

REQUIRED LEARNING 2023 Patient Care

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

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Accommodations & Your Rights 2023

Accommodations & Your Rights

Your Right to Be Free from Discrimination and
Receive Reasonable Accommodation
2023



North's Commitment to EEO

*"As an employer, North takes its obligations under all **equal employment opportunity laws and prohibitions** seriously, including those prohibiting discrimination and requiring reasonable accommodation. North believes that a team member's disability or other need for accommodation **should not limit the team member's employment opportunities** if the team member is able to perform the essential functions of the job. North is **committed to providing reasonable accommodation** if needed to enable the team member to do so."*

- Shannon Sloan, Vice President of Human Resources



The Americans with Disabilities Act (ADA) and Related Protections



Protections Against Disability Discrimination

- The federal Americans with Disabilities Act (ADA) and applicable state and local rules prohibit discrimination on the basis of a disability.
- What is a disability?
 - A physical or mental impairment that substantially limits one or more major life activities (major life activities include major bodily functions).
 - Includes pregnancy-related conditions under the Minnesota Human Rights Act (MHRA) and federal Pregnant Workers Fairness Act.
- All team members are protected against retaliation for making disability accommodation requests and/or for making complaints of alleged disability discrimination.



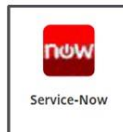
Right to Reasonable Accommodation

- Qualified individuals with disabilities are entitled to reasonable accommodation if needed to enable them to perform the essential functions of their job.
- Requested accommodations may be denied if unreasonable, would result in undue hardship to the organization, or if there is a direct threat to the health or safety of the team member or others.



Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, leader, or ServiceNow.



Pregnancy Accommodations and Related Protections



Protections Against Pregnancy Discrimination

- The federal Pregnancy Discrimination Act and applicable state and local rules prohibit discrimination on the basis of pregnancy, childbirth, or related medical conditions.
- All team members are protected against retaliation for making pregnancy-related accommodation requests and/or for making complaints of alleged pregnancy discrimination.



Right to Reasonable Accommodation

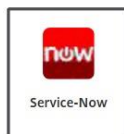
- Qualified individuals are entitled to reasonable accommodation if needed to enable them to perform the essential functions of their job (e.g., more frequent or longer breaks, lifting limitations).
- Requested accommodations may be denied if unreasonable or would result in undue hardship to the organization.



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Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, leader, or ServiceNow.



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Religious Accommodations and Related Protections



Protections Against Religious Discrimination

- Title VII and applicable state and local rules prohibit discrimination on the basis of religion.
- What does “religion” mean in this context?
 - Religious practice or observance; sincerely held religious belief.
 - Sincerely held moral observance, practice, or belief held with the strength of traditional religious views.
- All team members are protected against retaliation for making religious-based accommodation requests and/or for making complaints of alleged religious discrimination.



Right to Reasonable Accommodation

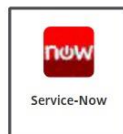
- Qualified individuals with sincerely held religious belief are entitled to reasonable accommodation to resolve conflict between religion and job requirement.
- Requested accommodation may be denied if unreasonable or would result in undue hardship to the organization (e.g., would result in substantial increased costs).



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Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, manager, or ServiceNow.



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Reporting Complaints of Discrimination



Reporting Complaints

- Internal: see existing Respectful Workplace, EEO, No Discrimination, Unlawful Harassment, and Retaliation policies.
 - Policies can be found on C360.
 - Outlines procedure for reporting complaint(s) to North.
 - Gives you and North the chance to review and resolve the issue.
- External: you have the right to file a charge of discrimination with the Equal Employment Opportunity Commission (EEOC) or other fair employment practices agencies.





Compliance Program Overview

The North Memorial Health (NMH) Compliance Program is an organization wide set of activities that:

- Helps team members follow federal & state laws.
- Demonstrates NMH's commitment to ethical business practices.
- Encourages team members to report compliance concerns.
- Facilitates timely response to identified concerns.
- Reduces the risk of adverse government/regulatory actions.



Compliance Program Overview

The Compliance Program helps NMH identify compliance concerns and reduce compliance risks.

Compliance Department staff work with team members to implement changes to correct identified non-compliance and prevent the problem from happening again.



Compliance Program Activities

The compliance program includes:

- Code of Conduct.
- Written policies and procedures.
- Training and education for team members.
- Monitoring and auditing activities that identify areas of non-compliance.
- Investigation of reported concerns.
- Corrective action plans to correct non-compliance.



