

REQUIRED LEARNING 2022

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

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Customer Safety 2022

Customer Safety

2022



Patients' Bill of Rights

Each of us must ensure a health care ethic that respects the patient. Team members must be sensitive to cultural, racial, linguistic, religious, age, gender, gender identity, sexual orientation and other differences, including the needs of persons with disabilities.

Federal and state government law exists around a "Patients' Bill of Rights". The intent of the Patients' Bill of Rights is to ensure that all activities are conducted with an overriding concern for the values and dignity of patients. Centers for Medicare and Medicaid Services and our accrediting agency (DNV) survey compliance to ensure we are meeting the Patients' Bill of Rights.



Created by Manohara
from Noun Project



The Patient's Bill of Rights Includes:

Information about rights	Treatment privacy
Courteous treatment	Confidentiality of records
Appropriate healthcare	Disclosure of services available
Physician's identity	Responsive service
Relationship with other health services	Personal privacy
Information about treatment	Grievances
Participation in planning treatment	Communication privacy
Continuity of care	Personal property
Right to refuse care	Services of the facility
Experimental research and right to associate	Protection and advocacy services
Freedom from maltreatment	Right to communication disclosure
Pain management	Seclusion and restraint



Patients' Bill of Rights

- All patients receive a copy of the Patients' Bill of Rights. This includes:
 - Clinic/ED services
 - Same Day surgery
 - Hospital admission
 - Ambulatory services

Patient Rights information is posted at key entrances. The Patient Bill of Rights is available in large print and different languages from the Minnesota Department of Health website at <https://www.health.state.mn.us/facilities/regulation/billofrights/index.html>.



Visitation Rights

- North Memorial Health (NMH) is committed to providing a safe, healthy, and healing environment for all customers, families, visitors and team members.
- NMH welcomes customer's choice of visitors including but not limited to a spouse, a domestic partner including a same sex partner, another family member or friend.
- NMH does not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identification, sexual orientation, or disability.

For more information, please refer to the *Visitation Rights* policy in C360.



Patient Responsibilities

To have the best possible treatment experience while someone is a patient, they are asked to take on some responsibilities, such as:

Provide information about health status

Keep appointments

Be honest

Know their medications

Understand their health problems

Know their caregivers

Follow the treatment plan

Be considerate of others

Accept consequences of not following treatment plan

Be tolerant/accepting of those who are different from them

[Click here for more info](#)



Patient Responsibilities

To have the best possible treatment experience while someone is a patient, they are asked to take on some responsibilities such as:

Along with these patient responsibilities, patients are being asked to participate in:

- Assessment and management of their pain.
- Creation of a safe environment for their health care like asking questions when they don't understand what they have been told or need clarification on procedures or medication usage.
- Communication with caregivers to accurately inform them of medical conditions, medications or other health-related matters.

Next



Suspected Abuse, Neglect or Financial Exploitation

Health care providers are defined by Minnesota Law as mandated reporters. Minnesota law requires mandated reporters to report suspected maltreatment of vulnerable adults including suspected abuse, neglect or financial exploitation. North Memorial Health has an internal reporting structure through RL Solutions.

If you're unsure, it's better to report than not report.



Vulnerable Adult

All health care professionals are required to report to a county Common Entry Point (CEP)/Adult Protection agency if/when they believe that a vulnerable adult is being or has been maltreated or has sustained an injury that's not reasonably explained.

What is a vulnerable adult?

- 18 years of age or older.
- Lives in a licensed facility where he/she receives care of supervision.
- Receives home care services, clinic or hospital care.
- Has a physical or mental infirmity or an emotional dysfunction which limits his or her ability to meet their basic needs or impairs the ability to protect him/herself from maltreatment.



What is Maltreatment?

Click on each box below for more information.

Abuse

Neglect

Financial Exploitation



Informed Consent

Healthcare providers must discuss all treatment options with their patients. This includes the option of **no treatment**.

For **each treatment** option, the patient needs to know:

- risks, benefits
- potential medical consequences
- alternatives including no treatment



Clinical team members and the patient or authorized representative review and confirm agreement with the proposed procedure or blood products as written on the informed consent form and verify the signatures of the patient or authorized representative on the form.

Informed Consent - Minors

Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.

MN state laws allows minors to consent to certain types of services without parent or guardian permission (Minnesota Statutes Sections 144.341 - 144.344). These laws help young people seek confidential health care for sensitive issues such as pregnancy or pregnancy prevention, sexually transmitted infections, and substance use or abuse. Minnesota Statute 253B.04 subd.1 allows youth who are 16 years of age or older to consent for inpatient mental health services.

Parents and guardians have access to their minor children's medical records, unless the minor legally consents for services specifically listed under the Consent of Minors for Health Services statutes (Minn. Stat. §§ 144.341 to 144.347). In that case, parents or guardians do not have access to the minor's health care records without the minor's authorization (Minn. Stat. § 144.291, subd. 2, para. (g)). However, a health professional may inform a minor's parent or guardian of treatment if, in the professional's judgement, failure to inform the parent or guardian would seriously jeopardize the minor's health (Minn. Stat. § 144.346).



Informed Consent - Minors

Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.

The following **exceptions** are specifically provided under Minnesota law:

1

2

3

Click on each
of the numbered boxes to the left.

Informed Consent - Minors

Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.

The following **exceptions** are specifically provided under Minnesota law:

1

2

3

Any minor may give consent to his or her own medical, dental, mental and other health services treatment provided that the minor is living separate from his or her parents or legal guardian, with or without their consent regardless of the duration, and further provided that the minor manages his or her financial affairs regardless of the source or extent of any income.

Informed Consent - Minors

Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.

The following **exceptions** are specifically provided under Minnesota law:

1

2

3

Any minor may give consent for medical, mental, or other health services to determine the presence of, or to treat pregnancy and other associated conditions, venereal disease, and alcohol or other chemical dependency. This provision does not allow a minor to consent to admission for inpatient treatment for alcohol or other chemical dependency.

Informed Consent - Minors

Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.

The following **exceptions** are specifically provided under Minnesota law:

1

2

3

Because of the complexity of some situations refer to the Informed Decision Making Authority policy and procedure found in C360.

Complaints & Grievances

What is a Complaint?

[Click here to learn more](#)

What is a Grievance?

[Click here to learn more](#)



Complaints & Grievances

Most concerns can be addressed quickly.

- If a team member cannot resolve a concern at the point of care, it should be referred to management.
- If management cannot resolve the concern, refer to the Patient Representative Office at 763-581-1025. (After hours M-F, weekends and holidays, contact the Nursing Administrative Manager).

Grievances (formal complaints) may be filed with state agencies whether or not the customer has used MGH's internal grievance process. Instructions for filing a grievance can be found in the Customer Welcome Book and the Patient's Bill of Rights booklet.



Restraint Use

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



Restraints are ordered by a Licensed Independent Provider and are time limited.



Team members applying restraints must have completed training and have shown competency in restraint use.



All required documentation, including efforts to remove restraints, must be included in the EMR.

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

Restraint Use Continued

**Nonviolent or
Nonself-destructive
Restraint Use**

[Click here for more info.](#)

**Violent or
Self-destructive
Restraint Use**

[Click here for more info.](#)



Guardianship

Guardianship

Guardian

Person Subject to
Guardianship

Click on buttons to left to learn more.

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

Guardianship

Guardianship

Guardian

Person Subject to
Guardianship

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

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

Guardianship

Guardianship

Guardian

Person Subject to
Guardianship

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

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

Guardianship

Guardianship

Guardian

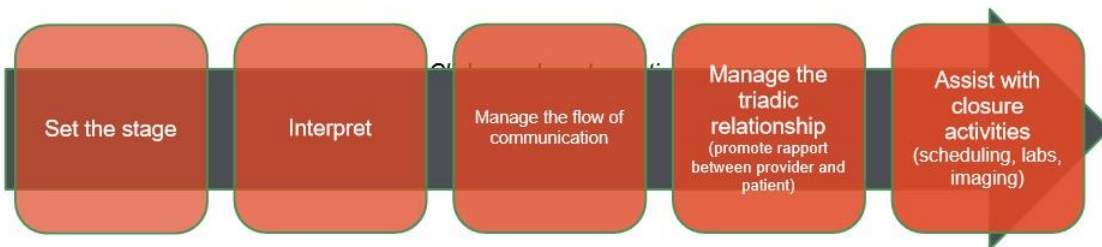
Person Subject to
Guardianship

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

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

Purpose of the Medical Interpreter

The primary task of the interpreter is to interpret, that is, to convert a message uttered in a source language into an equivalent message in the target language so that the intended recipient of the message responds to it as if he or she had heard it in the original. The primary test of a competent interpreter, therefore, is the accuracy and completeness of the interpretation. International Medical Interpreters Association (IMIA).



Providers may be held individually liable for miscommunication that occurs because a **professional** interpreter was not used when the need was known.

Language Services

As of July 2016, the Office of Civil rights issued a final ruling on Section 1557 of the **Affordable Care Act** that explicitly states that:

- Providers must use a **qualified** medical interpreter (as defined by federal guidelines).
- Bilingual minors, adult family members, friends and staff are **prohibited** from interpreting.
- It is **illegal** to require a limited English proficiency (LEP) patient to supply an interpreter.
- Providers may be held individually liable for miscommunication that occurs because a **professional** interpreter was not used when the need was known.



Working With Medical Interpreters

- The interpreter must interpret everything spoken or signed in her/his presence. If there is something you do not want the patient to hear, do not say it while the interpreter is present.
- Allow enough time; include time needed for registration, labs, x-rays, waiting time, and checkout.
- Provide the interpreter with background information or written materials before going into the patient's room.
- Look at the customer, not at the interpreter.
- Speak naturally at a reasonable, modest pace. Avoid terms such as "ask her" or "tell him"; it can be confusing.
- For American Sign Language (ASL), slowing at names can be helpful, since they are finger-spelled and can take time.
- It is typical for them to be behind a sentence or two. They must listen and understand a complete thought before interpreting it.



Language Access Laws

Deaf and Hard of Hearing



Created by MRFA
from Noun Project



Created by Stephanie Leeson
from Noun Project

Spoken Language



Created by Beorn
from Noun Project

Click on each box above to learn more.

Language Access Laws

Back

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

Complaints of Title III violations may be filed with the Department of Justice. The Department is authorized to bring a lawsuit where there is a pattern or practice of discrimination in violation of Title III, or where an act of discrimination raises an issue of general public importance. Title III may also be enforced through private lawsuits. It is not necessary to file a complaint with the Department of Justice (or any Federal agency), or to receive a "right-to-sue" letter, before going to court.

Example: Following a three-week trial in Hudson County, New Jersey, a jury awarded a deaf patient \$400,000, including \$200,000 in punitive damages, against a Jersey City rheumatologist who failed to provide a sign language interpreter at the patient's request (the communication was done through family members). The physician also may be personally liable because his malpractice carrier denied coverage as well as a defense.

Language Access Laws

Back

Title VI

Title VI protects people of every race, color, or national origin from discrimination in programs and activities that receive federal financial assistance from HHS

Affordable Care Act

Section 1557 of the Affordable Care Act (ACA) also prohibits discrimination on the ground of race, color, or national origin, under "any health program or activity, any part of which is receiving Federal financial assistance ... or under any program or activity that is administered by an Executive agency or any entity established under [Title I of ACA].... **Also clarifies what a qualified interpreter is, and that family and friends cannot interpret.** Also gives Limited Language Proficiency (LEP) persons expanded powers to sue.

Guidelines for Requesting Interpreters

- Please use professional medical interpreters for: admits, provider encounters, family meetings, therapies and discharge and consent form.
- If interpreter services are needed, call or page Interpreter Services during business hours first to see if an in-house interpreter is available. If one is not available, please use MARTTI or CLI (connected to your Vocera, say "Call CLI", the code is "NMHC").
- Using interpreters only for as long as they will be needed makes them available to help other customers.

The hours our in-house interpreters are available in-person, over-the-phone or video:

Monday-Friday 7am-9pm (7.00 - 21.00)
Saturday-Sunday 7am-3:30pm (7.00 - 15.30)

Call ext. 10850 24/7
Page only during business hours.



Language Service Resources

To contact NMIS, please call ext. 10850

- Please include as much information as possible regarding your request in the page in order to dispatch an interpreter as quickly as possible.

Information about interpreter services for a given inpatient customer can be found in two places:

- Staff-to-staff Communication on the RN Snapshot
- 'Dear Doctor'

Please check these if you're wondering whether a customer has an interpreter scheduled.

For outpatient appointments, you will see 'NMRINT' added under 'DEPT' on the appointment desk when an interpreter has been assigned. For outpatient telehealth visits, you will see a note added on appointment desk when an interpreter has been assigned.



Language Service Resources Continued



Click on a box above for more info.

Language Service Resources Continued



An on-demand video interpretation system. NMHH has a MARTTI unit on every floor, in ED and on L&D. An additional MARTTI can also be ordered via Epic delivered by Agility.



Language Service Resources Continued



To communicate with an LEP customer over the phone, please call 1-844-209-4472, or use your Vocera by saying 'Call C-L-I.' Instructions for using CLI are available on the [Intranet Language Services / Interpreters](#)

Language Service Resources Continued



Primarily used for people who have hearing deficits but who are not deaf. Order from Agility via Epic or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.

Language Service Resources Continued



Electronic devices for text communication that are used with a telephone to communicate with persons who are deaf or hard of hearing by typing and reading communications. Order by calling Agility at 1-2324 or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.



Created by Max Burnside
from the Houn Project

Language Service Resources Continued



Printed materials in various languages available on NMHH Intranet/ Language Services and Interpreters/Language Services/Multilingual Exchange. If you would like help finding printed materials in a non-English language, please contact NMIS.

Hello
Hola
Bonjour
Chao
Привет

Guidelines for Police, Child Services, and/or SANE Exams

- North Memorial's interpreters – both in-house and contracted agency interpreters – are qualified **medical** interpreters.

If an interpreter is needed, the police, Child Services, or Sexual Assault Nurse Examiner (SANE) nurses **MUST** call someone **their agency contracts with**. Our medical interpreters **cannot** interpret for anyone if police are in the room; if police enter the room our medical interpreters will have to leave.



Guidelines for Policy, Child Services, and/or SANE Exams



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from Noun Project



- Our phone/video interpreters also **cannot** be used by police; again, they must contact someone they contract with.
- Police must get an interpreter from agency they contract with; even if NMH also contracts with that same agency, police must contact/request themselves.
- Interpreter Services and contracted agencies **CANNOT** 'just help out' on an ad hoc basis. Legal liability for providing a qualified interpreter rests with the police and must remain with the police, so our department/contracted agency partners will not be willing or able to help.
- This is a community standard; even if some police officers, RNs, or other professionals have used hospital staff interpreters or agency medical interpreters in this capacity in the past, it does not change the law or the community standard.

Non-Clinical Support Ligature Risk

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



Ligature Risk

- Anticipate anything that customers could use as a weapon or use to hurt themselves.
- This may include but is not limited to:
 - Assessing any areas/things that a patient can wrap or loop something around causing potential harm (i.e. choking or hanging).
 - Harmful substances.
 - Plastic bags (suffocation) that could be on the cleaning/tool/tray cart.



If you see something, say something.

Please trust your gut instinct and let a supervisor know if something doesn't feel, look or just seem quite right. We value your input in helping to keep all customers safe.



Safe Place for Newborns

North Memorial Health premises will accept infants presented to North Memorial or Maple Grove hospital within 7 days of birth.

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

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

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

Bariatric Sensitivity

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

41.9% of adults in the U.S. age 20 or older have obesity (BMI > 30) (2017-March 2020 data).
73.6% of adults in the U.S. age 20 and over are overweight (BMI > 25) or obese (BMI > 30).

A person who chooses weight loss surgery is:

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



Bariatric Sensitivity – What Can You Do?

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



Bariatric Seating Options for Customers

Furniture seating options are available for customers with a weight capacity of 500lbs or more. These are covered in “bariatric gold” fabric for easy recognition for customers and their families, whenever possible. Our mission is to make every customer feel safe.

Seat Fabric Identification



- Soft gold color
- Crosshatch texture
- Moderate metallic finish

Furniture Example



Furniture Labeling Example



Advance Care Planning – A C P

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



ACP Documents

Search for ACP on NorthNet, North's Intranet Page



Health Care Directive English

Introduction

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

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

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

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

Part 1: My Health Care Agent

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

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

My Primary (main) Health Care Agent is:

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

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

Click on both documents to learn more.

Provider Orders for Life-Sustaining Treatment (POLST)

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

PROVIDER: _____ PATIENT: _____

DATE OF ORDER: _____

PROVIDER MEDICAL CARE PROVIDER TYPE: _____ PATIENT MEDICAL CARE PROVIDER TYPE: _____

A CARDIOPULMONARY RESUSCITATION (CPR) Patient has no pulse and is not breathing.

Attempt Resuscitation - CPR (Note: selecting this requires selecting "Full Treatment" in Section B)

Do Not Attempt Resuscitation (DNAR/Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in B.

B MEDICAL TREATMENTS Patient has pulse and/or is breathing.

Full Treatment. Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.

Selective Treatment. Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider low intensity airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.

Comfort-Focused Treatment (Allow Natural Death). Relieve pain and suffering through the use of oral medications to any extent appropriate, medical care and other measures. Use oxygen, and low tidal volume treatments of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for the underlying treatment. Transfer if comfort needs cannot be met in current location.

TREATMENT PLAN: Provide basic medical treatments aimed at treating new or inevitable illness.

TREATMENT PLAN: Maximize comfort through symptom management.

C DOCUMENTATION OF DISCUSSION

Patient (or surrogate) Court-Appointed Guardian Other Surrogate

Parent of Minor Health Care Agent Health Care Directive

SIGNATURE OF PATIENT OR SURROGATE: _____

DATE OF SIGNATURE: _____

Signature of physician or other health care provider. Signature of physician or other health care provider. Signature of physician or other health care provider.

SIGNATURE OF PHYSICIAN / APN / PA: _____

DATE OF SIGNATURE: _____

MINNESOTA PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST). www.polst.org. PAGE 1 OF 2

Viewing ACP Documents

- North Memorial recommends customers provide a copy of their own Health Care Directive so it can be easily accessed in Epic – but is their choice to do so, or not.
- If a Health Care Directive has been provided by the customer, it is accessible in Epic.
- A Provider Orders for Life-Sustaining Treatment (POLST) is a medical order and should be scanned into the customer's medical record/Epic.
- It is easy for customers to give a copy of their ACP documents:
 - Mail or Fax – (free Postage Paid Envelopes available through SmartWorks).
 - Drop it off – to primary care clinic.
 - MyChart – uploaded using the "What's in My Record" - "End of Life Planning" option.



Palliative Care

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



Palliative Care Continued

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



End of Life Care

Hospice provides Death and Bereavement Care procedures that demonstrate our commitment to customers/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This includes spiritual support provided by chaplains and the additional support of a bereavement specialist. Nursing/medical support and a multi-disciplinary team are available for support during this time.

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



Talking about End of Life Care

- Team members may understand the dying process and what is normal and what is not, but family/friends may not.
- Take time to walk family through what to expect with each phase of dying.
- Talk about why we are giving certain medications or doing certain cares.
Example: We will give morphine to help with their breathing and pain. It seems like a higher dose which is needed in someone who is at this stage because their body can't process or metabolize the medication as it normally would.
- Talk about the goals of symptom management and goal of end of life care is to relieve suffering of a dying patient, not hasten death.



