

Reuse, Removal and Storage

Using N95 when re-use is planned

Removal of shield and N95

Storage of protective shield cover and N95

Retrieving a Reused Shield and N95



Click on each topic to learn more.

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Using N95 when re-use is planned

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Storage of protective shield cover and N95

Retrieving a Reused Shield and N95

- Perform hand hygiene.
- Open new N95 and write name on it. Don N95 and perform fit check.

Reuse, Removal and Storage

Using N95 when re-use is planned	<ul style="list-style-type: none"> • In room, remove soiled gloves and gown. Perform hand hygiene. • Step outside of room, don clean gloves. Prepare to remove reusable protective cover: <ul style="list-style-type: none"> ◦ Don't touch outer shield, remove by strap(s). ◦ Inspect for damage, gross soiling. ◦ Disinfect reusable shield with Sani wipes, hang on command hook to dry. • If a Non-reusable droplet visor shield mask was used: DISCARD • Take off gloves, do hand hygiene. • Remove N95 by straps without touching the inside of the N95. • Hang your N95 on another command hook for ongoing use during your assignment. • Perform hand hygiene.
Removal of shield and N95	
Storage of protective shield cover and N95	
Retrieving a Reused Shield and N95	

Reuse, Removal and Storage

Using N95 when re-use is planned	<p><u>PLACE shield in a paper bag with your name/date. Place N95 IN A SEPARATE LABELED CLEAN BAG.</u></p> <ul style="list-style-type: none"> • Storage of your paper bags will occur as directed based on available physical space.
Removal of shield and N95	
Storage of protective shield cover and N95	
Retrieving a Reused Shield and N95	



Reuse, Removal and Storage

Using N95 when re-use is planned	<ul style="list-style-type: none">• Perform hand hygiene and remove your PPE out your labeled bag.• Inspect shield and N95, do not use if compromised• Don the N95 and perform fit check.• Place reused shield cover or use a new droplet mask with visor shield based on availability of product.• Store as above for ongoing reuse.
Removal of shield and N95	
Storage of protective shield cover and N95	
Retrieving a Reused Shield and N95	

PAPR

A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a facepiece.

The PAPR hood is not designed to fit tightly so does not require a fit test prior to use. However, you will still need a medical clearance to ensure you have no medical contraindications to its use.

PAPRs are utilized when facial hair precludes the use of a tight-fitting respirator. It is also used for those that are not medically cleared to wear other respirator models, as the physiologic burden of this respirator type is less for most people. It is also used for some team members that have infrequent need for respiratory protection due to their role.



Inspection Prior to Use of PAPR

Note below the grid: It is vital you understand how to do an airflow check and how to disinfect the PAPR in order to ensure it's safe use. Please pay close attention to this in the slides to come.

Component	Check for
Hood	Cracks, damage, soiled, defects
Tubing	Cracks , damage, defects
Blower unit	Charged and blowing sufficiently to float tester.

Versaflo PAPR Instruction Guide



Versaflo PAPR Instruction Guide

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

PAPR
Removal

Obtain battery from charger.

Press the TEST button on battery to confirm that the battery is charged. Inspect battery for damage (if damaged, do not use).



Versaflo PAPR Instruction Guide

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

PAPR
Removal



Attach battery to blower unit.

Inspect blower unit and filter for damage (if damaged, do not use). Inspect blower unit and filter for damage (if damaged, do not use).




Versaflor PAPR Instruction Guide

STEP 1	Conduct airflow and low airflow alarm check:	
STEP 2	1. Airflow Check: a. Insert the air flow indicator into the outlet of the blower unit. b. Hold blower unit so airflow indicator is vertical.	
STEP 3	c. Turn the blower unit on by pushing and holding the small blue power button until you hear a beep. When the blower is up to speed, the unit will either vibrate (TR-600) or the lights will stop blinking (TR-300) depending on the model. d. Run the PAPR for 1 minute to allow the airflow to stabilize. e. Ensure indicator ball rises above the "H" level. f. Remove airflow indicator.	
STEP 4	1. Low Airflow Alarm: a. After removing the airflow indicator, tightly cover the outlet of the blower unit with the palm of your hand. The motor will speed up, attempting to compensate for the low airflow condition.	
STEP 5	b. Hold your palm tightly against the outlet making a tight seal. After 30 seconds, the blower unit will sound an audible alarm and the fan shaped LED will flash.	
STEP 6	c. Remove your hand, the flashing red LED and alarm will stop when the motor returns to lower speed.	
PAPR Removal	<p>Required: Airflow verification to protect yourself. Failure to do so may result in inadequate airflow which may cause serious bodily injury or death.</p> <p>If the PAPR does NOT pass the airflow check - DO NOT USE the DEVICE. Send to Biomed for service.</p>	



