

REQUIRED LEARNING 2021 PART 3 (of 3)

This learning packet is for North Memorial Hospital individuals in a non-customer care role. It presents fundamental and important information that helps us create a safe and caring environment for our customers and team members. The information provided on various topics have been contributed by NMH subject matter experts.

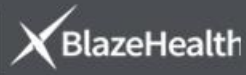
The topics covered in Part 1 are:

- Workplace Violence
- Reasonable Suspicion
- Fraud, Waste, and Abuse Prevention
- Data Security
- Compliance
-

Workplace Violence

Workplace Violence and Situational Awareness for Team Members

2021



What is Workplace Violence?

Workplace violence is any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.

[-https://www.osha.gov/workplace-violence](https://www.osha.gov/workplace-violence)



What is Workplace Violence?

There are four types of workplace violence. Click on each one for more

Criminal Intent

Customer/
Client Violence

Worker-on-
worker
Violence

Personal
Relationship
Violence

NORTH
MEMORIAL HEALTH

What is Workplace Violence?

Criminal Intent

- An example of violence with criminal intent would be a robbery, or being assaulted in the parking garage at your place of employment (CDC, 2014).
- Though this type of violence is possible in the hospital setting, it is typically more prominent in locations that carry cash on site.



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[Back](#)

What is Workplace Violence?

Customer/Client Violence

- This type of violence includes patients, their family members, and visitors (CDC, 2014).
- Often referred to as client-on-worker violence, this can range from verbal abuse, threats, or physical abuse in the healthcare setting against providers (CDC, 2014).
- Most commonly experienced in the healthcare setting, this is the focus of workplace violence prevention.
- An example would be a patient becoming physically combative against a nurse or nursing assistant.
- Another would be a patient being verbally abusive in the waiting area.
- Unfortunately, no area of healthcare is immune to this type of violence.

What is Workplace Violence?

Worker-on-worker Violence

- This type of violence occurs between coworkers, or from someone in a supervisory position.
- Emotional and/or verbal abuse such as intimidation, humiliation, or bullying is included in this type of violence



What is Workplace Violence?



Personal Relationship Violence

- A current or former personally related or intimate person that is threatening, and/or assaulting a staff member (CDC, 2014).
- An example is when the domestic abuser follows the healthcare worker to their workplace, or shows up during their shift (CDC, 2014).
- This is not only dangerous for the healthcare worker, but could possibly endanger other staff members, patients, or visitors (CDC, 2014).

NMH's policy regarding workplace violence

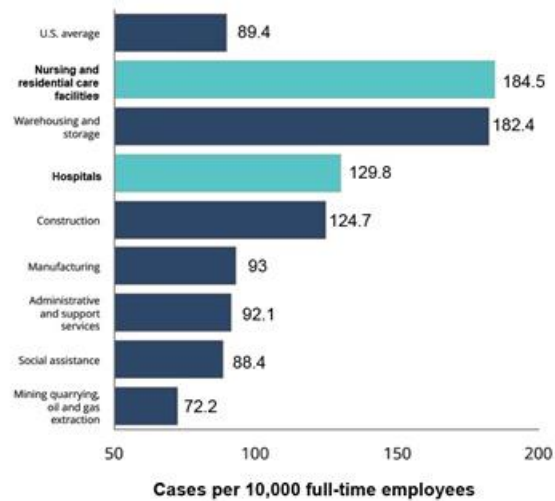


NMH recognizes that it is in the best interest of the community, team members, customers, and the organization as a whole, to maintain an environment which is free from violence and harassment and misuse of power and authority. Threats, harassment, aggressive or violent behavior by team members, customers, visitors, relatives, acquaintances, strangers, vendors, or others will not be tolerated.

Healthcare environments are seeing a large number of occupational injuries.

Along with an increased focus and concern about this nationally, NMH is responding by improving preparedness, prevention and support to its employees.