Organ, Eye and Tissue Donation

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

- North Memorial Health Hospital and Maple Grove Hospital is committed to being an advocate for donation to benefit those waiting for a transplant. Our hospital has an organ, eye, and tissue donation policy that explains the hospital care team's role in the donation process. This policy can be found in C360 under Critical Care: Organ/Eye/Tissue Donation.
- In 2002, a MN law clarified that if a person designates that he or she is a donor via will, Advance Directive, driver's license, or MN identification, the designation serves as intent to donate after death and cannot be overridden.
- Every customer and customer's family is given the same opportunity and all are treated with the same discretion and sensitivity. All customer deaths from ages 36 weeks in gestation or older must be referred to the donor referral line for an organ, eye, and tissue donation assessment.




Key Points

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



Call LifeSource at: 1-800-247-4273

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

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



2. 

Loss of two or more brain stem reflexes

3. 

Cardiac death

Click anywhere to continue.

Key Points

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



Team Member Right to Know & Safety 2022

Team Member Right to Know & Safety

2022

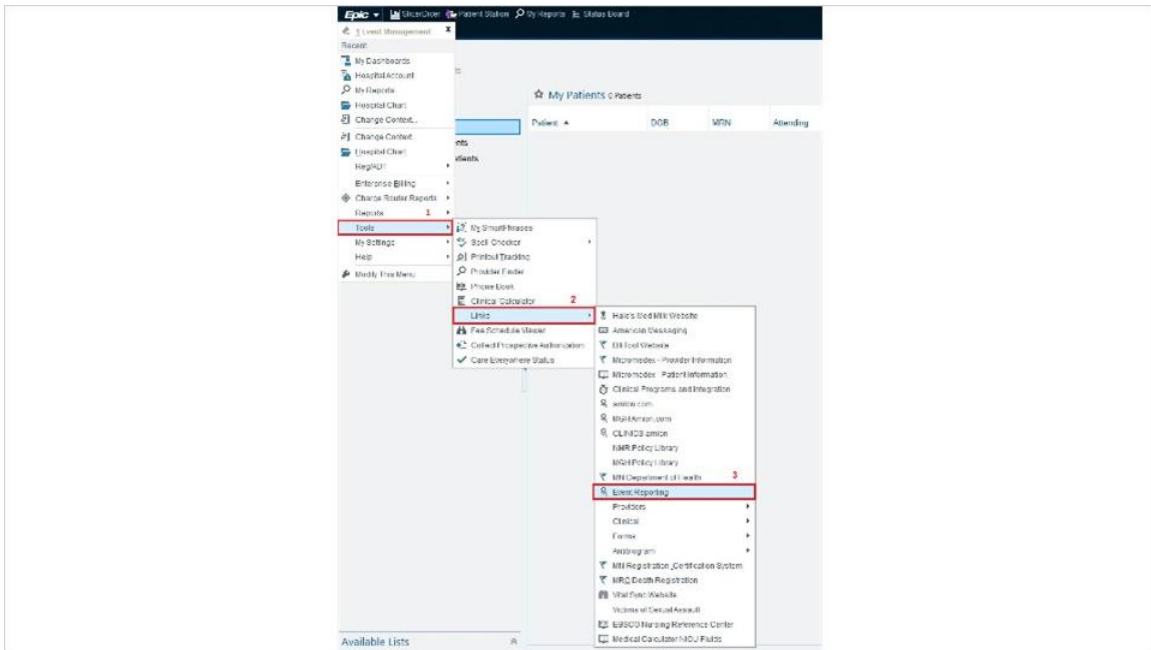
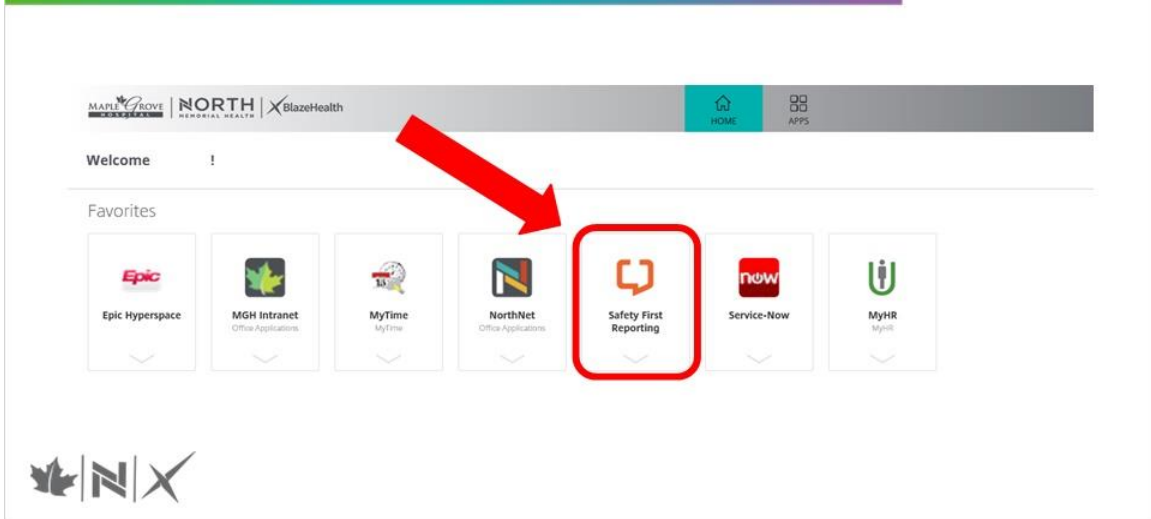


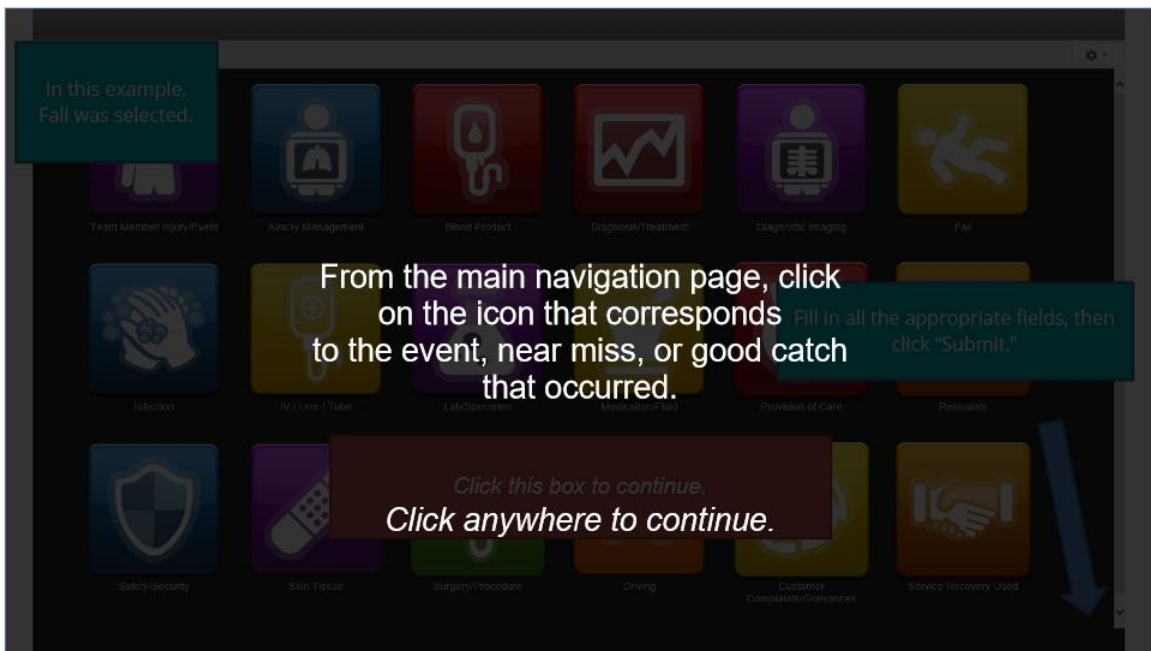
Safety First Reporting

- Safety First Reporting is the electronic system we use to internally track team member, customer and visitor safety events, near misses, or “Good Catches” including significant events.
- When an event, near miss, or good catch occurs that may not be consistent with the appropriate care of a customer or the routine operation of a North Memorial Health department or care site, complete a Safety First Report.
- Safety First Reports are peer protected and are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out quality improvement review and risk management functions.



How to Access Program via Portal





Safety First Reporting

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



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

Disclosing the Occurrence of an Adverse Event

The customer has the right to a prompt and truthful conversation. The following steps should take place to assist that process after their immediate needs have been addressed:

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

Recognize, Respond to, and Disclose Adverse Events

When an adverse event or Good Catch (“near miss”) occurs, healthcare workers must respond quickly and effectively to prevent or reduce harm. Adverse events and Good Catches must be reported promptly. Disclosing the facts of an event to the patient according to North Memorial policies and procedures and discussing a plan of care should occur as soon as appropriate.

A review of the event is conducted to identify the underlying reasons and to implement appropriate actions for preventing a reoccurrence. Adverse events and close calls are learning opportunities to reduce system issues and to improve work performance.



Key Work Expectations or Competencies

- Recognize the occurrence of an adverse event or good catch.
- Lessen harm and address immediate risks for patients and others affected by adverse events and good catches.
- Disclose the occurrence of an adverse event in accordance with policies.

Example of appropriate recognition, response, and disclosure when a patient falls in the hospital:

- A patient care assessment is conducted immediately, the patient’s physician is informed, and appropriate care is provided.
- The fall prevention plan is updated, and new interventions are identified and put into place.
- The facts surrounding the fall and the care provided are documented in the electronic health record and the fall is discussed with the patient and family.
- A Safety First Report submitted and reviewed by the manager/supervisor of the area, so that system related factors associated with the fall can be identified and addressed.



Team members need to:

- Know and understand North Memorial's Safety First Reporting Policy.
- Share concerns about occurrences and events with immediate manager/supervisor.
- Document occurrences for review by manager/supervisor.



Safety Data Sheets (SDS)

- [AACN Nursing Manual](#)
 - [Agility](#)
 - [Assess](#)
 - [ASCC Learning Portal](#)
 - [Cisco Unified Intelligence Center Live Data](#)
 - [Dragon Medical One](#)
 - [EBSCO](#)
 - [Epic Training Information](#)
 - [Everbridge](#)
 - [FSMB](#)
 - [HealthStream](#)
 - [IDEA](#)
 - [iNvision](#)
 - [Interqual / Interqual Admin](#)
 - [Maintenance request](#)
 - [MyChart](#)
 - [MyHR](#)
 - [MyTime](#)
 - [Password reset](#)
 - [PolicyTech](#)
 - [Privilege inquiry](#)
 - [Recognition Central](#)
 - [Report adult abuse](#)
 - [Revenue Cycle Management](#)
 - [Safety Committee and Safety Officer Report](#)
 - [Safety Data Sheets](#)
 - [ServiceNow](#)
 - [SmartWorks](#)
 - [Sg2](#)
 - [Staples Advantage](#) - office supplies
 - [Vendormate](#)
 - [VersaTrak](#) - Engineering
- Safety Data Sheets** are found on the intranet under
Tools: *Safety Data Sheets.*

Safety Data Sheets (SDS)

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

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



MN Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical Agents

Click on each of the buttons above to learn more.

MN Employee Right to Know

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Hazardous Substances

Infectious Agents

Harmful Physical Agents

Include chemicals or substances that are toxic, corrosive, irritants, flammables, highly reactive explosives, strong oxidizers, nuclear materials or by-products, sanitizers or pressurized containers. It is a substance that may produce short-term or chronic long-term health effects.

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Hazardous Substances

Infectious Agents

Harmful Physical Agents

Include communicable bacteria, viruses, fungi or parasites that can cause illness as a result of exposure to the agent. Exposure may occur by inhalation (breathing in), ingestion (eating or drinking), injection or absorption through the skin.

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Hazardous Substances

Infectious Agents

Harmful Physical Agents

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

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights



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

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights



Team members are required to:

- Learn about the hazards of your job.
- Learn how to work safely.
- Know where to find information about these hazards.
- Report any unsafe situation to your manager/ supervisor or the Safety and Security Department.
- Know how to access the SDS database on the NMHH Intranet.

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights



Employers are required to:

- Tell team members about hazards they may encounter at their jobs.
- Discuss what team members need to know to work safely.
- Show team members where they can find information about hazards.
- Evaluate all substances entering and existing in the workplace that may present hazards.
- Provide team member training at orientation and annually thereafter in SDS database access, use, and purpose.

Have information about job hazards accessible to employees and maintain a current SDS database.

MN Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights



Team members have the right to:

- Refuse to work in an unsafe situation
- Refuse to work if they have not been trained
- Receive information about the hazards of their job

Individual Factors that can affect Performance

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

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

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

Individual Factors that can affect Performance

Here are a few ideas on how and what you can do:

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



Signage

Biohazard Sign

• Blood/body fluid precaution. Use Personal Protective Equipment (PPE) as recommended.



Radiation Caution

Do NOT enter area without checking with the person in charge. Follow Distance, Time and Shielding guidelines:

- Distance: Keep a distance from the source of radiation.
- Time: Limit your time near the source.
- Shielding: Wear protection such as lead vests, gloves, eyewear, etc. Stay behind structural shields.



Stop

Stop and read isolation guideline card before entering patient's room. Take protective measures, as described on the isolation sign, if present. Refer to your manager/supervisor or Infection Control resources listed above for further information.



Radiation Safety

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

Equipment
Click here to learn more

Radioactive Materials
Click here to learn more



Radiation Safety

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

Time

Distance

Shielding



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

MRI Safety

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

Safety Reminders:

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



Radiation Safety

Radiation is a harmful physical agent. Radiation exposures can occur by unprotected exposure to radioactive materials or an x-ray machine. Radioactive materials are used for both diagnosis and treatment. For example, temporary or permanent patient implants of sealed radioactive sources are placed in surgery. All rooms where radioactive materials are stored and/or used are posted with a "Radioactive Materials" sign.

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- When entering rooms, look for signs indicating where radioactive materials are stored. Any cabinet, refrigerator, package, bottle or other container marked with a yellow and magenta "Caution Radioactive Material" is a potential source of radiation exposure.
- When cleaning the area, work quickly and take only the materials you need with you. Do not empty trash containers marked "Radioactive Material". If you notice leaks or damage to any object labeled "Radioactive", do not attempt to clean. Close and lock the door. Call Safety and Security.
- Radioactive materials may be used in restricted patient rooms. do not enter these rooms, check with the Patient Care Facilitator. These rooms will be posted with a yellow and magenta radiation caution sign. The radiation caution sign may be removed only by the Radiologist.

Indoor Air Quality (IAQ)

Hazardous Vapors and other Contaminants

The quality of indoor air depends on many factors, including structure, building material, outdoor environment and occupants. Indoor contaminants that have been shown to have health consequences come from indoor and outdoor sources, as well as from occupant related activities.

The main contaminants include:

- Bio aerosols which include pathogens and allergens
- Volatile organic compounds, such as alcohol and acetone
- Formalin products
- Cleaning products
- Particulates, e.g. lead dust, asbestos
- Combustion products such as carbon monoxide, or tobacco smoke



Indoor Air Quality (IAQ) cont.

- Examples of common concerns identified by team members include exhaust fumes by the loading dock areas, and mold growth.
- The Maintenance Department maintains various types of air handling systems to assist in control of all known contaminants.
- Additionally, many processes are in place to test for and identify the source and abate as necessary.

If you have concerns with indoor air quality, contact Maintenance at 1-2390 or 763-581-2390 (Customer Service Center at Maple Grove Hospital).



<https://www.safeopedia.com/3-ways-to-manage-carbon-monoxide-risks-at-loading-docks/2/6716>



<https://www.greenfieldadvance.com/air-handling-system.html>



www.wesoo.com/custom-air-pollution-control-remediation-systems.html

Fragrance Free Facility

Perfume, cologne, scented soap, hair products and lotions are NOT to be worn by hospital Team Members within the hospital (scented deodorant is permissible). Recognizing that sensitivity to fragrance is not limited to patient care areas; this policy applies to all Team members, including employees, volunteers, physicians, students and contracted patient care providers.



**We share
the air.**
Please keep it
fragrance-free.



Latex Balloons

In an effort to reduce unneeded exposure to latex - latex balloons are not allowed in any facility owned or operated by North Memorial or at any North Memorial sponsored events.

- Signs are posted at entrances to alert visitors.
- Visitors with balloons may return the balloons to their to their vehicle, or leave them at the Security Desk, to be put into a plastic trash bag and sealed, to be picked up later.



Hazardous Substances: Purpose & Storage

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

Original Containers

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

Transfer Containers

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

Hazardous Waste Disposal



Click on each of the images above for more information.

Hazardous Waste Disposal

Place in used battery containers in your area. Contact Environmental Services via the Customer Service Center at 1-2321 for pick up when your bucket needs to be emptied.



Batteries

Hazardous Waste Disposal

Return empty cartridges to Materials Management for recycling.



Toner cartridges (copier, fax, printer)

Hazardous Waste Disposal



If empty, place in regular waste/trash. If unable to use/get all of product out because of a damaged or expired container, call Environmental Services via the Customer Service Center at 1-2321 to pick up for disposal.



Aerosol Cans

Hazardous Waste Disposal



Put non-hazardous in the BLUE container in your area. Hazardous pharmaceutical waste, designated by a BLACK "Special Handling Required" label and/or an Omnicell "Special Handling Required" message, should be put in a BLACK container. Blood and sharps should not be placed in these containers.

Pharmaceutical Waste

Hazardous Waste Disposal



Follow established guidelines for disposal, labeling, and manifest management as appropriate.

Laboratory and Other Waste

Pharmaceutical Waste

- Put non-hazardous pharmaceutical waste in the **BLUE** container in your area, if available.
- Hazardous pharmaceutical waste, designated by a **BLACK** "Special Handling Required" label and/or a Pyxis "Special Handling Required" message, should be put in a **BLACK** container. **NO SHARPS OR BIOHAZARDOUS MATERIAL.**
- Bottles of contrast media containing iodine are utilized in the Imaging Department. Iodine containing contrast bottles need to be disposed of in a **BLACK** container.



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

Click here to proceed.

Pharmaceutical Waste

Controlled substances should be disposed of as follows:

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

Next

Chemical Hazards/Risks

Physical Hazard
[Click here for more info](#)

Health Hazard
[Click here for more info](#)



Chemical Hazards/Risks

Physical Hazard

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

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Chemical Hazards/Risks

Health Hazard

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

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Chemical Hazards/Risks (cont)

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

Contact

Splashing a chemical on your skin or in your eyes.

Inhalation

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

Ingestion

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

- **If a chemical cannot get in, you win.** Protect yourself. Know how to safely handle, use, store, and dispose of the chemicals you use.

Click anywhere to continue.

- **Signs of overexposure** to a chemical include nausea, headache, fever, dizziness, burns, irritation of the eyes, nose, throat, or lungs, skin rash, blurred vision, fatigue, and vomiting. If you think you have had an overexposure to a chemical, tell your manager and get medical assistance according to procedure.



Cleaning Up and Identified Chemical Leak/Spill

1. If you know the chemical that has spilled, have the proper spill clean-up equipment, and have been trained, you can clean up a chemical.
2. Tell your manager/supervisor
3. Use the provided spill clean-up kit/equipment within your department.
4. Know the locations of nearest eye wash stations and safety showers and how they work.
5. Fill out an incident report.
6. If you feel the spill is out of your ability to handle, NMMH call *99 (emergency number) and MGH call *77 (emergency number). If you do not know what has been spilled, you should follow the steps for handling an unidentified chemical spill.



Unknown/Unidentified Chemical Spills

Remove people to a safe area as needed (e.g., vapors/gases are overcoming). Clean up the spill, following directions on the container, SDS, and/or emergency spill kits. Use personal protective equipment per instructions.

- If a chemical splashes on you, wash the area. Use eyewash stations and showers if available.
- Tell your manager/supervisor and call Safety and Security.
- If spill is giving off vapors/gases, Safety and Security will dial 911.
- Fill out all appropriate Safety First Report.
- Get medical help.