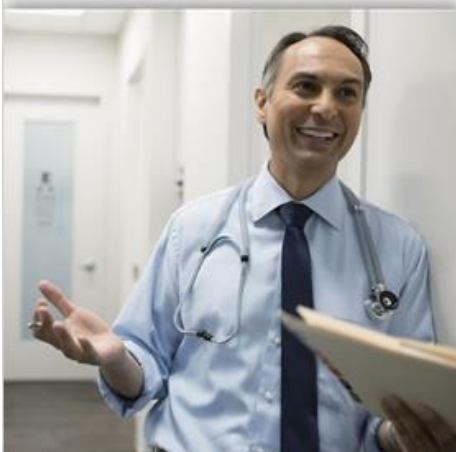
Code of Conduct



- The [NMH Code of Conduct](#) is available on the Compliance Department intranet webpage and in the Team Member Handbook.
- The Code of Conduct is a set of principles that ensure NMH business is conducted in a safe, respectful and ethical way.
- All team members must follow the Code of Conduct when conducting their job duties.



Policies and Procedures



- All NMH policies and procedures are maintained in the document management system. Our system is called Compliance 360 or C360.
- All team members have access to the Document Management System. It can be accessed through the NMH Citrix Portal.
- All new and revised policies & procedures must be approved according to NMH policy management process. You can learn more about this process in the policy titled [C360 Policy Administration](#).



Patient Nondiscrimination

North Memorial Health is committed to providing patient care to all communities.

Discrimination against patients or visitors based on age, ancestry, color, disability, gender, gender identity, marital status, parental or familial status, race, religion, creed, national origin, sexual orientation, status with regard to public assistance, membership or activity in a local commission, or veteran's status is **prohibited**.

For more information, please refer to the *Patient Nondiscrimination* policy in C360.



Conflict of Interest

- A conflict of interest exists when your own personal interests influence, or appear to influence, your actions while performing NMH duties.
- NMH has a conflict of interest policy that all staff must follow. Any potential conflict of interest must be reported.
- The next slide explains NMH policies that prevent conflict of interest.



Conflict of Interest

Team members must maintain professional relationships with patients. Business relationships may also create a conflict of interest.

Click on the buttons below for tips to avoid a conflict of interest involving patients and violation of NMH [Conflict of Interest policies](#).

Team Members

Business Relationships

Conflict of Interest

[Go back](#)

Business relationships may create conflicts of interests. To avoid a conflict of interest and violation of NMH policies, remember:



- NMH prohibits team members from accepting gifts or reimbursement from vendors. Please see the Gift Policy for more information.
- NMH prohibits team members from conducting personal business when at work, as well as using NMH equipment or property for conducting personal business.
- Medical staff are prohibited from engaging in inappropriate self-referral arrangements.
- No NMH team member may offer gifts or payments of any kind to a physician who refers patients to NMH.

Conflict of Interest

[Go back](#)

Team members must maintain professional relationships with patients. To avoid a conflict of interest involving patients, remember:



- NMH prohibits team members from accepting cash or cash equivalents like gift cards or vouchers from patients. Non-monetary gifts (flowers, candy, cookies, pizza) from a grateful patient may be accepted if the item is reasonable and is shared among team members.
- Team members must not serve as a personal representative for a patient or be named in a patient's will.
- In general, clinical team members should not provide care to their own family members.

Expectations of Compliance

- Compliance is an expectation of your employment.
- Compliance violations are subject to disciplinary action, up to and including termination.
- All disciplinary actions taken for non-compliance are consistent with NMH Human Resource policies.



When in doubt, ask questions and report concerns!

Reporting Compliance Concerns

- All NMH team members are expected to report any known or potential concerns of non-compliance.
- Team members are able to report concerns in several different ways.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.



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How to Report a Compliance Concern

- **You can speak to your supervisor, and your supervisor will report the concern to Compliance.**
- **Email (compliance@northmemorial.com).**
- **Call the Compliance Hotline.**
 - This number is printed on the back of your employee badge.
 - You may leave an anonymous message on the hotline.



