person to person! Even those who cannot get vaccinated get **some** protection because the disease has little opportunity to spread
- This is known as **herd immunity**
- **Flu vaccine is FREE to Team Members!**

27. Bloodborne Pathogens

Infection Prevention – Bloodborne Pathogens

- North Memorial Health maintains an Exposure Control Plan to mitigate exposure opportunity to bloodborne pathogens
 - Hepatitis B (HBV)
 - Hepatitis C (HCV)
 - Human Immunodeficiency Virus (HIV)
- Exposure control is managed through work practice controls, engineering controls and use of personal protective equipment
- The Exposure Control Plan is reviewed annually and available to all team members through PolicyTech

Infection Prevention – Bloodborne Pathogens

Pathogen	Epidemiology and Symptoms	Vaccine Availability	Exposure Risks
Hepatitis B	<ul style="list-style-type: none"> • Virus that causes liver infection (can be acute or chronic) • Incidence of new HBV infections has been declining in the United States, due to vaccination efforts • Transmission occurs through activities that involve percutaneous (puncture through the skin) or mucosal contact with infectious blood/body fluid • Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 90 days after exposure 	<ul style="list-style-type: none"> • Hepatitis B is preventable through vaccination • NMH Team Health offers this vaccination to susceptible team members at no cost to them • The vaccine is given as 2 intramuscular doses over a 6-month period. The vaccine is safe and effective, but some may experience mild symptoms such as soreness at site of injection and mild fever after administration. Severe allergic reactions are rare • The vaccine has a 95% efficacy rate 	<ul style="list-style-type: none"> • Without the vaccine, the risk of acquiring HBV after an exposure ranges from 6-30% • Acute infection ranges from asymptomatic to mild disease • Chronic infection can be more serious, leading to liver cirrhosis or liver cancer
Hepatitis C	<ul style="list-style-type: none"> • Virus that causes liver infection (can be acute or chronic) • Estimated 2.7-3.8 million people have chronic HCV in the United States • Transmission occurs when blood from an infected person enters the body of someone who is not. Risk from sexual contact is low • Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 6-7 weeks after exposure • Many do not show any symptoms at all 	<ul style="list-style-type: none"> • There is no vaccine to prevent Hepatitis C 	<ul style="list-style-type: none"> • The risk for acquiring HCV after exposure is about 1-6% • 75-85% of people who become infected will develop chronic infection • Can result in liver damage, liver failure, liver cancer • Most common reason for liver transplant
HIV	<ul style="list-style-type: none"> • HIV is a virus that attacks the immune system and can lead to a more severe phase called AIDS, in which severe illness and opportunistic infections can occur • 1.1 million people in the United States live with HIV and new infections have been declining since 2005 • Transmission occurs through activities that involve percutaneous (puncture through the skin) or sexual contact with infectious blood/body fluid • Initial symptoms may be flu-like including fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes 	<ul style="list-style-type: none"> • There is no vaccine to prevent HIV 	<ul style="list-style-type: none"> • Healthcare worker risk is considered low. The likelihood of infection after exposure through a contaminated needle is estimated to be less than 1%

Infection Prevention – Bloodborne Pathogens

Work Practice Controls: *reduce the likelihood of exposure by altering the manner in which a task is performed.*

Examples include:

- Sharps: shearing, bending, removal of used needles and other sharps is prohibited. If needle recapping is unavoidable, a one-handed swoop technique is used
- Equipment needing repair is inspected for blood contamination and decontaminated prior to removal from unit. If unable to decontaminate, the receiving agency/department is notified
- Broken glassware is never picked up by hand.
Use forceps or brush with dustpan to remove potentially contaminated glass
- PPE for mucous membranes (eye/face exposure)



Infection Prevention – Bloodborne Pathogens

Engineering Controls: *isolate or minimize a work hazard.*

Examples include:

- Handwashing sinks and waterless hand antiseptic stations available throughout facilities
- Use of leak proof containers (biohazard specimen bag, screw top jars, tube-transport containers)
- Availability of sharps containers that are puncture-resistant, leak-proof and easy accessible
- Availability of sharps with engineered injury protection or needless systems



Infection Prevention – Bloodborne Pathogens



- **Personal Protective Equipment** is used in accordance with Standard Precautions policy
- Availability of PPE is found in the Exposure Control Plan