2017 work-related injuries in healthcare that caused missed time from work



Source: United States Department of Labor Bureau of Labor Statistics, 2017

WPV Totals 2017-2019



The percentage of events resulting in injury continues to decrease. We are excited to see this trend as it shows that we are doing the right work.

Did You Know?

- NMHH has a Workplace Violence Prevention Committee that meets monthly to review recent events from Safety First Reporting and trends.
- The committee also makes recommendations to senior leadership based on trends and events reviews for things such as education recommendations, equipment ideas, and more.
- Comprised of a multidisciplinary team, the committee includes frontline team members, leaders, security and law enforcement.



Awareness

In your everyday life, as well as at work, it's important to be aware of your surroundings.

Situational Awareness: the perception of environmental elements with respect to time or space and the comprehension of their meaning.

- Be in touch with nursing staff if you any questions or concerns regarding a customer.
- Please be aware of customers who may attempt to leave secure areas when doors are opened or join in elevators without badge access.
- Always be aware of exits and avoid allowing the customers to come between yourself and the door/exit. Request help from team members if you feel you need it.
- Hospital doors are open to the public so it should be a best practice for all team members on campus to keep an eye out for suspicious behavior.

If something doesn't feel right, it probably isn't.

Three Kinds of Awareness

Self

Others

Surroundings

Click each of the buttons to the left to learn more about three kinds of awareness.

Three Kinds of Awareness

Self

Others

Surroundings



Three Kinds of Awareness

Self	 <ul style="list-style-type: none">• Do they have a visible badge?• Are they in a restricted area?• Do they need help finding their destination?• Are they displaying comfortable or uncomfortable behavior?
Others	
Surroundings	

Three Kinds of Awareness

Self	<ul style="list-style-type: none">• Identify Entry and Exit Points• Stay Vigilant• Identify Objects Around You <p>In your everyday life, as well as at work, it's important to be aware of your surroundings.</p> <ul style="list-style-type: none">• Situational Awareness: the perception of environmental elements with respect to time or space and the comprehension of their meaning. <p>Hospital doors are open to the public, so it should be a best practice for all individuals working to keep an eye out for suspicious behavior. If something doesn't feel right, it probably isn't.</p>
Others	
Surroundings	

Recognize the Signs of Suspicious Activity



Click on each of the images to learn more about suspicious activity.



Recognize the Signs of Suspicious Activity

BREACH/ATTEMPTED INTRUSION

Unauthorized people trying to enter a restricted area or impersonating authorized personnel

ACQUISITION OF EXPERTISE

Gaining skills or knowledge on a specific topic, such as facility security, military tactics, or flying an aircraft

ELICITING INFORMATION

Questioning personnel beyond mere curiosity about an event, facility, or operations

MISREPRESENTATION

Presenting false information or misusing documents to conceal possible illegal activity

EXPRESSED OR IMPLIED THREAT

Threatening to commit a crime that could harm or kill people or damage a facility, infrastructure, or secured site

PHOTOGRAPHY/SURVEILLANCE

Taking pictures or videos, or a prolonged interest in personnel, facilities, security features, or infrastructure in an unusual or covert manner

THEFT/LOSS/DIVERSION

Stealing or diverting items—such as equipment, uniforms, or badges—that belong to a facility or secured site

TESTING OR PROBING OF SECURITY

Investigating or testing a facility's security or IT systems to assess the strength or weakness of the target

Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more info.



Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more info.

Make Eye Contact

You can't identify someone you never looked up to see.

Their eye contact, or lack thereof, will help determine your gut instinct.



Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more info.



Verbally Acknowledge

This will enhance your gut instinct and help further the confidence you portray.

"Good Morning."
"What can I help you find?"

Prohibited Behavior

Prohibited behavior by customers or visitors is behavior which is objectively inappropriate towards a team member including behavior motivated by protected class status.

Examples of prohibited behavior:

- Deliberate/Careless jokes
- Derogatory remarks/gestures
- Offensive language
- Threats to safety or job

When Verbal Abuse Occurs

Lead with empathy

- Be sure the customer knows **SAFE CARE** is your priority.