NMH Prohibits Retaliation



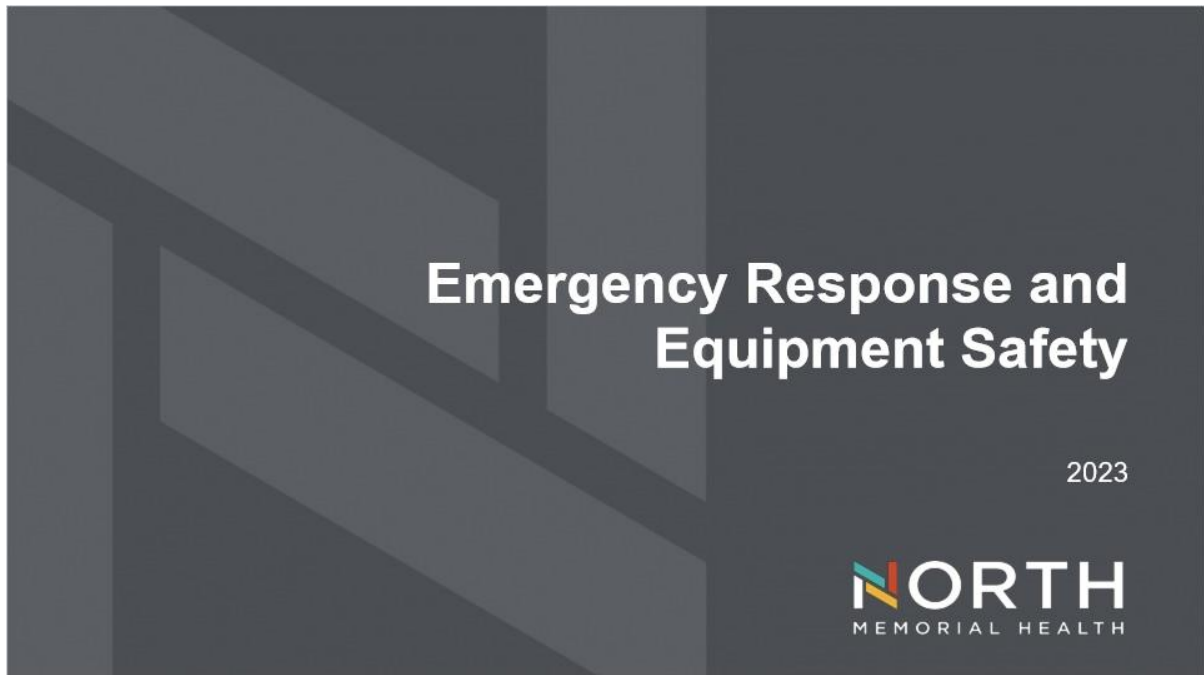
NMH prohibits anyone from retaliating against a team member who asks compliance-related questions or makes a compliance report in good faith.

However, if you do not feel comfortable identifying yourself, you may leave an anonymous message on the Compliance Hotline.

Please be aware that anonymous reports do not allow Compliance staff to gather further details in order to assist with completing a thorough investigation. You are encouraged to leave contact information when making a report.



Emergency Response & Equipment Safety 2023



Activate Emergency Responses & Codes

On Hospital Campus

- Dial *99 if at Robbinsdale on campus dial
- Dial *77 if at Maple Grove on campus dial

Off Hospital Campus or at Clinics

- Dial emergency number (911, 9-911)



Fire/Code Red

What Types of Fires Must be Reported?

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



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RCA

Rescue

Contain/**C**onfine

Alert

RCA is the fire response procedure.

Click each of the buttons to the left to learn more. The next button will appear once you have viewed all the topics.

R C A	
R escue	Rescue any person from immediate danger!
C ontain/ C onfine	
A lert	

R C A	
R escue	<p>Alert others by:</p> <ul style="list-style-type: none"> • Activating a fire alarm pull station on your way to the nearest safe telephone • Calling the emergency number on the back of your ID badge <p>Provide the following information:</p> <ul style="list-style-type: none"> • Who you are • Where the fire is located (be very specific, e.g. main level, New Hope clinic, specific address) • How large is the fire • What type of fire is burning • If people are in danger <p>Stay on the line until you:</p> <ul style="list-style-type: none"> • Are released by the call center • Determine it is unsafe for you to remain at your location, or • Hear the "All Clear" announced on the public-address system on hospital campus • Off hospital campus, communicate with local fire department
C ontain/ C onfine	
A lert	

R C A

R escue	Confine the fire! <ul style="list-style-type: none"> • Close all doors and windows • Turn on all lights • Remove all items from the corridor on the floor of the alarm • Secure the area! Stop pedestrian traffic from entering the area. Assure that no one enters except fire response personnel
C ontain/ C onfine	
A lert	

Fire/Code Red But Not In My Area

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

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

HOW TO USE A FIRE EXTINGUISHER

P A S S

Click on each letter above to learn what it stands for.

Smoke Compartments

- Smoke compartments.
- 2-hour fire rated separation between the compartments.
- Fire doors will close with activation of fire alarm.
- Fire doors should only be opened to allow for movement to the next compartment - do not wedge doors open.
- Stay calm; help all patients and guests to move safely.
- Stay accounted for with a group or partner.
- For off site clinics, evacuate to your predetermined rally points (located on Emergency Response Procedure sheets).