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- If a chemical splashes on you, wash the area. Use eyewash stations and showers if available.
- Tell your manager/supervisor and call Safety and Security.
- If spill is giving off vapors/gases, Safety and Security will dial 911.
- Fill out all appropriate Safety First Report.
- Get medical help.

Small Spills of Blood/Body Fluids

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

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



Large Spills of Blood/Body Fluids

Larger spills that cannot be contained:

- Block affected space to prevent access to contaminated surface
- Contact Environmental Services and/or supervisor for contracted service.



Sharps Safety

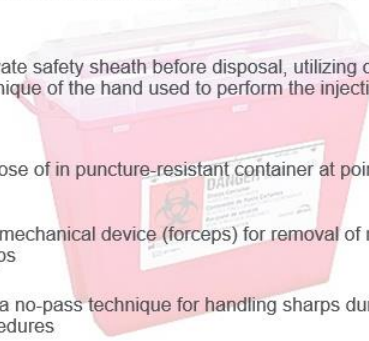
Sharps include:

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



Safety Best Practices:

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



Sharps Safety

Sharps include:

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

Additional information on infectious waste or sharps management may be obtained from Infection Prevention Policies or by contacting Infection Prevention or Environmental Services.



Safety Best Practices:

- Dispose of them in puncture-resistant container immediately after use
- Use mechanical device (forceps) for removal of reusable sharps
- Use caution when handling needles or other sharps
- Use safety-designed products whenever available. New safety-designed products are being added to our inventory as they become available

Infectious/Chemo/Pathological Waste Handling Disposal

Drag each type of waste to the appropriate color container.

Trace Chemo	Bulk Chemo	Pathological Waste	Sharps
		Incineration	

Infectious/Chemo/Pathological Waste Handling Disposal

Drag each type of waste to the appropriate color container.

Correct! Bulk Chemo	Correct! Sharps	Correct! Pathological Waste	Correct! Trace Chemo
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Red Biohazard Bag

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

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

Use standard precautions

- Contracted services manages pick up due to special handling needs

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

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

Contaminated:

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

Special handling and marking may be required:

- Certain Pathological Waste*
- Trace-Chemotherapy

*Please check with your local state regulations.

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



Medication



Compressed Gas Cylinders



Loose Sharps



Hazardous and Chemical Waste



Radioactive Waste



Garbage



Fixatives and Preservatives



Please remember to reference your own Medical Facility specific policies.

Safe Patient Handling

North Memorial is committed to providing customers with the safest care possible. Customers who require assistance to move will be handled in accordance with the Safe Patient Handling policy. Mechanical lifting equipment and/or other approved customer moving aids will be used in all circumstances when lifting/moving customers except when *absolutely necessary*, such as during a medical emergency. This policy complies with regulatory requirements in regard to health and safety of both customers and team members.

North Memorial will use *Safety First Reporting* as well as the Team Member Injury Report to track patient and caregiver injury trends that occur when lifting, positioning or transferring. Those tasks identified as having caused or likely to cause an injury will be assessed by the Safe Patient Handling Committee to determine equipment or educational needs. Further action will be taken to prevent future occurrences.



Providing a Safe Lifting Environment

Use lift equipment whenever possible such as stands, mobile lifts, ceiling lifts, transfer devices, etc. Your decision to use lift equipment is the most effective factor in improving patient and your safety.

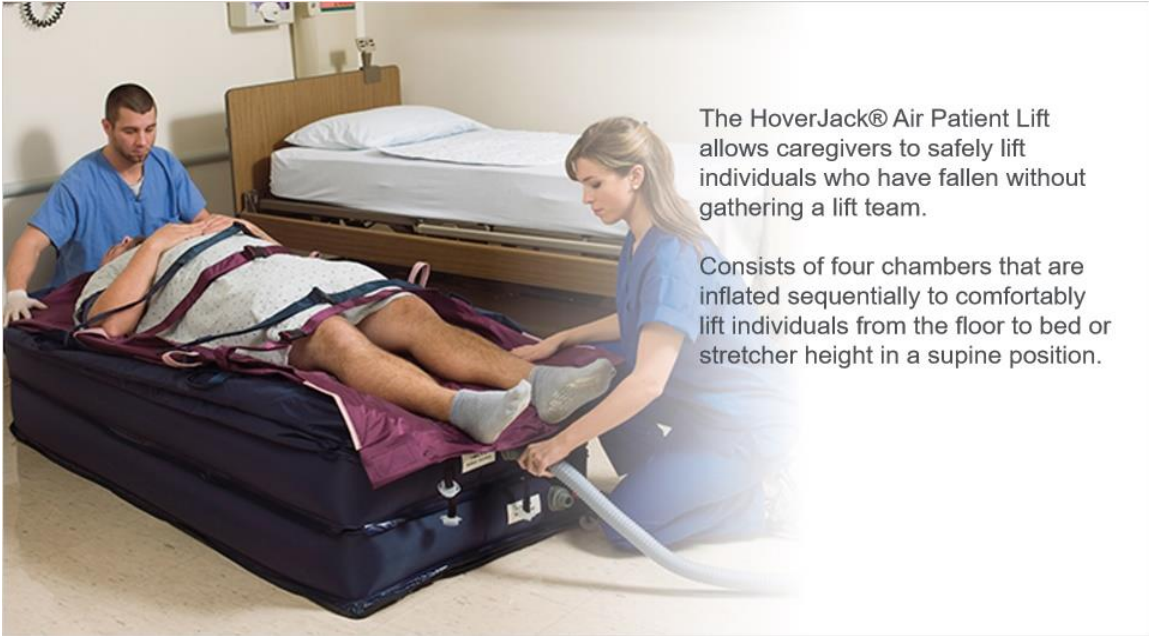
- Lack of time is never a reason to take shortcuts for patients and your safety.
- You can stop the line anytime you feel unsafe with any patient handling task and equipment not being used.
- If you get resistance from anyone regarding using the equipment, you can be assured that you are supported by leadership and can discuss your concerns at any time.



Providing a Safe Lifting Environment cont.

- Customers are at risk of being injured (such as falling or pulling on their arms) during a transfer if necessary equipment is not being used.
- Research shows that team members should not be lifting more than 35 lbs. of a customer's weight during any transfer or repositioning task.
- Research shows that increasing the number of staff helping you DOES NOT improve safety during a customer transfer—it can actually increase the risk of a patient falling.
- If a customer requires more than minimal assistance (i.e. assist of 1), the appropriate stand assist or lift equipment should be used.





The HoverJack® Air Patient Lift allows caregivers to safely lift individuals who have fallen without gathering a lift team.

Consists of four chambers that are inflated sequentially to comfortably lift individuals from the floor to bed or stretcher height in a supine position.

Benefits

- System flexibility allows for use in spaces where floor or ceiling lifts cannot be utilized
- Can be used for both **lifting** and emergency **evacuation**
- Teflon® coated bottom makes it easier to transfer patient
- Radiolucent and MRI compatible
- Weight Limit: **1200 lbs.** (700 lbs. for stairwell evacuation)
 - **Reminder:** Our standard total lift equipment only goes up to 500 lbs.



Process for Obtaining the HoverJack®



Reminder: NMHH only has one HoverJack®.

The HoverJack® can be obtained by contacting **Freedom Medical on Vocera (preferred method)** or by calling (612) 368-6887.

Freedom Medical will bring a cart with the HoverJack® mat and blower.

If Freedom Medical is not available, **contact Administrative Manager.**

If you need assistance, contact the Flyer Team or Administrative Manager.

If applicable (e.g., patient fall), document in Epic and complete a Safety First Report of the incident.

When you are done with the device, call **Freedom Medical** to retrieve.

Evacuation Use

- Cross-over chest straps, dual lateral body straps, and foot-end pouch provide patient security during evacuation
- Tapered head-end improves maneuverability around corners & down all stairwell designs, including curving, L-shaped and steep, straight stairs
- Inflatable head-end wedge facilitates adjustable positioning to improve patient's breathing & comfort
- Weight capacity of 700 lbs. for stairwell evacuations
- Personal belongings compartment built into device offers convenient storage



Summary

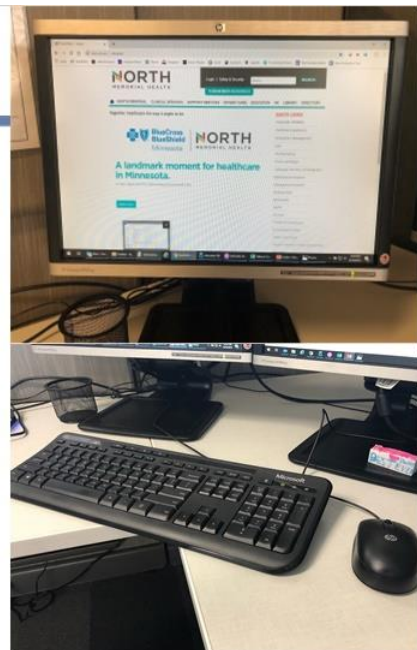
- The HoverJack® Air Patient Lift allows caregivers to safely lift individuals who have fallen without gathering a lift team.
- Weight limit for the HoverJack is 1200 lbs.
- Contact **Freedom Medical via Vocera** if you need the device. If they are not available, call Administrative Manager.
- If you need assistance, contact a member of the Flyer team or Administrative Manager.

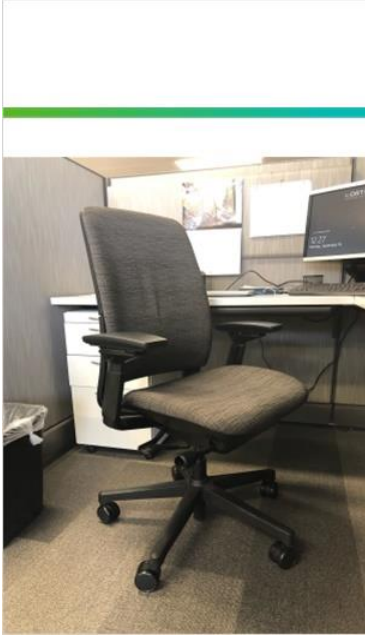


Ergonomics/Back Injury Prevention



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





- Sit as far back in the chair as possible
- Adjust the seat height so your shoulders are down and relaxed and your elbows and forearms are at 90 degree position with your wrists and hands straight
- Adjust the armrests so your shoulders and arms are relaxed and supported. Consider removing the armrests if they do not adjust or are in the way.
- Adjust the seat back (lumbar) height so the inward curve of your lower back is comfortably supported by the chair's lumbar support.
- Adjust the seat back tilt so that your upper and lower back is comfortably supported in a slightly reclined position.
- Ensure that your feet are resting flat on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor.

TIP: Frequent positional changes and stretching can significantly help to minimize fatigue.

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- Pull up close to your keyboard so there is a comfortable 90 degree angle bend in your elbow.
- Keep the mouse as close as possible to the keyboard on the same work level.
- Don't reach!
- Maintain a level or neutral wrist position. If you rest your wrists on the work surface you may want to use a wrist rest for keyboard and mouse.
- Maintain the keyboard tray in slightly negative tilted position (-5 to -10 degree angle).

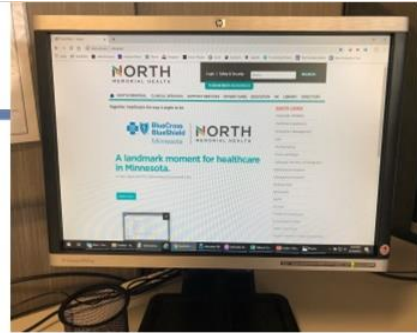
TIP: Incorporating short cut keys will help minimize mousing.

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- Center the monitor directly in front of you.
- Position the top of the monitor at eye level. (If you wear bifocals, lower the monitor to a comfortable reading level.)
- Position the monitor at a distance for easy viewing while sitting back in your chair. This is typically an arm's length away.

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Other Considerations

- Use a headset if on the phone more than 25% of the workday.
- Position frequently used items within easy reach (e.g. phone, stapler, etc.).
- Use a document holder and position it close to or in-line with the monitor.



Questions? Contact Team Member Health



Use Proper Lifting Techniques

- Test the weight of the load before lifting
- Keep the load close. Assume a wide base of support and bend your knees
- Pivot your feet. Don't twist!
- Use smooth, controlled movements. Avoid rapid or jerking motions!
- Keep your head up and tighten your stomach muscles as you lift!
- Keep items within a safe lifting zone-between shoulders and waist.



Tips to Maintaining a Healthy Back cont.

Ask for assistance when lifting heavy objects

Maintain good posture

Avoid prolonged postures

Stretch frequently throughout the day

Maintain an adequate level of physical fitness/exercise

Work Related Injury/Illness Reporting

The safety and health of team members is of primary importance. It is North Memorial's desire that no team member has an injury or illness because of a work situation. Sometimes injuries or illnesses do occur and are work-related. Work-related injuries or illnesses must be documented in accordance with state and federal regulations. The team member, the manager/supervisor, and the Team Member Health Center (TMHC) all have responsibilities for this process.



Work Related Injury/Illness Reporting

What should you do to report an occupational injury or illness (due to work)?
Click on the buttons below to view your responsibilities and your manager's responsibilities.

Team Member Responsibilities

Click here for more info

Manager/Supervisor Responsibilities

Click here for more info

Work Related Injury/Illness Reporting

Team Member Responsibilities

- Immediately report the work-related injury/illness (including blood/body fluid exposures) to your manager/supervisor or designee.
- Report your injury via Safety First and contact TMHC (hours as listed) or Emergency Department if medical triage or care required.
- Attend all follow up appointments with TMHC and maintain communication with all appropriate parties.



Team Member Injury/Event

or illness (due to work)?
ties and your manager's responsibilities.

Manager/Supervisor Responsibilities

[Click here for more info](#)

[Back](#)

Work Related Injury/Illness Reporting

What should you do to report an occupational injury?
Click on the buttons below to view your responsibilities.

Team Member Responsibilities

[Click here for more info](#)

[Back](#)

Manager/Supervisor Responsibilities

- Direct the injured team member to TMHC or ED as appropriate.
- Review circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again to this or other team members.
- Review restrictions to determine if the team member can work in the assigned department; discuss with the Team Member Health Center possible work options.
- Maintain ongoing communication with the team member and the Team Member Health Center.
- For injuries that involve: loss of life, hospitalization, loss of eye or amputation, immediate escalation is required as OSHA reporting mandated within 8-24 hours.

Team Member Health Center Responsibilities

- The Team Member Health Center handles all required MN OSHA documentation.
- Coordinate and monitor medical care.
- Communicate work limitations to manager/supervisor.
- Initiate First Report of Injury as required by law.
- Review incidents to identify trends and to correct possible unsafe working conditions.



MN AWAIR

Click each letter of the acronym

A

W

A

I

R

Why does North Memorial have the AWAIR Plan?

North Memorial Health is committed to providing and supporting safety training to encourage a positive attitude, which strengthens safety awareness. Training of all team members is vital to a successful safety management program. The AWAIR Plan ensures that safety training begins during team member orientation and continues throughout the course of employment. Continual safety training, monitoring, and interaction between team members and manager/supervisors aid in the prevention of accidents.



MN AWAIR

Click each letter of the acronym

a	workplace	accident	injury	reduction
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Why does North Memorial have the AWAIR Plan?

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Participating in care that conflicts with cultural values, ethics, or religious beliefs

Talk to your manager/supervisor if you are unable to participate in care that you feel is in conflict with your cultural values, ethics, or religious beliefs.

Every effort will be made to meet the needs of team members without jeopardizing customer care.



Quality Standards and Regulation

- North Memorial Health Hospital, Maple Grove Hospital, our Specialty Clinics and our Comprehensive Stroke Program are accredited by DNV.
- DNV, the Joint Commission and others are granted federal authority for hospital survey and accreditation.
- The National Integrated Accreditation for Healthcare Organizations (NIAHO) standards are developed by DNV to incorporate the CMS Conditions of Participation requirements and for hospitals to use for accreditation.
 - CMS COP + ISO = NIAHO
- CMS Conditions of Participation are standards for health care services that all healthcare organizations must be surveyed against for compliance in order to care for most patients under federal and state programs.



Quality Management System

- ISO 9001:2015 Quality Management System standards or clauses are internationally recognized standards for quality process design, management, and improvement, integrated with the NIAHO standards for our accreditation program.
- The Quality Management System (QMS) is the framework by which we monitor and continually improve our processes within the organization.
- QMS is comprised of the CMS Conditions of Participation/NIAHO Standards, the ISO 9001:2015 Standards and our mission, vision and values.



Quality Management System Continued

- At a department or unit level you will see your QMS reflected in your quality board.
Team members:
 - Know where your quality board is located.
 - Understand the work you are focused on to improve the care you give to our customers
 - Know how this work reflects the overall QMS of the organization (strategic priorities).
 - For example; a lower Hand Hygiene rate of 80% at a department level affects the overall Hand Hygiene rate of the hospital – 89%. Therefore, an incremental improvement in Hand Hygiene will help to improve the overall hospital rate.



Quality Management System cont.

- We perform internal audits to assess the strength and compliance of our quality system. This is another way to say that we are “doing what we say we are doing” as reflected in our policies and procedures.
- Specially trained internal auditors focus on high risk processes in each department as a way to proactively identify areas of vulnerability within our organization. This allows us the time to fix our process so that it matches procedure/policy.



Stroke Awareness

Stroke has decreased to the 5th leading cause of death but remains the #1 cause of disability in Minnesota and in the United States.

North Memorial Health 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 customers with stroke symptoms.



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.



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



Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Click on each letter above to learn more.

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Balance. A person may have difficulty walking and may even appear drunk.

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Eyesight or vision. Any change in vision, double vision, inability to see on one side – all of these can be signs of stroke.

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Facial droop. Facial droop, or facial weakness, may be apparent when you ask the person to smile.

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Arm Weakness. Ask the person to hold up their arms in front of them. Does one drop down from its position?

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Slurred speech. Is the person's speech clear? Ask them to speak for you.

Signs & Symptoms of Stroke

Early recognition is key in Stroke - because Time is Brain! All staff should recognize the warning signs of stroke. The acronym used to recognize stroke is now:

B

E

F

A

S

T

Time. Notify a provider. Outside hospital, always call 911. The EMS crews can begin stroke identification in the ambulance and alert the hospital.

Resolving Ethical Questions or Concerns

NMH Ethics Committees are here as a consult service to review ethical situations while using the principles of medical ethics.

- A request for a consult can be made by any team member, customer/surrogate decision maker
- A Biomedical Ethics consult can be done:
 - Through Epic/Amion
 - Phone the hospital operator "O" and ask to page the Ethics Coordinator for you
- Common issues include:
 - Determining a family decision maker when the customer is unable to participate in discussions around their care
 - Expected/possible harm versus benefit of available treatment options
- Concerns should be escalated to your manager or provider lead



Did you know...

- Mental illness touches all of us every day.
- **1 in 5 people will experience a mental illness at some point in their life.**
- Mental illness touches individuals of every race, age, ethnicity, and occupation.
- Mental illness disrupts a person's thinking, feelings, mood, ability to relate to others, and daily functioning.
- Mental illness is biological in nature and can be treated effectively.

Make it OK

Stereotypes surround mental illness and create a stigma around this medical illness.

- Stigma impacts how each of us think about, talk about, and even treat those experiencing a mental illness.
- Media often portrays mental illness in a negative light-usually as associated with violence. In reality, only **5%** of violent crimes are committed by an individual suffering from mental illness.
- Stigma can be very harmful and often leads people to be ashamed of their or their family member's illness. It causes most people to wait an average of 10 years to seek treatment. The impact of this waiting will result in high school dropout rates (highest rates are youth with mental illness), suicide, job loss, and isolation, to name a few.