Versaflor PAPR Instruction Guide

STEP 1		<p>Attach breathing tube to blower unit:</p> <ul style="list-style-type: none">a. Inspect breathing tube for damage (replace before use if damaged).b. Attach by lining up notches on end of breathing tube, press in and rotate right to secure.
STEP 2		
STEP 3		
STEP 4		
STEP 5		
STEP 6		
PAPR Removal		

Versaflo PAPR Instruction Guide

Attach breathing tube to appropriately fitting & correct size hood.	
STEP 1	<u>2 hood sizes:</u>
STEP 2	Blue = Large White = Regular
STEP 3	<u>2 hood types:</u>
STEP 4	 
	Outside the sterile field Within the sterile field
STEP 5	Appropriate fit:
STEP 6	<ul style="list-style-type: none"> The sweatband and elastic encircle your head, with the sweatband against your forehead. The face seal is pulled as far as possible under your chin and is hugging your face. The hood sits just above your ears. The hood does not shift on your head.
PAPR Removal	

Versaflo PAPR Instruction Guide

STEP 1	Don the PAPR:	
STEP 2		a. Secure belt to waist. Place the blower unit (breathing tube pointing up towards head) against your lower back along spine.
STEP 3		b. Fasten the buckle in the front and make sure the unit rests comfortably and securely.
STEP 4		c. Remove the protective covering the visor, put the hood on. Make sure it fits properly and air flows to the front of the hood.
STEP 5		
STEP 6		
PAPR Removal		 

Versaflo PAPR Instruction Guide

STEP 1	<ul style="list-style-type: none">• ONLY remove once outside of patient room. Remove hood first followed by the belt and turn off the blower unit by pressing and holding the blue power button.• Wipe down breathing tube, battery, and blower unit (avoid the blower pins and battery pads) with bleach wipes.• Remove battery and store on charger.• DO NOT throw out breathing tube – it is reusable.• If PAPR is broken, call Biomed 1-2440.• If you need a PAPR to use temporarily, call Freedom Medical 1-2324. <p>If further assistance is needed, call Infection Prevention: NMHH: 763-581-4660 MGH: 763-581-1234</p>
STEP 2	
STEP 3	
STEP 4	
STEP 5	
STEP 6	
PAPR Removal	

3M Airmate PAPR Instruction Guide

STEP 1	 <p>Click on each step to view more info.</p>
STEP 2	
STEP 3	
STEP 4	
STEP 5	
STEP 6	

3M Airmate PAPR Instruction Guide

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6



Insert the hose

Line up silver notch, press in and rotate right to secure.

3M Airmate PAPR Instruction Guide

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

Turn on the blower unit


Press the black on/off switch to turn the blower on.



3M Airmate PAPR Instruction Guide

STEP 1		Test airflow
STEP 2		<p>Test airflow with Airflow Indicator. Insert the indicator pointed side down into the tubing. You should be able to see the ridges on the top of the indicator as it floats in the tubing. This ensures that there is enough power coming from the fan. Airflow indicator is reusable, return to storage when finished with airflow test.</p> <ul style="list-style-type: none"> *It is very important to test your system. If you cannot see both lines on the indicator, your system is NOT effective.
STEP 3		
STEP 4		
STEP 5		
STEP 6		

3M Airmate PAPR Instruction Guide

STEP 1	Attach hose to correct size hood	
STEP 2	<p>There are 2 sizes of hood-</p> <p>Regular - Hoods with white film on the shield</p> <p>Large - Hoods with blue film on the shield</p>	
STEP 3	<p>Appropriate fit:</p> <ul style="list-style-type: none"> The sweatband and elastic encircle your head, with the sweatband against your forehead. 	
STEP 4	<ul style="list-style-type: none"> The face seal is pulled as far as possible under your chin and is hugging your face. 	
STEP 5	<ul style="list-style-type: none"> The Head Cover sits just above your ears. The Head Cover does not shift on your head. 	
STEP 6	Hoods are ONE person use only but can be used multiple times by the same person during their shift.	

