



FACULTY AND STUDENT

Core Orientation Module
Safety, Quality Care, Infection
Prevention

 **PROMEDICA**
Your Health. Our Mission.

INSTRUCTIONS

Welcome to ProMedica!

It is our pleasure to have students from many disciplines. We look forward to assisting in your education. We trust that during your affiliation with us, you will be provided many opportunities for learning

To assure a safe environment for patients, visitors, employees and affiliating students, an orientation to various aspects of the organization is required. Based on the training requirements from regulatory agencies (OSHA, Joint Commission, etc.) orientation on Safety/Quality, Management of the Environment of Care, and Infection Prevention and Control are required

To ensure you receive credit for this program, please:

- Read the document in its entirety
- Follow your course of orientation on the final slide



Program Objectives - Core Concepts

The core concepts as outlined in the follow objectives are integrated into course curriculum. The school maintains the responsibility of covering these topics. It is understood that this material is covered prior to agency orientation

After reviewing the content of this program, the learner will be able to:

1. State the mission, vision, and values of ProMedica
2. Discuss ProMedica's commitment in providing a safe environment for all
3. Explain and/or demonstrate safety codes, fire safety, and devices common to the health care institution
4. Verbalize identification of hazardous materials and proper precautions needed when using hazardous materials
5. Describe the infection cycle and methods used to break this cycle in the health care institution
6. Discuss the importance of confidentiality in the health care system including the requirements of HIPAA



The ProMedica Mission is to improve your health and well-being

At ProMedica, we hold ourselves and each other accountable for meeting expectations that ensure we live by our Mission and Values. The foundation for our Values is to treat others as we would like to be treated. Every member of our organization is accountable for making a positive impact on those whom we serve.

ProMedica Values

WE ARE ONE PROMEDICA, UNITED BY THESE VALUES.



Compassion

We treat our patients and each other with respect, integrity and dignity. Because each of us is a caregiver, our actions, words and tone let others know we truly care about them.



Innovation

We continually search to find a better way forward. We seek and embrace changes that enable us to deliver high-quality care and the best possible outcomes.



Teamwork

We are an inclusive team of diverse and unique individuals who collaborate to meet the ongoing needs of our patients and communities. We partner with others because we are better together than apart.



Excellence

We strive to be the best in all we do; we value lifelong learning, practice continuous improvement and provide exceptional service in living our Mission to improve your health and well-being.

SAFETY AND SECURITY



PROMEDICA IS COMMITTED TO FACILITATING A SAFE ENVIRONMENT FOR ALL

- Safety is everyone's responsibility:
 1. **Make sure that patients are safe**
 2. **Be sure you have the right patient**

Best method is to scan the ID band or compare 2 patient identifiers: Name & Birthdate (also may use visit # or MRN) against the listed paperwork for:

 1. Blood Administration (in addition to checking the blood band)
 2. Blood Specimen for all blood specimen draws
 3. Medication Administration
 4. Any Treatment or Procedure

SAFETY IS EVERYONE'S RESPONSIBILITY

3. Make sure the right person gives the patient care

4. Communicate correctly and timely

5. Make sure patient equipment and supplies are in working order and used correctly

- Pay attention to signs and labels
- Check equipment before you use: (i.e. electrical wire and plugs, wheelchair brakes)
 - Report any electrical cords that have cracked and are worn
 - Keep electrical cords away from water and heat
- Needles & sharps
 - Dispose of needles immediately after use. Use medical sharps containers
 - Do not recap needles

SAFETY IS EVERYONE'S RESPONSIBILITY

6. Provide a safe and secure environment for all patients, families, staff and visitors

- Perform hand hygiene before and after each patient contact, after restroom use, and before and after eating
- O2 safety:
 - **Always secure cylinder – If cylinder is tipped over, the stem can be knocked off and cylinder becomes an unguided missile**
 - **DO NOT lay an oxygen tank on a wheel chair or a bed**
 - Temporary storage – Mount on W/C or stretcher
 - Long term storage – In racks
- Equipment Alarms
 - Be sure the alarms are always on, parameters are on and audible, and alarms are responded to

SAFETY IS EVERYONE'S RESPONSIBILITY

7. Before doing anything with a patient, ask yourself:

- ✓ Is this safe?
- ✓ What could go wrong?
- ✓ How can I stop wrong things from happening?
- ✓ Is this the best way to do it?
- ✓ Do I know how to do this correctly, according to policy and procedure?
- ✓ Am I the right person to do this?

SAFETY IS EVERYONE'S RESPONSIBILITY

In Summary: Patient Safety

Stop!

Think!

Act!

Review!

SAFETY IS EVERYONE'S RESPONSIBILITY

Tailgating

WHAT IS IT?

In security, tailgating refers to when a person tags along with another person who is authorized to gain entry into a restricted area without consent

HOW DO THEY DO IT?

A person might use various methods to tailgate. These could include:

- Following an individual who is authorized to enter a location, giving the appearance of being escorted
- Joining a large crowd authorized to enter and pretending to be a member of that group
- Finding an authorized person who disregards the rules of the facility and agreeably allows the person to tag along