These policies can be found in PolicyTech Infection Prevention - Blood/Body Fluid Exposures



- A blood/body fluid (BBF) exposure is defined as **an event in which personnel come into contact with blood or other potentially infectious material through direct contact, contaminated instruments or by other indirect means (e.g. needle stick)**
- BBF exposures should be reported as soon as possible to supervisor so that appropriate counseling and medical follow up takes place

Infection Prevention - Blood/Body Fluid Exposures

- **Team members report to the Team Member Health Center when exposure occurs during the following hours:**
 - Monday 7am-11am
 - Wednesday Noon-4pm
 - At all other times, report to the MGH Emergency Care Center for follow up evaluation
 - Team members include paid employees of NMH, medical staff, students and volunteers
- **All other individuals working in an NMH facility who experience an exposure should only report to the Emergency Department or Emergency Care Center**
 - Examples: A contracted dialysis nurse, a construction worker, a First Responder not employed by NMH

Infection Prevention - Blood/Body Fluid Exposures

- **Obtaining blood testing for the source individual involved in an exposure:**
 - Identify the source individual whenever possible
 - Bloodborne pathogen testing may be done only if Consent for Services is signed
 - Testing for HIV, HBV and HCV should be ordered using the **Source/Exposed Patient Lab Request Form**
- Exposure forms can be found in the MGH ECC, Team Member Health Center and Bloodborne Pathogen Exposure Management policy in PolicyTech

Infection Prevention - Blood/Body Fluid Exposures

- **Customer to customer exposures:**

- i.e. Breast milk given to wrong infant, insulin pen of one customer used by another, use of contaminated surgical instrument



- **Post-exposure evaluation is performed by the attending medical team on unit where exposure occurred**

- Follow procedures outlined in the Bloodborne Pathogen Exposure Management policy in PolicyTech
- Send corresponding, completed form to Infection Prevention at the appropriate site

Infection Prevention: Blood/Body Fluid Exposures

- **Summary: It's important that timely follow up is done when a BBF exposure occurs**

- The exposed person should always be evaluated by a licensed healthcare provider so that
 1. Treatment can be initiated if its deemed necessary
 2. Blood testing can be done
- Blood from the source person is collected and tested so that exposure risk can be fully understood
- If the exposed person is a customer, they are alerted to the exposure and medical team provides counseling and evaluation

Please escalate immediately to your supervisor and consult Infection Prevention if there is any question regarding risk

28. Tuberculosis

Pulmonary Tuberculosis is an infectious disease spread by sharing the air of a person who has TB disease in their lungs or throat. In health care settings, spread of the disease is prevented by early identification of TB disease and rapid isolation of these patients. Pulmonary TB is a risk for all children and adults.

If a patient has a sign or symptom of Pulmonary Tuberculosis, **AND** a risk of TB, refer to the TB control plan. Evaluate patient for possible TB, notify Infection Prevention and use appropriate personal protective equipment while caring for patient.

Infection Prevention- Airborne Isolation Precautions

Tuberculosis should be considered when a patient has the following:

Signs and Symptoms

- Cough > 3 weeks
- Fever, night sweats
- Weight loss
- Malaise
- Pneumonia not responding to antibiotics
- Chest x-ray with infiltrate or cavity
- Coughing up blood (hemoptysis)

Risk Factors:

- Foreign born (in areas where TB is endemic)
- Contact with a person that has TB
- Positive TST (Mantoux) or TB-specific blood test
- Homeless persons
- Reside in a group living setting (i.e. shelter)

29. Legionnaires' Disease

Legionnaires' (LEE-juh-nares) disease is a very serious type of pneumonia (lung infection) caused by bacteria called *Legionella*. If you develop pneumonia symptoms and may have been exposed to *Legionella*, see a doctor right away. Be sure to mention if you have used a hot tub, spent any nights away from home, or stayed in a hospital in the last two weeks.

Legionnaires' Disease Can Cause Pneumonia Symptoms

Signs and symptoms of Legionnaires' disease can include:

- ▶ Cough ▶ Muscle aches ▶ Fever
- ▶ Shortness of breath ▶ Headache

Doctors use chest x-rays or physical exams to check for pneumonia. Your doctor may also order tests on a sample of urine and sputum (phlegm) to see if your lung infection is caused by *Legionella*.