Evacuation Process

Know at least two ways (routes) out of your area in the event one route cannot be used. Move people in immediate danger to the next safe place (refuge area) on the same level/floor, which is called horizontal evacuation. Moving people downward away from a threat is Vertical evacuation.

Horizontal Evacuation



Vertical Evacuation

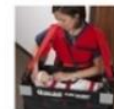


Evacuation Process Continued

- Move persons who can walk first. Know the location of and how to use equipment (e.g., wheelchairs, carts, evacuation chairs) that can be used to evacuate patients/persons. Provide special assistance to persons with a disability or special needs.
- Check victims/patients after moving them to a safe area. Make sure you can account for everyone. Count heads.
- As directed by the hospital administrator in charge or other authority, move person down one or two levels/floors (vertical evacuation) or out of the building (external evacuation).
- Stay calm, help all patients and team members to move safely. Make sure all are accounted for.

Evacuation Aids

[Click on each image to learn more.](#)



Hands-Free



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Evacuation Process Continued

Stryker Evacuation Stair Chairs

- Located throughout the hospital
- Weight capacity: 500 lbs

Back

Evacuation Aids

[Click on each image to learn more.](#)



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Evacuation Process Continued

Med Sleds – Evacuation Tool

- Located throughout the hospital
- Med Sled weight capacity: 1000 lbs

Back

Evacuation Aids

[Click on each image to learn more.](#)



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Evacuation Process Continued

NICU Evacuation Baskets

- Located throughout the NICU

Back

Evacuation Aids

[Click on each image to learn more.](#)



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Code Green

Aggressive Individual – Emergency Assistance Needed

A Code Green alerts a trained team to assist with a situation involving an aggressive individual or an individual who has the potential to become aggressive.

- Activate a Code Green team by pressing a Code Green button in the patient room or by calling *99 Robbinsdale or *77 at Maple Grove.
- Code Green will be broadcast and a Code Green team will respond to the identified location.
- Stay CALM and remove yourself and others from immediate danger.
- Provide information to the Code Green team members as they arrive.
- Call 911 if off hospital campus.

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Code Blue

Adult/Pediatric/Infant Cardio Pulmonary Response (CPR)

- Activate a Code Blue team by pressing a Code Blue button in a patient's room or by calling *99 at Robbinsdale and *77 at Maple Grove for codes not in a patient's room.
- Code Blue Team will respond to identified area.
- Provide appropriate intervention (initiate CPR).
- If Code Blue is called in your work area, return to area and assist with other patients.
- Call 911 if off hospital campus.



Code Pink

Infant/Child Abduction

- Team members call *99 at Robbinsdale and *77 at Maple Grove once it is confirmed that the infant/child is missing.
- Safety & Security will broadcast and respond to the identified area.
- All team members will monitor corridors and exits for missing infant/child or suspicious activity.
- If found or suspected that you have found the abductor, DO NOT approach the individual(s).
- Call *99 at Robbinsdale and *77 at Maple Grove to report suspicious individuals or activity.



Code Pink

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



Code Pink

- Any team member first aware of an actual or attempted infant/child abduction needs to call *99 at Robbinsdale and *77 at Maple Grove or by Vocera "Call Star 99" or "Call Star 77" and advise operator of Code Pink and location.
- State your name and call back extension. Remain on hold with the operator.

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



Code Pink

- All departments must deploy team member(s) to observe the nearest exits and stairwells and report any sighting by calling *99 at Robbinsdale or *77 at Maple Grove.
- Unit/department team members from the area of the announced abduction will report immediately to their area to assist in response efforts.
- Do a headcount of all children in your area.
- Department team members, not watching exits and doorways, must check all dept. spaces including rooms, bathrooms, closets and garbage cans for unauthorized person or missing child.
- If a team member sees a suspicious package, bag, backpack etc. please alert Security, so they can conduct a search of the contents.
- All team member(s) should remain in their department or watch stair/exit locations until "Code Pink All Clear" is announced overhead.

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



Code Pink

- Team members should not attempt to apprehend a suspected abductor.
- If a team member can maintain personal safety, you may follow at a distance to note route of escape, physical characteristics and clothing and possible vehicle license number.

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



Rapid Response Team

Rapid Response teams are a group of clinicians who will partner with the bedside nurse to administer diagnostic assessments and tests through protocol driven care for patients showing signs of clinical deterioration.

- A Rapid Response is not overhead paged. Only a trained Rapid Response team is alerted when this code is activated.
- The appropriate Rapid Response team (adult, pediatric, newborn, OB) will respond to identified location **within 10 minutes**.
- Activate the Rapid Response Team by:
 - Pressing a Rapid Response button in a patient room.
 - By calling *99 at Robbinsdale or *77 at Maple Grove.