YOUR RESPONSIBILITY

Be aware of your surroundings. Speak up if you see someone trying to tailgate

SAFETY CODES



PROMEDICA EMERGENCY CODES

CODE TYPE	DESCRIPTION	EMERGENCY CONDITION / DUTIES	
SECURITY ALERT	AMBER ALERT	INFANT / CHILD ABDUCTION <ul style="list-style-type: none"> • Give location, gender, age, clothing description • Do not allow anyone to leave the area if possible. Perform count of all infants / children in department • Check all areas of department for missing child. 	
SECURITY ALERT	BOMB THREAT	BOMB THREAT <ul style="list-style-type: none"> • Do NOT hang up phone. Complete bomb threat checklist. Obtain as much information from caller as possible 	
SECURITY ALERT	MISSING PATIENT (Adult)	MISSING ADULT PATIENT <ul style="list-style-type: none"> • Give location, gender, age, clothing description • Do not allow anyone to leave the area if possible. • Check all areas of department for missing adult 	
SECURITY ALERT	ACTIVE ATTACKER	HOSTAGE SITUATION OR PERSON WITH A WEAPON <ul style="list-style-type: none"> • Stay away from announced area. • "Run" if you can / "Hide" in area that locks on inside, no windows, silence phones, turn off lights / "Fight" to save your life 	
SECURITY ALERT	NORA	AGGRESSIVE / VERBALLY ABUSIVE INDIVIDUAL <ul style="list-style-type: none"> • Ask for NORA (Need Officer Right Away) • Follow your facility's plan for an aggressive individual. 	
SECURITY ALERT	FACILITY LOCKDOWN	POTENTIAL EXTERNAL SECURITY SITUATION <ul style="list-style-type: none"> • All facility entrances are locked. No one other than law enforcement is to enter the building. 	
FACILITY ALERT	COMMUNICATIONS / NETWORK FAILURE	TELECOMMUNICATIONS/INFORMATION TECHNOLOGY SYSTEM INTERRUPTION <ul style="list-style-type: none"> • Utilize downtime procedures as appropriate to the interruption 	
FACILITY ALERT	SNOW EMERGENCY	WINTER WEATHER EMERGENCY <ul style="list-style-type: none"> • Stay on duty until approved to leave by manager / Administration 	
FACILITY ALERT	TORNADO WARNING	TORNADO WARNING IN EFFECT <ul style="list-style-type: none"> • Refer to departmental plan 	
FACILITY ALERT	EVACUATION	EVACUATION ORDERED – FOLLOW ANNOUNCED INSTRUCTIONS <ul style="list-style-type: none"> • One person to take charge of listing ALL people in the area being evacuated (patients, visitors, vendors, staff, etc) 	
FACILITY ALERT	RADIATION INCIDENT	INTERNAL RADIATION INCIDENT <ul style="list-style-type: none"> • Stay away from the area 	
FACILITY ALERT	CHEMICAL SPILL / LEAK	INTERNAL CHEMICAL SPILL / LEAK <ul style="list-style-type: none"> • Stay away from the area 	
FACILITY ALERT	FIRE	FIRE ACTIONS <ul style="list-style-type: none"> • R – Rescue anyone in immediate danger • A – Alarm (activate pull station) • C – Contain the fire • E - Extinguish if small fire or Evacuate 	FIRE EXTINGUISHER <ul style="list-style-type: none"> • P – Pull the pin out • A – Aim at the base of the fire • S – Squeeze the trigger • S – Sweep back and forth
MEDICAL ALERT	MASS CASUALTY	MEDICAL DISASTER / PATIENT SURGE / MCI (Mass Casualty Incident) <ul style="list-style-type: none"> • Refer to departmental plan 	

FIRE SAFETY – FACILITY ALERT FIRE

R – rescue

A – alarm

C – contain

E – extinguish

P - pull pin

A - aim

S - squeeze

S - sweep/spray

- Rescue patients in immediate danger **First** if the fire and/or smoke danger is imminent, close by or life threatening
- Evacuate to a safer area on the unit
- Move ambulatory patients first
- Move non-ambulatory patients in the most practical manner possible
- Remember to check all rooms for stragglers and close the doors after you leave the room
- Do not prop doors open. Have someone hold the doors as you pass through as directed by a supervisor then close the doors



PATIENT SAFETY: EVACUATION

Types of evacuation:

1. Horizontal Evacuation

- Moving people from any section of the building where danger exists from smoke or fire to an area on the same floor of the same building which is protected by a fire (smoke) door

2. Vertical Evacuation

- Moving patients down to a safe area, one to two floors below the fire
- Never use elevators

3. Total Evacuation

- Everyone is removed from the building because of dense smoke or fumes or other dangers
- Those evacuated first should be those in immediate danger and floor by floor, this will be determined by the **incident commander**
- If time permits, patient charts should be gathered and moved with the patients also

Severe Weather

- **Severe Weather Conditions:**

- TORNADO WATCH
- TORNADO WARNING
- THUNDERSTORM WATCH
- THUNDERSTORM WARNING

- **Your Actions**

- If you are away from your unit, return to it immediately
- Close all shades, drapes, and blinds to minimize the danger from flying glass
- Escort employees, visitors or others from areas that may be a danger; i.e., entrances, glass enclosed waiting areas due to flying glass. Move persons to inner hallways, enclosures, etc
- Locate flashlights in the department



UTILITIES SAFETY

If the electrical system fails the generator turn on in 10- 15 seconds. Have all critical patient care equipment plugged into the critical power outlets, which are color coded **RED**



Safety principles when working with electricity:

- Patient care equipment should be connected to the receptacle closest to the patient
- Unplug and plug in all electrical equipment with the power switch in the OFF position
- Never pull plugs from the wall by pulling on the cord

Safety: Tobacco Regulations

Each hospital within ProMedica has established a tobacco free environment in order to:

- Reduce the risks associated with smoking to the patient
- Reduce the risks of passive smoke to other patients and staff

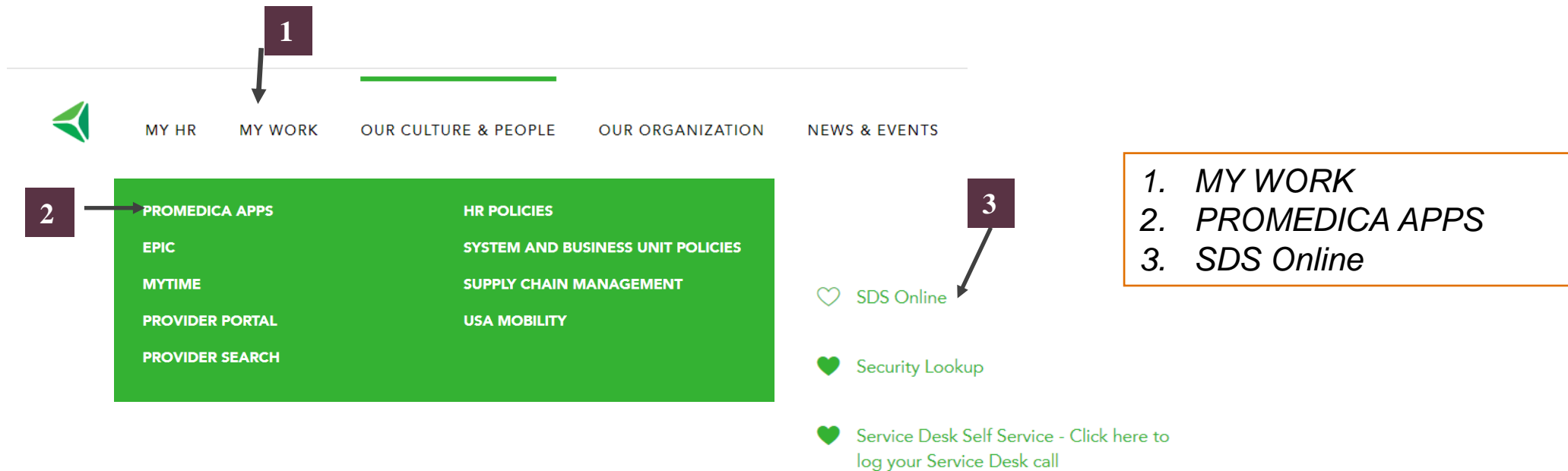
For visitors, patients, and staff any tobacco use is prohibited throughout the campus

All care team members are encouraged to courteously remind visitors of the tobacco regulations whenever they see a violation



SAFETY DATA SHEETS (SDS) – HAZARDOUS MATERIALS

- Every employee, volunteer, and student must be aware of proper handling of hazardous materials that are in the health care environment
- The definition of a hazardous material is “any substance which has the capacity to produce personal injury or illness to man through ingestion, inhalation or absorption through body surfaces”
- Safety data sheets (SDS) for hazardous materials are available on the ProMedica Intranet (myphs.ProMedica) under Applications. Please see the computer access orientation page for access to myphs.ProMedica.