Legionnaires' Disease Is Serious, but Can Be Treated with Antibiotics

Legionnaires' disease is treated with antibiotics (drugs that kill bacteria in the body). Most people who get sick need care in a hospital but make a full recovery. However, about 1 out of 10 people who get Legionnaires' disease will die from the infection.

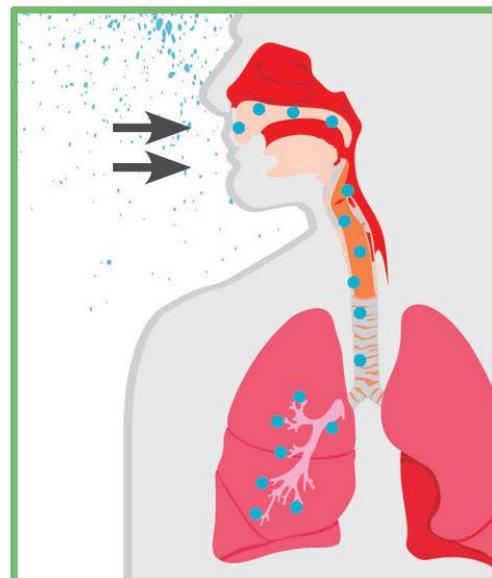
Certain People Are at Increased Risk for Legionnaires' Disease

Most healthy people do not get Legionnaires' disease after being exposed to *Legionella*. Being 50 years or older or having certain risk factors can increase your chances of getting sick. These risk factors include:

- ▶ Being a current or former smoker
- ▶ Having chronic lung disease, such as emphysema or chronic obstructive pulmonary disease (COPD)
- ▶ Having a weakened immune system from diseases like cancer, diabetes, or kidney failure
- ▶ Taking medication that weakens your immune system

Legionella Are Usually Spread through Water Droplets in the Air

In nature, *Legionella* live in fresh water and rarely cause illness. In man-made settings, *Legionella* can grow if water is not properly maintained. These man-made water sources become a health problem when small droplets of water that contain the bacteria get into the air and people breathe them in. In rare cases, someone breathes in *Legionella* while they are drinking water and it "goes down the wrong pipe" into the lungs. In general, people do not spread Legionnaires' disease to other people.

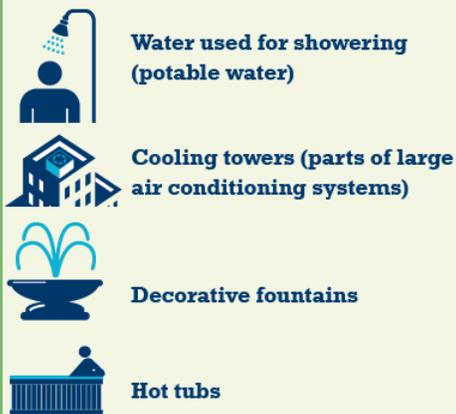


Legionnaires' disease, a type of severe pneumonia, is caused by breathing in small droplets of water that contain *Legionella*.

Common Sources of Infection

Outbreaks of Legionnaires' disease are often associated with large or complex water systems, like those found in hospitals, hotels, and cruise ships.

The most likely sources of infection include:



30. Reporting Exposures

Exposure Incident

A specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious materials that results from the performance of a Team Member's duties.

Blood/Body Fluid Exposure Protocol: Care of Exposure Site and Reporting

Exposures are reported as soon as possible to the appropriate department as listed below. Doubtful and Non-Parenteral exposures are reported and blood-borne pathogen screening will be implemented at physician or individual request

1. Hospital team members report to the Emergency Care Center (ECC) and complete the Blood/Body Fluid Exposure packet. They are then reported to Team Member Health and managed through there.
2. First responders, who are not Maple Grove Hospital team members, report to the Emergency Care Center.
3. Non-Maple Grove Hospital staff report to the Emergency Care Center. This includes medical staff, contracted workers, allied health professionals, and volunteers.
4. Patient-to-patient exposures are reported to and managed by the Infection Prevention Department.
5. Hospital employee-to-patient exposures are reported to and managed by the Infection Prevention Department.
6. Patient-to-citizen, first responders (Good Samaritan), and anyone who is not a hospital team member, that has an exposure, are reported to and managed by the Infection Prevention Department.