Severe Weather Alert

Severe Weather Alert (tornado, severe thunderstorm, etc.)

- Weather warnings with imminent threat will be broadcast (sirens, cellphones, etc.)
- On hospital campus if within the Severe Weather Warning area, Safety and Security will:
 - Overhead page: "May I have your attention please. The National Weather Service has issued a severe weather warning for Maple Grove/Robbinsdale." X 3.
 - Vocera page team members the type of Severe Weather Warning:
 - "Severe Thunderstorm Warning in effect until further notice" or
 - "Tornado Warning in effect until further notice"



All Team Members Upon Hearing Severe Weather Warning

- Remain calm but alert patients of the warning and advise them to move away from exterior windows and exits. This includes ALL exterior windows and exit areas (lobby areas, conference rooms, halls, café and patient rooms, ambulance entrance, etc.).
- Close shades where available.
- Close doors of empty patient rooms to prevent glass from flying into the hallways.
- Once your area is secure, assist other areas (especially patient care areas). Non-clinical team members take direction from clinical team members.
- In patient rooms:
 - Turn beds so they are out of direct line of an exterior window.
 - Use pillows and blankets to protect the patients from flying glass and debris.
 - Close door to bathroom.



Severe Weather – Tornado

What's the difference between a tornado watch and a tornado warning?

Click here for
**Tornado
Watch**



Click here for
**Tornado
Warning**

General Protocols

IN EVENT OF A TORNADO **WARNING** BY THE WEATHER SERVICE, THE FOLLOWING PROTOCOL WILL BE INVOKED. THE CALL CENTER WILL PAGE "**ACTIVATE WEATHER ALERT**" THREE TIMES WHICH IS PRECEDED BY A SIREN TONE ALERT.

- Close and lock all outside windows. Remove all objects from window sills.
- Pull shades and drapes on all outside windows (this includes all non- patient rooms also).
- Lower all patients' beds to minimum height.
- Turn corridor lights on.
- Reassure patients as you proceed. Leave lights on in the rooms.
- "Patient room" doors may be left open at the discretion of the nursing personnel (close all other doors).
- Do not panic; do not shout; do not run. Keep all persons away from outside windows.
- Do not restrict use of elevators.
- Employees shall return to their work station or department and remain there until "all clear" is announced.
- Hospitals notify Call Center by dialing *77 or *99 if there is damage or a problem in your area.
- Off hospital campus, escalate damage to leadership.
- Files and drawers shall be closed.

Code Walker

Upon realization that a **patient is missing**, the team member who is first aware will immediately enlist all available team members to assist:

- Call *77 at Maple Grove or *99 at Robbinsdale and advise Security, "Code Walker", location and a brief physical description to include approximate age, race, male/female, clothing, etc.
- Safety & Security staff will announce, "Code Walker" via overhead paging system and Vocera to alert all hospital staff.
- The PCF of the unit the patient is missing from will remain in their unit to coordinate and delegate: Securing exits/elevators in the area; Search of the area; Provide necessary information to responders.
- Unit/Department team members from the area of the activation will report immediately to their unit/department to assist in response efforts, if appropriate.



Code Walker Continued

All Team Members:

- Be alert to patients wearing specially marked "Spice Red" linens and notify security if they are not accompanied by a staff person. These linens are used when there is a special circumstance such as an elopement or safety risk.
- If present at exits or stairwells at the time a "Code Walker" is announced, hospital staff are directed to observe and report only any unusual activity by calling *77 at Maple Grove and *99 at Robbinsdale. Team member should not attempt to apprehend a missing/eloping patient. Such action could endanger the team member and/or the patient. If the team member is comfortable and believes they can maintain personal safety, the team member may decide to follow the patient at a discreet distance to note elopement route, physical characteristics and clothing to aid in identification.



Code Walker Continued

All Team Members:

- Departments will deploy team members to observe the nearest exit or stairwell and report only by calling *77 at Maple Grove or *99 at Robbinsdale as described above. The team member(s) should remain in the location until the "Code Walker all clear" is paged overhead and on Vocera, or until given further instructions by a Safety & Security Officer.
- Team members involved in non-essential non-patient care activities are requested to avoid the area of the activation until the "Code Walker all clear" is paged.



Incident Management Response Team

Department Specific or Complex Emergencies

- Incident management team requested or assigned to manage large scale or complex emergency, such as a mass casualty incident or IT downtime, etc.



