

Who/What Should You Use to Interpret?



Correct!

When an interpreter is needed for doctor rounds, you should always have an in-person interpreter.

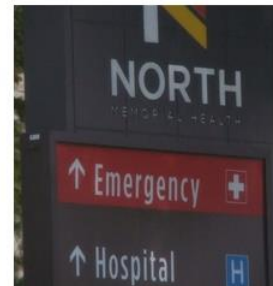
Click this box to proceed.

Who/What Should You Use to Interpret?

Brandon, Interpreter

A limited English proficient customer comes to hospital at midnight for a sore throat/rapid triage.

Click anywhere to continue



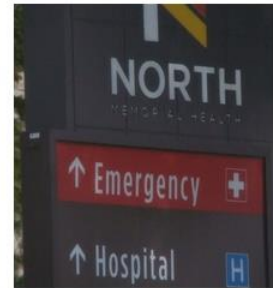
Who/What Should You Use to Interpret?



Correct!

When there is an immediate need, you should use Martti or CLI.

Click this box to proceed.



Who/What Should You Use to Interpret?

Brandon, Interpreter



Who/what should you use to interpret when discharging a customer?

Click anywhere to continue.



Who/What Should You Use to Interpret?



Correct!

When a customer is being discharged and needs an interpreter, you should have an in-person interpreter.

Click this box to proceed.

Safe Place for Newborns

North Memorial premises will accept infants presented to the hospital within 7 days of birth.

North Memorial will not notify the police to report any person for abandonment if the infant is in unharmed condition and:

- Presented to a hospital or clinic staff member on the North Memorial's premises and during its hours of operation, either by the mother or a person with the mother's permission to relinquish the newborn;
- Presented to an ambulance dispatched in response to a 911 telephone call from a mother or a person with the mother's permission to relinquish the newborn; and
- Presented within seven days of birth as determined within a reasonable degree of medical certainty

Refer to "Safe Place for Newborns (Give Life a Chance)" Policy & Procedure in C360.

Restraint Use

- Restraints pose a risk to the physical safety and psychological well-being of the customer and team members.
- Restraints are used only in an emergency and only after alternative strategies have been tried.
- Physically holding customers, which restricts movements against their will, is also considered restraint use. This does not include holding customers for purpose of conducting a routine physical examination or tests.



All restraint documentation should be reviewed at the end of every shift for completeness.

Restraint Use (cont)

**Nonviolent or
Nonself-destructive
Restraint Use**

[Click here for more info.](#)

**Violent or
Self-destructive
Restraint Use**

[Click here for more info.](#)

Restraint Use (cont)

Restraint used to manage behaviors which interfere with medical/surgical healing.

Restraint used to manage behaviors which are unanticipated, severely aggressive or destructive behavior placing the customer or others in imminent risk of harming themselves or others, and non-physical intervention has not been effective.

Advance Care Planning – A C P

- Advance Care Planning (A C P) is a process of multiple discussions in advance of a medical crisis with:
 - customers, their families and people they trust; and/or
 - healthcare providers
- Resulting in a set of preferences, wishes or choices which express the health care values of the person
- Documenting discussions with customers in Epic can help with continuity of care and ensure the care aligns with the values of the customer.

ACP Documents

Search for ACP on NorthNet, North's Intranet Page



Health Care Directive English

Introduction

I have completed this Health Care Directive with much thought. This document gives my treatment choices and preferences, and/or appoints a Health Care Agent to speak for me if I cannot communicate or make my own health care decisions. My Health Care Agent, if named, is able to make medical decisions for me, including the decision to refuse treatments that I do not want.

NOTE: This document does not apply to intrusive mental health treatments, defined as electroconvulsive therapy or neuroleptic medications.

Any advance directive document created before this is no longer legal or valid.

My name: _____
My date of birth: _____
My address: _____
My telephone numbers: (home) _____ (cell) _____
☐ My initials here indicate a professional medical interpreter helped me complete this document.

Part 1: My Health Care Agent

If I cannot communicate my wishes and health care decisions due to illness or injury, or if my health care team determines that I cannot make my own health care decisions, I choose the following person to communicate my wishes and make my health care decisions. My Health Care Agent must:

- Follow my health care instructions in this document.
- Follow any other health care instructions I have given to him or her.
- Make decisions in my best interest.