Set boundaries

- You may need to state what is “okay” and what is not. Don’t assume the customer knows.

Set clear expectations

- In a not threatening way, state the next steps if the customer is unable to stop their use of abusive language.

Example Phrases:

- *“I recognize this must be challenging, but your language is not okay.”*
- *“I want to provide the care you need. If you are unable to change your words, I will not be able to stay in the room.”*
- *“In this hospital, abusive words are not tolerated. Please change your words and I can provide the care you came here for.”*

Responses to Prohibited Behavior

Politely and safely exit the situation if you feel uncomfortable, threatened, or unsafe for any reason. If patient care needs prohibit you from leaving the room, call for help.

How to Report It

North Memorial Health Hospital:
Call security to report or call 911 for
imminent threats.

Off campus areas: call 911

Remember to document events in Safety
First Reporting after you've notified
security and/or law enforcement.

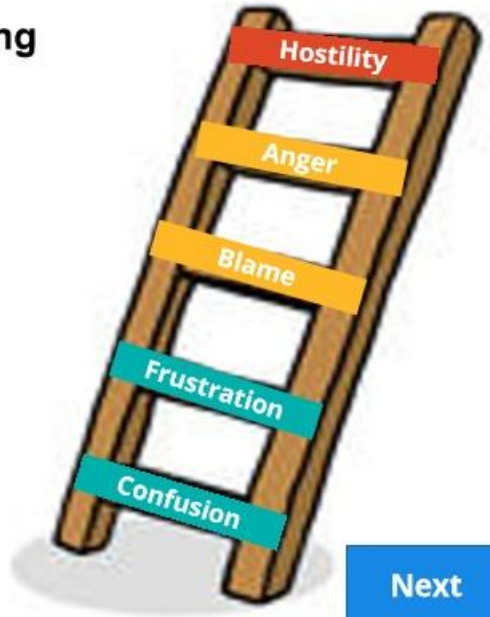


Predicting Escalation

Five Warning Signs of Escalating Behavior

There are five warning signs that people tend to progressively display as they get upset. Each behavior tends to be one step closer to a potential violent incident.

Click on each step to learn more.