Maintain good health and get required/recommended immunizations



- Know your health history, especially to vaccine preventable communicable diseases, such as mumps, measles, hepatitis, rubella and chicken pox.
- Immunity to Rubella (German Measles), Rubeola (Red Measles), Mumps and Varicella (Chicken Pox) is required for all employees. Contact the Team Member Health Center (1-2180) for a vaccination review.
- To protect yourself against pertussis (whooping cough), every adult is encouraged to receive a tetanus vaccination with pertussis at one point in their adult life. This is available in the Team Member Health Center.
- Avoid unprotected contact with persons with known infectious processes.
- Know and follow standard precautions. If potential for exposure exists, you should wear appropriate personal protective equipment appropriate for the task.
- If you have an infectious disease, consult the Team Member Health Center for workability. Stay at home when you are ill, especially if you have a productive cough, vomiting, or diarrhea accompanied by a fever. Call and report any serious infectious illness to the Team Member Health Center. Managers/supervisors should not be advised of team member's medical information, only any work restrictions if applicable.
- Cover your mouth and nose with a tissue when you cough or sneeze.

- Wash your hands frequently or use alcohol hand rub to prevent the spread of upper respiratory disease.
- Wipe the mouthpiece of the phone with alcohol before and after someone with a respiratory infection has used the phone.
- Call the Team Member Health Center (1-2194) with any questions about immunizations and their documentation.

31. Infectious Waste Management and Sharps Safety

Small Spills of Blood and Body Fluids

- Cover the spill immediately with paper towels and arrange a way to isolate the area to prevent risk to others while you gather supplies or call for clean-up assistance.
- Wear gloves and protective attire appropriate for the task.
- Clean up the spill using a spill kit, disposable rags or paper towels and the detergent/disinfectant. Squirt the cleaned area with the detergent/disinfectant and allow to air dry for ten minutes. Wipe up excess moisture.
- Discard contaminated supplies and gloves into an infectious waste container (red bag).
- Wash your hands.

Sharps Safety

Defined as: Needles, scalpel blades, and other sharp objects that can penetrate the skin

- Dispose of them in puncture-resistant container immediately after use.
- Do not recap needles.
- Use a no-pass technique for handling sharps during surgical procedures.
- Use mechanical device (forceps) for removal of reusable sharps.
- Use caution when handling needles or other sharps.
- Use safety-designed products whenever available. New safety-designed products are being added to our inventory as they become available.

Infection Waste Handling, Labeling and Disposal

- Any disposable item that is soaked, dripping, or saturated with blood or body fluid, whether wet or dry, should be placed in a red infectious waste bag. Confine and contain any body fluids.
Exception: Peripads are excluded from infectious waste management.

Additional information on infectious waste or sharps management may be obtained from Infection Prevention Policies or by contacting Infection Prevention x1-1234 or Environmental Services x1-2321.



32. Diversity, Affirmative Action, Cultural Competence, and Maple Grove Hospital



How do we, as a health care provider, define diversity?

Diversity includes the unique qualities, experiences, and work styles that affect how we work together and how we provide respectful, top quality care. At Maple Grove Hospital, we focus on understanding those aspects of diversity that help Maple Grove Hospital caregivers meet the individual needs of all those we serve, and help Maple Grove Hospital team members work well together. This includes: age, gender, physical capability, religious beliefs, gender identity, race and ethnicity, sexual orientation, socio-economic status, primary language, accent, size, perspective or style, etc.

What is considered “cultural competence”?

“Cultural competence” and “cultural responsiveness” refers to how we provide care that respects each customer’s unique background and beliefs. Healthcare team members serve customers and work alongside colleagues in intimate settings whether it is in the home, via telephone or at the bedside, in the hospital. As care providers and team members, we exhibit our Maple Grove Hospital values of Inventiveness, Accountability, and Relationships regardless of what aspect of difference we encounter: a deaf family member, a co-worker who recently emigrated from Eritrea, a transgender patient, or a leader who is Muslim. **Our values guide every discussion, decision and behavior. It's not only what we do that matters, but how we do it.**

What behaviors demonstrate cultural competence?