My Primary (main) Health Care Agent is:

Name: _____ Relationship: _____
Telephone numbers: (H) _____ (C) _____ (W) _____

Full address: _____

If I cancel my primary agent's authority, or if my primary agent is not willing, able, or reasonably available to make health care decisions for me, I choose an alternate Health Care Agent.

Click on both documents
to learn more.

Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. With significant change of condition, new orders may need to be written. Patients should discuss to discuss with Agents and report.

PROVIDER NAME: _____ DATE OF ORDER: _____

PATIENT NAME: _____ PATIENT ADDRESS: _____

PROVIDER SIGNATURE: _____

PROVIDER TITLE: _____

PROVIDER PHONE: _____

PROVIDER FAX: _____

PROVIDER EMAIL: _____

PROVIDER SIGNATURE: _____

PROVIDER TITLE: _____

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PROVIDER EMAIL: _____

Health Care Directive (HCD)

A legal document created by the customer. The customer stores the HCD, and gives permission to NMH to store this document in Epic. Blank HCD can be found on the SharePoint or each unit and are available in multiple languages. A link to MN Honoring Choices (HCD) can also be found in Epic.

Provider Order for Life-Sustaining Treatment (POLST)

A medical order created by a provider, stored with customer/residence and accessible in Epic. These are yellow in color, and blank forms (POLST) are available on each unit.

Viewing ACP Documents

- NMH recommends customers provide a copy of their own Health Care Directive so it can be easily accessed in Epic – but is their choice to do so, or not.
- If a Health Care Directive has been provided by the customer, it is accessible in Epic.
- A POLST is a medical order and should be scanned into the customer's medical record/Epic.
- It is easy for customers to give a copy of their ACP documents:
 - Mail it – free Postage Paid Envelopes available through SmartWorks
 - Fax – 763-581-4447
 - Drop it off – to primary care clinic
 - Upload it – using MyChart, customers can use "My Record" from the Main Menu and navigate to "End of Life Planning"

Palliative Care

- Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Palliative care is not hospice care: it does not replace the patient's primary treatment; palliative care works together with the primary treatment being received. It focuses on the pain, symptoms and stress of serious illness most often as an adjunct to curative care modalities. It is not time limited, allowing individuals who are 'upstream' of a 6-month or less terminal prognosis to receive services aligned with palliative care principles. Additionally, individuals who qualify for hospice service, and who are not emotionally ready to elect hospice care could benefit from these services. (Center to Advance Palliative Care. 2019.)

Palliative Care cont.

- Hospice care focuses on the pain, symptoms, and stress of serious illness during the terminal phase. The terminal phase is defined by Medicare as an individual with a life expectancy of 6-months or less if the disease runs its natural course. This care is provided by an interdisciplinary team who provides care encompassing the individual patient and their family's holistic needs. (National Hospice and Palliative Care Organization. 2019.)
- North Memorial Health offers Palliative Care when customers are in North Memorial Health Hospital (and Maple Grove Hospital) and when there is a diagnosis of cancer through the NMH Cancer Center
- North Memorial Health offers Hospice Care when customers are living with a terminal (6-months or less) in the community.

End of Life Care

Death and Bereavement Care procedures demonstrate our commitment to customers/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This may include calling in community spiritual resources when requested. Organ/eye/tissue donation should also be a consideration. In addition, attention must be given to preparing the body for review and preparing the environment.

Full details are in *Death and Bereavement Care, Adult, Non-infant* Policy and Procedure located in C360.

Talking about End of Life Care

Team members may understand the dying process and what is normal and what is not, but family/friends may not.

Take time to walk family through what to expect with each phase of dying.

Talk about why we are giving certain medications or doing certain cares.

Example: We will give morphine to help with their breathing and pain. It seems like a higher dose which is needed in someone who is at this stage because their body can't process or metabolize the medication as it normally would.

Talk about the goals of symptom management and goal of end of life care is to relieve suffering of a dying patient, not hasten death.

Organ, Eye and Tissue Donation

Did you know? One person can save and heal up to 75 lives through organ, eye, and tissue donation!

- North Memorial is committed to being an advocate for donation to benefit those waiting for a transplant. Our hospital has an organ, eye, and tissue donation policy that explains the hospital care team's role in the donation process. This policy can be found in C360 under Critical Care: Organ/Eye/Tissue Donation.
- In 2002, a MN law clarified that if a person designates that he or she is a donor via will, Advance Directive, driver's license, or MN identification, the designation serves as intent to donate after death and cannot be overridden.
- Every customer and customer's family is given the same opportunity and all are treated with the same discretion and sensitivity. All customer deaths from ages 20 weeks in gestation or older must be referred to the donor referral line for an organ, eye, and tissue donation assessment.