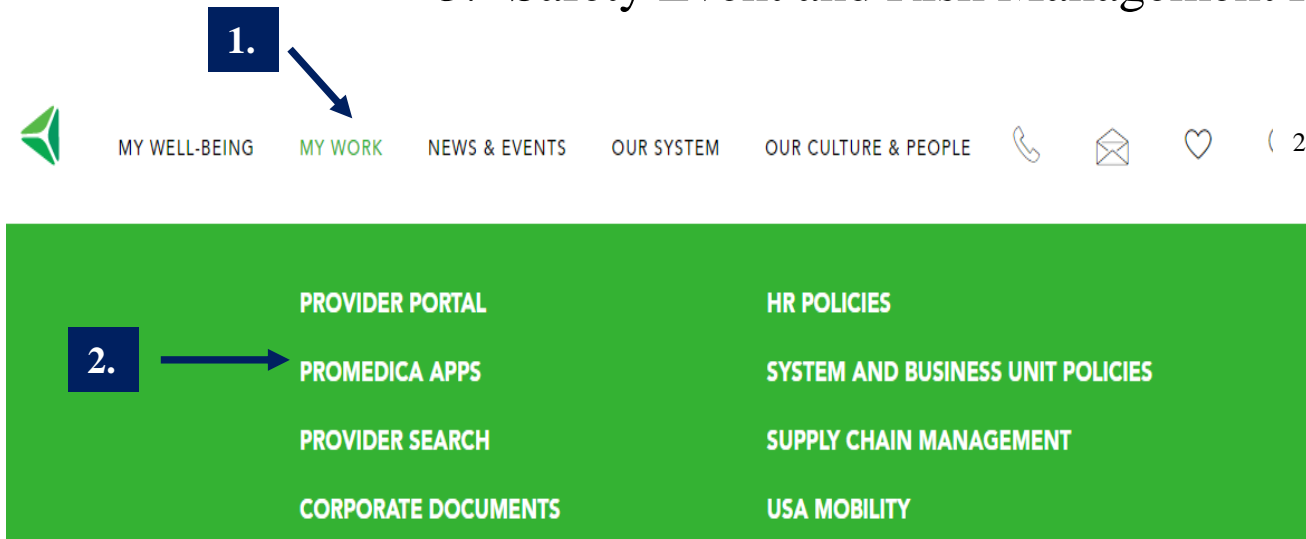
RISK MANAGEMENT REPORTING (RL6)

RISK MANAGEMENT REPORTING (RL6)

Easy to use. This ease of use should lead to INCREASED reporting of events. The increase reporting will give ProMedica more data to use in our SAFETY EFFORTS

Location: myphs.promedica.org

1. My Work
2. ProMedica Apps
3. Safety Event and Risk Management Reporting



Downtime reporting. Please ask a staff member to guide you if the computers are not working

HOW TO USE RL6

Employee Events ICON (Including Students/Faculty) used to report events with or without actual injury regardless of the cause of the event (fall, needle sticks, etc)

Feedback ICON used to report Complaints and Compliments



1. **Select the icon** that matches the event or complaint to be reported and the correct form will open. Additional selections will open to assure needed information is provided
2. **Complete and Submitted** reports will be electronically routed to additional individuals for follow up and tracking

RL6 ALLOWS REPORTING ANONYMOUSLY

ri solutions

Logged in as

Icon Wall

Find a form

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.

Anonymous Mode (click here to open a submission form anonymously)

Check the box to report anonymously. RL6 does not identify the submitter or the IP address of the computer



EMPLOYEE EVENT - USE THIS FORM ONLY



Feedback (Report Patient Complaints/Compliments Here)



Adverse Drug Reaction



Airway Management



Blood Product



Diagnosis/Treatment



Diagnostic Imaging



Equipment/Medical Device



Facilities



Fall (PATIENT ONLY)



HIPAA Event

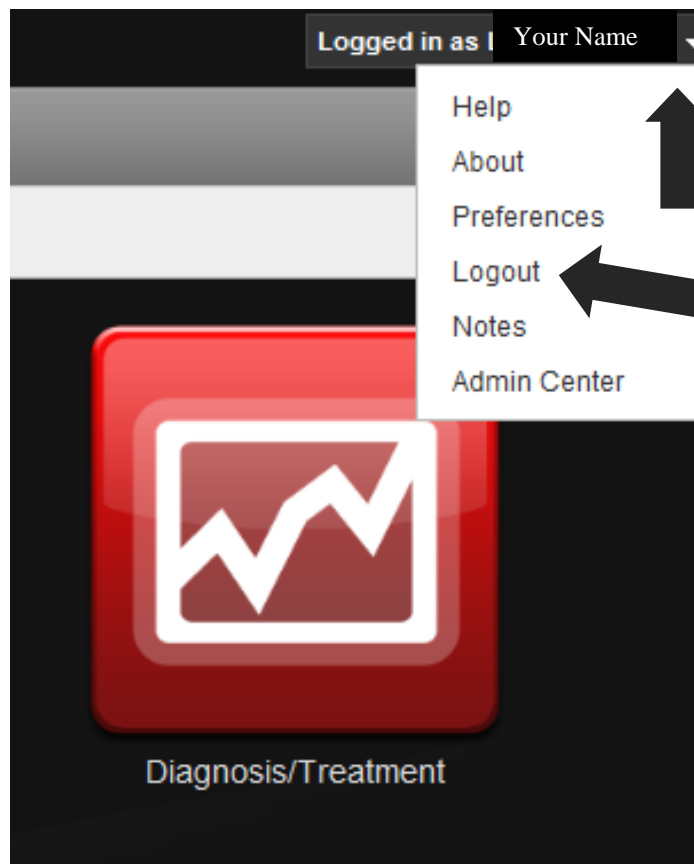


Infection

WHEN DONE... LOG-OUT OF RL6

To Log-out:

1. Click on the Logged in as Your Name
2. Use the drop down arrow at the top right side of screen
3. Select Logout from the drop down options



What is the difference between “Logout” and “Exiting” from RL6?