3M Airmate PAPR Instruction Guide

STEP 1

STEP 2

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STEP 4

STEP 5

STEP 6



Secure belt to waist

Secure belt to waist. Place the blower unit (breathing tube pointing up towards head) against your lower back along spine. Fasten the buckle in the front and make sure the unit rests comfortably and securely.

3M Airmate PAPR Instruction Guide

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

Put hood on

Remove the protective tissue covering the visor and put the hood on. Air flows to the front of the hood.

Removal

- Only remove outside of the patient room. Remove hood first followed by belt and blower unit.
- When done, wipe down the PAPR hood, the breathing tube and the blower unit with a disinfecting wipe and return to storage.
- Follow the PAPR hood re-use procedure.



If further assistance is needed, call Infection Prevention at 763-581-4600.

Disinfecting and Storage When Re-using Hoods

PAPR hood re-use is dictated by supply. Infection Prevention and Emergency Management will communicate any changes to the supply availability and re-use implications.

To Re-use PAPR Hood

- Gather PAPR motor blower unit, hood and tubing.
- Write name on clean PAPR hood.
- Follow instructions for use located in Policy Tech (procedure listed below).
- After Removal:
 - Disinfect all equipment with sani wipes and allow to dry (blower unit, tubing and hood).
 - Store hood in bag.
 - Write name on bag for storage.
- Storage of your bags will occur as directed based on physical location and available space.
- PAPR hoods will be stored indefinitely, until the hood integrity is compromised (dirty, damaged, damp).
- Disinfected hoods can be used for contact with multiple patients.

Elastomeric



Half face (also known as elastomeric) respirators are durable respirators that are used in some areas of our organization. As they have an exhalation valve that discharges the user's unfiltered exhaled respiratory droplets, they are not to be used in a sterile setting. Face shields are also worn over the respirator to provide source control. Filters are used in conjunction with the respirator mask, and filtration is equal to or greater than a filtering facepiece N95. Fit testing and specific donning and doffing training is required for this respirator.

Inspection Prior to Use of Elastomeric Respirator

Component	Check for
Head Straps	Loss of elasticity, torn, cut
Buckles/head cradle	Damaged or broken
Facepiece	Cracked, torn, distorted, dirty
Inhalation/Exhalation Diaphragms	Missing, torn, improperly seated.
Filter Cartridge	Cracked, damaged, not properly seated.

Donning and Seal Check

- Team Members will be taught donning and doffing for their particular respirator model at the time of fit testing. Seal checks are required to ensure the mask is adjusted properly.
- **Seal Check:** Perform a negative pressure and positive seal check after donning and prior to entering a contaminated area.
 - **Positive Pressure:** cover exhalation valve and exhale gently to create pressure, readjust if leak detected.
 - **Negative Pressure:** Cover both cartridges and inhale and hold your breath. Facepiece should slightly collapse. If leak, adjust.

Disinfecting After Use

- Each time the respirator is doffed and after an aerosolizing procedure or overt splash, wipe the external surfaces with a hospital approved disinfectant wipe. Wait the appropriate contact time. Follow up by wiping the external surface with a water dampened paper towel or saline wipe. Allow to dry and place on a hook away from contaminated areas or in a labeled paper bag for storage.
- Filters (except for unprotected disc type, i.e., pancake style) may be used for an extended period, if the filter housing of cartridge types is disinfected after each patient interaction provided the disinfectant or cleaning agent does not come in contact with the filter media.

Storage and Maintenance

- Between uses Team Members store their respirator in a paper bag labeled with their name or hung on a hook (labeled), in a clean area free from contaminants.
- Filters should be replaced if filter media becomes grossly soiled, clogged or damaged. Filters will be replaced no later than 12 months after initiation of use at the annual fit test.

Testing...

This module has 5 test questions. Click next to start.

One of the checks I will do to ensure the Powered Air Purifying Respirator (PAPR) is functioning correctly, prior to use is:

- ☐ Perform a fit test
- ☐ Perform a seal test
- ☒ Use the airflow indicator device to ensure airflow is adequate

For tight fitting respirators such as the N 95 (filtering facepiece), performing a _____ each time I apply the respirator is important to ensure the mask is seated on my face correctly.

- ☒ Seal check
- ☐ Fit test
- ☐ Airflow indicator check

I feel short of breath and lightheaded when I wear my N 95 respirator and was recently diagnosed with a new medical condition. What is my next step?