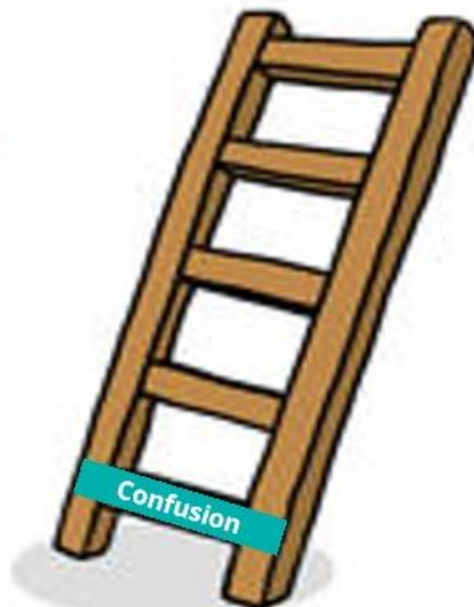
Confusion

Warning Signs of Confusion

1. The person appears bewildered or distracted.
2. They are unsure or uncertain of the next course of action.

Responses to Confusion

1. Listen attentively to the person
2. Ask clarifying questions
3. Give factual information



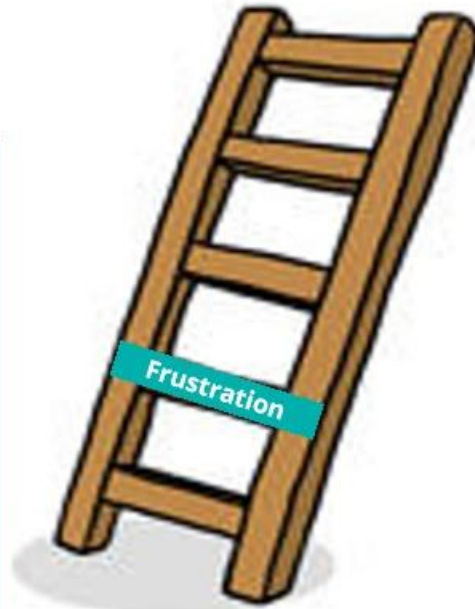
Frustration

Warning Signs of Frustration

1. The person is impatient and reactive.
2. The person resists information you are giving them.
3. The person may try to bait you.

Responses to Frustration

1. Move the person to a quiet location.
2. Reassure them, talk to them in a calm voice.
3. Attempt to clarify their concerns.



De-Escalation in Person

- Listen and acknowledge (e.g. head nods, paraphrase back)
- Speak in a calm and even voice
- Identify their values and respond in kind
- Demonstrate empathy – do not get defensive
- Keep positive
- Do not get emotionally involved – know your own triggers
- Apologize if appropriate
- Offer to let the person speak to another team member instead of you
- Make sure you are understanding them correctly and vice versa
- Reassure them you will keep them safe
- Give them space – for their comfort *and your safety!*
- Don't turn your back to them



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De-Escalation Over the Phone

- Listen and do not cut them off
- Acknowledge by repeating back to them
- Speak in a calm and even voice
- Avoid putting them on hold
- Identify their values and respond in kind to build trust
- Do not argue
- Don't tell someone, "There is nothing I can do."
- Demonstrate empathy – do not get defensive
- Keep positive
- Do not get emotionally involved
- Apologize if appropriate
- Offer to let the person speak to someone else instead of you
- Make sure you are understanding them correctly and vice versa



Blame

Warning Signs of Blame

1. The person places responsibility on everyone else
2. They may accuse you or hold you responsible
3. They may find fault with others
4. They may place blame on you

Responses to Blame

1. Disengage with the person and bring a second party into the discussion
2. Use a teamwork approach
3. Draw the person back to the facts
4. Show respect and concern
5. Focus on areas of agreement to help resolve the situation



Anger

Warning Signs of Anger

1. The person may show a visible change in body posture
2. Actions may include pounding fists, pointing fingers, shouting or screaming
3. This signals *VERY RISKY BEHAVIOR!*

Responses to Anger

1. Don't argue with the person
2. Don't offer solutions
3. Prepare to evacuate the area or isolate the person
4. Contact your supervisor and Code Green Team



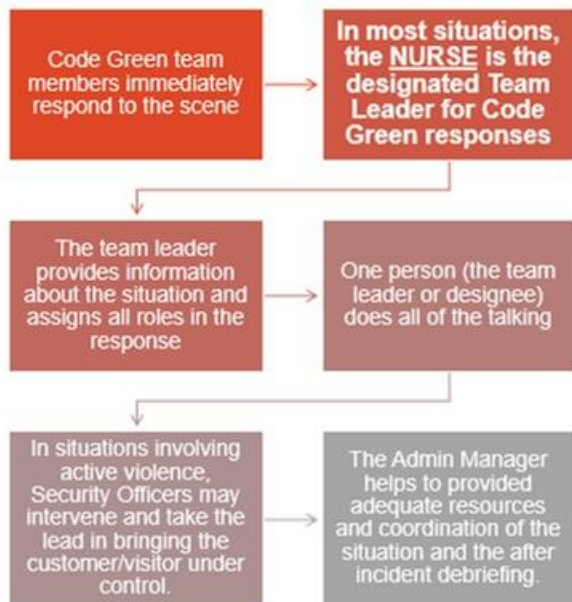
Code Green

If you called for a Code Green:

- Make sure you are safe
- Continue to monitor the situation
- Provide information to the Code Green Team Members as they arrive so a safe plan of action can be determined