- “Exiting” is an abrupt termination of the application. **NEVER** exit the system by clicking on the **X** in the upper right corner of the browser’s window
 - This can cause the report you just worked on to go into a “file lock”. A report in “file lock” is not accessible until a System Administrator unlocks it

Remember Always LOG-OUT when leaving the RL6 Software

RISK MANAGEMENT REPORTING (RL6)

- Report ANY unexpected patient, visitor, employee, volunteer, student, medical staff, or vendor event
- Report all events whether an injury occurs or not. Remember near misses are as important to track as injuries
- Report any complaint from a patient or visitor

Importance of reporting all events

- ProMedica is working hard to become a High Reliability Organization (HRO) which will increase the safety for all patients and employees
- In order to become a HRO, ProMedica needs to have accurate and consistent data about ALL events (Near or Actual) that happen. These events will be analyzed for process and system issues so we can improve

This means it is CRUCIAL that everyone identify and report ALL EVENTS

INFECTION PREVENTION

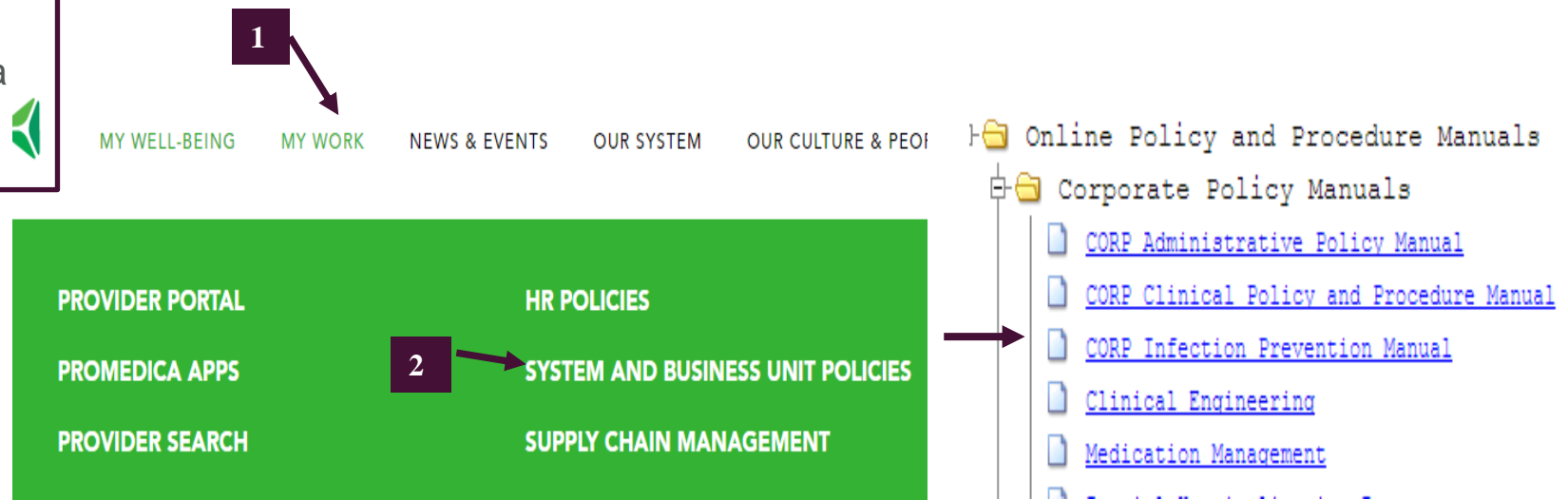


INFECTION PREVENTION

All Healthcare Professionals within ProMedica including Students and Faculty are responsible for:

- Hepatitis B vaccinations
- Post-exposure evaluation and follow-up
- Recording keeping for injuries
- Exposure Control training- initial and ongoing

Additional information may be found in the on-line Corporate Infection Prevention manual accessed via the MyProMedica website.



INFECTION PREVENTION

Any direct patient care provider (including students) with exudative lesions, weeping dermatitis, or any condition which prevents them from performing hand hygiene or in a restrictive device (e.g. casts, braces, splints) is restricted from direct patient care until condition resolves



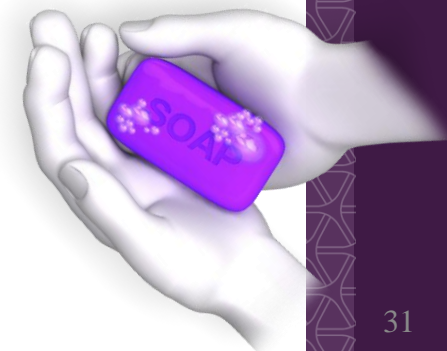
BREAKING THE CHAIN OF INFECTION

- Breaking the chain of infection involves ALL healthcare workers!
- The best way to break the chain of infection is to follow the hand hygiene protocol
- Your role in breaking the chain of infection is:
 - Always wash your hands; use of gloves does not preclude the need for hand washing
 - Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn
 - It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites
 - Wash hands immediately after gloves are removed and between patient contacts
 - Wash hands before and after eating, and after using the toilet

PROCEDURE FOR HAND HYGIENE

ALWAYS clean your hands. Hand washing (using soap and water) and hand sanitization (using alcohol based waterless hand sanitizer) are equally effective in de-germing the hands. If hands are visibly soiled, hand washing is recommended. Remember...

...Hand Hygiene with Alcohol Based Hand Gel:	...Hand Hygiene with Soap and Water:	...When to wash your hands:
<ol style="list-style-type: none">1. Apply the sanitizer to the palm of one hand and rub hands together.2. Cover all surfaces of the hands and fingers with sanitizer.3. Rub hands until dry.	<ol style="list-style-type: none">1. Thoroughly wet hands and wrists with water – holding hands downward at all times so runoff goes into the sink.2. Apply soap with vigorous contact on all surfaces and between fingertips <u>for a minimum of 15 seconds</u>.3. Rinse thoroughly under running water while keeping hands in a downward position.4. Dry hands with paper towels. Use paper towel to turn off faucet (considered contaminated); discard into wastebasket.	<ol style="list-style-type: none">1. Before and after eating, and using the toilet.2. Immediately after removing your gloves.3. In between patient contacts.4. After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. (The use of gloves does not preclude the need for hand washing).



INFECTION PREVENTION

STANDARD PRECAUTIONS

- All patients are considered potentially infected with blood borne pathogens (e.g. HIV, hepatitis B, hepatitis C, syphilis, etc)
- To assure you have the minimum risk of being exposed or transmitting these pathogens to someone else **always use Personal Protective Equipment (PPE) to minimize the risk** of skin and mucous membrane contact with patient blood/body fluids, mucous membranes, and non intact skin, biological specimens, instruments and surfaces contaminated with blood and body fluids
- PPE includes Gloves, Masks, Gowns, and Face Shields
- And of course Hand Hygiene is always required before and after patient contact

INFECTION PREVENTION PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Use isolation precautions in addition to Standard Precautions to prevent the spread of certain diseases when Standard Precautions is not sufficient
- Each type of precaution has its own requirements for additional PPE, procedures, and special rooms

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Use PPE when exposure to blood/body fluids is anticipated
- ProMedica will supply, clean, launder, replace and dispose of PPE at no cost to the healthcare provider
- Remove all PPE before leaving work area

Body Protection

- General work clothes (scrubs) are not a protective barrier and are not considered PPE. Scrubs are provided when environmental contaminants on street clothes are a concern (e.g. Surgery). Students will be notified if scrubs are required and will be provided access to scrubs