Key Points


- Donor family care comes from OPO (Organ Procurement Organization) and support continues indefinitely or for as long as the family wishes.
- If customer meets the trigger for donation, they are referred to 1-800-24-SHARE within one hour.

Click anywhere to view triggers for donation.


Call LifeSource at: 1-800-247-4273

To preserve potential for donation, all patients meeting triggers must be referred within **ONE HOUR**:

-  Ventilator dependent patients with a neurological injury or non-survivable illness AND:

Loss of two or more brain stem reflexes	or	Prior to ANY end-of-life conversation	or	Anticipated withdraw of life-sustaining support
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- 

Loss of two or more brain stem reflexes

- 

Cardiac death

Click anywhere to continue.

Key Points

- Donor family care comes from OPO (Organ Procurement Organization) and support continues indefinitely or for as long as the family wishes.
- If customer meets the trigger for donation, they are referred to 1-800-24-SHARE within one hour.
- ONLY the Donor Coordinator can determine donor suitability and discuss donation options with the potential donor families.
- Donation agencies will ask specific questions about the customer and determine what donation opportunities exist.
- Specially trained personnel, always from the donation agency, will discuss donation with the customer's family.
- Organ, tissue and eye recovery is performed by the donation agencies as soon as possible after the time of death.
- Contact LifeSource at 1-800-247-4273 (1-800-24-SHARE). You can serve as an advocate for the customer/family by making the call within one hour.

Bariatric Sensitivity

Obesity is a complex, multifactorial chronic **disease** that develops from an interaction of genotype and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors.

Over 65% of American adults are overweight or obese (BMI greater than 25)

A person who chooses weight loss surgery is:

- someone who has struggled with their weight most of their lives.
- someone who has tried diet after diet and has been unable to get the weight off, or keep it off.
- someone who may have been teased about their weight.
- someone who is motivated to get healthy and live a long and happy life!

Bariatric Sensitivity – What Can You Do?

- We must educate ourselves and each other about the stigma of obesity. Weight bias in the medical setting adversely affects patients and they are less likely to receive preventive care interventions and cancer screenings.
- We must hold ourselves accountable and hold our team members accountable to treat everyone equally.
- BE A CUSTOMER ADVOCATE.
- Point out inappropriate comments to others and challenge negative attitudes. Nobody deserves unkind remarks.

Guardianship

Guardianship

Guardian

Ward

Click on buttons to left to learn more.

Court order for Guardianship MUST be scanned into EPIC and Emergency Contacts/Guardian should be updated with Registration.

Guardianship

Guardianship

Guardian

Ward

A legal arrangement under which one person, a guardian who is appointed by a court, has the legal right and duty to care for another person.

Court order for Guardianship MUST be scanned into EPIC and Emergency Contacts/Guardian should be updated with Registration.

Guardianship

Guardianship

Guardian

Ward

- Appointed by the court to make set of decisions on behalf of another person and **must** be contacted when a customer comes to the Hospital
- Guardian may have to consent for patient's care (Order for Guardianship includes details). This can include consent for procedures or any type of care at all.

Court order for Guardianship MUST be scanned into EPIC and Emergency Contacts/Guardian should be updated with Registration.

Guardianship

Guardianship

Guardian

Ward

Person (customer) subject to guardianship (August 2020 statute language change)

Court order for Guardianship MUST be scanned into EPIC and Emergency Contacts/Guardian should be updated with Registration.

The End

Congratulations, you've completed Customer Safety 2021.

CLOSE THIS MODULE.

Team Member Right to Know and Safety

Team Right to Know & Safety 2021



Click on a box to view topic.

Safety First Reporting	Safety Data Sheets	MN Employee Right to Know	Radiation & MRI Safety	Indoor Air Quality (IAQ)	Hazardous Substances
Pharmaceutical Waste	Chemical Hazards/Risks	Cleaning Up Identified Chemical Leak/Spill	Blood & Body Fluid Spills	Sharps Safety	Infectious/ Chemo/ Pathological Waste
Ergonomics /Back Injury Prevention	Safe Patient Handling	Tips to Maintain Healthy Back	Reporting Injuries	MN AWAIR	Ethical Concerns & Questions
Care that Conflicts with Values	QMS	Stroke Awareness	Baby Friendly	Make It OK	Great job! Click here to continue.