- ☐ Try using an elastomeric respirator
- ☐ Use a droplet mask instead
- ☒ Inform your leader and Team Member Health, for further assessment and alternative forms of protection that may be better suited for you.

During times of PAPR hood re-use, I will disinfect my hood by:

- ☐ UV cycling
- ☐ Dry cycling
- ☐ Rinsing in soiled utility room.
- ☒ Using a Sani-Cloth, wiping entire hood surface.

Fit testing is _____ (check all that apply):

- ☒ Performed to ensure that the tight-fitting respirator fits your unique face.
- ☒ Required for the specific model that you will be wearing (unless loose fitting)
- ☐ Performed by the user each time you put on the respirator.
- ☒ Performed on an annual basis.

Conclusion

A thorough understanding of respiratory protection is vital to your safety in healthcare. If you have any questions about respirators in your specific role, or need additional hands on training, please contact your leader.

Conclusion

CLOSE THIS MODULE.

OSHA COVID-19 Essentials

COVID-19 Essential Information



COVID-19 Transmission



COVID-19 Transmission

COVID-19 (SARS-CoV-2 virus) spreads when an infected person breathes out droplets and particles that contain the virus. People who are closer than 6 feet from the infected person are most likely to get infected.

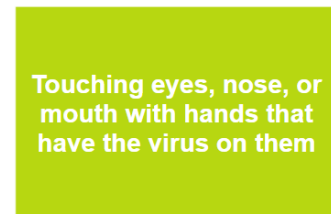
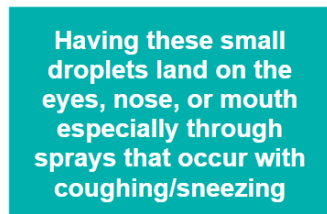
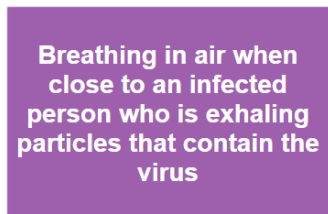
COVID-19 is spread in 3 main ways:



COVID-19 Transmission

COVID-19 (SARS-CoV-2 virus) spreads when an infected person breathes out droplets and particles that contain the virus. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in 3 main ways:



COVID-19 Transmission

Pre-Symptomatic

An infected person who has not yet developed symptoms but goes on to develop symptoms later

Asymptomatic

An infected person who never develops symptoms

Transmission of COVID-19 can occur whether the infected individual is asymptomatic, pre-symptomatic or showing symptoms of illness.



Risk Factors for Severe Illness



Risk Factors for Severe COVID-19

Increasing age

Comorbidities

Socioeconomic Background

Other Risk Factors

Severe illness can occur in otherwise healthy individuals of any age, but mostly occurs in adults with advanced age or certain underlying health conditions (comorbidities). Severe illness is defined as COVID-19 that results in hospitalization, admission to the intensive care unit, mechanical ventilation or death.

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

Risk Factors for Severe COVID-19

Increasing age

Comorbidities

Socioeconomic Background

Other Risk Factors

- Adults of middle age and older are most commonly affected.
- Mortality (death) is significantly higher in those ≥ 65 years old

Risk Factors for Severe COVID-19

Increasing age	<ul style="list-style-type: none">• Cardiovascular disease• Diabetes mellitus• Lung disease (COPD)• Cancer• Chronic kidney disease• Solid organ/stem cell transplant• Obesity• Smoking
Comorbidities	
Socioeconomic Background	
Other Risk Factors	

Risk Factors for Severe COVID-19

Increasing age	<ul style="list-style-type: none">• Male gender• Black, Hispanic, South Asian individuals, likely related to underlying disparities in social determinants of health
Comorbidities	
Socioeconomic Background	
Other Risk Factors	

Risk Factors for Severe COVID-19

Increasing age	<ul style="list-style-type: none">• Certain lab abnormalities (e.g. lower than normal white blood cells or lower than normal blood platelets)• Viral factors• Genetic factors
Comorbidities	
Socioeconomic Background	
Other Risk Factors	

Risk Factors for Severe COVID-19

Vaccines continue to be highly effective at preventing severe COVID-19 (hospitalization and death), including against the Delta variant.