TYPES OF PERSONAL PROTECTIVE EQUIPMENT

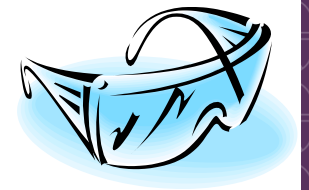


Gloves

- To be worn when touching blood, body fluids, secretions, excretions, contaminated items mucous membranes and non-intact skin
- To be changed between tasks and procedures on the same patient and also changed, and hands washed before going to another patient
- **NOT** to be worn in the hallways

Gowns (fluid repellent)

- To be worn during any activity that is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions
- Supplied by the environmental services department



Mask, Eye Protection, Face Shields

- To be worn to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care **activities that are likely** to generate splashes or sprays of blood, body fluids, secretions and excretions
- This is very important! Many exposures occur because eye protection is not worn when there is a potential for splash

Infection Prevention - PPE




Respiratory Protection

Masks

- Wear a surgical/procedural mask, at all times in clinical areas
- Discard after each shift, when soiled, or moist from breath

Particulate Respirators are required for respiratory protection from:

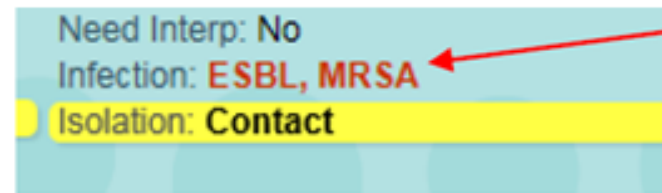
- COVID-19
- Tuberculosis (see Tuberculosis Prevention Program)
- Airborne emerging infectious diseases (EID) and airborne bioterrorist events
- Particulate Respirators available (precepting/PA/NP/resident students only):
 - **Disposable (N95)** - requires annual medical evaluation and fit-testing
 - **Reusable (CAPR)** – (controlled air purifying respirator) - requires annual training and a medical evaluation

Surgical/Procedural Mask	N-95 Respirator	CAPR
		

INFECTION PREVENTION: ISOLATION PRECAUTIONS

A patient in isolation precautions will be identified with an isolation precautions card on/near his/her door

- Additional methods of communication include:
 - Matching sticker on/in the patient's chart
 - Electronic Medical Record (EMR) in banner bar top of page



- For additional information on isolation precaution topics, refer to the on-line Infection Prevention manual
- **The categories of isolation precautions are based upon how the disease is transmitted:**
 - Contact
 - Contact-Enteric
 - Droplet
 - Droplet Plus
 - Airborne

Infection Prevention: Isolation Types

Contact Precautions: (for MRSA, VRE, ESBL, R.Acinet, lice, major draining wounds, etc.)

- Wear gloves and gown upon entering room



Contact – ENTERIC Precautions: (for unexplained diarrhea or confirmed C.diff)

- Wear gloves upon entering room (including visitors)
- Wear gown
- Use bleach disinfecting product for all cleaning



Infection Prevention: Isolation Types

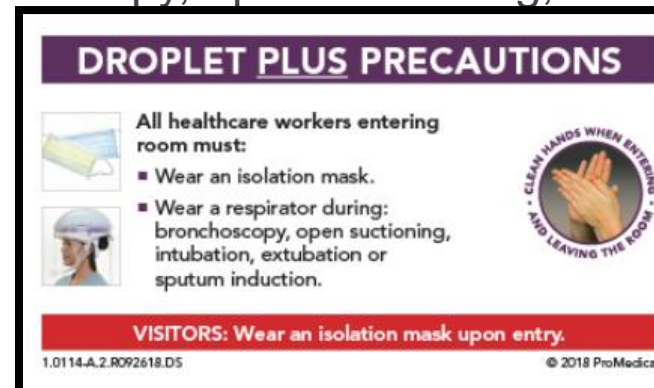
Droplet Precautions: (for N. Meningitides, Pertussis, Strep throat or pneumonia in infants and young children, etc.)

- Wear an isolation mask upon entering room



Droplet PLUS Precautions: (for suspected or confirmed influenza)

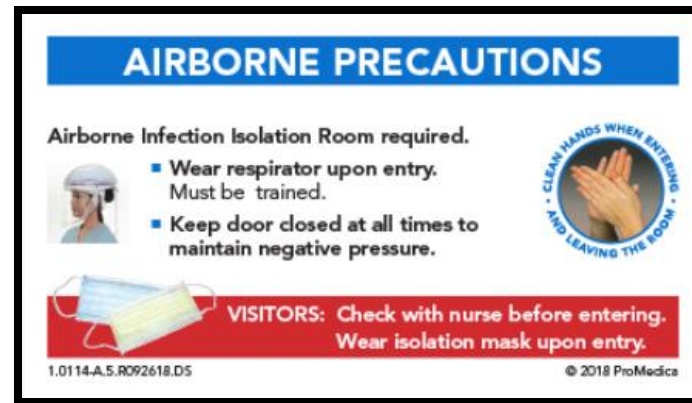
- Wear an isolation mask upon entering room
- Wear respirator (PAPR or N-95) during: bronchoscopy, open suctioning, intubation, extubation or sputum induction



Infection Prevention: Isolation Types

Airborne Precautions: (for TB or rule-out TB, measles, COVID-19 etc.)

- Wear N-95 or PAPR upon entering room (must be fit-tested on N-95 or trained on PAPR annually)
- Specialty airborne infection isolation room required
- Door must be kept closed at all times
- Daily check of negative pressure



CLEANING PRODUCTS

Disinfectants

KEEP ALL LIDS CLOSED



Oxivir TB White lid	Sani-Cloth BLEACH Orange lid	3M MBS 42 Liquid in squirt bottle	SUPER Sani -Cloth Purple lid	Sani-Cloth AF-3 Grey lid	Sani Table Turners Gray and black packet
1 minute contact time <small>5 minutes for TB 10 minutes for fungus</small>	4 minute contact time	5 minute contact time	2 minute contact time	3 minute contact time	1 minute contact time
Disinfecting equipment and other hard non-porous surfaces.	Disinfecting equipment and other hard non-porous surfaces used for patients with C-Diff and Norovirus.	Disinfecting larger or more heavily soiled equipment and other hard non-porous surfaces. Solution expires After 90 days.	Use only on approved equipment (e.g. IStats)	Use only on approved equipment (e.g. some ultrasound probes)	Do NOT use on equipment or surfaces requiring disinfection. Sanitizing wipe for food contact surfaces only. Use on: Refrigerators, microwaves, ice buckets, coffee pots, personal cups, on food service counters, ice machines, or high chairs

Wear gloves. Saturate and scrub. Surface must remain wet for stated time (above). Allow to AIR DRY. Remove gloves and clean hands after use.