Make it OK

The Make It OK campaign exists to equip people to better understand mental illness and to encourage people to start talking more openly about it.

Their mission is reflected in their tagline,
“Stop the silence: Make It OK”

They highlight that it is OK, mental illness is a medical illness, not a character flaw, and they seek to equip people with tips to stop the silence and start talking.



Make it OK

NMH Mental Health Resources

[Employee Assistance Program](#): Free and confidential access to assistance with whatever life throws at you

[Learn to Live](#): Online therapy programs, Enter code: NMH

[Resilience Coaching](#): Resilience strategies/practices help manage the emotions which are fueling stress reactions and influences how to “see/experience” the world

[Heart Math](#): Practices to self-regulate emotions and behaviors help regulate stress and increase resilience



Make it OK

Make It **OK**.org

Visit MakeltOK.org for more tips on talking about mental illness.

Visit NAMIhelps.org for more information and resources for mental illnesses.



Respectful Workplace, Unlawful Discrimination, Harassment and Retaliation

2022



North Memorial Health promotes a respectful work environment where people treat each other with respect, courtesy and professionalism and where the individual's dimensions of difference are valued.





Inappropriate Customer Behavior

North Memorial Health will not tolerate, reinforce or encourage inappropriate behavior directed toward any team member by customers because of the team member's race, color, creed, religion, national origin, gender, gender identity, disability, genetic information, age, sexual/affectional orientation, marital/familial status, status with regard to public assistance, veteran/military status, or any other legally protected status.



Getting Your Leader Involved

You should immediately report inappropriate customer behavior to your leader, the Administrative Manager, Unit Manager or Clinic Manager. The manager will meet with the team member and, if appropriate, the customer/family, to de-escalate the situation and redirect the behavior.

- The treating provider should be consulted regarding any questions involving the patient's behavior/ appropriateness that may be related to medical or behavioral diagnoses.
- The manager may request additional assistance from the Patient Representative, Risk Management, Chaplain or other resources to resolve the conflict.

[Click here to view Leaders response to inappropriate customer behavior.](#)



Getting Your Leader Involved

After getting the manager involved, the team member may choose to voluntarily withdraw from caring for the patient. If the affected team member chooses to continue providing care to the customer, the Administrative Manager or Unit/Clinic Manager will communicate to the customer/family and affected care team members that there will be no change in team assignments.

Care assignments will not be changed without the consent of the team member.

[Next](#)



Safe & Therapeutic Environment

The care team will develop a plan of care moving forward.

If applicable, the team will utilize a Unique Treatment Plan (UTP) to ensure a safe and therapeutic environment for all involved parties.

We want you to feel safe and comfortable at work.

We will take action by investigating any complaint if you do not feel it is a respectful workplace.



Protected Classes

Discrimination is prohibited by State, Federal, and Local Laws

- Team members can not be treated differently because of a protected class status

Protected classes include:

Federal Protected Classes

- Race
- Color
- Gender/Gender identity
- Religion
- Creed
- Sex
- Sexual orientation
- National Origin
- Veteran/Military Status
- Disability
- Age
- Genetic Information

State Protected Classes

- Marital/Familial Status
- Status with regard to public assistance
- Sexual/Affectional Orientation
- Membership on a Local Civil Rights Commission
- Familial Status

EEO Statement & Affirmative Action Overview

NMH is an Equal Employment Opportunity Employer, and is committed to equal employment opportunity. That means that all individuals are welcome to work at NMH. In addition, NMH prohibits discrimination against any team member based on a protected class basis.

NMH is committed to providing a working environment in which all individuals are treated with dignity and respect. Every individual has the right to work in a professional atmosphere that promotes equal employment opportunity and prohibits unlawful discriminatory practices, including illegal harassment based on any protected class status. Therefore, NMH requires that all work-related conduct and behavior be free of bias, prejudice and harassment based on any protected class status.



What is Illegal/Unlawful Harassment

Harassment is a form of discrimination.

- Harassment is unwelcome behavior and is a form of discrimination.
- Harassment becomes illegal when enduring the offensive conduct becomes a condition of continued employment or the conduct is sufficiently severe or pervasive to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.



What is Unlawful Harassment?

The Company follows all federal, state, and local laws that prohibit discrimination and harassment based on a protected class status. This includes words or actions that are offensive to another based on any protected class under applicable federal, state or local laws. Harassment based on a protected class status will not be tolerated.



What is Unlawful Harassment?

Sexual harassment can include unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature when:

- Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of employment;
- Submission to or rejection of that conduct or communication is used as a factor in decisions affecting that individual's employment; or
- That conduct or communication has the purpose or effect of substantially interfering with an individual's employment.



Sexual Harassment – 2 Legal Definitions

Quid Pro Quo

[Click here for more info](#)

Hostile Working Environment

[Click here for more info](#)

[Click here to continue.](#)

Take Action!

If you see or experience inappropriate behavior, report it!

You can report it to any leader, human resources or the Compliance Hotline.



Knowledge Check

Dr. Jones, who has hospital privileges, but is not employed by NMH, yells at the receptionist and RN who they regularly work with.

Is this behavior consistent with Company policy?

- Yes
- No



Feedback when correct:

That's right! This is a violation of our respectful workplace policy.

Behavior That Is Inconsistent with Company Policy and Potentially Unlawful

- Lewd jokes
- Sexual innuendo
- Making sexual comments about appearance, clothing, body parts
- Sexually suggestive sounds
- Displays of pictures, calendars, cartoons, or other materials with sexually explicit or graphic content.
- Ogling, leering, whistling
- Inappropriate touching



Inappropriate behavior can include any combination of men, women, non-binary, transgender, intersexual, or asexual individuals.

Additional Examples of Inappropriate Behavior

- **Repeated unwelcome attention about someone's protected class** (race, color, gender, religion, sex, sexual orientation, age, national origin, disability, etc.) that a reasonable person would believe has created a hostile or intimidating working environment.
- Mimicking an accent
- Racist slang, phrases, nicknames
- Making negative comments about a team member's religious beliefs
- Displaying racist drawings, posters, bumper stickers or signs
- Making offensive reference to an individual's mental or physical disability
- Repeatedly using the incorrect pronoun



Reporting Harassing Behavior

REPORT IT!

If a team member believes that he/she has been subject to behavior that violates or may violate the policy, they must report the behavior so the employer can conduct an investigation and stop the behavior if it is occurring.



- Human Resources
- Your Leader
- Your Leader's Leader
- Any Leader
- Compliance Hotline

Compliance Hotline: back of your ID badge

NMH/Blaze: 763-581-6947
Maple Grove: 763-581-1580

Employer Responsibilities

If the Company receives a report of inappropriate behavior or the employer is aware or becomes aware of potentially inappropriate behavior, the company will review the issue, respond in a timely manner, and enforce the Respectful Workplace Policy.



Retaliation

The Company prohibits all forms of retaliation against team members including good faith reports of inappropriate conduct or participation in a company investigation.



Emergency Response and Equipment Safety 2022

Emergency Response and Equipment Safety

2022



Activate Emergency Responses & Codes

On Campus

- Dial *99 if at NMHH on campus dial
- Dial *77 if at MGH on campus dial

Off Campus

- Dial emergency number (911, 9-911)



Code Red

Fire or Smoke

Rescue anyone in danger

Confine by closing doors. Only go through the fire doors to evacuate or move people to an adjacent safe place (area of refuge). Do not use elevators.

Alert by pulling alarm, dialing *99 in NMHH and giving your location, or dialing 911



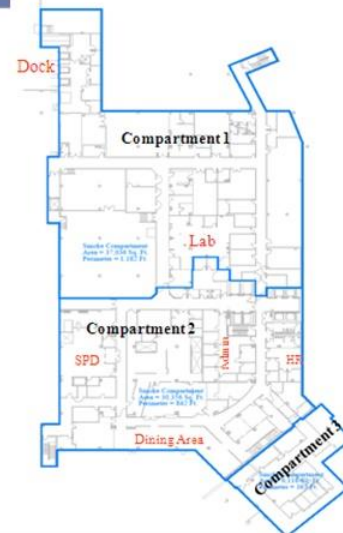
HOW TO USE A FIRE EXTINGUISHER

P A S S

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

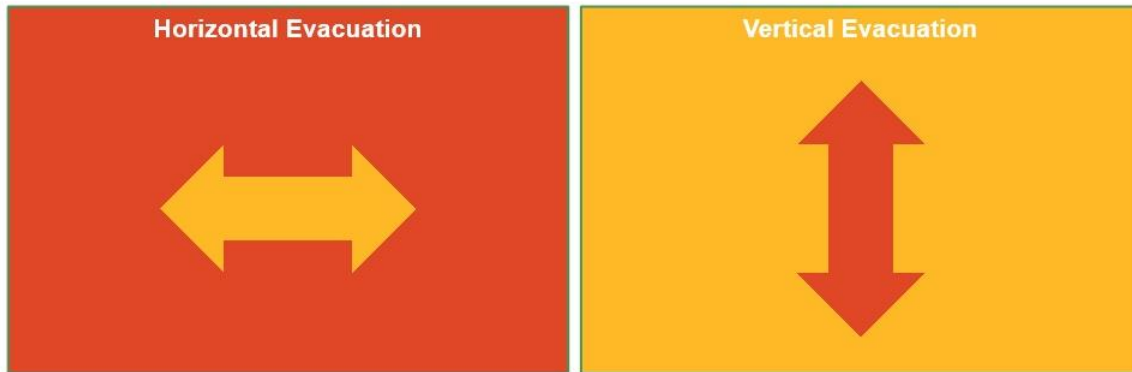
Smoke Compartments

- 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.
- There is a 2 hour fire rated separation between the compartments.
- Each compartment has a stairwell for movement to the next level of the building if necessary.
- Go through the closest set of fire doors that automatically shut during the event of a code red.



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.



Evacuation Process (cont)

- 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 customers and team members to move safely. Make sure all are accounted for.



Evacuation Aids

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



Evacuation Process (cont)

Stryker Evacuation Stair Chairs

- Located throughout the hospital
- Weight capacity: 500 lbs
- Stored Total: 7 units

Back

Evacuation Aids

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



Evacuation Process (cont)

Med Sleds – Evacuation Tool

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

Back

Evacuation Aids

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



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 customer room or by calling *99.
- 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.



Code Blue

Adult/Pediatric Cardio Pulmonary Response (CPR)

- Activate a Code Blue team by pressing a Code Blue button in a customer's room or by calling *99 for codes not in a customer'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 customers.



Code Pink

Infant/Child Abduction

- Team Members call *99 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 to report suspicious individuals or activity.



Code Pink

- Any team member first aware of an actual or attempted infant/child abduction needs to call *99 or by Vocera "Call Star 99" 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



Code Pink

- All departments must deploy team member(s) to observe the nearest exits and stairwells and report any sighting by calling *99.
- 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



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



Rapid Response Team

Customer in Need of Immediate Medical Assessment

- If a customer's condition rapidly changes and assistance is needed from a team of critical care clinicians, press the Rapid Response button in the customer's room or call *99 and give location.
- Rapid Response Team will be notified to respond to the identified location.



Severe Weather Alert

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

- Weather warnings with imminent threat will be broadcast.
- Move and/or direct visitors & customers away from windows.
- Customers who cannot be moved, should be turned away from windows and protected with pillows and blankets.



Severe Weather – Tornado

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

TORNADO WATCH is a National Weather Service alert to possible tornado development in a specified area over a specified period of time.



TORNADO WARNING OR VERY DESTRUCTIVE WINDS WARNING is a National Weather confirmation of a tornado sighting or the existence of 75 MPH winds, location, time of detection and direction of movement.

For Tornado Warnings Only

- Move customers out of their rooms into hallways away from glass.
- Enlist help from family or non-clinical support team members.
- Prioritize customer movement as follows:
 - Move ambulatory customers first enlisting help from family or non-clinical support team members.
 - Move semi-ambulatory customers next.
 - Move non-ambulatory customers.
 - FOR PATIENTS WHO CANNOT BE MOVED due to acuity:
 - Turn beds so they are out of direct line of an exterior window.
 - Use pillows and blankets to protect the patient from flying glass and debris.

Await all clear and/or call x1-2321 to report any damage to your area.



Code Walker

Missing Customer (Elopement)

- Call *99 to report a missing individual who is 18 years or older and on holds or suffers from conditions that may prevent him/her from making rational decisions or cause them to wander away.
- Monitor corridors and exits.
- Safety and security will broadcast and respond to identified.



Stroke Emergency

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 Emergency

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 at North Memorial Health 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 CC Flyer RN should call the CCRT by Vocera with an update that the Rapid Response has been escalated to a Rapid Response STROKE.



Communication System Failure

Telephone System Failure: Essential areas have the 511E Intercom system to communicate between departments and/or Emergency Power Failure Phone, which are either all RED or have a RED handset cord, to make outgoing calls and take incoming calls.

Team members may also use:

- Computerized tube system
- Portable walkie-talkies
- Vocera
- Runners/messengers



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.



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
Know your role when there are emergencies at work (see NMMC Emergency Codes). Review the policies and procedures BEFORE you need to use them and contact your manager/supervisor or NMMC Emergency Management Coordinator if you have questions.			

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
Participate in drills.			

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 customers bring in portable oxygen cylinders when they are admitted. Do not use customer owned or patient rented oxygen cylinders for hospital use. They must be kept separate in the customer room or sent home with the family.



Personal & Family Emergency

Be Informed! Know what to do before, during, you, your family, your workplace or community be weather-related such as tornadoes, severe External emergencies may also be mass casualty outbreaks (like influenza) where many people Emergencies may also be internal such as IT a security type incident.

[MN Homeland Security Management](#)

Make a Plan

Good examples can be found at www.ready.gov family activity!

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](#)

Based on the types of emergencies you expect, build a plan for your family including child care, elder care, pet care and any specific care for family members with special needs.

Make a Plan

Build a Kit

Get involved

Know your role

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 customers, 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.

Safety testing of medical equipment: customer 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. If a sticker is overdue for preventative maintenance, please remove the item from service and then call the appropriate department.



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](#)

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: Customer 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; BioMed, ext. 1-2440 (763-581-2440) or Maintenance, ext. 1-2390 (763-581-2390).

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 customer 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 customer/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?



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.



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 office 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.



Infection Prevention 2022



Your Infection Prevention Team – Here to Assist!

<p>NORTH BlazeHealth MEMORIAL HEALTH</p> <p> 763-581-4660</p> <p> 612-580-0218</p> <p>Listed on Amion Infection Prevention Rounder</p>	<p>MAPLE GROVE HOSPITAL</p> <p> 1-1234 or Vocera</p>
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Preventing Healthcare Acquired Infections

According to the CDC, what is the single most important procedure for preventing healthcare acquired infections?



CENTERS FOR DISEASE
CONTROL AND PREVENTION



[Click to learn the answer](#)

Preventing Healthcare Acquired Infections

According to the CDC, what is the single most important procedure for preventing healthcare acquired infections?

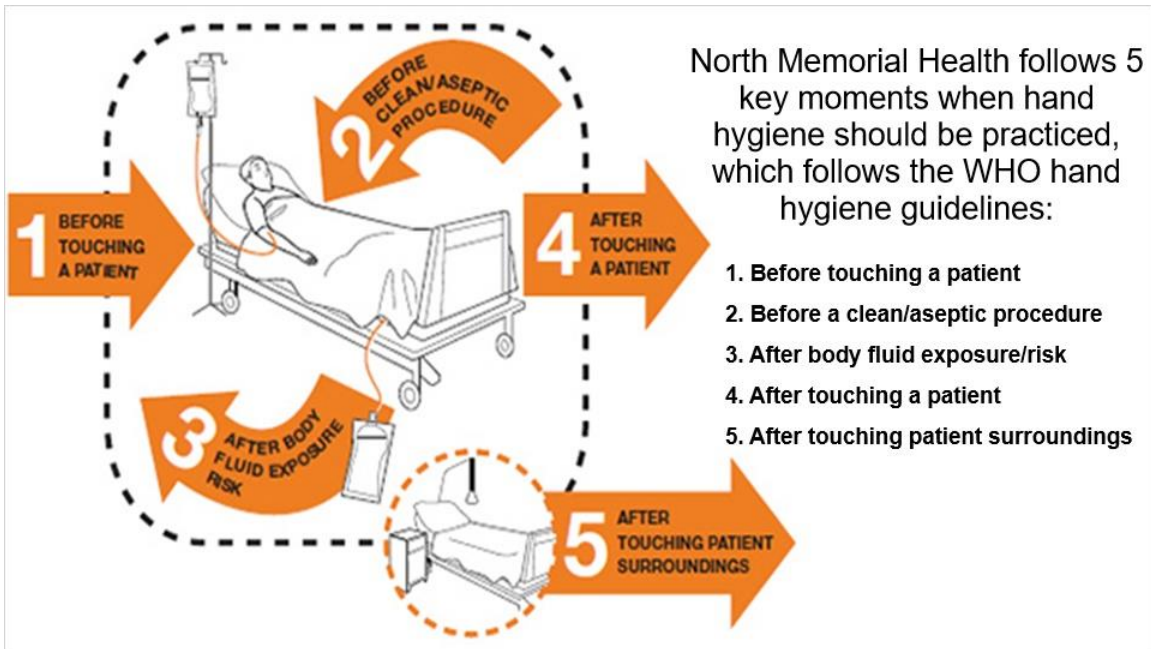


CENTERS FOR DISEASE
CONTROL AND PREVENTION



“Hand hygiene is the single most important procedure for preventing healthcare acquired infections”

[Click to learn the answer](#)



North Memorial Health follows 5 key moments when hand hygiene should be practiced, which follows the WHO hand hygiene guidelines:

1. Before touching a patient
2. Before a clean/aseptic procedure
3. After body fluid exposure/risk
4. After touching a patient
5. After touching patient surroundings

Hand Hygiene Step 1: Clean

WATERLESS HAND RUB

SOAP AND WATER

Click on each picture to learn more.

Hand Hygiene Step 1: Clean

WATERLESS HAND RUB

- Apply enough product to cover all surfaces of the hands and rub (including nails).
- Not recommended for use if hands are visibly soiled or after care of patients with infectious diarrhea - use soap and water.

SOAP AND WATER



Click on each picture to learn more.

Hand Hygiene Step 1: Clean

WATERLESS HAND RUB



Click on each picture to learn more.

HAND WASHING

- Moisten with water.
- Mechanically wash surfaces for 20 seconds (including under nails).
- Thoroughly rinse.
- Pat hands dry.
- Use paper towel to turn off faucet.

Hand Hygiene Step 2: Moisturize

Take care of your hands- the most commonly used medical instrument

- Use moisturizing lotion or cream frequently in your work shift to protect skin barrier neutral after frequent sanitizing
- See Team Member Health if you are having skin difficulties or product concerns



Jewelry and Nails

A Patient Safety Concern

- Nails and excess jewelry can provide a habitat for microbial growth if not cared for.
- Team members providing direct customer must keep fingernails short (<1/4 in) and clean.
- Nail polish is discouraged, but when worn should not be chipped or peeling.
- Artificial nails, nail polish and jewelry are prohibited in sterile field areas and for job tasks in certain departments (e.g. NICU, Pharmacy). Refer to department specific policies.



Standard Precautions...

are used for all patients, all the time

Treat all patient's blood or body fluids as if they are infectious.

- Use personal protective equipment (PPE) based on exposure anticipation
- Practice sharps safety
- Use respiratory etiquette (cover your cough)
- Practice hand hygiene
- Clean and disinfect equipment after use



Personal Protective Equipment



Personal Protective Equipment



- Wear gloves when touching abnormal skin, non-intact skin, rashes, blood, body fluids, mucous membranes, contaminated items and environmental cleaning products.
- Additional indications for sterile vs. clean glove use can be found in the Standard Precautions policy available in C360.
- Hand hygiene is required before and after donning/doffing gloves.