When to Seek Medical Attention



What to do if you are Sick With COVID-19

- Most people with COVID-19 have mild illness and can recover at home without medical care
- Take care of yourself. Get rest and stay hydrated
- Stay home except in the event you need medical care
- If you are showing any of these signs, seek emergency medical care immediately:
 - **Trouble breathing**
 - **Persistent pain or pressure in the chest**
 - **New confusion**
 - **Inability to wake or stay awake**
 - **Pale, gray, blue-colored skin, lips or nail beds (depending on the skin tone)**
- Call 911 or call ahead to your local emergency facility
 - **Let them know you are seeking care for someone who has or may have COVID-19**

Employer-specific Policies and Procedures on Patient Screening & Management



Patient Screening and Management

Early identification of illness helps control the spread of COVID-19. NMH has protocols in place to identify customers displaying signs or symptoms of COVID-19 across multiple settings:

- **Outpatient customers are screened through Care Access and at time of check in**
- **Hospital customers screened for risk factors as part of triage process**
 - ***Admitted customers are tested for COVID-19 regardless of symptoms***
- **Visitors are screened for symptoms at key entry points**

Question	Response
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No
Do you have any of the following new or worsening symptoms?	Shortness of breath
Have you traveled internationally in the last month?	No

Example) Patient screening questions in EMR

Patient Screening and Management

Mask Use

Standard Precautions

Full Barrier Precautions

Patient Clinical Management

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

Patient Screening and Management

Mask Use

Standard Precautions

Full Barrier Precautions

Patient Clinical Management

- All customers wear masks as their medical condition tolerates it
- This provides source control from potentially infectious particles – even if they are asymptomatic

Patient Screening and Management

Mask Use	<ul style="list-style-type: none">• Team members use PPE in accordance with public health guidance for all patient cares• This includes a universal mask and eye protection
Standard Precautions	
Full Barrier Precautions	
Patient Clinical Management	

Patient Screening and Management

Mask Use	<ul style="list-style-type: none">• Customers identified as a COVID-19 'person under investigation' (PUI) are managed with a higher level of PPE protection, known as Full Barrier Precautions• Refer to Infection Prevention policies and procedures for Full Barrier precaution details
Standard Precautions	
Full Barrier Precautions	
Patient Clinical Management	

Patient Screening and Management

Mask Use

Standard Precautions

Full Barrier Precautions

Patient Clinical Management

- Patient clinical management protocols are available on the COVID-19 Intranet resource page for specific clinical areas

Understanding COVID-19 Transmission Risk in the Workplace



Tasks and Situations that Would Result in COVID-19 Exposure

- Team members (TM) can be exposed to COVID-19 by either a customer or another team member
- Data provided from the Minnesota Department of Health shows that **household/social exposures (outside of work)** is the most likely source for a healthcare worker (HCW) to acquire COVID-19
 - ≤2% of HCW acquire COVID-19 after a known high-risk exposure in the workplace

Team Member to Team Member Exposure Risks

Situation	Risk Level	Example
TM was in the same indoor environment without a mask on, but >6 feet away and <15 minutes	Low 	Break room, cafeteria (where a mask would be removed for eating)
TM was in the same indoor environment with a mask on, with close contact (<6 feet for >15 minutes)	Low 	Team members attended a meeting together in a conference room
TM was in the same indoor environment without a mask on, with close contact (<6 feet for >15 minutes)	High 	Team members ate lunch together at the same table
TM had direct contact with infectious secretions of the infected TM, with or without a mask*	High 	Team member was coughed on or touched a used tissue with bare hand

*Refer to HCW exposure grids on COVID-19 intranet page for detailed exposure information

Team Member to Patient Exposure Risks

Situation	Risk Level	Example
TM and patient wore a mask during close contact. No aerosol-generating procedures were performed	Low ✓	Team member roomed a customer and performed vitals
TM wore a mask and eye protection during close contact with an unmasked patient. No aerosol-generating procedures were performed.	Low ✓	Team member provided routine care to an unmasked patient (toileting, positioning, wound care, etc.)
TM wore a respirator* but did not have on eye protection during close contact with an unmasked patient. No aerosol-generating procedures were performed.	High ⚠	Team member provided routine care to an unmasked patient, but lacked a critical PPE element (eye protection)
TM wore a mask while performing/present for an aerosol-generating procedure instead of wearing the following: respirator*, eye protection, gown and gloves. The patient was not masked .	High ⚠	The team member emergently intubated the patient, but lacked one or multiple PPE elements