CLEANING PRODUCTS



Substitute Disinfectants



Product	BioXco X-Ray Apron Cleaner Multi-Surface Disinfecting Wipes	Sani-PRIME Wipes	SideKick Disinfecting Wipes	SONO Disinfecting Wipes	Husky Q/T Disinfectant Spray	Wipes Plus Disinfecting	Sani-Cloth Bleach Wipes
Sub for:	Super Sani-Cloth (Purple lid)	Super Sani-Cloth	Oxivir Tb Wipes	Oxivir Tb Wipes	Oxivir Tb Wipes	Oxivir Tb Wipes	
Contact Time	2-10 minutes	1 minute	2 minutes	4 minutes	3 minutes	4 minutes	4 minutes
PPE	Gloves	Gloves	Gloves	Gloves	Gloves & Eye Protection	Gloves	Gloves
Use	Designed to clean & disinfect X-ray aprons. Can be used for vinyl, plastic, stainless steel, porcelain & other hard surfaces.	Disinfecting equipment and other hard non-porous surfaces	Disinfecting equipment and other hard non-porous surfaces	Disinfecting equipment and other hard non-porous surfaces	Disinfecting equipment and other hard non-porous surfaces Use with Purple cloths	Disinfecting equipment and other hard non-porous surfaces	Disinfecting equipment and other hard non-porous surfaces

**Saturate & scrub. Surface must remain wet for stated contact time. Allow to AIR DRY.
Remove gloves & clean hands after use.**

KEEP ALL LIDS CLOSED WHEN NOT IN USE.

INFECTION PREVENTION

DISINFECTION (low level)

- Use hospital-approved disinfectant wipes OR squeeze bottle with diluted disinfectant
- If using squeeze bottle, the disinfectant is either squeezed onto the cleaning cloth or directly onto the surface being cleaned
- Wear gloves when using disinfectant
- Clean the item by scrubbing to remove visible dirt, organic material and debris
- Use disinfectant to scrub from the least soiled areas to the most soiled areas and from high surfaces to low surfaces ensuring the surface is well saturated
- Always allow the disinfectant to air dry
- **High level disinfection is restricted from student function without direct employee oversight after additional education**

INFECTION PREVENTION

INFECTIOUS WASTE

- All medical waste is considered potentially infectious
- All infectious waste should be placed in a **RED** bag
- Wear gloves when handling infectious waste bags
- Wear a cover gown and gloves when cleaning-up broken waste bags (facial protection is needed if body fluids are encountered)
- Never send red bags down the trash chute
 - Should you drop a bag down a trash chute on accident, notify facilities immediately
- Items in **RED** trash bags
 - Items dripping, saturated, or caked with blood
 - Medical sharps, such as needles, scalpels, lancets or any sharp objects (first *put in sharps disposal box*)
 - Blood & blood products
 - Cultures and stocks in the lab
 - Suction canisters

INFECTION PREVENTION

COMMUNICATION OF HAZARDS

- The biohazard symbol or the word “Biohazard” is used to designate:
 - Contaminated materials including refrigerators and freezers containing blood/body fluids materials
 - Containers used to store, transport or ship off-site infectious materials contaminated work surfaces
 - Infectious waste (regulated medical waste) should be placed in designated **Red** bags
 - Chemotherapy waste should be placed in designated **Yellow** bags
 - Clear specimen bags are used to transport specimens

INFECTION PREVENTION

LAUNDRY

- Handle soiled laundry as little as possible, bag at point of use, tie (plastic bags) or close (reusable bags) before sending down a laundry chute
- Wear gloves when handling soiled laundry
- Laundry bags **MUST** be used to transport soiled linen

INFECTION PREVENTION

Sharps Containers

- All sharps are to be discarded immediately in the hospital approved puncture resistant containers that are located as close as possible to where sharps are used
- Containers are to be changed when 3/4 full (or when “full” sign appears on certain sharps containers)
- After closing and locking cover, place filled sharps containers in large red biohazard bins for disposal
- **NEVER** place medication vials in sharps containers

INFECTION PREVENTION

SHARPS SAFETY

- Do not recap, bend, break or cut needles. If no alternative is feasible, recapping must be done with a mechanical device or use a one-handed technique
- All sharps must be rendered safe as soon as possible after use and before disposal. Examples are:
 - Triggering the safety mechanism on safety-designed sharps or for non-safety sharps, locking the tip into a device (using one hand) designed to render the tip safe
- Extreme care is to be used when handling, cleaning or disposing of sharps
- Broken glass is picked up using mechanical means (such as dustpan & cardboard, tongs, forceps, etc.)

INFECTION PREVENTION

Lab Specimens

- Place lab Specimens in designated, leak proof containers
- Double bag or use a lab-approved containers to send specimens through the pneumatic tube system. (see “Pneumatic Tube” policy in Infection Prevention manual)

Food and Drink

- May not be kept in refrigerators, freezers, shelves, cabinets or counter tops where body fluids are present

Other Considerations

- Perform procedures involving body fluids in a way to minimize splashing, spraying and spattering
- Do not apply cosmetics, eat, drink, or handle contact lenses in areas where occupational exposure may occur
- Cap and place disposable suction canisters when ready for disposal into red bags at point of use and taken to the red infectious waste tubs for disposal

INFECTION PREVENTION

COMPLIANCE / NON-COMPLIANCE

It is **REQUIRED** by all healthcare providers to perform their duties in a manner to ensure patients, visitors, co-workers, and themselves are free from exposure to blood / body fluids



INFECTION PREVENTION

Incident / Near Miss

- An 'incident' is when a healthcare provider is truly exposed to blood/body fluids (e.g. needle stick, blood splashed into the eyes)
- A 'near miss' is when a healthcare provider is put at risk of exposure to blood/body fluids, but it is unclear if the provider truly was exposed (e.g. isolation door is not labeled, improperly bagged specimen is sent through the pneumatic tube system and not bagged, etc.)

INFECTION PREVENTION

BLOOD/BODY FLUID EXPOSURES

- Body fluids with the potential to transmit HIV, Hepatitis B and Hepatitis C include:
 - Blood
 - Fluid containing visible blood
 - Other fluids (semen, vaginal secretions, cerebral spinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)

INFECTION PREVENTION

What Constitutes an Exposure to HIV, Hepatitis B and Hepatitis C?