[Back](#)

Personal Protective Equipment



- Gowns are worn when anticipating contamination of clothing (e.g. uncontained drainage, excretions, or for specific isolation needs).
 - Gowns are generally worn in combination with other PPE
 - Put on before you go in the room
 - Take off before you exit
- A new gown is necessary with each encounter with the patient.
- Perform hand hygiene after removal.

[Back](#)

Personal Protective Equipment

Masks are used in healthcare facilities:

- To protect team members from infectious respiratory particles from patients.
- To protect patients from exposure to infectious organisms during a procedure requiring sterile technique.
- As source control to limit potential spread of infectious respiratory particles during community outbreaks (e.g. COVID-19).

Note: Universal masking (source control) is currently required for ALL individuals who enter NMHH, MGH or Clinics per current COVID-19 public health guidance.



[Back](#)

Personal Protective Equipment

Worn to protect eyes when there is a risk of droplet dispersal, splashing of blood and or body fluids.



- Full face shields are the preferred choice for eye protection which provides protection for eyes, nose and face.
- Alternative eye protection options are also acceptable when worn with a mask including: Safety goggles and safety glasses with minimal gap between the glasses and forehead.
- Personal eyeglasses alone is not adequate protection.

Note: Eye protection is RECOMMENDED for all direct patient care activities per current COVID-19 public health guidance.

[Back](#)

Respirators

N95



PAPR



The above are filtering-facepiece masks that you may see being used as well. There is a separate module that goes into greater detail about these masks for those individuals who will use them.



Donning and Doffing PPE

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

The following slides will follow the sequence in which PPE should be put on.



DONNING

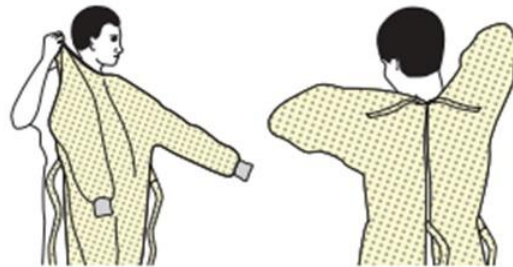
PPE

Step 1: Donning a Gown

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.

There are re-usable (pictured here) and disposable gowns. While doffing is different, donning is the same.

- Fasten in back of neck and waist.



Step 2: Donning a Mask or Respirator

- Secure ties or elastic bands at middle of head and neck
- Some masks have ear loops
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



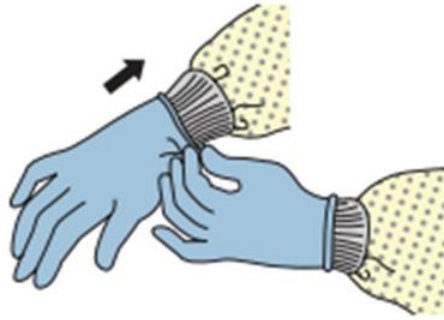
Step 3: Donning Goggles or Face Shield

- Place over face and eyes and adjust to fit



Step 4: Donning Gloves

- Extend to cover wrist of isolation gown

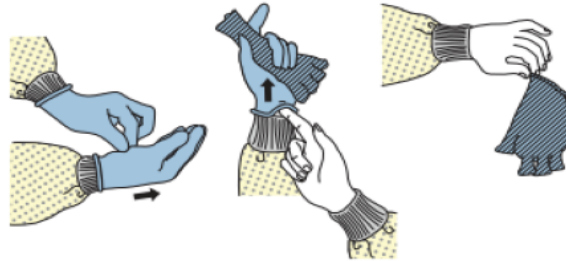


DOFFING

PPE

Step 1: Doffing Gloves

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container.
- Perform hand hygiene.



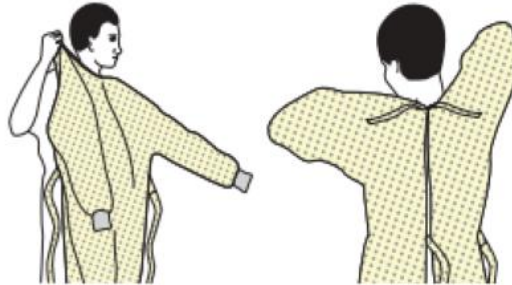
Step 2: Doffing Re-usable or Disposable Gowns



Click on the type of gown that is specific to your area to learn more.

Step 1: Doffing a Re-usable Gown

- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties.
- Pull gown away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard into a laundry bin (fabric/laundered gown).



[Back](#)

Step 1: Doffing a Disposable Gown

- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands.
- While removing the gown, fold or roll the gown inside-out into a bundle.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands.
- Place the gloves into a waste container. Fold or roll gown into a bundle and discard into a waste container.



[Back](#)

Step 3: Doffing Goggles or Face Shield

- After leaving patient's room, remove eye protection without touching the front (contaminated) area.
- Some types of eye protection are re-usable (goggles, face shield). If re-usable, decontaminate after removal, otherwise discard in regular trash. Refer to PPE policies/guidelines for re-use instructions.

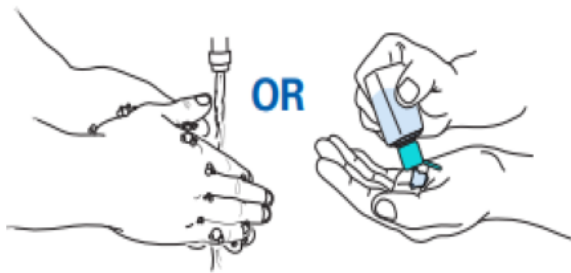


Step 4: Doffing Mask or Respirator

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.
- Discard in a waste container.



Step 5: Perform Hand Hygiene



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Transmission Based Precautions

Isolation types are based on routes of disease transmission:

- Contact
- Droplet
- Airborne
- Enteric
- Full Barrier

Need for precautions can be guided by the patient's symptom presentation (e.g. cough, rash), known disease (e.g. multi-drug resistant organism history), or lab diagnostics (e.g. new positive result)



Transmission Based Precautions Flag

Providers, RN's, Infection Prevention may order transmission based precaution.

- Outside of the EMR, team members are alerted to precautions by a visual door sign. Door signs should be placed immediately upon identification of isolation need.
- Electronic medical record infection flag or new isolation order will indicate need for precautions.



RA

Asiago, Ricky
Male, 52 y.o., 4/27/1968
MRN: 3374413
HAR: 98531503
Bed: POOL BED CLINDOC
Code: FULL (no ACP docs)

Primary Cvg: None

Search

Infection: **MRSA**

Isolation: **Contact**

Medicine, Michael, MD
Attending

PCP: None
Allergies: No Known Allergies

Yellow isolation flag indicates active isolation status, requiring precautions. Also listed in medical history when multi-drug resistance is known.

Contact Precautions

Prevents transmissions of pathogens of infectious agents, including epidemiologically important multi-drug resistant organism, which are spread by direct or indirect contact with the patient or the patient's environment.

Carriers (asymptomatic)

- Persons who can transmit an infectious disease to others but do not have active signs or symptoms of illness.

Infected (symptomatic)

- Persons who have active signs and symptoms of an infectious illness and could transmit the illness to others.

Common MDRO examples:

- Methicillin-resistant Staph aureus (MRSA)
- Extended-Spectrum Beta Lactamase organism (ESBL)
- Carbapenem-Resistant Pseudomonas (CRPA)
- Vancomycin-Resistant Enterococcus (VRE)



Isolation Door Signs

This is an example of the required contact precautions for a customer with **contact precautions**.

TEAM MEMBERS	PATIENT	VISITOR
		
<ul style="list-style-type: none">• Gowns required• Gloves required	When exiting room <ul style="list-style-type: none">• Clean patient gown• Hand hygiene	Recommended <ul style="list-style-type: none">• Gown• Hand hygiene upon exit

Practice **STANDARD PRECAUTIONS** for **ALL** patient care:

- Hand hygiene
- Cover your cough
- Additional PPE based on exposure
- Clean/disinfect equipment when removed from room



Droplet Precautions

- Droplets are propelled through the air up to 3-6 feet
- Some disease examples that require Droplet Precautions:
 - Pertussis
 - Influenza
 - RSV



Droplet Precautions

- Door must be closed when doing Aerosol Generating Procedures (AGP).
- Patient should stay in room when ever possible, but must wear procedure mask when outside room.
- Provide respiratory etiquette supplies (tissues, hand hygiene product).
- Required PPE for team members
 1. Standard procedure mask
 2. Eye protection

REMINDER:

Team members should wear a respirator, instead of a procedure mask when performing an aerosol-generating procedure. [Click this box to see a list of Aerosol Generating Procedures.](#)



Droplet Precautions

- Door must be closed when doing Aerosol Generating Procedures (AGP)

AEROSOL GENERATING PROCEDURES*

- 1) Endotracheal tube (ETT) intubation, extubation or exchange
- 2) CPAP and BiPAP - non-invasive positive pressure ventilation (NIPPV)
- 3) Bag mask valve (BVM) ventilation (ambu bag ventilation)
- 4) Cardiopulmonary resuscitation (CPR) with chest compressions
- 5) Bronchoscopy
- 6) Open suctioning of airways
- 7) Sputum induction
- 8) Nebulizer treatment (use CPAP and BiPAP masks if possible)
- 9) Upper endoscopy (including PEG tub placement)
- 10) Transesophageal echocardiography (TEE)
- 11) High flow oxygen by nasal route or face mask > 6L/min

Airborne Precautions

Precautions are required...

- Airborne organisms can stay suspended in the air for an extended period of time and travel with circulating airflow.
- Required for patients suspected or known to have:
 - Laryngeal/pulmonary Tuberculosis
 - Chickenpox
 - Measles
- Can be expelled by coughing, sneezing, talking, breathing, or when performing aerosol generating procedures.



AIRBORNE

TEAM MEMBERS



or



Wear N95 or PAPR
before entry

PATIENT



Negative airflow room
Keep door closed
Procedure mask for
transport

VISITOR



Essential contacts only
Recommended
Procedure mask

Practice **STANDARD PRECAUTIONS** for **ALL Patient Care**:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

Negative Airflow Room

Customer is placed in a negative airflow environment as soon as possible

- Air flows from the corridor into the patient room
- Air is exhausted to outdoors
- Place isolation signage on the door
- Door must remain closed
- Negative Airflow room locations can be found in the Infection Prevention Airborne Isolation policy in electronic management system
- Patient should wear a procedural mask when transported/ambulating outside the room

In addition:

- Order Airborne Isolation in Epic



Full Barrier Precautions

Full Barrier precautions are used for infectious pathogens where a combination of PPE is required. It can also sometimes be used for a new/evolving pathogen where transmission is not yet well-understood.

There are two types of Full Barrier precautions used:

Full Barrier Level 1: Used for respiratory illnesses such as COVID-19, Middle Eastern Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)

Full Barrier Level 2: Typically includes gastrointestinal or hemorrhagic disease presentations such as Ebola or Lassa Fever.

A private room and bathroom is required for patient placement. A negative airflow room may be required or preferred - Refer to organism specific protocols (i.e. COVID-19 protocols).



FULL BARRIER

LEVEL 1



TEAM MEMBERS

Required

Fluid-resistant gown
Gloves
Respirator with eye protection

PATIENT



Required

Mask for transport
Negative airflow room when available

VISITOR



DO NOT ENTER

Check in with front desk

Always remember standard precautions:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room



FULL BARRIER

LEVEL 2



TEAM MEMBERS

Required

Impermeable gown or coverall
DOUBLE glove
PAPR

PATIENT



Required

Negative airflow room
Do not transport until Infection Prevention or Hospital Epidemiologist has been notified
Mask for approved transport

VISITOR



DO NOT ENTER

Check in with front desk

Always remember standard precautions:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room



Enteric Precautions

- Patients with diarrhea or vomiting are proactively isolated when enteric tests are ordered (C-difficile, Norovirus).
- Isolation practice include hand washing rather than foam after encounters and using a sporicidal disinfectant (e.g. bleach, Oxycide) for environmental cleaning.
- In settings where UV equipment is available, the room is ultraviolet light disinfected after terminal cleaning is complete.



ENTERIC

TEAM MEMBERS	PATIENT	VISITOR
 		
<p>Gloves Gown</p> <p>Disinfect equipment with BLEACH wipes Wash hands with soap and water upon exit</p>	<p>When exiting room Clean patient gown Wash hands with soap and water upon exit</p>	<p>Recommended Gown</p> <p>Wash hands with soap and water upon exit</p>

Practice STANDARD PRECAUTIONS for ALL Patient Care:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room

Bloodborne Pathogens

NMH maintains an **Exposure Control Plan** to mitigate exposure opportunity to bloodborne pathogens (BBP). The plan is reviewed annually and available to team members in *C360*.

Bloodborne pathogens include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)



Epidemiology and Symptoms

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

Click on each of the items
to the left to learn more about epidemiology and
symptoms.



Epidemiology and Symptoms

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)



Hepatitis B (HBV) is a virus that cause acute or chronic liver infection, which can lead to permanent liver damage, failure or cancer.

- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice.
- Transmission occurs through activity that involves puncture through the skin, mucosal contact with infectious blood/body fluid.
- Incidence of HBV is declining in the United States (U.S.) due to vaccination efforts.

Epidemiology and Symptoms

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)



Hepatitis C (HCV) is a virus that cause acute or chronic liver infection, which can lead to permanent liver damage, failure or cancer

- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice.
- HCV may show no symptoms at all.
- Transmission occurs through activity that involves puncture through the skin, mucosal contact with infectious blood/body fluid.
- An estimated 2.7-3.9 million people have chronic HCV in the U.S.

Epidemiology and Symptoms

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

Human immunodeficiency virus (HIV) is a virus that attacks the immune system and can lead to a more severe phase called AIDS

- Initial symptoms include fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes.
- Transmission occurs through activity that involves puncture through the skin, sexual contact with infectious blood/body fluid.
- While new infections are declining in the U.S., 1.1 million people in the U.S. live with HIV.



Exposure Risks

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

Click on each of the items
to the left to learn more about exposure risks.



Exposure Risks

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

HBV is preventable through vaccination.

Without the vaccine, the risk of acquiring HBV after exposure is 6-30%

- NMH offers vaccination to susceptible team members at no cost
- The vaccine is highly effective, with 95% efficacy



Exposure Risks

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

The risk for acquiring HCV after exposure is ~1.8%. Up to 85% of those infected will develop chronic infection

- There is no vaccine to prevent HCV
- After an exposure, ongoing follow up/monitoring may be required with clinician.



Exposure Risks

Hepatitis B
(HBV)

Hepatitis C
(HCV)

Human Immunodeficiency
Virus (HIV)

Healthcare worker risk for HIV is considered low. The likelihood of infection after exposure through a contaminated needle is <1%

- There is no vaccine to prevent HIV



Bloodborne Pathogen Exposure

A bloodborne pathogen (BBP) exposure is defined as an event in which personnel come into contact with blood, body fluids, or other potentially infectious material through direct contact, contaminated instruments or by other indirect means (e.g. needle stick).

BBP exposures should be reported as soon as possible to supervisor so counseling and medical evaluation can be done timely before entering event in Safety First Reporting.



Blood/Body Fluid Exposures – What Should You Do?

NMHH

Blaze

MGH

Non-employed

Click on the button above of your location to learn what to do for those populations.

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Blood/Body Fluid Exposures – What Should You Do?

NMHH

Blaze

MGH

Non-employed

North Memorial Team Members report to the Team Member Health Center when exposure occurs during their business hours. At all other times, report to the NMHH Emergency Department (ED).



Blood/Body Fluid Exposures – What Should You Do?

NMHH

Blaze

MGH

Non-employed

- Report all blood and body fluid exposures to your supervisor immediately.
- Ask the customer to wait as blood will need to be collected before leaving.
- Exposure packets are in the Lab or with your supervisor at each clinic with instructions.
- Call Team Member Health for assistance during the hours of 7:00am - 3:30pm
- High-risk exposure (known HIV positive) proceed immediately to Robbinsdale or Maple Grove Hospital (closest location to your clinic)



Blood/Body Fluid Exposures – What Should You Do?

NMHH

Blaze

MGH

Non-employed

Maple Grove Team Members should go to MGH Emergency Care Center (ECC) when exposure occurs.



Blood/Body Fluid Exposures – What Should You Do?

NMHH

Blaze

MGH

Non-employed

Contractors or non-employed individuals working in an NMH facility who experience an exposure should report to ED or ECC.



Blood/Body Fluid Exposures – What Should You Do?

For **customer exposures**, Infection Prevention should be alerted ASAP.

Patients can also experience BBP exposure.
Examples: Breast milk given to wrong infant, insulin pen of one patient used by another, use of contaminated surgical instrument

Policy and procedure for managing an exposure can be found in the **Bloodborne Pathogen Exposure Management** policy located in C360



Environment of Care

Hospitals/healthcare facilities must provide and maintain a clean and sanitary environment. Safety practices to help achieve this include:

1. Store personal food and beverages only in a designated location in your department. Food and drink may NOT be stored on any surface where this is potential cross-contamination with blood/body fluid, specimen handling/storage, patient care equipment reprocessing or supply storage.
2. Soiled/used linen is contaminated and should be handled wearing gloves.
 - Dispose at point-of-use in designated container
 - When moving to a collection area, hold away from your uniform
3. Supply management: Perform hand hygiene before accessing clean supply storage areas. Do not store any patient care equipment/supplies in proximity to water sources (<3 ft of the splash zone).



Equipment Cleaning and Disinfecting

- Always consult manufacturer's instructions for cleaning/disinfection to prevent damage.
- Cleaning and decontaminating patient care equipment and the environment is a shared responsibility of all team members.
- Re-usable patient equipment must be decontaminated after use.
- Effective cleaning and decontaminating requires a two step process.
 1. Clean surface with an approved disinfectant wipe to remove organic material
 2. Decontaminate (disinfect) surface by applying wipe for the recommended contact/wet time specific on the label



Respiratory Training 2022

Respiratory Protection Training

2022



Respiratory Protection Program

A respiratory protection program has been developed that establishes the safe use of respirators within our system. It is available for your review in C360

["Infection Prevention: Respiratory Protection Program."](#)



Why Use a Respirator

Respirators in healthcare are used to filter out tiny infectious particles and prevent them from coming in contact with your respiratory system and transmitting disease.



Types of Respirators in Healthcare

Filtering Facepiece (N95)



https://www.3m.com/3M/en_US/our-company-us/enhanced-3m-products/3M-Health-Care/Products/Respirators-and-Devices/3M-1861-N95-128-USA-Cover/How-to-Use/1284769886.html

Powered Air Purifying Respirator (PAPR)



<https://www.3m.com/Products/Details/2187-UltraSeal-Respirator/3M-Visual-PAF15-15-000-01>

Elastomeric half face Respirator



https://www.3m.com/3M/en_US/our-company-us/enhanced-3m-products/3M-Health-Care/Products/Respirators-and-Devices/3M-6001-Series/How-to-Use/1284769886.html

The type you use will depend on:

- Your clinical setting
- Your unique medical issues based on the medical clearance you have completed.
- Your ability to obtain adequate seal during a fit test.

Communicable disease screening questions or a lab result within the EMR may prompt you to begin precautions using a respirator. Refer to the [Infection Prevention: Isolation Precautions Master Grid](#) for precautions specific to the pathogen.



Epic

How do I know when to use a respirator?

When precautions are indicated, the patient's EMR will be flagged on the storyboard to alert you.