We take into account and do not ignore each customer’s uniqueness. We recognize differences and make our best effort to learn about the impact of these differences, so we can serve others compassionately and safely as they wish to be served. Even more important than the respectful behaviors required by the law and by Maple Grove Hospital policies is the standard behaviors of our Maple Grove Hospital values. One example of a culturally responsive behavior is to proactively ask the patient about his or her beliefs regarding health and what aspects of care mean the most to him or her.

What does diversity have to do with Maple Grove Hospital’s mission as an organization? Maple Grove Hospital’s mission is *“Is to empower our customers to achieve their best health.”* We will inspire one another because we understand, respect, and leverage our differences to improve the lives of those we touch. Paying attention to diversity helps MGH improve the health of all the communities we serve.

In terms of diversity, who are Maple Grove Hospital’s customers?

Our patients come from various economic, cultural and ethnic groups, and from every type of physical capability, educational background, marital status, sexual orientation, and gender identity. Today our best demographic data about our clients comes from the questions that we ask them as we admit them to our hospital. This information is used to assist us in how best to serve them.

How do Diversity and Affirmative Action work together?

Affirmative Action monitors equal opportunity compliance through state regulations for protected classes. Protected classes are: race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, familial status, status with regard to public assistance, disability, genetic information, membership or activity in a local human rights commission and any other legally-protected status.

What is Equal Employment Opportunity/Affirmative Action at Maple Grove Hospital?

Affirmative Action involves policies, practices, and results-oriented actions ensuring that Maple Grove Hospital provides equal opportunities in all personnel employment practices including, but not limited to; hiring, terms, conditions, facilities, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training programs and opportunities. Maple Grove Hospital will provide reasonable accommodation to qualified applicants and employees with known disabilities. Further, the Hospital will undertake periodic review of personnel practices to ensure, to the maximum extent practicable, that such practices are free of discrimination.

Maple Grove Hospital wants team members to bring forward their concerns, and provides several avenues for team members to talk about a situation or file a complaint. You can contact your immediate Supervisor/Manager, Human Resources, any member of leadership, or Maple Grove Hospital's Compliance Helpline: 763-581-4670 or e-mail compliance@northmemorial.com

Who is responsible for taking action that supports our diversity vision, Affirmative Action goals, and Equal Opportunity Employment?

All team members at MGH! Leadership, Human Resources, and individual team members partner to create diversity progress. Your leaders orchestrate and have ownership for diversity action that helps our business, as well as our customers. Their goals are centered in these strategic action areas: culturally competent care, culturally competent workforce, and a welcoming environment that specifically looks at creating a climate of hospitality and inclusion for team members and the broader community



33. Reporting Compliance Concerns



Compliance - It's Everyone's Responsibility

Maintaining compliance at Maple Grove Hospital requires that each of us maintain our legal and ethical responsibilities as we perform our job duties. We can all contribute to creating a culture of compliance at Maple Grove Hospital. If you are aware of a situation that may involve a breach of a legal or ethical responsibility, it is your responsibility to report it.

What are Compliance Violations?

Compliance violations involve a breach of legal or ethical responsibility. We can all contribute to creating a culture of compliance at Maple Grove Hospital. If you are aware of a situation that may involve a breach of a legal or ethical responsibility, it is your responsibility to report it. Generally, you should report any compliance issues to your manager or supervisor. Human Resource issues should be reported directly to Human Resources. If you feel uncomfortable about reporting compliance issues to your manager or supervisor, for fear that someone will retaliate against you for a concern, you should talk to another manager or supervisor, Human Resources, or you can call the Compliance Hotline. A complete list of compliance policies as well as other useful compliance information can be found on the Maple Grove Hospital Intranet.

Maple Grove Hospital requires that there is no retaliation in any way against any employee who raises concerns or participates in an investigation about alleged discrimination or other alleged inappropriate conduct.

Compliance Hotline

Maple Grove Hospital has a Compliance Hotline (763-581-4670 or 1-4670) for employees and others to report improper or illegal conduct or to ask questions about questionable activity. All reports to the compliance department will be reviewed and are treated confidentially. You do not need to leave your name.