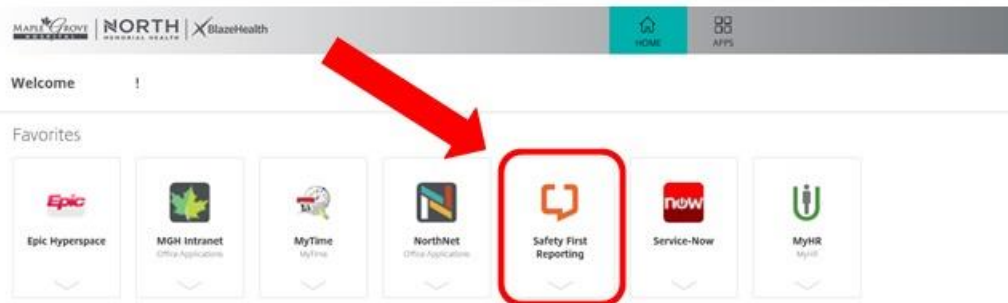
Safety First Reporting

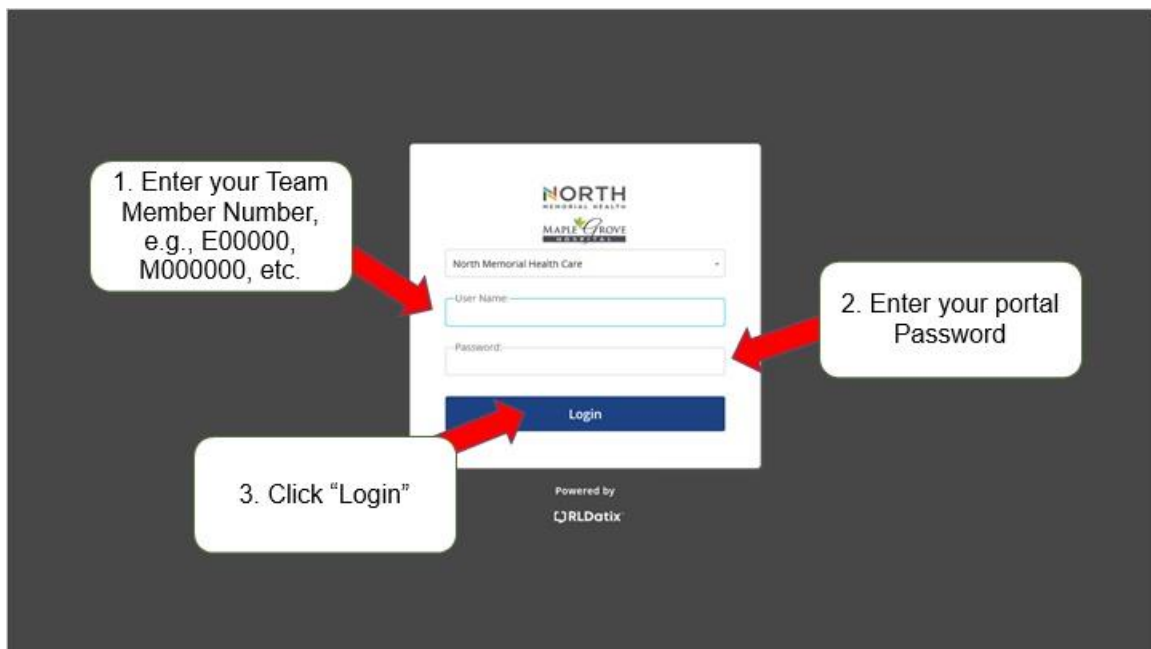
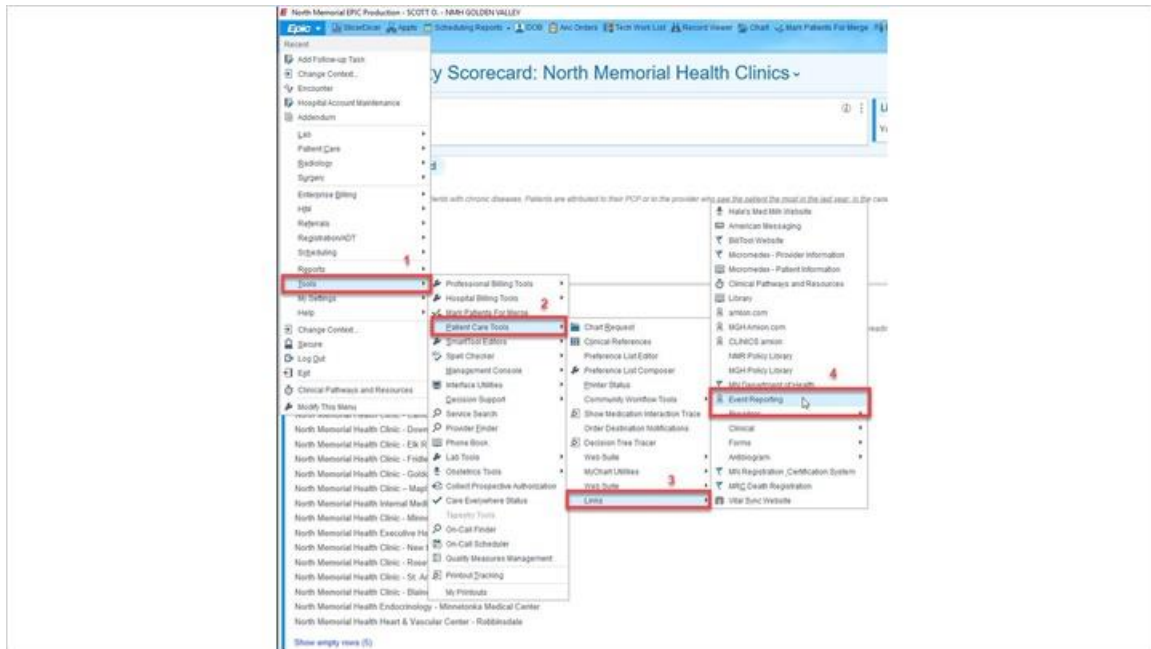
Safety First Reporting is the electronic system we use to internally track team member, customer and visitor safety events, near misses, or “Good Catches” including significant events.