Infection: Tuberculosis Rule-Out, Respiratory Rule-Out

Isolation: Airborne

Acm-Hospitalist
Attending

PCP: Center, Park Nicollet Family
Medicine Brooklyn

Allergies: No Known Allergies

Pt Class: Inpatient

LOS: 5

ADMITTED: 7/19/2020 (5 D)

Expected Discharge: Today

No active principal problem

Temp: 97.5 °F

HR: 92

BP: 115/84

Admit Weight: 73.66 kg

I/O Net Vol Since Admit: 4752.08

NEW RESULTS (LAST 36H)

Lab (10)

Imaging (2)

CrCl: 62.1 mL/min (A)

Search

Infection: COVID-19

Isolation: Full Barrier

Acm-Hospitalist
Attending

PCP: Wark, Michelle, PA-C

Allergies: Pollen (Nic)

FYI: Blood Consent On File, Fall Risk

Pt Class: Inpatient

LOS: 7

ADMITTED: 7/17/2020 (7 D)

No active principal problem

Temp: 98.1 °F

HR: 103 !

BP: 148/67 !

Admit Weight: 47.2 kg

I/O Net Vol Since Admit: 9656.67

NEW RESULTS (LAST 36H)

Lab (13)

Imaging (1)

Other (1)

CrCl: 28.7 mL/min (A)

Door signs

There are also door signs that direct you to the appropriate PPE needed to protect yourself while entering the room.

AIRBORNE

TEAM MEMBERS	PATIENT	VISITOR
 Wear N95 or PAPR before entry	 Negative airflow room Keep door closed Procedure mask for transport	 Essential contacts only Recommended Procedure mask

Practice **STANDARD PRECAUTIONS** for ALL Patient Care:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room



FULL BARRIER

LEVEL I	PATIENT	VISITOR
 TEAM MEMBERS Required Fluid-resistant gown Gloves Respirator with eye protection	 Mask for transport Negative airflow room when available	 DO NOT ENTER Check in with front desk

Always remember **standard precautions**:

- Hand Hygiene
- Cover your cough
- Additional PPE based on exposure risk
- Clean/disinfect equipment when removed from room



Respirator Check

Do you know your respirator's limitations?



[Click here to continue](#)



Fit Testing

- Tight fitting respirators (Filtering facepiece, elastomeric, etc.) rely on a seal between your face and the respirator to be effective.
- Fit testing is a procedure that ensures the seal is adequate for you, as all faces are unique. It can either be a qualitative test or a quantitative test.
- Fit testing does not take the place of seal checks, which are safety checks that you should do anytime you don a tight fitting respirator.
- Fit testing is done annually, when there are any significant changes in your facial structures and any time you are using a new model of respirator.



Medical Limitations

An initial medical clearance is performed before you start wearing a respirator, and periodically after to ensure you are safe when wearing the respirator. However, if you have any of the following occur ***since your last fit test***, consult Team Member Health:

- Weight gain or loss of over 20 pounds
- Facial structural changes (significant dental work, facial surgery or fractures)
- Any intolerance to the respirator including skin rashes, difficulty breathing, any symptoms you note worsen or only occur with respirator use.

For clinic team members, supervisors perform fit testing, update your supervisor of any of the changes listed above.



Other Limitations

Facial hair that is present under a tight fitting respirator's seal makes the respirator ineffective.



Click on this pictograph to view typical facial hair styles and their potential for interfering with a tight fitting respirator.



Improper Use Can Limit Effectiveness

Use of a respirator inappropriately can put you at increased risk of infection. Key practices that help protect you are:

- Only use the model that you have been successfully fit tested for (other than PAPR).
- Inspect the respirator for defects before wearing.
- Ensure you know how to don, doff or operate the respirator.
- Perform a seal check every time you don your respirator.
- Ensure your face is free of facial hair for any tight-fitting respirator.
- Perform hand hygiene prior to donning the respirator and following its removal.



Emergency Situations

In the event the respirator malfunctions, remove yourself from the room/hazardous area as soon as possible and report the defect via Safety First.



N95



A filtering facepiece respirator (commonly known as a N95 in healthcare) is a tight fitting device that functions by collecting tiny infectious particles (generally <1 to $>100 \mu\text{m}$) and preventing inhalation. N95 refers to the level of filtration (N=not resistant to oil and 95=filters at least 95% of airborne particles). There are numerous manufacturers and models, so it is vital you only utilize ones that you have successfully fit tested.



Inspection Prior to Use of Filtering Facepiece Respirator

Component	Check for
Head Straps	Loss of elasticity, torn, cut
Facepiece	Cracked, torn, distorted, dirty
Inhalation/Exhalation Diaphragms (only on some models)	Missing, torn, improperly seated.



Donning and Seal Check

- Team Members will be instructed on donning at the time of fit testing, and varies slightly by model.
- All models require the user to perform a seal check after you put it on, to ensure that you have been successful in obtaining a good seal.
- A seal check is done by covering your mask with a clean hand, and exhaling sharply to create pressure. If a leak is detected, readjust or discard respirator if unable to obtain after repeated attempts.



Donning and Doffing a Respirator

Donning	Doffing
<ul style="list-style-type: none">• Perform hand hygiene• Open new N95, don and perform seal check. (Seal check should be performed each time a new N95 is donned)	<ul style="list-style-type: none">• In room, removed soiled gloves and gowns. Perform hand hygiene.• Step outside of room, don clean gloves. Prepare to remove eye protection:• Don't touch outer shield, remove by strap(s)• Inspect for damage, gross soiling• If reusable eye protection used, disinfect with sani-wipes• If disposable eye protection used, discard in trash• Take off gloves, do hand hygiene• Remove N95 by straps without touching the inside of the N95• Discard N95 in trash• Perform hand hygiene

Conventional vs Crisis PPE Use

NMH is currently practicing CONVENTIONAL PPE use, which means N95s are intended to be used one time before being discarded.

During global pandemic situations (i.e. COVID-19) that influence supply chain, the facility may adopt crisis strategies for optimizing supply of N95 respirators under the guidance of the Centers for Disease Control and Prevention (CDC).

Do NOT practice re-use of N95s unless further directed by your leader. This is not in effect at this time.



PAPR

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

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

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



Inspection Prior to Use of PAPR

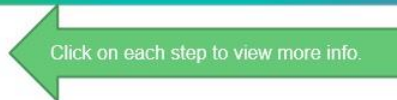
Note below the grid: It is vital you understand how to do an airflow check and how to disinfect the PAPR in order to ensure it's safe use. Please pay close attention to this in the slides to come.

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




Versaflo PAPR Instruction Guide

- STEP 1
- STEP 2
- STEP 3
- STEP 4
- STEP 5
- STEP 6
- PAPR Removal



Versaflo PAPR Instruction Guide


STEP 1	<p>Obtain battery from charger.</p> <p>Press the TEST button on battery to confirm that the battery is charged.</p> <p>Inspect battery for damage (if damaged, do not use).</p>	
STEP 2		
STEP 3		
STEP 4		
STEP 5		
STEP 6		
PAPR Removal		

Versaflo PAPR Instruction Guide


STEP 1	<p>Attach battery to blower unit.</p> <p>Inspect blower unit and filter for damage (if damaged, do not use).</p>	
STEP 2		
STEP 3		
STEP 4		
STEP 5		
STEP 6		
PAPR Removal		

Versaflo PAPR Instruction Guide

Conduct airflow and low airflow alarm check:	
STEP 1	<p>1. Airflow Check:</p> <ol style="list-style-type: none"> Insert the air flow indicator into the outlet of the blower unit. Hold blower unit so airflow indicator is vertical. Turn the blower unit on by pushing and holding the small blue power button until you hear a beep. When the blower is up to speed, the unit will either vibrate (TR-600) or the lights will stop blinking (TR-300) depending on the model. Run the PAPR for 1 minute to allow the airflow to stabilize. Ensure indicator ball rises above the "H" level. Remove airflow indicator. <p>2. Low Airflow Alarm:</p> <ol style="list-style-type: none"> After removing the airflow indicator, tightly cover the outlet of the blower unit with the palm of your hand. The motor will speed up, attempting to compensate for the low airflow condition. Hold your palm tightly against the outlet making a tight seal. After 30 seconds, the blower unit will sound an audible alarm and the fan shaped LED will flash. Remove your hand, the flashing red LED and alarm will stop when the motor returns to lower speed. <p>Required: Airflow verification to protect yourself. Failure to do so may result in inadequate airflow which may cause serious bodily injury or death.</p>
STEP 2	
STEP 3	
STEP 4	
STEP 5	
STEP 6	
PAPR Removal	If the PAPR does NOT pass the airflow check - DO NOT USE the DEVICE. Send to Biomed for service.





Versaflo PAPR Instruction Guide

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

Versaflo PAPR Instruction Guide

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

Versaflo PAPR Instruction Guide

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

Versaflo PAPR Instruction Guide

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

To Re-use PAPR Hood

- Gather PAPR motor blower unit, hood and tubing.
- If anticipating more than 1 use during the course of your shift (i.e. repeated encounters for patients on Full Barrier precautions), write name on clean PAPR hood.
- Follow user instructions located in C360.
- After removal:
 - Disinfect all equipment with sani-wipes and allow to dry (blower unit, tubing and hood).
 - If expected to re-use hood during the course of your shift, place hood in a paper bag labeled with your name until next use.
 - Disinfected hoods can be used for contact with multiple patients, but discarded at the end of the shift.
 - At the end of the shift, discard hood in regular trash.



Elastomeric



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

Inspection Prior to Use of Elastomeric Respirator

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



Donning and Seal Check

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



Disinfecting After Use

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



Storage and Maintenance

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



Knowledge Check

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

- Seal check
- Fit test
- Airflow indicator check



Knowledge Check

Fit testing is _____ (check all that apply):

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



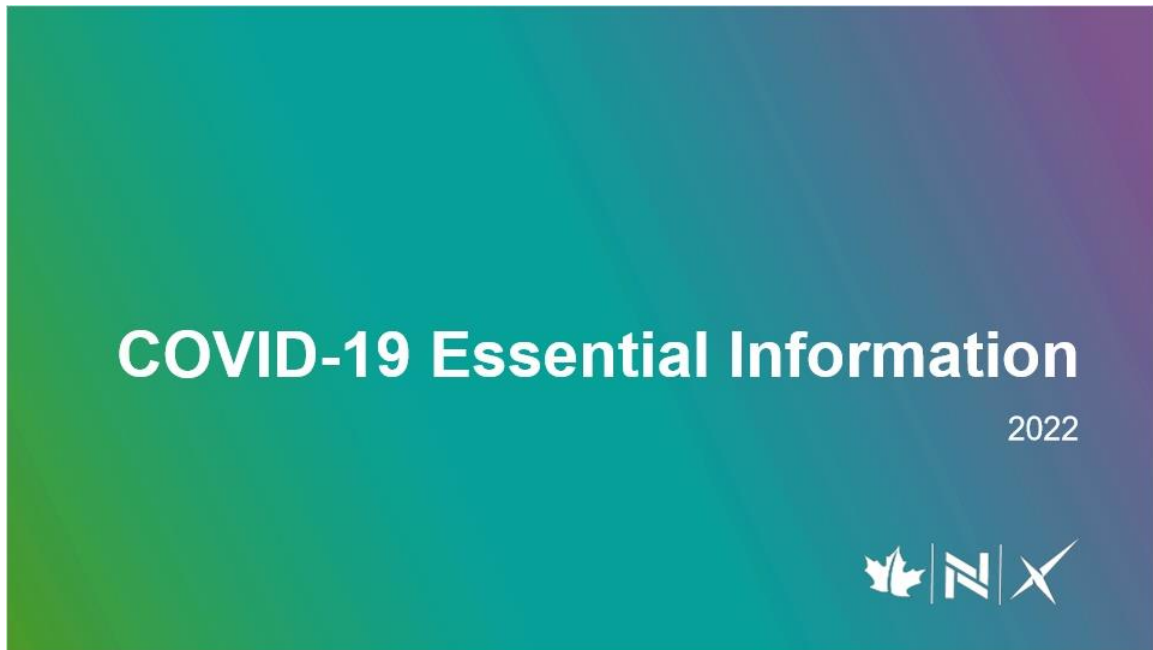
The End



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

CLOSE THIS MODULE.





Covid-19 Transmission

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

COVID-19 is spread in 3 main ways:

- 1**
click here
- 2**
click here
- 3**
click here



Covid-19 Transmission

Pre-Symptomatic

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

Asymptomatic

An infected person who never develops symptoms

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



What to do if you are Sick With COVID-19

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



Patient Screening and Management

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

- Outpatient customers are screened through Care Access and at time of check in
- Hospital customers screened for risk factors as part of triage process



Travel Screening

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

Example: Patient screening questions in EMR

Patient Screening and Management

Mask Use

Standard Precautions

Full Barrier Precautions

Patient Clinical Management

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

Patient Screening and Management

Mask Use	<ul style="list-style-type: none">• All individuals entering a healthcare facility are expected to wear a mask per current public health guidance for COVID-19.• This provides source control from potentially infectious particles - even if the individual is asymptomatic.• There may be instances when a customer's acute medical condition does not allow them to tolerate the use of a mask.
Standard Precautions	
Full Barrier Precautions	
Patient Clinical Management	

Patient Screening and Management

Mask Use	<ul style="list-style-type: none">• All team members are required to use a medical-grade mask in all customer-facing spaces per current public health guidance for COVID-19.<ul style="list-style-type: none">• Wear a mask that fits snugly and covers both the nose and mouth, avoid frequent touching of the exterior of the mask when in use.• When removing, grasp by ear loops. Do not remove by touching the front of the mask.• Obtain a fresh mask daily and whenever your mask is wet, damaged or soiled.• Eye protection is also RECOMMENDED for team members when performing bedside/ direct patient care task.<ul style="list-style-type: none">• <i>Note: Personal eye glasses alone are NOT considered eye protection.</i>
Standard Precautions	
Full Barrier Precautions	
Patient Clinical Management	

Patient Screening and Management

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

Patient Screening and Management

Mask Use	<ul style="list-style-type: none">• Patient clinical management protocols are available on the COVID-19 Intranet resource page for specific clinical areas.
Standard Precautions	
Full Barrier Precautions	
Patient Clinical Management	

Tasks/Situations that Result in COVID-19 Exposure

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



Team Member to Team Member Exposure Risks

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

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

Team Member to Patient Exposure Risks

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

*Respirator = N95, PAPR or elastomeric devices

Medical Removal from the Workplace

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

- Have experienced high risk exposure with an individual with confirmed positive for COVID-19;
- Have tested positive for COVID-19 or have been diagnosed with COVID-19 by a licensed healthcare provider;
- Have been told by a licensed healthcare provider they are suspected to have COVID-19;
- Are experiencing a fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath;
- Are experiencing two or more of the following symptoms:
 - Cough, Sore Throat, Headache, shortness of breath, body aches, fatigue, loss of taste/smell, Nausea/vomiting, Diarrhea, Congestion, Runny nose



Medical Removal from the Workplace Continued

- The Team Member Service Center must be contacted through a ServiceNow Request or a phone call.
 - Team Members will be removed from the workplace and will need to complete an acceptable COVID-19 test indicating a positive result for work exclusion. In addition to the Abbot and QuickVue, the CDC has approved the acceptance of all home antigen tests indicating positive results.

Contact Team Member Service Center:
Call: 763-581-MYHR (6947)
Online: Submit a [Service Now](#) ticket



Medical Removal from the Workplace Continued

- Team Members who receive a negative test result.
 - Team Members with symptoms and a negative antigen test, must complete a PCR test.
 - Team Members receiving a negative result from a PCR test, are expected to return to work immediately. You do not need to receive clearance to return to work from the TMSC prior to reporting back to work with a PCR negative test result.
 - If the Team Member is still ill or shows signs of a fever, and even if your PCR test is negative, you should not return to work and may need to seek further clinical evaluation.
- Team Members who receive a positive test result.
 - If a Team Member receives a positive result from an accepted antigen and/or PCR test, the team member must meet the return to work guidelines and be cleared to return to the workplace.



Medical Removal from the Workplace Continued

- Team Members who refuse or cannot take a test.
 - If a team member refuses to test for COVID-19, the team member will be medically removed from work.
 - Team members that refuse to take a COVID-19 test will not be eligible for medical removal benefits.
 - Team members who cannot take the test for religious or disability-related medical reasons consistent with the Americans Disabilities Act (ADA) must request an accommodation through Team Member Health.



Medical Removal Benefits

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

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



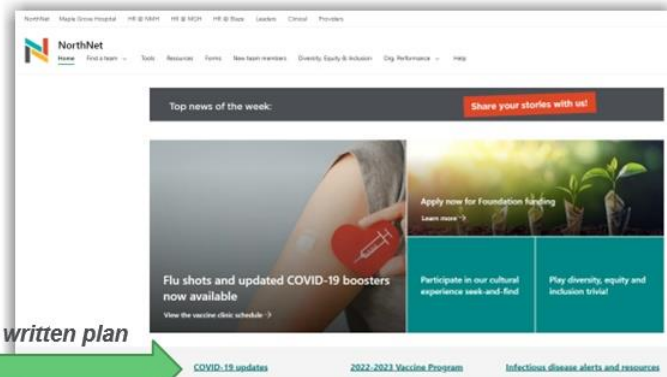
Medical Removal Benefits Continued

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



COVID-19 Policies and Procedures

Current COVID-19 protocols and procedures can be found on the North Memorial Health or Maple Grove Intranet under 'COVID-19 updates'



COVID-19 resources and written plan



Workplace Violence and Situational Awareness for Team Members

2022



What is Workplace Violence?

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

<https://www.osha.gov/workplace-violence>



What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Customer/Client
Violence

Worker-on-worker
Violence

Personal Relationship
Violence

Click on each box above for more information.



What is Workplace Violence?

There are four types of workplace violence.

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Worker-on-worker
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Personal Relationship
Violence

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



What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Customer/Client
Violence

Worker-on-worker
Violence

Personal Relationship
Violence

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

What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Customer/Client
Violence

Worker-on-worker
Violence


Personal Relationship
Violence

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



What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent	Customer/Client Violence	Worker-on-worker Violence	Personal Relationship Violence
	<ul style="list-style-type: none">• A current or former personally related or intimate person that is threatening, and/or assaulting a staff member (CDC, 2014).• An example is when the domestic abuser follows the healthcare worker to their workplace, or shows up during their shift (CDC, 2014).• This is not only dangerous for the healthcare worker, but could possibly endanger other staff members, patients, or visitors (CDC, 2014).		

NMH's policy regarding workplace violence

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



Did You Know?

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



Awareness

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

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

- Be in touch with nursing staff if you any questions or concerns regarding a customer.
- Please be aware of customers who may attempt to leave secure areas when doors are opened or join in elevators without badge access.
- Always be aware of exits and avoid allowing the customers to come between yourself and the door/exit. Request help from team members if you feel you need it.

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



Three Kinds of Awareness

Self

Others

Surroundings

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

Three Kinds of Awareness

Self

Others

Surroundings



Three Kinds of Awareness

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

Three Kinds of Awareness

Self	<ul style="list-style-type: none"> • Identify Entry and Exit Points • Stay Vigilant • Identify Objects Around You <p>In your everyday life, as well as at work, it's important to be aware of your surroundings.</p> <p style="background-color: #e67e22; color: white; padding: 5px;">Hospital doors are open to the public, so it should be a best practice for all individuals working to keep an eye out for suspicious behavior. If something doesn't feel right, it probably isn't.</p>
Others	
Surroundings	

Recognize the Signs of Suspicious Activity



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



Two Asks of Every Encounter

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



Two Asks of Every Encounter

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

Make Eye Contact

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

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



Two Asks of Every Encounter

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



Verbally Acknowledge

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

“Good Morning.”
“What can I help you find?”