- The hotline is available 24 hours a day, 7 days a week.
- The hotline offers either a live person to take the report or you can leave a confidential voice mail message
- You can also send e-mail message to compliance@northmemorial.com

Protection for Whistle-Blowers

It is absolutely forbidden for any employee to punish or conduct reprisals against another employee who has reported a suspected violation of the law, the Compliance Program, or Maple Grove Hospital policy. In addition to Maple Grove Hospital's internal policy against reprisals, federal and state law provides protection for employees who communicate with government officials regarding possible illegal behavior in some contexts (whistle-blower protection). Where such protection is available, discrimination against whistle-blowing employees is prohibited. Refer to Maple Grove Hospital's Code of Conduct for additional information.





34. Privacy of Protected Health Information (HIPAA)

HIPAA is a federal law which, in part, protects the privacy of individually identifiable health information and provides for the electronic and physical security of health and Protected Health Information (PHI). HIPAA applies to “covered entities” such as hospitals, physicians, other providers, health plans, and their employees. Minnesota also has laws about the confidentiality of health information that provide additional protections for patient privacy.

Our Patients’ Right to Privacy

Maple Grove Hospital supports every patient’s right to privacy and it is the responsibility of every employee and physician to protect patient information. Privacy and confidentiality are required in health care. Maple Grove Hospital’s responsible use of patients’ PHI will help us comply with regulations and provide excellent health care by increasing our patient’s trust in us.

Appropriate disciplinary action, up to and including unpaid suspension and/or termination of employment, will be taken against any employee who violates federal and/or state patient privacy laws or Maple Grove Hospital’s HIPAA policies.

Privacy Reminders

“Do I need to access this patient information in order to do my job?”

In some cases, patients must be notified if you access their information without a work-related reason. If information is not necessary to perform your job, do not access the information. Questionable accesses will be investigated.

DO NOT access patient charts for department planning. Patient Care Facilitators should work with one another to determine anticipated staffing needs.

DO NOT LOOK AT, SHARE or DISCUSS:

- Health information of a patient if it is not required for your job.
- Census reports/patient records from units where you are not assigned.
- Records of family members, friends, neighbors, co-workers, etc.
- Records of patients that you hear about in the news.

What information may be released without patient authorization?

With the exception of patients being treated for chemical dependency, directory information (location in the facility and general condition) is not considered confidential and may be released unless the patient has asked that we restrict callers or visitors from knowing that he or she is a patient in our facility. All chemical dependency patient information is considered confidential and is restricted. If you have questions regarding what information may be released, please contact HIM.

Patients' access to their medical record

Patients have the right to review and get copies of their medical record. If a patient asks to review their records while in-house, assist them with their request or if time does not allow, schedule a time or contact HIM to assist with the patient's request.

Minimum necessary

The use or disclosure of protected health information should be limited to only the information needed to meet the purpose of the use or disclosure.

Computer access

Do not share your passwords with anyone and don't keep them where others might be able to find them and log in using your name. Log out of your session when you leave your computer. Do not let other people use your open sessions.

Printing patient information

Watch printer selection carefully when you need to print-out patient information so it prints where you intend for it to, and where you can immediately retrieve it. Protect patient information and don't display or leave it where it can be seen by non-authorized persons.

Proper disposal of Personal Health Information (PHI)

Do not put anything with identifiable health information in the regular trash or recycling containers. Put paper, CDs, and other non-medical waste materials in the locked confidential destruction bin in your area. Help protect the confidentiality of patient information on labeled medical waste by 'blacking out' the identifiers or by removing and shredding the label prior to disposal.

Conversations

Be careful about others overhearing your patient care discussions. Take reasonable steps to assure privacy by:

- Not discussing patients in public areas.
- Closing a door or pulling a curtain in areas where you may be overheard.
- Asking "are you in a place where you can talk?" when using Vocera.

Faxing PHI

Be very careful to correctly enter the fax number and use a cover sheet. The cover sheet should include a phone number and standard disclaimer.

Emailing PHI

Using email to send PHI within Maple Grove Hospital's corporate Outlook for legitimate business reasons is allowed. However, no patient information should be in the subject line of the email. You can also help limit the risks associated with email by:

- Sending information in a password protected attachment (document).
- Limiting the use of identifiers to the minimum necessary (without compromising patient safety).
- Checking the address before you "send" (even within Outlook) to make sure it is entered correctly.
- Never send PHI in emails to external email addresses or from a non-Maple Grove Hospital corporate Outlook email account.



Social Media

Never discuss patient information over social media services (e.g. cell phone text message, Twitter, Facebook) and be careful about who overhears your discussions around patient care.