- When an event, near miss, or good catch occurs that may not be consistent with the appropriate care of a customer or the routine operation of a North Memorial Health department or care site, complete a Safety First Report.
- Safety First Reports are peer protected and are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out quality improvement review and risk management functions.



How to Access Program via Portal







Safety First Reporting

All events are reviewed and followed up on by appropriate leadership. A review of the event is conducted to identify the underlying reasons or the cause of the event, and to implement appropriate actions to prevent reoccurrence.

This review is conducted by a multidisciplinary team with a focus on identifying the root cause and contributing factors to the event and creating corrective and preventive actions to prevent reoccurrence.

Disclosing the Occurrence of an Adverse Event

The customer has the right to a prompt and truthful conversation. The following steps should take place to assist that process:

1. Complete the Safety First Reporting.
2. Connect with your unit supervisor or administrative manager to develop a plan for communication.
3. Connect with risk management as needed.

Cleaning Up an Identified Chemical Leak/Spill

If you know the chemical that has spilled, have the proper spill clean-up equipment, and have been trained, you can clean up a chemical.

Click anywhere

Tell your manager/supervisor.

Use the provided spill clean-up kit/equipment within your department.

Know the locations of nearest eye wash stations and safety showers and how they work.

Click anywhere

Fill out an incident report.

If you feel the spill is out of your ability to handle, call *99 (emergency number). If you do not know what has been spilled, you should follow the steps for handling an unidentified chemical spill.

MN Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical Agents

Click on each of the buttons above to learn more.

MN Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical Agents

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.

MN Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical 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.

MN Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical Agents

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

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

Click on
each of the buttons
to the left
to learn more.

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

Team members 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.
- Know how to access the SDS database on the NMHH Intranet.

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

Employers are required to:

- Tell team members about hazards they may encounter at their jobs.
- Discuss what team members need to know to work safely.
- Show team members where they can find information about hazards.
- Evaluate all substances entering and existing in the workplace that may present hazards.
- Provide team member 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.

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

Team members 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

Individual Factors that can affect Performance

A variety of factors contribute to safety. Attention to managing the human and environmental factors associated with adverse events can optimize customer, co-worker, and organizational safety.

- **Human factors** include items such as: fatigue, illness, stress, rushing through an assigned task, non-compliance to required safety education or not using critical thinking skills.
- **Environmental factors** can include things like: poor lighting, disorganized work areas or improperly maintained equipment.

Leaders and healthcare workers share responsibility for creating a safe environment to work and practice. It is important that all of us assess our work environment for safety, understand our own work performance and the performance of others, and obtain the needed training to operate equipment and technology. The goal is to work together for continuous improvement.