Significant Exposure

- blood/body fluid gains entrance into the body through:
 - a percutaneous injury (needle stick or other penetrating sharps event) with contaminated sharp
 - a blood/body fluid exposure to mucous membrane (eyes, inside nose or mouth)
 - a blood/body fluid exposure to non-intact skin (skin with dermatitis, abrasion, open wound, hangnails, cuts, chafing, acne, etc.)
 - a human bite if it results in blood exposure to either the bite recipient or the person inflicting the bite

Non-significant exposure

- blood/body fluid contacts intact skin

INFECTION PREVENTION

Post Exposure Guidelines

- Wash/flush exposed area immediately with soap and water
- If personal clothes are contaminated, remove and get loaner scrubs. Bag clothes in a plastic laundry bag, tie, label with owner name and department then take to laundry for decontamination (do not send down laundry chute). Clothes will be processed and ready in 2-3 days and are to be exchanged for borrowed scrubs
- Instructor/Preceptor to assist student in seeking care (call the “Ouch Line”) and completing an RL6
- Post-exposure medical evaluation and follow-up will be handle confidentially. Appropriate counseling and instruction for follow-up will be provided. A physician will determine if and what treatment is needed

INFECTION PREVENTION

TB Prevention Program

The TB Prevention Program is derived from the CDC guidelines and OSHA standards. Refer to the on-line Corporate Infection Prevention manual for further program details

Patient Room Placement

Place any patient suspected or known to have active TB in an AIIR (Airborne Infection Isolation Room). AIIRs with ante-rooms are preferred

- The purpose of the isolation room is to isolate patients who are likely to have infectious TB from other people and prevent escape of droplet nuclei from the room

Visitors

- Keep visitors to a minimum, keep their visits short, and instruct them to leave the room if the patient begins to cough
- Must wear a surgical or isolation mask
- *Please note: **It is against Federal Law to give a respirator to a person who has not been trained/fit-tested to wear a respirator***

INFECTION PREVENTION

Initiation of Airborne Precautions for TB

- Initiate Airborne Precautions when either the patient has signs and symptoms suggestive of TB, or AFB smear is positive
- Students who have not been trained/fit tested on the N-95 respirator or CAPR hood *cannot care* for patients when a respirator is needed

Termination of Airborne Precautions for TB

- Airborne Precautions may only be terminated by the physician if specific criteria are met



INFECTION PREVENTION

- **Maintaining Appropriate Ventilation in AIIR Room**
 - Door to the AIIR room must remain closed. If the isolation room has an anteroom, the doors to both rooms must be kept closed
 - AIIR room pressure must be monitored daily when used as an AIIR
 - For rooms with electronic monitors, check each time the room is entered
 - For rooms without electronic monitors, call Facilities Management to do daily smoke test
- **“Airing” the AIIR room (with the door closed)**
 - Upon discharge of patient or termination of Airborne Precautions, the isolation room must be allowed to "air" to achieve 99.9% removal efficiency prior to admitting another patient. This “airing” time should be posted near the isolation room doors. The room is still considered “dirty” until this airing is completed

INFECTION PREVENTION

HEALTHCARE WORKER EXPOSURE TO TB

- **What Constitutes an Exposure to Tuberculosis**
 - TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat speaks, coughs or sneezes. People nearby may breathe in these bacteria and become infected
- **Determining if the exposure was significant**
 - A significant exposure is defined as being in the same breathing space as the patient for >15 minutes or being coughed or sneezed upon by the patient, while the patient was not wearing a mask

Content adapted from the ProMedica Exposure Control Plan and TB Prevention Plan

[ProMedica CORP Infection Prevention Manual](#)



HIPPA AND CONFIDENTIALITY

HIPAA AND CONFIDENTIALITY

HIPAA is a set of federal privacy regulations that:

- Protects patient information- also known as protected health information (PHI) and guarantees certain rights to patients pertaining to their PHI



USE AND DISCLOSURE OF PHI:

Healthcare workers can use or disclose PHI for three reasons:

- Treatment
- Payment
- Operations

HIPAA guarantees patients certain rights including:

- The right to amend their health information
- The right to access their health information
- The right to request a restriction on how healthcare providers use and disclose their PHI

PATIENT'S RIGHT FOR RESTRICTION.....

- Patients have the right to ask for certain restrictions on the use and disclosure of their PHI
 - Ex: Patient asks us to restrict the disclosure of information to their friends and family
 - Ex: Patient asks that we restrict the use of their information for fundraising purposes or for research
- The healthcare provider is not obligated to approve requests, but they do need to consider the request and notify the patient of their decision
- Each request will be evaluated separately

PROCESS FOR PATIENTS TO REQUEST A RESTRICTION:

- Patients must put their request for restriction in writing
- The patient will be notified of our decision in writing and a copy of the decision will also be documented in the medical record

A FEW OTHER HIPAA REMINDERS

- HIPAA is focused at PROTECTING the patient's health information (PHI)
- Every HealthCare Worker needs to remember it is their responsibility to PROTECT PHI



DID YOU KNOW THAT PROTECTED HEALTH INFORMATION INCLUDES:

- Demographic information (name, address, email, SSN)
- Clinical information (diagnosis, test results, social history)
- Billing information (charges, collection status)
- Type of service patient is receiving now
- Type of service patient will receive in the future

Make sure you are PROTECTING all types of PHI

OTHER'S HEALTH INFORMATION

- Curious how a patient is doing? Don't ask and Don't tell unless you and the other person need to know to do your job
 - Also known as gossip, this behavior is prohibited
- Remember, ProMedica policies only permit you to discuss patient information with those who need to know to do their job
- This applies to family and friends. **DO NOT** discuss patients outside of work. Doing so will subject you to discipline

ACCESS TO YOUR OWN HEALTH INFORMATION:

- If you have been a patient at any ProMedica facility, your health information is contained in our information system
- However, ProMedica policies do not allow you to access your own information or that of your family, friends or co-workers, etc
 - **You may ONLY access the health information system to gain information you need to do your job or for your learning**
- If you need to access your health information, contact the medical record department or contact your healthcare provider

HIPAA



- Never share your log in and password with anyone
- Log off your computer if you are going to be away from your workstation
- Notify Help Desk if you detect a computer virus
- Do Not post any reference to our patients and do not respond to posting about our patients (E-Mail, Facebook, Twitter and other social media)
- Even a posting that does not contain the patient's name may be considered a breach of ProMedica's policies and subject you to discipline
- Report all possible breaches to the supervisor /manager immediately
- The supervisor and the Privacy Officer will determine if a breach has actually occurred
- Protect the privacy of patients and the confidentiality of ProMedica's business information

SUSPECT A BREECH?

- Report all possible breaches to a supervisor immediately
- The law now requires that we notify the patient AND the government of the breach if there is a risk of harm to the patient
- The supervisor and the Privacy Officer will determine if a breach has actually occurred
- Examples of possible breaches:
 - Faxing patient information to a wrong fax number
 - Leaving a message for a patient at a wrong phone number
 - Including one patient's information in another's discharge packet
 - Misplacing a laptop or other electronic device that store patient information

SOCIAL MEDIA (LIKE FACEBOOK):

- **Do Not** post any reference to our patients and do not respond to postings about our patients
- Even a posting that does not contain the patient's name may be considered a breach of ProMedica policies and subject you to discipline
- ProMedica has a Social Media Policy

PROMEDICA'S SOCIAL MEDIA POLICY

- Use ProMedica e-mail for health system business only
- Do not forward health system e-mail to a personal e-mail account
- Make sure your e-mails are professional in all respects
- Do not post patient information or confidential health system information on social media
- Even if the information cannot be linked to specific individuals, it cannot be posted
- Protect the privacy of patients and the confidentiality of health system business information