Code Green Team Tactics



Hostility

Warning Signs of Hostility

1. Physical actions or threats appear imminent
2. There is immediate danger of physical harm or property damage
3. Out-of-control behavior signals the person has crossed the line

Responses to Hostility

1. Don't argue with the person
2. Don't offer solutions
3. Prepare to evacuate the area or isolate the person
4. Contact your supervisor and Code Green Team



After an Event of Workplace Violence

Huddle for safety

- Anyone injured should be evaluated
- Assess for necessary resources

Document and notify

- Violence Risk Assessment/Broset for patient care events
- Notify provider or leaders as needed
- Safety First Reporting

Request a Defusing from your unit leader or the Administrative Manager

- An opportunity for team members to self assess their own psychological well-being and to determine need for other immediate interventions



Broset Tool



Early Detection

Most often, customers indicate increased anxiety, stress, distress through various behaviors. An established routine screening can assist in identifying customers who are demonstrating early signs of high risk behaviors.

The Broset tool is an evidenced based tool that is used each shift in various organizations to identify customers who are high risk for violence.

•bvc

Brøset Violence Checklist (BVC®)

Violence Risk Assessment

The Broset tool is a licensed tool created to help identify customers who have risk factors for violence. This tool has been built into EPIC.

Screening questions in EPIC:

- Two or more risk factors equals high risk
- Screens out low risk patients

Risk factors that contribute to a positive screening:

- Verbal aggression in past 24 hours
- Past episode of violence/aggression
- Alcohol or drug influence
- Dementia or delirium
- Psychotic symptoms
- Hostility
- Impulsivity

Violence Risk Assessment

In order to access the Broset tool, an initial assessment called the "Violence Risk Assessment" is used. This tool will be found in the:

- Cares and Safety flowseet (previously known as the Patient cares/ADL flowsheet)
- Admission Navigators
- Area specific Navigators (ED/ECC, PCC/PACU, etc.)

The next few slides will show some screenshots from the Broset Tool.
Click this box to continue.

Violence Assessment

Time taken: 9/17/2020 0810 Responsible Create Note

Violence Risk Assessment (BVC)

2 Or More Risk Factors? See List

No Yes

Verbal aggression in last 24 hours
Past episode of violence/aggression
Alcohol / Drug influence
Dementia or delirium
Psychotic symptoms (i.e. Delusioins)
Hostility
Impulsivity

Create Note

Restore Close Cancel

Click anywhere to continue.

Starting in the Navigators: Violence Risk Assessment can be found between Suicide Assessment and Stress/Coping. It as one question:
(Does the patient have) 2 or more Risk factors? Yes or no

2 Or More Risk Factors? See List

No Yes

Verbal aggression in last 24 hours
Past episode of violence/aggression
Alcohol / Drug influence
Dementia or delirium
Psychotic symptoms (i.e. Delusions)
Hostility
Impulsivity

Selecting Yes will cascade open 2 more groups below the identified risk factors.

- 1: The Broset Violence Assessment
- 2: Interventions the nurse is to implement.

Identify Risk Factors

☐ Verbal Aggression In Past 24 hours ☐ Past Episode Of Violence/Aggression ☐ Alcohol Or Drug Influence ☐ Dementia Or Delirium ☐ Psychotic Symptoms

☐ Hostility ☐ Impulsivity ☐ None

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC®)

Confused

0=No 1=Yes

Confused - Appears obviously confused and disoriented. Maybe unaware of time, place, or person.

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riskassessment.nl

Irritable

0=No 1=Yes

Irritable - Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous - Behavior if overly "loud" or noisy. For example slams doors, shouts out when talking, etc...

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Boisterous

Click anywhere to continue.

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Physically Threatening

0=No 1=Yes

Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance, the grabbing of another persons clothing, the raising of an arm, leg, making of a fist or modelling of head butt directed at another.

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Verbally Threatening

0=No 1=Yes

Verbally threatening - A verbal outburst which is more than just a raised voice, and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.