Prohibited Behavior

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

Examples of prohibited behavior:

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



When Verbal Abuse Occurs

Lead with empathy

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

Set boundaries

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

Set clear expectations

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

Example Phrases:

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



Responses to Prohibited Behavior

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



How to Report It

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

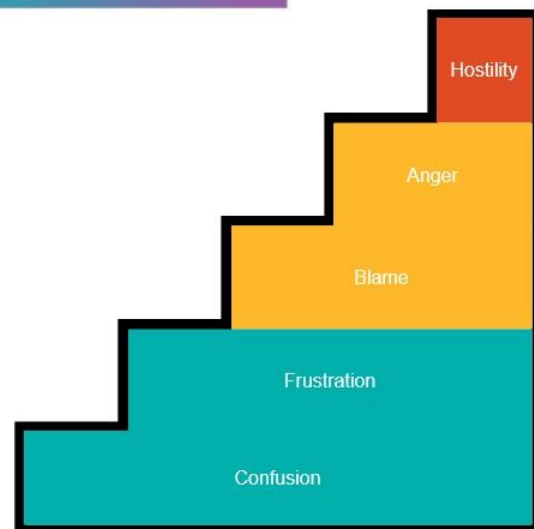
Off campus areas: call 911

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



Five Warning Signs of Escalating Behavior

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



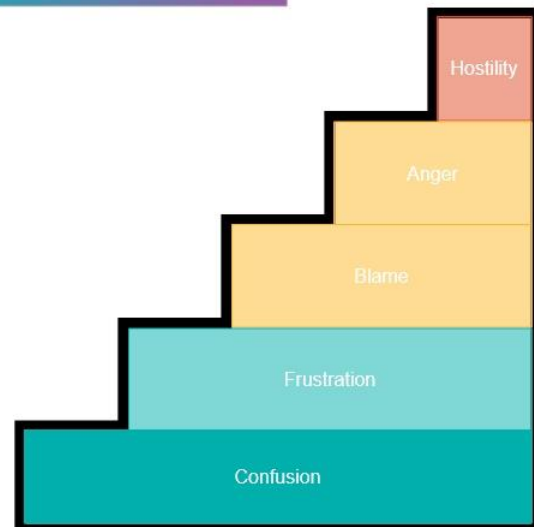
Confusion

Warning Signs of Confusion

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

Responses to Confusion

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



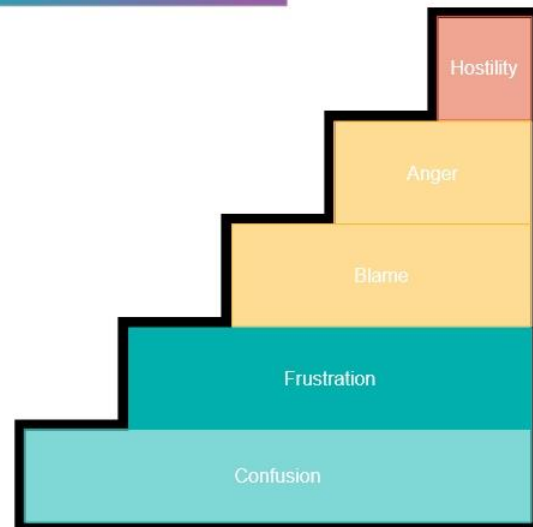
Frustration

Warning Signs of Frustration

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

Responses to Frustration

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



De-Escalation in Person

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



De-Escalation Over the Phone

Do's

- Listen and do not cut them off
- Acknowledge by repeating back to them
- Speak in a calm and even voice
- Avoid putting them on hold
- Identify their values & respond in kind to build trust
- Demonstrate empathy – do not get defensive
- Keep positive
- Apologize if appropriate
- Offer to let the person speak to someone else instead of you
- Make sure you are understanding them correctly and vice versa

Don'ts

- Do not argue
- Don't tell someone, "There is nothing I can do."
- Do not get emotionally involved
- Apologize if appropriate



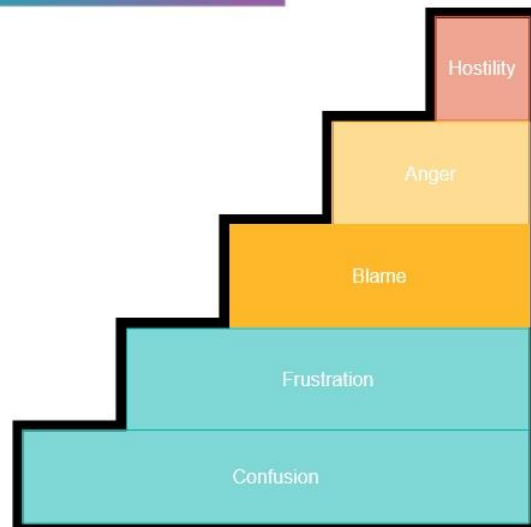
Blame

Warning Signs of Blame

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

Responses to Blame

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



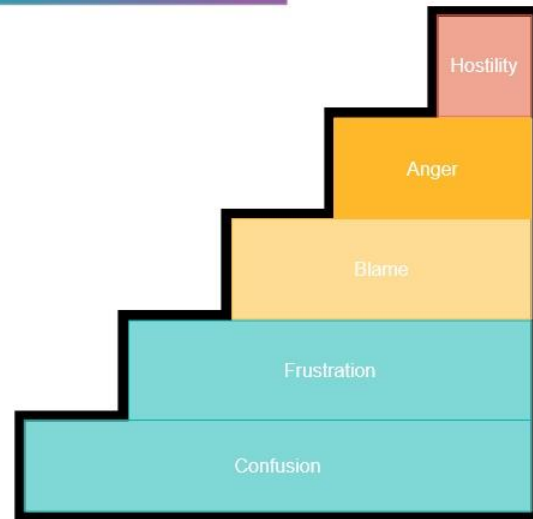
Anger

Warning Signs of Anger

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

Responses to Anger

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



Code Green

If you called for a Code Green:

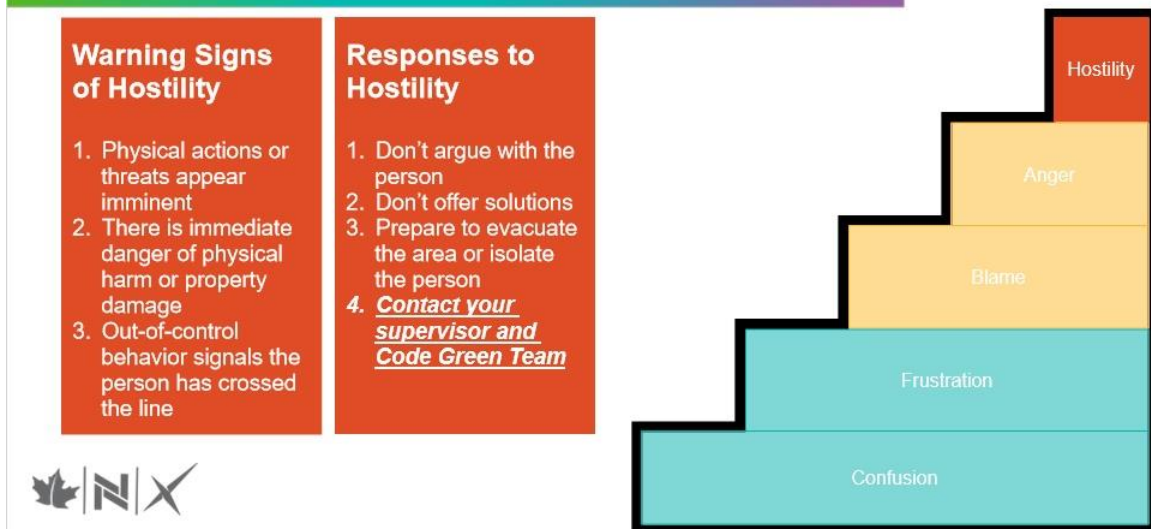
- Make sure you are safe
- Continue to monitor the situation
- Provide information to the Code Green Team Members as they arrive so a safe plan of action can be determined



Code Green Team Tactics



Hostility



Early Detection

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

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



Violence Risk Assessment

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

Screening Questions in EPIC:

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

Risk Factors that contribute to a positive screening:

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



Violence Risk Assessment

In order to access the Broset tool, an initial assessment called the “Violence Risk Assessment” is used.

This tool will be found in the:

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



The next few slides will show some screenshots from the Broset Tool.

Violence Assessment

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

Violence Risk Assessment (BVC©)

2 Or More Risk Factors? See List

No Yes

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

Create Note

Restore Close Cancel

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

Violence Assessment

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

Violence Risk Assessment (BVC©)

2 Or More Risk Factors? See List

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

If No, Select No and proceed to next section

If yes, Select yes and the question will cascade

Risk Factors Listed Here

Create Note

Restore Close Cancel



Violence Assessment

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

Violence Risk Assessment (BVC©)

2 Or More Risk Factors? See List

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

Identify Risk Factors

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

Hostility Impulsivity None

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC©)

Selecting "Yes" will open up the "Identify Risk Factors" line. User will have to select specific risk factors.



2 Or More Risk Factors? See List

No Yes

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

Identify Risk Factors

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

Hostility Impulsivity None

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC®)

Confused

0=No 1=Yes

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

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riskassessment.no

Irritable

0=No 1=Yes

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

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riskassessment.no

Boisterous

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

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

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC®)

Confused

0=No 1=Yes

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

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Irritable

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0=No 1=Yes

Boisterous - Behavior is overtly "loud" or noisy. For example slams doors, shouts out when talking, etc.

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Physically Threatening

0=No 1=Yes

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

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Verbally Threatening

0=No 1=Yes

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

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Attacking Objects

0=No 1=Yes

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

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Total Score

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

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Violence Interventions

Care Team Conference Charge Nurse Informed Clear Escape Route Maintained De-escalation Techniques Emergency Behavioral Medicine Consulted Environment Adapted

Excess Stimulation Removed Individualized Treatment Plan PRN Medication Provider Notified Security Informed Sitter Observation Threat Assessment Team Notified

11:00 AM

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

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

Violence Interventions – User will select interventions that were implemented.

Physically Threatening 0=No 1=Yes
 Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing, the raising of an arm, leg, making of a fist or modeling of head-butt directed at another.
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 Verbally threatening - A verbal outburst which is more than just a raised voice, and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
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Attacking Objects 0=No 1=Yes
 Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.
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Total Score
 Score 0 = The risk of violence is small
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Violence Interventions

Interventions Care Team Conference Charge Nurse Informed De-escalation Techniques Emergency Behavioral Medicine Consulted Environment Adapted Excess Stimulation Removed
 Individualized Treatment Plan PRN Medication Provider Notified Security Informed Sitter Observation Threat Assessment Team Notified Other (Comment)

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

Restore Close Cancel Previous F7 Next F8

Interventions

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



Violence Risk Assessment cont

This assessment:

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

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



FYI Flag

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

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



After the Broset

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

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

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



Threat Assessment Team

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

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

Possible triggers:

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



Challenge your thinking...

This is NOT part of your job!

- One of the biggest reasons why the data on violence experienced by healthcare workers is so inconsistent is that it is often underreported (CDC, 2014).
- This occurs because healthcare staff feel that this is “just part of the job” (CDC, 2014).
- If it’s not reported, organizations do not realize the magnitude of the problem.



Threat Assessment Team

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



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



When is the Threat Assessment Team Called?

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

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

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



Active Threat

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

Recognize Threat:

Immediate Threat

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

Potential Threat: if you see something, say something.

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



Active Threat Response

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

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

Report It!

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

- Call 911 or Dial 9-911
 - Switchboard operator will broadcast "Active Threat and the location will be broadcast at NMHH and MGH.



Plain Language

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

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



How Do I Identify an Active Threat?

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

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



Lock Down All Clear

During a lock down mode, the emergency entrance will serve as the only hospital entrance point unless an alternate entrance is deemed necessary by Security and Administration Managers. This entrance will be continuously monitored by Safety and Security.

“Hospital lock down all clear” will be announced through overhead page when the lock down mode is canceled.

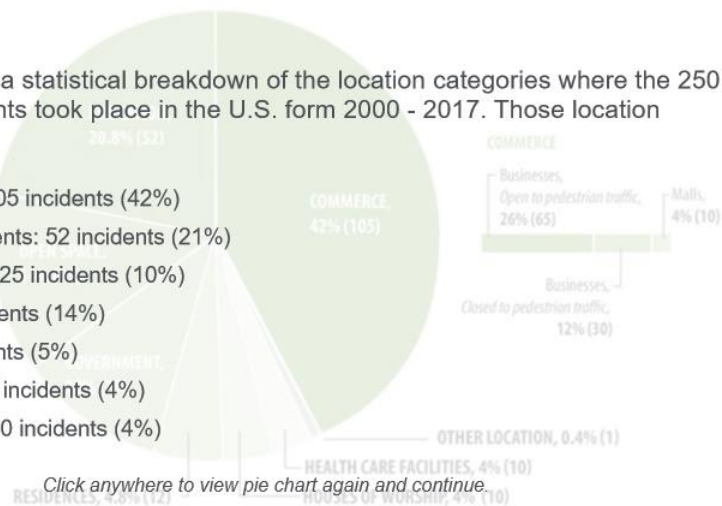
If the situation is an active threat within the hospital, refer to the Active Threat Policy.



Active Shooter Facts

This pie chart shows a statistical breakdown of the location categories where the 250 active shooter incidents took place in the U.S. from 2000 - 2017. Those location categories include:

- Areas of commerce: 105 incidents (42%)
- Educational environments: 52 incidents (21%)
- Government property: 25 incidents (10%)
- Open spaces: 35 incidents (14%)
- Residences: 12 incidents (5%)
- Houses of worship: 10 incidents (4%)
- Health care facilities: 10 incidents (4%)



Click anywhere to view pie chart again and continue.

Preparing for an Active Shooter

- An active shooter is an individual aggressively engaged in killing or attempting to kill in a confined and populated area.
- The situation occurs rapidly and without warning. The shooter's objective may be a specific target such as an estranged spouse or former boss or may just be all persons present. In either case anyone within weapon range is a probable victim.
- Most end in less than 15 minutes so the arrival of Law Enforcement may have little effect on the outcome. The shooter often commits suicide or is looking for "suicide by cop."
- Individuals need to prepare physically and mentally to respond to an active shooter incident.



Run



Run Tactics

Choose a route carefully

Don't run willy-nilly or blindly, follow a crowd. Pause to look before you enter choke points, such as stairwells, lobbies, and exits, to make sure you can move through them quickly and not get stuck out in the open.

Think unconventionally

Doors are not the only exits. Open a window; if you have to break it, aim for a corner. See if the drop ceiling conceals a stable hiding place or a way to enter another room. You may even be able to punch through thin drywall between rooms.

Look down

If you're trapped on the second floor, consider dropping from a window, feet first, ideally onto a soft landing area. (But if you're higher than the second floor, the drop itself could be fatal.)

Be quiet and stealthy

Try not to attract a shooter's attention. Remember that edges of stairs are less likely to creak than the centers. Stay low and duck when you pass windows both inside and outside the building.

Hide



HIDE

If you can't immediately leave a building or room, you want to buy time – time to plan another way out, time to prepare in case the shooter forces their way in, time for the police to arrive.

Hide Tactics

Block doors

Don't just lock them, barricade them with desks, chairs, bookcases - anything big and heavy. Wedge objects under them at the farthest points from the hinges. Prop or wedge something under door handles to keep them from turning all the way. Tie hinges and knobs with belts or purse straps. A shooter doesn't want to work hard to enter a room.

Turn off lights, silence phones

Make sure someone has alerted 911 with as many details as you can about your location and anything you know about the shooter's whereabouts. Cover windows if you have time; if not, make sure you can't be seen through the glass.

Choose a hiding place

If you know you will hide and stay hidden, don't count on particle board furniture to stop bullets. Get behind something made of thick wood or thick metal if you can, or stack several layers of thinner material. Make yourself as small a target as possible, either curling into a ball or lying flat on the ground.

Make a plan

Don't just get under a desk and wait. Plan how you will get out or what you and the other people who are with you will do if the shooter gets into the room.

Fight



FIGHT

This is the last resort, a dangerous option to be used only if your life is at risk and you are trapped with a gunman. Different situations call for different strategies, but of all these, turn the element of surprise against the shooter.

Fight Tactics

Create chaos	Swarm	Move the weapon away	Attack
Throw books, coffee mugs – anything you can grab. A moving target is much harder to hit than a stationary one. Greg Crane, founder of the ALICE Training Institute, which has worked with nearly 3,000 schools, said that even children can be taught to move, make noise and distract so they can buy time to get away.	Some experts teach a Secret Service-style technique in which people wait beside the door and grab the shooter as they enter. At least one person goes for the gun, one wraps his legs and others push him down. Using their body weight, a group of smaller people can bring a large man to the ground and hold him there.	Once the gun is separated from the shooter, cover it with something such as a coat or trash can. Don't hold the weapon, because if police storm in, they may think you are the shooter.	This is last even among last-resort options. The ALICE program doesn't even suggest this for adults, and none recommend it for children. But if you try to fight, choose a weapon and aim for vital areas such as the head, eyes, throat, and midsection.
Click on each of the images above to learn more.			

Run, Hide, Fight – What About Customers?

The key thing to remember is that you cannot help others if you are injured or dead. Do not delay getting yourself to safety in order to help someone else.

Things you can do:

- Encourage others to **run** with you if they are ambulatory
- **Hide:** shut doors and turn out the lights in patients areas that may not be able to evacuate
- If your best option is to hide in a customer's room, **barricade** the door and plan how you will **defend** yourself and the customer if the assailant manages to enter



Source: <https://www.readinessrounds.com/blog/active-shooter-part-2-patient-safety>

After an Event of WPV

Huddle for safety

- Anyone injured should be evaluated
- Assess for necessary resources

Document and notify

- Violence Risk Assessment/Brosset
- Notify provider or leaders as needed
- Safety First Reporting

Request a Defusing from your unit leader or the Administrative Manager

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



Team Member Health and More

We offer:

- Workplace Injury Treatment
- Someone to talk to – call (763) 581-2194



SUPPORT FOR WHATEVER LIFE THROWS AT YOU
No matter what challenge you're trying to navigate, the employee assistance program can help.

NORTH
MEDICAL HEALTH



A HELPING HAND

Everyone faces challenges at times. When you need a place to turn, the employee assistance program (EAP) is the place to start. Experienced EAP counselors are available to listen to your concerns, assess the situation and help you explore your options.

NO PROBLEM IS TOO BIG OR SMALL.

EAP provides support for all of life's issues, including:

- Child care and elder care services
- Financial matters and counseling
- Legal concerns and counseling
- School/college-related resources
- Marriage and relationship conflicts
- Mental health issues
- Work-related concerns

Any member of your family can call. If speaking on the phone is not an option, you can also communicate with a counselor through the secure website. The website also contains a comprehensive library full of articles, videos, audio files and other helpful resources.

If you're struggling, call EAP today.

do. more for your health



**CONFIDENTIAL HELP
IS JUST A PHONE CALL
AWAY, ANYTIME.**

Call 1.800.432.5165 or TTY 711
to speak with an experienced
counselor today. Or visit
www.achievementsolutions.net/
bluecrossmn.com for additional
resources.

Closing Thoughts

- It is Everyone's responsibility to keep our workplace safe
- If You See Something, Say Something
- Remember to Run, Hide, Fight
- Report to Security, Your Supervisor, or any Leader
- If something does occur that you are a part of utilize Safety First and report it after the incident
- Team Member Health Services has great resources if you need them
- For more information on Workplace Violence and efforts to improve safety check out the NMH or MGH intranet pages



Workplace Fitness for Duty & Accommodations 2022

Workplace Fitness for Duty & Accommodations

Team Member Session 2022



Safety is OUR priority

- We are committed to maintaining a safe work environment that is free from impairment and/or the influence of alcohol and/or illegal drugs to protect the health, safety, and well-being of our customers, team members, providers and visitors.
- It is imperative that we engage in supporting a safe workplace by assessing any type of impairment or other inability to safely and effectively perform job functions.
- We are focused on overall health & safety that includes creating safety in the moment intervention.