Emergency Management

- Emergencies regardless of size, cause or complexity need to be managed efficiently. Our system Emergency Operations Plan (EOP) is designed to establish a scalable, flexible framework within which NMH will accomplish the comprehensive emergency management activities of mitigation, preparedness, response and recovery for a variety of emergency situations that could affect the safety of patients, team members and the physical environment while meeting applicable codes and regulations.
- Leadership will determine the need and size of an Incident Management Team and will set up an Incident Command System as necessary. This team may meet in person or virtually depending on the emergency.
- In an emergency, be flexible. You may be asked to do a different job or report to the Labor Pool (location given at time of event) for reassignment. If you are away from work and are needed you will be notified through Everbridge and will be asked to reply with your availability and then will be given specific instructions on where and when you are needed.



Stroke Awareness

Stroke has decreased to the 5th leading cause of death but remains the leading cause of disability in Minnesota and the United States.

What is a stroke?

Click anywhere to continue.



Stroke Awareness

What is a stroke?

A stroke occurs when a clot blocks the blood supply to the brain (ischemic or when a blood vessel in the brain bursts (hemorrhagic). A CT scan is used to determine the type of stroke and the appropriate treatment.

Stroke symptoms include one-sided weakness, loss of or blurred vision in one or both eyes, dizziness, sudden trouble walking, sudden loss of balance or coordination, difficulty with speech, sudden severe headache (no cause) or sudden confusion.



https://www.medicinenet.com/stroke_symptoms_and_treatment/article.htm

STROKE Symptoms

Stroke symptoms may include problems with:

Balance
changes in **E**yesight
Facial droop
Arm/leg weakness or numbness
difficulty with **S**peech or a sudden, severe headache
Time is brain

If it seems like a lot to remember, just remember **BEFAST**.



Stroke Awareness

Robbinsdale Hospital is a Comprehensive Stroke Center and is at the forefront of that change to improve the quality of stroke care throughout our region.

- In 2020 the American Stroke Association (ASA) and American Heart Association has again awarded NMH it's highest award: Gold Plus Target Honor Roll Elite for the quality care we deliver to our patients.



Maple Grove Hospital is an Acute Stroke Ready Hospital.

- In 2022, MGH re-certified as an Acute Stroke Ready Hospital through the MN Department of Health. This means that they can evaluate, stabilize, and provide emergency treatment to patients with stroke symptoms.



STROKE at Robbinsdale Hospital

Immediate interventions include:

- Call for Help.
- Activate a Rapid Response by pushing the Rapid Response button on the call panel in the patient room or using your Vocera or phone to call *99. Give the patient location and your name.
- Reassure patient that help is on the way.
- Avoid giving anything to eat or drink.
- Once Rapid Response Team arrives, describe what you saw that made you call the Rapid Response.
 - If the responding doctor agrees it's a possible stroke, it should be escalated to a Rapid Response STROKE - Hospital, by paging/consulting neurology once directed by the MD. The original responding Critical Care Flyer RN should call the CCRT (Critical Care Response Team) by Vocera with an update that the Rapid Response has been escalated to a Rapid Response STROKE.



STROKE at Maple Grove Hospital

Immediate interventions include:

- Call for help.
- Use the stroke team button on the touch screen in the patients room to activate the code. If no touch screen available, call *77, state "stroke team", give the patient location and your name.
- Ensure breathing and pulse is intact.
- Reassure patient that help is on the way.
- Avoid giving anything to eat or drink.
- Collaborate with Stroke Team when they arrive.



Communication System Failure

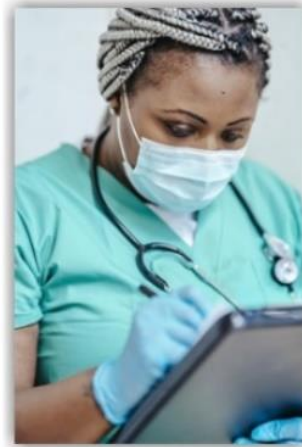
Telephone System Failure: Emergency Power Failure Phone, which are either all RED or have a RED handset cord, to make outgoing calls and take incoming calls. Most clinics have emergency power failure phones if the network phones go offline.



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Downtime

- In the event there is a downtime involving IT systems (EPIC, Internet, etc.) you should be familiar with your department's DOWNTIME BOX and procedures.
- Downtime procedures should be followed until IT has given the all clear message.
- Team members are responsible for understanding how to use the paper forms in their department's downtime box.