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Attacking Objects

0=No 1=Yes

Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing or an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.

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Total Score

3

Score 0 = The risk of violence is small.
Score 1-2 = The risk of violence is moderate. Preventive measures should be taken.
Score >2 = The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.

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Click anywhere to continue.

Broset - Violence Assessment. User will have to select Yes or No for each behavior choice. Total score will calculate.

Note: that the row details will tell you what to look for behavior and what the total score means.

Violence Interventions – User will select interventions that were implemented.

Physically Threatening ☐ 0-100 ☐ 1-100

Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing, the raising of an arm, leg, making of a fist or modeling of head-butt directed at another.

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Violence Interventions

☐ Care Team Conference ☐ Charge Nurse Informed ☐ De-escalation Techniques ☐ Emergency Behavioral Medicine Consulted ☐ Environment Adapted ☐ Excess Stimulation Removed

☐ Individualized Treatment Plan ☐ PRN Medication ☐ Provider Notified ☐ Security Informed ☐ Sitter Observation ☐ Threat Assessment Team Notified ☐ Other (Comment)

Environment Adapted
Consider tubes, wires, and cords as potential harmful objects. Remove unnecessary objects from area such as plastic bags from garbage containers, plastic belongings bags.

Click anywhere to continue.

Interventions

- Care Team Conference
- Charge Nurse Informed
- De-escalation Techniques
- Emergency Behavioral Medicine Consulted
- Environment Adapted
- Excess Stimulation Removed
- Individualized Treatment Plan
- PRN Medication
- Provider Notified
- Security Informed
- Sitter Observation
- Threat Assessment Team Notified via Administrative Manager
- Unique Treatment Plan

Violence Risk Assessment cont

This assessment:

- Is to be completed in all areas on admission (excludes NICU).
- Is located in the Safety and Care flowsheet (formerly known as patient care/ADLs).
- Needs to be completed during each shift.

If a customer has active interventions and is high risk, this assessment should be completed more frequently to capture changes and effectiveness of interventions.

FYI Flag

Date and Time	Contact	User	Type	Summary
09/17/20 08:15	9/17/2020 - Hospital En...	Ednurse, A	Aggressive/Threatenin...	

- Selecting "Yes" will automatically add an FYI to the customer's chart. You will have to close the chart and then re-enter Epic to see the new FYI flag.
- If at a later time the customer no longer exhibits risk factors and the nurse now documents "No," the FYI is removed.
- The Comment section should be used to identify known triggers or specific information that will assist team members in keeping the customer safe.
- NICU, Pediatrics, and other areas- the FYI can also be used for family or caregiver behaviors.

After the Broset

Dependent on their Broset score, a threat assessment may be suggested and can be requested by contacting the unit leader or admin manager. The next few slides will go over the threat assessment team.

The Broset is meant to help determine next steps to keep our team and our customers safe.

Complete the interventions suggested and let your leaders or the Admin Manager know if you need additional support.

Threat Assessment Team

A Threat Assessment Team may be utilized NMH System wide in order to pre-plan, prevent, or respond to any actions, intentions, threats or other information in which indicate harm to NMH Customers, Team Members, NMH property or facilities.

NOTE: If there is an active emergency activate your emergency response procedures (Call 911)

Possible triggers:

- Results or key indicators from a Broset Tool
- Threat to Team Member, Customer or NMHC facility/property.
- Potential for a threat (Civil Unrest).
- Incident/event that is close in proximity of NMHC facilities.
- Code Green
- Customer (Patient and/or Visitor) Behavior
- Previous experience with Customer
- Nature of admission
- To maintain situational awareness of potential threats that present themselves.

Threat Assessment Team

To pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to NMH Customers, Team Members, NMH property or facilities.



NOTE: If there is an emergency, activate your emergency response procedures – call 911

When is the Threat Assessment Team Called?

When **you feel threatened** or receive a verbal or written threat (or witness someone else being threatened), **notify your immediate supervisor/manager.**

The supervisor/manager will contact Admin Manager or on-call Administrator who will page the site-specific Threat Assessment Team.