Individual Factors that can affect Performance

A few ideas on how what you can do:

- Appreciate the safety challenges that come with operating equipment and technology.
- Apply critical thinking skills to perform work assignments safely.
- Address human factors such as getting enough rest prior to coming to work, staying home when ill, exercising to improve health and reduce stress levels and maintaining a healthy diet.
- Address environmental factors such as organizing and standardizing customer supply rooms so equipment can then be stored safely, while ensuring easy access to essential patient care and work supplies.

Radiation Safety

There are two primary sources of ionizing radiation within the healthcare setting: Equipment and Radioactive Materials.

Equipment
Click here to learn more

**Radioactive
Materials**
Click here to learn more

Radiation Safety

There are two primary sources of ionizing radiation within the healthcare setting: Equipment and Radioactive Materials.

Equipment gives off radiation only during the time of an x-ray exposure. Some examples of equipment that emit radiation are: General Radiology, C-Arms, O-Arm, CT, Interventional Radiology, Fluoroscopy, and Mammography.

Radioactive Materials are utilized in the Nuclear Medicine and Positron Emission Tomography (PET) departments. This involves administering a radiopharmaceutical to the patient so internal structures can be imaged.

Radiation Safety

Radiation protection involves effective measures employed by radiation workers to safeguard customers, team members, and the general public from unnecessary exposure to ionizing radiation. The three basic precautions involved in radiation protection are:

Time

Distance

Shielding



In most circumstances, an individual should spend the least amount of time in the room when an exposure is being made, should stand as far away from the radiation source as possible while still maintaining patient safety, and should always wear lead shielding when in the room during an x-ray exposure.

MRI Safety

Magnetic Resonance Imaging (MRI) is not ionizing radiation; instead it utilizes a very strong magnet and radiofrequency waves to image internal structures.

Safety Reminders:

- All individuals near the MRI need to be screened to determine if they are safe to be in the area.
- MRI has secure zones that cannot be accessed without clearance by MRI personnel.
- All objects must be evaluated and deemed to be MRI safe before they are brought into the MRI area.
- **The magnet is always on**, whether a customer is being scanned or not.



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:

- Bio aerosols 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

Indoor Air Quality (IAQ) cont.

- Examples of common concerns identified by team members include exhaust fumes by the loading dock areas, and mold growth.
- The Maintenance 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 Maintenance at 1-2390 or 763-581-2390.



Safety Data Sheets (SDS)

- Safety Data Sheets** are found on the North Memorial intranet Tools: *Safety Data Sheets.*
- [AACN Nursing Manual](#)
 - [Ability](#)
 - [Account](#)
 - [BCDE Launch Pad](#)
 - [Career Applied Intelligence Center User Data](#)
 - [Dragon Medical One](#)
 - [EBSCO](#)
 - [Epic Training Information](#)
 - [Everbridge](#)
 - [FSMB](#)
 - [HealthStream](#)
 - [IDEA](#)
 - [iNvision](#)
 - [Interqual / Interqual Admin](#)
 - [Maintenance request](#)
 - [MyTime](#)
 - [Password reset](#)
 - [PolicyTech](#)
 - [Privilege inquiry](#)
 - [Recognition Central](#)
 - [Report adult abuse](#)
 - [Revenue Cycle Management](#)
 - [Safety Committee and Safety Officer Report](#)
 - [Safety Data Sheets](#)
 - [ServiceNow](#)
 - [SmartWorks](#)
 - [Sg2](#)
 - [Staples Advantage](#) - office supplies
 - [Vendormate](#)
 - [VersaTrak](#) - Engineering

Safety Data Sheets (SDS)

A SDS gives detailed information about a chemical so that you can work safely with it. Read the SDS before using a chemical. If you have questions about a chemical, see your manager or supervisor.

Information found on SDS:

- Chemical Identification
- Hazardous Ingredients/Identification Information
- Physical Data/Characteristics
- Fire and Explosion Hazard Data or Physical Data
- Reactivity Data
- Health Hazard Data
- Precautions for Safe Handling and Use or Spill or Leak Precautions
- Special Protection Information or Control Measures

Hazardous Substances: Purpose & Storage

Hazardous substances (chemicals) help you perform many tasks. When used correctly, chemicals are safe. When used or stored incorrectly, they can harm you. Be informed about the chemicals that you use. A chemical that can potentially harm or injure you is classified as hazardous. A chemical can be either a physical hazard and/or health hazard. Hazardous Substances are stored in:

Original Containers

Some chemicals are used right from the manufacturer's **original container**. The manufacturer has already properly labeled these containers.