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Personal & Family Emergency Preparedness

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

[MN Homeland Security Management](#)

[Click here to continue.](#)

Make a Plan

Build a Kit

Get involved

Know your role

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Backup Generators

- Electrical outlets connected to back up generators have **RED outlets** and/or plates.
- Think ahead about how you would deal with a power failure and working with only emergency power. What would your environment look like with only emergency power? How would patient care be different?
- Know which equipment has battery operated back up. Make sure emergency equipment is plugged into a **RED outlet**. Extension cords can be used temporarily.
- Emergency generators are tested monthly.
- Off hospital campus clinics – check with your leader about whether backup generators exist on site.



Utility Management and Reporting

Notify Maintenance for the following utility failures or problems:

- Electricity.
- HVAC (heating, ventilation and air conditioning).
- Water and sewer.
- Elevators.
- Medical gases including:
 - Medical air.
 - Clinical vacuum.
- Computerized tube system.
- Intercoms.



Notify IT for other communication systems problems or failures, such as telephones and pagers. There are back up systems in place for most utility failures.



Storing Compressed Gas

Portable Oxygen Devices

- All compressed gas cylinders must be properly secured (e.g., in a tank holder, wheeled cart, or chained to a fixed object such as a wall) when being stored or during customer transport so they cannot fall or bang violently against one another. Each tank must be stored individually.
- North Memorial has two categories of tanks.
 - **Full tanks** are tanks that have not been opened and have plastic wrap around the neck of the cylinder.
 - **Empty tanks** are tanks that do not have the plastic wrap around the neck of the cylinder.
 - They may have a regulator on them or nothing at all.
 - Empty tanks can still be used for patient care, but the amount of gas remaining in the cylinder must be checked to ensure it is enough for the task.
 - Tanks are officially empty and should not be used if they have less than 500 psi in them.



Storing Compressed Gas

- No more than 12 FULL oxygen E (transport size) cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible. Tanks on carts and wheelchairs are considered in use and do not count toward the 12 tank limit.
- Not all oxygen cylinders are hospital property. A large number of patients bring in portable oxygen cylinders when they are admitted. They must be kept separate in the patient room or sent home with the family.



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Storing Compressed Gas

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- Not all oxygen cylinders are hospital property. A large number of patients bring in portable oxygen cylinders when they are admitted. Do not use patient owned or patient rented oxygen cylinders for hospital use. They must be kept separate in the patient room or sent home with the family.



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Storing Compressed Gas

- Compressed gas cylinders should always be secured. Appropriate securing devices include chains attached to the wall or holding racks. If you encounter a cylinder that is not correctly secured; immediately return it to a securing device or alert someone who can.
- Gas cylinders are to be used for patient transport or activity and then promptly returned to an appropriate holding rack. Cylinders should not remain in patient rooms.



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Storing Compressed Gas Continued

Tanks must be placed into a secure holding rack or cart.

Cylinders in storage must be easily identified as empty or full.
At MGH Empty = Red Zone on Gauge (less than 500psi)

EMPTY

=



Approved tank storage areas will include information about the number of tanks that can be stored per fire zone at a given time. Please refer to your department for this information.



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Medical Gas Shut Off



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

When advised by the authorized team member (as posted on the plaque next to the gas panel), a PCF/Leader may be asked to turn off a gas valve.



Shutting Off Oxygen Valves

- All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care /treatment rooms.
- Zone valves may only be turned off by authorized staff (Maintenance, Respiratory Care Practitioners, Administrative Managers, and manager/charge person). A label on each zone valve lists persons authorized to turn off a zone valve. Each zone valve is labeled with the rooms/areas it supplies.
- Signage available from the Respiratory Therapy Department must be posted on zone valves out of service, or whenever the oxygen system needs to be taken down for either elective or emergent reasons.



Hallway Clutter

Corridor clutter is any item that creates an obstruction in a corridor or exit path. The Life Safety code requires that "all exit paths must remain free of obstructions, including unattended items that are not considered in use by staff members." In other words, any item not in use or unattended for more than 30 minutes -- or blocking the egress -- can be considered clutter. The exceptions to this rule allow crash carts and patient isolation supply carts (provided the cart is serving a patient on contact precaution isolation) to be left unattended longer than 30 minutes.

[Click here to see why is this so important...](#)

[What you can do to keep hospital corridors free of obstructions?](#)



Hallway Clutter

Why is this so important?

In fire and other emergency scenarios, it may become necessary to relocate or evacuate patients, often in reduced visibility. On first appearance, corridors seem to have ample space for many items that help support patient care: equipment, supply carts, food carts, empty beds, etc.