*Respirator = N95, PAPR or elastomeric devices

COVID-19 Medical Removal from the Workplace



Medical Removal from the Workplace

Team Members must notify the Team Member Service Center if they:

- Have experienced high risk exposure with an individual with confirmed positive for COVID-19
- Have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider;
- Have been told by a licensed healthcare provider they are suspected to have COVID-19;
- Are experiencing a recent loss in taste and/or smell with no other explanation;
- Are experiencing a fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath; or
- Are experiencing two or more of the following symptoms:
 - Cough, Sore Throat, Headache, shortness of breath, body aches, fatigue, loss of taste/smell, Nausea/vomiting, Diarrhea, Congestion, Runny nose



Medical Removal from the Workplace Cont'd

- The Team Member Service Center will determine if the team member must be excluded from work while testing for COVID-19
- Team Members will be removed from the workplace and will need to complete a COVID-19 polymerase chain reaction (PCR) test
 - If the test results are negative, team members may return to work immediately
 - If the test results are positive, the team member must meet the return to work guidelines and be cleared to return to the workplace
- If a team member refuses to test for COVID-19, the team member will be medically removed from work consistent with the CDC and OSHA COVID-19 ETS
 - Team members that refuse to take a COVID-19 test will not be eligible for medical removal benefits
- Team members who cannot take the test for religious or disability-related medical reasons consistent with the Americans Disabilities Act (ADA) must request an accommodation through Team Member Health



COVID-19 Medical Benefits



Medical Removal Benefits

Team Members will be provided job-protected leave while medically removed from the workplace due to COVID-19 when remote work is not available

- Team Members are required to use their available paid time away (sick, vacation, paid time off, medical leave bank and/or sick and safety leave) while absent from work
 - If available paid time away is exhausted, team members will be allowed to go negative up to 40 hours with vacation or paid time off
 - Once available paid time off is exhausted (including a negative balance of 40 hours), team members who meet the medical removal requirements will be eligible for company paid leave up to, but not to exceed their biweekly hours held within the HR system (FTE)
 - Medical Removal benefits will be reduced by the amount of compensation received through any other source, such as publicly or employer-funded compensation program (i.e. Workers' Compensation benefits, Short-Term Disability Benefits, etc.)



Medical Removal Benefits Cont'd

- Team Members will be provided paid time for a reasonable amount of leave needed during a scheduled shift to receive a COVID-19 vaccination
- Team members must work with their leader to take time to receive each dose of the COVID-19 vaccination or booster
- Team Members who experience side effects of the COVID-19 vaccination will be provided absence forgiveness for up to 2 calendar days immediately following vaccination
 - Team Members are required to use their own paid time away for absences related to COVID-19 vaccination side effects



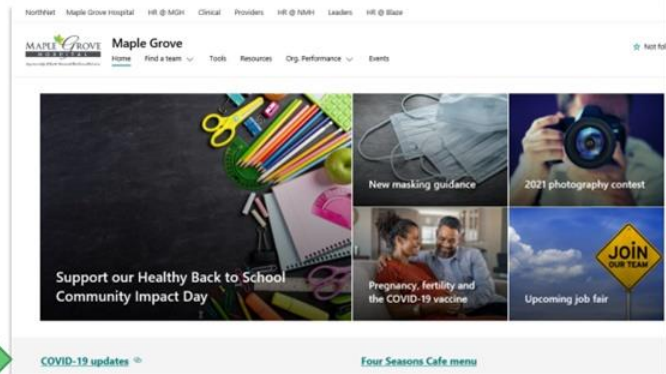
NMH COVID-19 Safety Plan



COVID-19 Policies and Procedures

- North Memorial Health has a written COVID-19 plan outlining policies and procedures for COVID-19 prevention and management in the workplace
- Team members can access this written plan on the COVID-19 updates resource page on the intranet
- Additional policies on Full Barrier precautions can be accessed in C360

COVID-19 resources and written plan



COVID-19 Written Plan Contact Information

Questions about specific elements of the COVID-19 plan can be directed to the plan safety coordinators:

	Contact
Infection Prevention	Stephanie Swanson , Manager, NMH Infection Prevention Katherine Grimm , MGH Infection Preventionist
Facilities	David Schmoyer , MGH Infection Preventionist Maura Hamilton , Director, MGH Support Services
Human Resources	Becky Rauen , VP, NMH Human Resources

The End

That's the end of this module.

Click this box to close this module
and return to Healthstream.