GUIDELINES FOR STUDENT/FACULTY USE OF PERSONAL ELECTRONIC DEVICES:

- Students and faculty in the clinical setting may carry a cell phone in silent mode
- Phone calls **should not** be made in patient care areas or within hearing distance of patient care areas
- Other electronic devices (tablets or laptops) may be used to access reference material
 - These devices may be used in nursing stations, or common work areas, break rooms, etc **but not** in *patient care areas*.
- Students are invited and encouraged to use hospital-provided computers to access references material provided and endorsed by ProMedica for clinical use including: Lexicomp, Lippincott, Educational material, ProMedica policy and procedure manuals

Please refer to your hospital's specific policy on electronic device use



DIVERSITY AND INCLUSION



DIVERSITY

Q. Why is Diversity important at ProMedica?

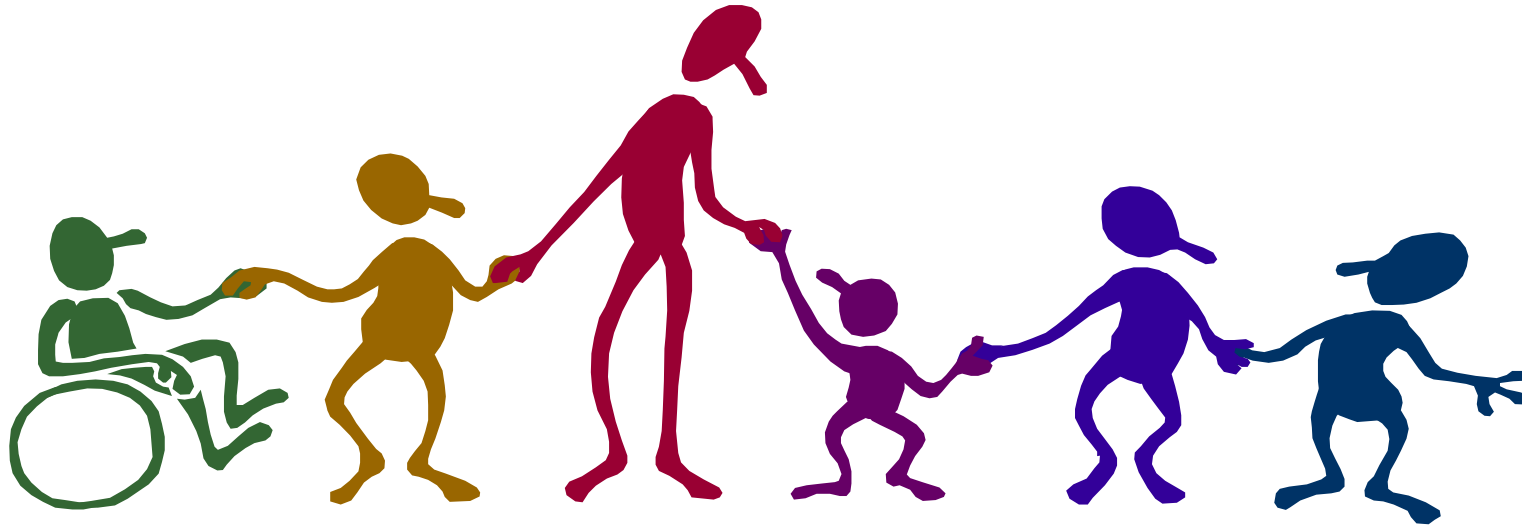
- A. Diversity is an important initiative at ProMedica because it facilitates a workforce that acknowledges and respects differences. Differences include race, gender, ethnicity, age, sexual orientation, physical ability, language, parental or marital status, job experience, religion, geographic location, thinking style, and more



DIVERSITY

Q. How does ProMedica define Diversity?

- A. Diversity is about acknowledging many differences and similarities that make us unique. It refers to the collective mixture of people and the differences they bring to the workplace and the patient care environment



DIVERSITY

The three key elements of Diversity are:

- Cultural and Linguistic Appropriate Services (CLAS)
- Representative workforce
- Inclusive work environment - A workforce that is more representative of our community in general helps us to provide culturally and linguistically appropriate care where necessary to meet the needs of our diverse patients

DIVERSITY

Q. How diverse is our patient population?

A. The patient population is very diverse. The broad spectrum of diversity includes race, national origin, physical ability, religion, insurance status and literacy

Racial diversity consists of Caucasian/White, Black/African American, Hispanic/Latino and Asian/Pacific Islander

Some of the languages that our patients speak are English, Spanish, German, Russian, Chinese, and Vietnamese. Other patients are deaf and/or blind. These patients use sign language to speak or read Braille material

DIVERSITY

- Our patients have various religious/spiritual beliefs that include Catholicism, Baptist, Muslim and Judaism
- To better assist patients that are not literate in reading, many patient education materials are written at a reading level of sixth grade or lower

DIVERSITY

- **What do I do when my patient is deaf or speaks another language than English?**
 - Resources are available to help you communicate with deaf or limited English patients. Ask if the patient would like to have an interpreter at no cost
 - Do not use a child to interpret information. The preference is to not use any family member to interpret
 - Please discuss with our staff how to arrange for sign or foreign language interpreter

DIVERSITY

Q. What activities during patient care could be altered due to cultural diversity?

- A. Patients have different views about health and illness, during the course of caring for a patient, standard activities such as dietary and hygiene considerations may need to be changed to accommodate the needs of our patients. Some examples include:
- Patients that are Muslim and Jewish fast from eating and/or drinking liquids from sunrise to sunset at certain times during the year
 - Patients that are Catholic and Christian fast from eating certain foods during the Lenten season
 - Asian patients may adhere to a rigid diet consisting of certain foods that will quickly replenish nutrients lost from delivering a baby

DIVERSITY

Your role as a student:

- Provide “culturally competent” care to patients, families, visitors....all customers
- Be responsible to be culturally sensitive and possess knowledge, skills and an accepting attitude towards those who are different than you
- Be aware, understand and attend to each patient with respect



LINENS AND WASTE



LINENS

Linen carts should have reject bag attached to it

Any clean linen unacceptable for use should be placed in this bag

This serves two purposes:

- It helps remove it from the system to be repaired, repurposed, or replaced
- ProMedica is not paying for linen that cannot be used



LINENS

- Must always be bagged in blue linen bags
- Linen bags must be tied shut before being sent down the linen chute/linen receptacle
- No linen should be sent down the chute or placed in linen receptacles without being bagged first
- No linen should be thrown away
- No linen should be red-bagged

Linens



- Safe patient handling equipment should be bagged per hospital policy and placed in the designated container
 - It should **never** be sent down with the regular laundry or sent home with patients

Trash

- Must always be bagged in trash bags
- Trash bags must be tied shut before being sent down the trash chute/receptacles
- No trash should be sent down the chute or placed in receptacles without being bagged first
- No red bags should be sent down the trash chute