Transfer Containers

Some chemicals used within the organization are removed from their original container and transferred into another container. These containers are called a **transfer containers**. Transfer containers must be labeled with a **National Fire Protection Association (NFPA) 704** label or equivalent.

Waste Identification and Disposal



<https://www.ksnlocal4.com/content/news/Dangers-of-throwing-away-aerosol-cans-430622733.html>



<http://www.mediasehatku.com/2016/11/daftar-limbah-berbahaya-rumah-tangga.html>



http://www.interfine.org/features/another_weapon.asp

Click on each of the pictures above for more information.

Waste Identification and Disposal

Aerosol Cans (e.g. Quick-Care container)

Empty with less than 3% remaining, place in regular waste/trash.

Batteries

Place **used batteries in marked containers** in your area.

Ignitable Liquids & Gels

Any liquid containing greater than 24% alcohol is hazardous per ignitability, including hand cleaners.

Empty with less than 3% remaining, place in regular waste/trash.

For questions, pickup of aerosol cans, batteries, ignitable liquids or gels call the Regulated Hazardous Waste Coordinator at ext. 1-2298 or 763-581-2298.

Pharmaceutical Waste

- Put non-hazardous pharmaceutical waste 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. NO SHARPS OR BIOHAZARDOUS MATERIAL.
- Bottles of contrast media containing iodine are utilized in the Imaging Department. Iodine containing contrast bottles need to be disposed of in a **BLACK** container.

Exception: Controlled substances should *NEVER* be put into the **BLUE** or **BLACK** pharmaceutical waste or **RED Sharps containers**.

Click here to proceed.



Pharmaceutical Waste

Controlled substances should be disposed of as follows:

- Injectable controlled substances should be wasted in the sink or flushed down the toilet.
- Patches containing controlled substances (i.e. Fentanyl) should have the sticky sides folded together and then flushed.
- Controlled substance tablets should be wasted by flushing down the toilet or washed down the sink.

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Chemical Hazards/Risks

Physical Hazard

[Click here for more info](#)

Health Hazard

[Click here for more info](#)

Chemical Hazards/Risks

Physical Hazard

A chemical is a physical hazard if it can cause a dangerous situation (e.g., explosion, fire, toxic fumes) when it is exposed to another chemical or certain environmental conditions (heat, light, vibration [shock] and moisture). Chemicals that represent a physical hazard include combustible liquids, compressed gases, organic peroxide, explosives, oxidizers, flammables, pyrophorics, unstable-reactive, or water-reactive.

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Chemical Hazards/Risks

Health Hazard

A chemical is a health hazard if its ingredients can cause health problems. Some of these effects will show up right away for example, within 24-hours (**acute health effect**); some effects show up later (**chronic health effect**). These chemicals can make you sick; cause vomiting, a fever or headache; irritate or burn the lungs, eyes, skin or mucous membranes; poison internal organs such as the liver, kidneys, or brain; cause cancer; damage the reproductive or central nervous system; damage bone marrow and lymph nodes, and cause death.

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Chemical Hazards/Risks (cont)

There are three common ways that a chemical can enter your body (routes of entry):

Contact

Splashing a chemical on your skin or in your eyes.

Inhalation

Breathing in a chemical's fumes, vapors, mists, or dust particles.

Ingestion

Swallowing a chemical or food/drinks contaminated by a chemical.

- **If a chemical cannot get in, you win.** Protect yourself. Know how to safely handle, use, store, and dispose of the chemicals you use.
- **Signs of overexposure** to a chemical include nausea, headache, fever, dizziness, burns, irritation of the eyes, nose, throat, or lungs, skin rash, blurred vision, fatigue, and vomiting. If you think you have had an overexposure to a chemical, tell your manager and get medical assistance according to procedure.