NOTE: If there is an emergency, activate your emergency response procedures – call 911



Active Threat

Anything that is a threat to the safety of NMH team members, customers, or property.

Recognize Threat:

Immediate Threat

- Aggressive Individual with object or weapon
- Something that can cause bodily harm, injury, or death
- Hostage situations

Potential Threat: if you see something, say something.

- Suspicious item – backpack, package, unattended weapon, etc.
- Verbal/Written Threat of violence via phone call, in-person, or email
- Civil Unrest – protest, demonstration, upset family members/customers

Active Threat Response

If the *immediate* threat is a person, use any of the following response actions based on your ability and circumstances in the moment:

- Run: Run away from the threat if possible.
- Hide: If running is not possible and you cannot safely get away from the threat, hide and protect yourself.
- Fight: If you cannot escape, counter the human threat.

Report It!

Take note of what or who you saw/heard, when you saw/heard it, where it occurred, why it is suspicious.

- North Memorial Health Hospital: call 911 or Dial 9-911
 - Switchboard operator will broadcast "Active Threat (location) and provide instructions.

Plain Language

"Plain Language" ensures that both team members and visitors know the danger and how to respond; reduces confusion.

- Examples include, but are not limited to: persons with weapons, bomb threats, terrorist activity, civil disturbances, suspicious packages, suspicious activity

How Do I Identify an Active Threat?

When you contact Security, describe specifically what you observed, including:

- **Who** or **what** you saw
- **When** you saw it
- **Where** it occurred
- **Why** it's suspicious



Ligature Risk

It is our responsibility to keep all customers safe while in our care. This includes a duty to reduce environmental factors that contribute to inpatient suicides, suicide attempts, and other self-injurious behaviors for our at-risk customers.

Anticipate anything that customers could use as a weapon or use to hurt themselves. This may include but is not limited to:

- assessing any areas/things that a patient can wrap or loop something around causing potential harm (i.e. choking or hanging)
- harmful substances
- plastic bags (suffocation) that could be on the cleaning/tool/tray cart

Click here for

Dietary

Click here for

EVS

Click here for

Contractors

Everyone else

Click here

DIETARY

- Ensure meals are served with plastic utensils for safety. Metal utensils should be substituted with plastic.
- Do not let customer or visitors through secured entrances/exits in customer care areas with you. Please help them to find a team member who can assist them.

EVS

- Cleaning cart should remain in view of the team member while cleaning in patient care areas (i.e. half-way in the doorway, but not blocking the exit)
- Cleaning cart may not be unattended in the hallway at any time. If you cannot remain in direct view the cart, the chemicals must be placed in a locked cabinet, or the cleaning cart must be moved to a locked closet.
- Certain units/areas may have bins with paper bag liners instead of plastic. If unsure what type bag a bin should have, please ask the unit manager or charge nurse.

EVS Cart

- Retain only the absolute necessary equipment/devices in the cleaning cart and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from the cleaning cart:
 - Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords)
 - Items in team member pockets (such as scissors, extra pens or pencils, hemostats)
 - Plastic liner bags
 - Extra equipment and cleaning solutions should be locked or in a closed cabinet
 - Anything that the customer could potentially use as a weapon or cause harm

CONTRACTORS

- Ensure tools are kept within line of sight at all times.
- Do not let customer or visitors through secured entrances/exits in customer care areas with you. Please help them to find a team member to assist them.
- Temporary construction doors should remain locked at all times within the ED, 2W and 2E.
- Retain only the absolute necessary equipment/devices on any carts you utilize in the area and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from your cart or work area.
- Tools (scissors and razor blades are very quick and quiet to grab)
- Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords)
- Items in team member pockets (such as scissors, extra pens or pencils, hemostats)
- Plastic liner bags
- Extra equipment: anything that the customer could potentially use as a weapon or cause harm