Patient Photo's

Never take a patient photo or transmit patient information over personal phones/hand held devices.

Protecting Social Security Numbers

Identity theft is a serious issue and we as health care providers must take precautions to protect patient's social security numbers. Only use social security numbers when necessary as required by your job and protect them as you would any other sensitive health information.

Code White (Remember HIPAA)!

To protect the privacy of our patient's health information, everyone at Maple Grove Hospital must be aware of their surroundings and take action if privacy could be better protected.

- **Question:** What should you do if you witness a possible HIPAA violation? For example, what would you do if you overhear a conversation about a patient while you in the Cafe?
- **Answer:** Politely say to the person(s) involved, "Code White". Code White (Remember HIPAA) is the code we will use at Maple Grove Hospital to remind one another of our HIPAA responsibilities.

Reporting HIPAA Concerns

If you have HIPAA questions or need to report a suspected violation, you can:

- Talk to your manager or supervisor
- Contact the Privacy Officer (763-581-4437) or privacy@northmemorial.com
- Contact Data Security Officer at 763-581-2503 or security@northmemorial.com
- Report an issue confidentially through the Compliance Hotline at (763-581-4670 or 1-4670) or compliance@northmemorial.com

In Summary

Protecting our patient's privacy is not new to Maple Grove Hospital. All of us can develop Maple Grove Hospital's reputation as a provided that cares about patient privacy. If we remain aware of our surroundings and take action when we observe a situation where information could be better protected, our patients and Maple Grove Hospital will benefit.



35. Security of Electronic Protected Health Information (HIPAA Security)

In addition to the HIPAA privacy standards discussed in the previous section, the HIPAA security regulations require that all health care providers protect the security of Electronic Protected Health Information (ePHI). Maple Grove Hospital's security policies can be found in Policy Tech. Failure to follow these policies puts our patients' and employees' confidential information at risk; policy violations may result in disciplinary action up to and including termination of employment. If you have a question regarding a HIPAA privacy or security policy, please see your manager or supervisor.

Passwords are one of our most important security features

Passwords allow us to manage access to patients' private information. That is why using strong passwords and protecting them is such a critical component of our ePHI security program.

Creating a password that is easy to remember but hard for someone else to guess is one of the most important ways that you can protect the ePHI in our systems. Follow these rules about passwords:

- Create a "strong" password by including a combination of at least 6 letters, numbers and at least one special character. Note: IT will send you a system notification when it is time to change your password.
- Do not write down your passwords or store them in a manner where someone might find them and be able to log into a system.
- Call the IT Help Desk (IT) at 1-2580 if you have forgotten your password or suspect that someone else has been using it. In both situations, the password should be changed.

Authorized Access to ePHI

All access to information systems containing ePHI must be properly authorized by a manager/supervisor. This includes all employees, contractors, business partners, temporary staff, etc. However, just because you have access to an information system does not mean you can use that system to access all of the information in that system. **You must only access information needed to perform your job duties.**

Break-The-Glass

Break-The-Glass is a security feature within Epic. If you need to access a chart to do your job and you encounter a BTG pop-up, provide a "reason" when prompted to do so. All BTG incidents will be audited.

Security Do's:

- Do **log out** of applications or lock your workstation when you leave your workstation if PHI is accessible.
- Do **think twice before sending PHI via email.**
- Do call the IT Help Desk (IT) at 1-2580 to **arrange for disposal of a PC, laptop or PDA.** We must ensure that the device is completely cleansed of PHI prior to disposal.
- Do **only access PHI necessary for your job function. Your access to PHI may be monitored and may be audited for appropriateness.** (For example, access to records for providing direct patient care is appropriate, but access to your neighbor's records just to see how they are doing is not appropriate).
- Do **report anything suspicious** or abnormal about your workstation or other suspected security incidents to your manager/supervisor or the IT Help Desk at 1-2580.
- Do **keep laptop computers secure** at all times whether at work, home, or in your car (locked in trunk/out of sight). Do not store files on your laptop.
- Do remember that **email, workstations, etc. are Maple Grove Hospital property** and are generally to be used only for appropriate business purposes.