Small Spills of Blood/Body Fluids

To manage small, contained blood/body fluid (BBF) spills:

- Block area to prevent access to contaminated area
- Don clean gloves and protective equipment
- Use disposable towels to absorb excess infectious material and discard into **red waste** bag
- Disinfect the surface with a facility-approved disinfectant following product instructions for contact time
- Follow up by cleaning the surface with a facility-approved disinfectant to remove any remaining soil
- Discard all contaminated supplies into **red waste** bag
- Perform hand hygiene after glove removal

Large Spills of Blood/Body Fluids

Larger spills that cannot be contained:

- Block affected space to prevent access to contaminated surface
- Contact Environmental Services for assistance

Sharps Safety

Sharps include:

- needles
- scalpel blades, and other objects that can penetrate the skin
- other objects that can penetrate the skin



Safety Best Practices:

- Use only the approved safety mechanism to cover a used needle. Never use the disposable needle cover
- Activate safety sheath before disposal, utilizing one handed technique of the hand used to perform the injection
- Dispose of in puncture-resistant container at point of use
- Use mechanical device (forceps) for removal of reusable sharps
- Use a no-pass technique for handling sharps during surgical procedures

Infectious/Chemo/Pathological Waste Handling Disposal

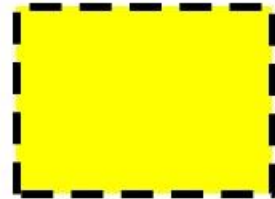
Drag each type of waste to the appropriate color container.

Trace
Chemo

Bulk
Chemo

Pathological
Waste

Sharps



Infectious/Chemo/Pathological Waste Handling Disposal

Drag each type of waste to the appropriate color container.

Correct!
Bulk
Chemo

Correct!
Sharps

Correct!
Pathological
Waste

Correct!
Trace
Chemo

Red Biohazard Bag

Place blood or other potentially infectious material contaminated items in red biohazard bag

- May require double bag if large volume
- Sharps go in rigid container

Failure to follow waste disposal regulations will result in county, state and federal fines

These **DO** go in the red bag:

Contaminated:

- Visibly Bloody Gloves
- Visibly Bloody Plastic Tubing
- Visibly Contaminated PPE
- Saturated Gauze
- Saturated Bandages
- Blood Saturated Items
- Blood & Body Fluids
- Closed Sharps
- Disposable Containers

Special handling and marking may be required:

- Certain Pathological Waste
- Trace-Chemotherapy

These **DON'T** go in the red bag:



Medication



Compressed Gas Cylinders



Loose Sharps



Hazardous and Chemical Waste



Radioactive Waste



Garbage



Fixatives and Preservatives

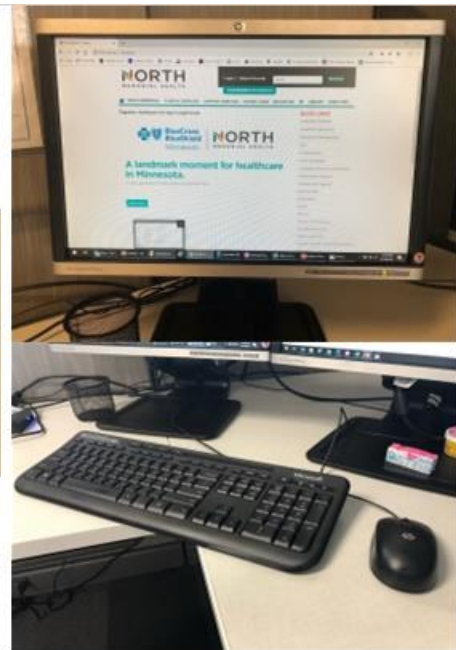


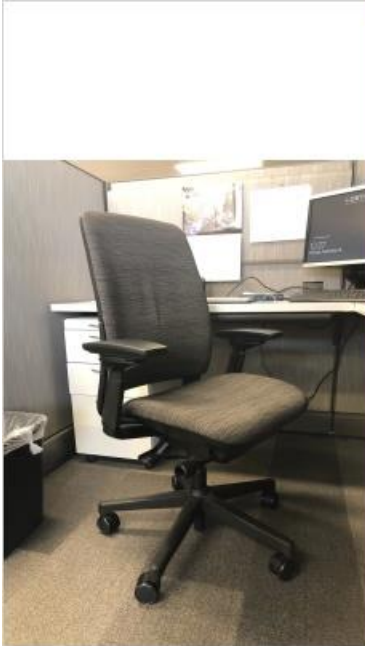
Please remember to reference your own Medical Facility specific policies.

Ergonomics/Back Injury Prevention



Click on each of the images for more tips on using that equipment.





- 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 90 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.

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- Pull up close to your keyboard so there is a comfortable 90 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 mousing.

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- 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.



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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.



Questions? Contact Team Member Health at ext 12180