[Click here to see why is this so important...](#)

[What you can do to keep hospital corridors free of obstructions?](#)



Hallway Clutter

To keep corridors free of obstructions:

- Items in a hallway waiting for direct patient use within 30 minutes should all be placed to one side of the corridor, against the wall.
- Do not allow items to block stair tower doors, extinguisher cabinets or cross automatic smoke or fire doors.
- In the event of an emergency requiring evacuation, move items out of the corridors and into unoccupied rooms or behind the nurse stations to allow unobstructed egress.

[Click here to see why is this so important...](#)

What you can do to keep hospital corridors free of obstructions?



Safe Medical Devices

It is policy to prevent or minimize medical device-related patient incidents, to ensure patient safety, and to improve the quality of patient care. Physicians, nurses or other healthcare personnel who use or maintain the products often discover medical product defects. It is essential that all personnel understand the importance of immediately reporting all product defects and device-related adverse patient events.



The Safe Medical Device Act of 1990

Was enacted to ensure:

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

[Click here
for
Definitions](#)

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The Safe Medical Device Act of 1990

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

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

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

Safe Medical Devices - Test Prior to Use and Routine

Equipment Failure Incidents

- Safety testing of medical equipment: Patient care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the appropriate Engineering Department indicated on the label.

What if equipment fails/breaks?

What is a safe medical device related incident?



Safe Medical Devices - Test Prior to Use and Routine

Actions to take if equipment fails/breaks:

- Remove it from service.
- Put on a defective sticker.
- Call the appropriate Engineering Department.

What if equipment fails/breaks?

What is a safe medical device related incident?



Safe Medical Devices - Test Prior to Use and Routine

If medical device (anything used in patient care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:

- Attend to the medical needs of the patient/user.
- Remove the equipment from service.
- Put on a defective sticker, noting it was involved in an incident.
- Tell the area's manager/supervisor.
- Save the disposables for evaluation during the investigation of the incident.
- Complete a Safety First Report.
- Call BioMed, ext. 12440 or 763-581-2440 and Risk Management, ext. 12390 or 763-581-2390.

What if equipment fails/breaks?

What is a safe medical device related incident?

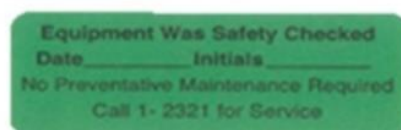


How Do I Know the Equipment is Safe/Ready For Use?

Your Responsibility to our patients:

- Look for the GREEN serviced tags. If not found, take the equipment out of service, fill out a defective sticker, and call 1-2321.
- Check the DUE line - if the date is past, take the equipment out of service, fill out a DEFECTIVE sticker and call 1-12321.

Click on each image below for more information.



How Do I Know the Equipment is Safe/Ready For Use?

“Equipment Was Safety Checked” sticker tells you:

- Equipment was inventoried and safety checked prior to it's initial use
- Equipment is assessed individually for ongoing testing



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How Do I Know the Equipment is Safe/Ready For Use?

Maple Grove Hospital Biomed uses color-coded stickers when they do their PMs to indicate when required preventive maintenance is next due.

Each sticker will have information about when the inspection was last performed (bottom right line), when it is due next (top right line), and who performed it (bottom left line).



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How Do I Know the Equipment is Safe/Ready For Use?

What do I do with defective equipment?

- Remove from service
- Tag and label (labels found in utility rooms)
- Report it to Biomed/Maintenance by calling the Customer Service Center 1-12321 or, after hours, the Patient Care Facilitator



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Slips, Trips and Falls

- Most falls occurring from slips and trips are due to slipping on an icy surface or tripping over an object.
- A fraction of the falls occurs when people fall off ladders or steps.



- It is also a fact that falls at the workplace can be prevented.

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Slips, Trips and Falls Continued

Look for ways to prevent slips, trips and falls:

- Ensure that all spills and wet surfaces are immediately cleaned up from the floor.
- See to it that all walking pathways in the workplace are clutter-free.
- In case you need to reach up to something that's high up in the office, always use a safe stepladder. Never use chairs or desks to climb up to access things above your head.
- Make sure that you only carry loads that you can safely handle. While carrying objects, make sure that your line of vision is not affected and that you are not carrying a load that is too heavy.
- Always have good illumination around the work space. Whether indoors or near to the exteriors, ensure that lighting is adequate and visibility is not affected.
- Always wear good footwear. We may not have control over the condition of the surface that we walk on, but we do have control over what we choose to wear on our feet.



Electrical Safety

- Most equipment in the healthcare setting is electric so there is a risk of electric shock. Electric shock can cause burns, muscle spasms, ventricular fibrillation, respiratory arrest and death.
- To help prevent electrical accidents, remove and report electrical hazards, use electrical equipment properly, maintain, test, and inspect equipment and use power cords and outlets properly.