Security Don'ts

- Don't **let anyone else use your workstation** if you are logged in to it.
- Don't **share your user IDs or passwords with others** (e.g. temporary staff, new employees, contractors, consultants, etc.).
- Don't **reuse passwords** you have used before.
- Don't **post your user ID and passwords** on or near your workstation.
- Don't **load personal software** on workstations.
- Don't **open email attachments** unless you are expecting them from a specific sender. Email headers can be changed or simulated, so even if you think the email came from a friend or coworker, don't click on or open the attachment until you verify that the sender actually sent it. Attachments are often how viruses are introduced into our systems.
- Don't **download software** from Internet sites of unknown origin or security. Some software (including screen savers or wallpaper) can include features that make your workstation vulnerable to allow access to your personal data without your knowledge or permission.
- Don't **throw CDs or diskettes in the regular trash** if they contain patient information; throw them into the confidential destruction bins or break them apart so they are unreadable.

For more information on protecting the security of electronically protected health information, contact the IT Security Department at 763.581.2580.



36. Vendor Certification Program

Vendor representatives are the people that enter Maple Grove Hospital to sell their products and services. The business partner is the company they work for. All vendor representatives and business partners must complete the Vendor Certification Program before selling products and providing services inside our hospital. Please complete Certification program at <https://northmemorial.vendormate.com>.

We have many reasons for the vendor representatives to complete the Vendor Certification Program:

- The program helps us meet regulatory requirements
- Promote the safest environment of care for our patients
- Attain the best business practice to control cost and maintain contracts
- Products purchased meet patient needs as specified by clinicians
- So they can obtain a visible ID badge

It is important for the vendors to complete certification so they have a better understanding of Maple Grove Hospital's expectations. The program is easy for the vendor to complete online. Appointments must be made prior to a vendor showing up at Maple Grove Hospital. If a vendor representative does not have an appointment, he or she is not allowed to stay on Maple Grove Hospital property. **The vendor representative must wear a Maple Grove Hospital issued ID badge.** If the vendor is not wearing a badge, he or she must return to the designated check-in site to receive an ID badge.

As a system, we want to send a clear message to the vendor:

- Vendors will complete the form for New Product and Equipment Introduction for all new products (FDA, 510k and/or new to Maple Grove Hospital)
- Vendors complete Vendor Certification Program on-line
- Vendors always wear Maple Grove Hospital ID badge
- Vendors comply with Research Expectations
- If you see a vendor without a Maple Grove Hospital issued ID badge, let someone know! The vendor is not following Maple Grove Hospital policy!

Also, please ask that vendor to return to the Safety and Security desk by the ECC entrance door to check in and pick up a badge. The staff at the Security desk will check to see if the vendor has completed the certification program before handing out a badge.

37. Organ, Tissue and Eye Donation

Maple Grove Hospital has partnered with LifeSource to provide organ and tissue donation.

All direct patient care givers need to be aware of their role in partnering with LifeSource. This includes a referral phone call within **one hour** for all patients (age 20 weeks gestation or older) meeting donation referral triggers. Do not mention donation to the family; the LifeSource Coordinator will collaborate with the healthcare team to develop an appropriate communication plan prior to any mention of donation to the family. Call 24 hours a day with all donation referrals: 1.800.247.4273 (1.800.24.SHARE).

Triggers to call LifeSource include:

- **All** patients who experience cardiac death (asystole), even if the patient has been previously referred.
- If the family mentions or has questions about donation or if you have questions.
- Patients who are ventilated and have:
 - Severe neurological injury (e.g. CVA, GSW, MVC, Anoxia, etc.)
 - GCS \leq 5 or meets two of the following neurological indicators: (no pain response, no triggering of the ventilator, no pupillary response, no corneal reflex, no cough, no gag, no doll's eyes, no response to cold calorics)
- After the initial referral, if a decision is made to withdraw support, call prior to extubation or discontinuing life-sustaining therapies.

www.mydonationresource.org provides real time resources and education around this topic.

LifeSource's website: www.life-source.org





RECEIPT FOR REQUIRED LEARNING PACKET 2018

Regarding information in the Required Learning Packet, I:

- Understand the information
- Am responsible for working safely, and
- Know who to contact to obtain more information or to report unsafe conditions

In addition, I understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

Please sign and date this receipt and return it to Maple Grove Human Resources Department or fax to 763-581-1585.

Signature: _____

Date: _____

Print Name: _____

Employee Number: _____

Department: _____