Safety is OUR priority

- It is imperative that we “**stop the line**” should safety be jeopardized.
- When in doubt or if you have questions, do not hesitate, **immediately reach out within your leadership escalation.**
- We use the following policies, procedures and tools to guide us in leading this work.
 - Drug and Alcohol Testing for Team Members & Providers Policy (C-360)
 - Fitness for Duty (C-360)



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

We prohibit the use, possession, transfer, manufacture, dispensation, distribution, and sale of alcohol and/or illegal drugs while working, while on all premises owned or operated by the North Memorial System, and while operating any of our vehicle, machinery, or equipment.

It also prohibits reporting for work, and working anywhere on behalf of North Memorial System, under the influence of alcohol and/or illegal drugs. “Illegal drugs” means controlled substances and includes prescription medications that contain a controlled substance and which are used for a purpose or by a person for which they are not prescribed or intended.



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

- **Voluntary Disclosure:** Any team member with a drug and alcohol problem or concern is encouraged to contact EAP for assistance. They will be supported by existing employee benefits as applicable without fear of discrimination because of the disclosure. A voluntary disclosure does not excuse or exclude team members from potential disciplinary action when there are violations to the above policy statement
- **Grounds for Testing:** Reasonable suspicion testing for alcohol and/or drugs (meaning a controlled substance as defined by applicable law) will be requested or required when there are objective behaviors identified that would lead one to believe the individual may be under the influence of alcohol and/or illegal drugs. Testing will be performed by an independent lab in accordance with state law. TMHC will be notified of the results of the testing.



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

A team member/provider may be requested or required to undergo drug and/or alcohol testing if a leader or TMHC has referred the team member/provider.

The team member/provider may be requested or required to undergo drug and/or alcohol testing without prior notice during the evaluation or treatment period and for a period of up to two years following completion of a prescribed treatment program.



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

Notification: Before requesting or requiring a team member/provider to undergo drug and/or alcohol testing, Leadership will provide the team member/provider with a copy of the Drug and Alcohol Testing Policy and provide the team member/provider with an opportunity to read and acknowledge the policy in writing.

Refusal to Undergo Testing: A team member/provider may refuse to undergo drug and/or alcohol testing. An employed team member/provider who refuses to be tested or whose behavior prevents meaningful completion of drug and/or alcohol testing will be subject to discipline up to and including termination.

- If a team member/provider refuses to undergo drug and/or alcohol testing, no test will be administered.



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

- Pending the results of a test, a team member/provider will be placed on an administrative leave.
- Team Members and providers have certain rights to explain a positive test result and request re-testing of the sample within specified timeframes.
- A **negative test result** means they have satisfactorily completed the test.
 - Fitness for Duty assessments or other follow up may still apply.



Drug & Alcohol Testing for Team Members & Providers Policy Highlights

Confidentiality: Test result reports and other information acquired in the alcohol and/or drug testing process shall be treated as private, confidential information. This information will not be communicated by Employer or TMHC to individuals inside or outside of the organization without the team member's/provider's consent except to those who need to know this information to perform their job functions and as permitted or required by law or regulation.

If there is suspicion of **theft of narcotics, escalate to leadership immediately. Additional investigation and measures will be taken which could result in disciplinary action.**



Fitness for Duty Policy Highlights

- We are committed to a safe and healthy environment for our customers, team members, providers and visitors.
- Such an environment is only possible when each team member/provider is able to perform their job duties in a safe, secure and effective manner throughout their entire shift.
- Team members/providers who are not fit for duty may present a safety risk to themselves and to others.



Fitness for Duty Policy Highlights

“Fit for duty” means that a team member/provider is physically, mentally and medically fit to perform their assigned duties, sufficiently rested, and unimpaired by drugs or alcohol. We are committed to team member/provider fitness for duty by providing adequate rest opportunities between duty periods, the opportunity for team members/providers to report fitness issues via a positive and confidential TMHC process, and encouragement for team members/providers to seek treatment for substance abuse or any physical and mental health issues that they might face.

No team member/provider should commence work if not fit for duty, and should stop such work if they become unfit. Any team member/provider observing a potentially unfit coworker should seek a leader to assist. Because this policy does not protect actions contrary to company policy or regulation, reporting an unfit condition before commencing work is always preferred and provides the best protection for all involved.



Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each team member/provider is responsible for:

Click on each box to learn more



Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each team member/provider is responsible for:

- Provide an EAP that allows anonymity for team members/providers seeking help;
- Provide training and education on the importance of reporting, assistance programs and recognition of symptoms of unfitness in themselves and others;
- Encourage self-reporting by team members/providers when they are not fit for duty;
- Encourage coworkers to watch for signs of unfitness and provide an avenue to report concerns, free of retribution, while maintaining the confidentiality of that reporting.

Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each team member/provider is responsible for:

- Not reporting for duty if unfit or removing oneself from duty upon becoming unfit;
- Reporting unsafe events or concerns with fitness for duty immediately to management
- Participating actively in training and educational opportunities
- Escalate or stop the line if you feel safety is jeopardized.

Fitness for Duty Policy Highlights

- A team member/provider **may be required to participate in a fitness for duty evaluation** when there is objective evidence that the team member/provider is unable to perform the essential functions of their job due to a medical or psychological condition or poses a direct threat to themselves or others. Fitness for duty may be completed by their own treating providers however we may require an independent medical exam as directed by TMHC.
- **This policy does not limit employer's ability to take employment action** under normal disciplinary policies. Team members/employed providers who fail to perform their job functions or engage in misconduct may face disciplinary action up to and including termination despite the need for a fitness for duty evaluation.
- To the extent allowed by law, we will **protect the confidentiality** of any team member/provider medical information.



Safety is OUR Priority

Example: You overhear your coworkers talking about another patient care staff who was “out of it and acting funny” while working yesterday. The coworker states that they were worried about whether the person was going to get home safely and shared what they witnessed the day before. This team member is working today and seems fine.

What should have been done:



Click here to proceed.



Safety is OUR Priority

- Team member is witnessed as being potentially impaired.
- Team Member escalates to the leader their concerns right away.
- If you become aware after the fact, please report or confirm its been escalated.
- The following are all things that are possible that the could happen under these circumstances.
 - Errors in medication ordering and administration.
 - Patient fall during repositioning or transferring.
 - Missed medical crisis for the team member.
 - Team member or co-worker injury due to impaired communication or physical ability.



Safety is OUR Priority

We are all responsible for safety!

It is imperative that we “**stop the line**” any time safety could be jeopardized.

Each of us can set the tone on safety in our environment, these policies are intended to support you in maintaining safety.



Accommodations of Team Members & Applicants

North Memorial Health (NMH) believes in providing team members and applicants with reasonable accommodations to enable them to enjoy equal employment opportunities, in accordance with applicable law and internal policies.



Accommodation Overview and Purpose

If a team member is identified as a qualified individual with a disability or a person with a sincerely held religious belief, NMH will provide them with reasonable accommodation(s) in accordance with applicable law, rules, and regulations.

This policy applies to both active team members and applicants.



Types of Accommodations

Medical Accommodations

The objective of the accommodation is to allow an otherwise qualified individual to perform the essential functions of the position and enable them to enjoy equal benefits and privileges of employment, unless such accommodation is unreasonable, poses an undue hardship to the organization, or is a health or safety risk to others.



Reasonable accommodation will be made in accordance with the requirements of the Americans with Disabilities Act (ADA), the ADA Amendment Act of 2008, Minnesota Human Rights Act, and state and local human rights laws, as applicable.

Types of Accommodations

Religious Belief Accommodations

If a team member has a sincerely held religious belief that conflicts with any job requirement, the objective of any accommodation is to resolve the conflict between the belief and the applicable employment requirement and enable the team member to enjoy equal benefits and privileges of employment, unless such accommodation is unreasonable or poses an undue hardship to the organization.



Reasonable accommodation will be made in accordance with the requirements of Title VII of the Civil Rights Act, the Minnesota Human Rights Act and state and local human rights laws, as applicable.

Definitions

An individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position in question.

Qualified Individual
with a Disability

Religious Belief

Reasonable
Accommodation



Definitions

A sincerely held religious or moral observance, practice, or belief. This includes moral or ethical beliefs as to what is right and wrong and that are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs protected by the law or this policy.

Qualified Individual
with a Disability

Religious Belief

Reasonable
Accommodation



Definitions

Accommodations are based on a case-by-case assessment of the facts and circumstances of the applicant or team member's job, job duties, customer and department need, and other business factors. Examples of accommodations may include but are not limited to: changes to the work environment; making existing facilities readily accessible to and usable; job restructuring; temporary periods of telecommuting or work from home; reassignment to a vacant position; acquisition or modification of equipment or devices.

A team member or applicant may request a medical or religious accommodation to current public health recommendations for personal protective equipment. As part of the interactive process, infection control concerns; the team member's role and responsibilities; and the risk to safety of other team members, visitors, and patients will be considered in evaluating the ability provide an accommodation such as a face shield or other mask alternatives or alternative hand sanitizers.

Qualified Individual
with a Disability

Religious Belief

Reasonable
Accommodation



Accommodations Request Process

The interactive process will be used if the team member requests an accommodation.

Accommodations are reviewed on a periodic basis and may be modified or withdrawn based on changing conditions of either the individual or the organization.

Details regarding the interactive process and any resulting accommodation will be treated as **confidential** team member information.



Accommodations Request Process

Step 1

Requesting an Accommodation:

A team member may request an accommodation in writing by submitting a Medical or Religious Accommodation Request Form or a verbal request to the Team Member Service Center or their manager. However, in all cases (written or verbal), the team member will be asked to complete the applicable accommodation request form. You should not specify the nature of the religious belief or medical condition to your manager. If the team member is unable to make the accommodation request themselves, a family member or friend may do so on their behalf.

Step 2

If an applicant would like to request a change in the interviewing or hiring process, they would contact the applicable Talent Acquisition Partner or notify the hiring manager. Applicants follow the same process as team members.



Click each Step to review the process

Accommodations Request Process

Step 1

Forms and Documentation:

A team member may make their request verbally by calling the Team Member Service Center. However, they will be required to complete the applicable accommodation request form within ServiceNow.

Step 2

The team member will be requested to provide religious or medical documentation to substantiate the need for accommodation. This information will not be reviewed by their leader, but instead will be reviewed and maintained confidentially during the review process.



Click each Step to review the process



*Please contact the
**Team Member
Service Center** for
more information on
Accommodations
763-581-6947(MYHR)*

Information Privacy 2022



The federal Health Insurance Portability and Accountability Act, or HIPAA, other regulations, and some state laws, require us to protect customer privacy.

As a North Memorial Health (NMH) team member, you are responsible for protecting the privacy and security of customer information.

This module helps you understand your responsibilities related to information privacy.



Types of Customer Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

Click on each box
to learn more.

Types of Customer Information

NMH must protect these three main classifications of information:

PCI
Payment Card Industry

PII
Personally Identifiable Information

PHI
Protected Health Information

This includes any credit card information we may have in our system and must be protected by data security standards (DSS).

Types of Customer Information

NMH must protect these three main classifications of information:

PCI Payment Card Industry	<p>MN Statutes require notification to individuals whose information is acquired by an unauthorized person. Personal information includes: name in combination with any one or more of the following:</p> <ol style="list-style-type: none">1. Social Security number;2. Driver's license or MN ID card number; or3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account
PII Personally Identifiable Information	
PHI Protected Health Information	

Types of Customer Information

NMH must protect these three main classifications of information:

PCI Payment Card Industry	<p>PHI is customer information that:</p> <ul style="list-style-type: none">• Identifies or could reasonably be used to identify the customer• Relates to the customer's health, health services received, or payment for those services
PII Personally Identifiable Information	
PHI Protected Health Information	

Disclosure of PHI

Most disclosures, that are for purposes other than treatment, payment or health care operations, require customer authorization.

- NMH privacy policies explain when disclosures may be made without authorization. Examples include:
 - Reporting child abuse/neglect to child protective services.
 - Responding to inquiries from health oversight agencies, such as the Centers for Medicare and Medicaid Services (CMS) or the MN Department of Health.
- When in doubt, do not disclose PHI outside of NMH without consulting the Privacy Department.



Knowledge Check

Which of the following would NOT be considered a privacy incident?

- Talking about PHI (Protected Health Information) in a public area
- Giving paperwork (AVS) or a prescription to the wrong customer
- Posting PHI on social media
- Sending an email with PHI to the wrong person
- Accessing a record in Epic without a work-related reason to do so
- All of the above are privacy incidents



Minimum Necessary

When doing your job, you may only access the minimum amount of PHI necessary for you to accomplish your work. This is known as the “Minimum Necessary Rule.”

- NMH privacy policies prohibit you from viewing any information that is not required for you to complete your job tasks.
- Disclosures of information outside of the organization should be limited to the minimum amount of PHI necessary to fulfill the request.



Knowledge Check

Which of the following is an example of minimum necessary?

- Including only those team members in a discussion who have a need to know.
- Accessing only the record needed to do your job from a list of customers.
- Not looking through a customer’s old past encounters when responding to a question about a current finding.
- All of the above.

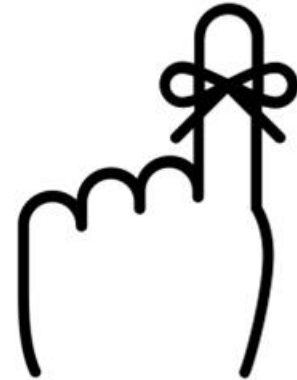


Feedback when correct:

When sharing protected health information in any manner (including data fields in a report) minimum necessary would be demonstrated by limiting the information to only what is necessary to meet the requirements of the requestors to accomplish their work.

Don't Forget...

- Double check patient identifiers on all paperwork, such as discharge summaries and after visit summaries before handing paper to customers. This will prevent PHI from being given to the wrong customer.
- All paper containing PHI must be disposed of in confidential destruction bins (Shred-It). Keeping discarded PHI in a box near your work station is prohibited.



Created by Alvaro Y.
from Noun Project



Knowledge Check

Which of the following is NOT permissible when discussing PHI?

- When taking a call, verify identity of caller before providing PHI.
- Turn over or cover PHI that is unattended or in plain view.
- If visitors present, ask customer if they prefer privacy before discussing PHI.
- Leaving PHI in voicemail messages is always ok.
- If faxing, you cover sheet to protect PHI.



Secure Communication

A secured communication is one that is sent on an approved NMH communication tool and is encrypted, isolated, protected (not in a public domain), requires single user known access credentials (log-in and password), and is auditable.

1. Use approved electronic health record (EHR) systems, such as Epic, for communicating PHI.
 - Use tools within the electronic health record as appropriate to support communication (e.g. InBasket, Secure Chat).



Secure Communication Continued

2. If an email must be sent, you may send PHI to an internal NMH Outlook email address; internal email is already secure (no need to encrypt). Do not include PHI (e.g., customer name or medical record number) in the subject line of the email.

3. Assure that communications are:
 - Being sent to an appropriate recipient
 - Meet Minimum Necessary standards
 - Are sent as a Secure Communication



Information Blocking

There are new Information Blocking rules that prohibit us from keeping information from customers and care-givers. As a result, much information is available to customers without delay on MyChart. This includes all Epic notes, lab results, appointments, etc.



Cell Phones & Social Media

- Never take customer photos or transmit PHI over personal cell phones/devices.
- Never post North Memorial business or PHI online.



Cell Phones & Social Media

- Never take customer photos or transmit PHI over personal cell phones/devices.

- Never post North Memorial business or PHI online.



Access to Protected Health Information

Curiosity is NEVER an appropriate reason to look at customer PHI.

- You must have a business purpose for accessing any patient record.
- Only access the minimum necessary PHI needed to complete your work.



Privacy Policies

NMH privacy policies prohibit you from viewing:



Census reports/customer records from units where you are not assigned.



Records of family members, friends, co-workers, etc.



Records of customers that you hear about in the news.



Pages or portions of the Epic record that you do not need to access in order to complete your work.



Privacy Policies

- NMH uses Break the Glass functions in Epic as an added level of information security to certain health records that require additional privacy protections.
- If you get a Break the Glass notice, complete the prompts within Epic to access the record and do your job.
- If you get a Break the Glass notice, and you do not have a job related reason for viewing the record, close the record immediately.
- Privacy Department staff routinely monitor Break the Glass access.

Click anywhere to continue.

Knowledge Check

What is the best way to access your own medical records?

- MyChart
- HIM
- Epic
- Insurance Provider



Feedback when correct:

MyChart is the Epic portal designed for use by all customers, including NMH employees who are also customers of NMH.

Knowledge Check

Which of the following are permissible when modifying your own EPIC record?

- Changing Guarantors
- Posting payment
- Updating Diagnosis
- Updating Medication List
- All of the above
- None of the above



Feedback when correct:

Team members are prohibited from documenting in or modifying their own health records in any way.

Knowledge Check

NMH privacy policies prohibit staff from using Epic to view a family member's health record.

- True
- False



Feedback when correct:

Team members are prohibited from viewing the Epic records of their children (regardless of age), spouse, or other family members.

Privacy Department Audits

All team members are subject to random and focused privacy audits.

- If Privacy identifies Epic access that was not for a business purpose or was not limited to the minimum necessary, Privacy will contact the team member's manager and request follow-up.
- Privacy policy violations are subject to disciplinary action in accordance with HR policies.

NMH must report all confirmed privacy breaches to the Office for Civil Rights, which oversees HIPAA enforcement.



Business Associates

- NMH has contracts with many vendors and business partners that perform functions or activities on behalf of NMH that involve the use or disclosure of PHI.
- These partners are known as Business Associates under HIPAA.
- Prior to disclosing any PHI to a Business Associate, NMH must have a signed contract and a business associate agreement.
- All questions regarding Business Associate Agreements should be referred to the Privacy Officer, privacy@northmemorial.com, or the Chief Compliance Officer.



Customer Privacy Rights

Customers have the right to:

- Access their health records.
- Request confidential communications and restrictions on their health records.
- Request amendments to their records.
- Request a list of certain disclosures of their health records.



Release of information requests and other requests related to health records should be directed to the Health Information Management department.

Report Privacy Concerns

If you suspect that patient health information confidentiality may have been compromised, please let us know immediately so appropriate action can be taken. You may notify:

- Your manager
- Privacy Officer
- privacy@northmemorial.com
- Compliance Officer
- Compliance Hotline (on the back of your ID badge)
- compliance@northmemorial.com



Privacy Considerations for Remote Workers

- Requires a private area to be used only for work purposes.
- Do not leave your computer unattended. Do not allow viewing of NMH work or allow others to use your computer while logged-in to iRAS.
- Do not forward NMH emails to your personal email.
- Do not move or save any content to your home computer.
- Do not print unless you have been granted special approval.
- Minimize PHI written on paper.
- Assure two levels of physical safeguards are in place when storing PHI. (Notebook, folder, locked cabinet, safe, closed door)
- Destroy paper PHI in an authorized, secure manner. (cross-cut shredder, Shred-It bin)

Compliance Contacts

Chief Compliance Officer



Compliance@northmemorial.com

Privacy Officer



Privacy@northmemorial.com

Data Security Officer



DataSecurity@northmemorial.com

Information Security 2022



Knowledge Check

CAUTION: This email originated from outside of North Memorial. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.
0 Be sure to look at the email address itself in addition to the sender's name to ensure that it is as expected and not a phishing attempt.
0 If the email is "pretending" to be from a fellow team member it is likely not valid since it will be coming from an external source.
0 If the email was not expected or does not look legitimate to you, do not open it or click anything and delete it.
0 If you have any questions about how to handle a received email, please call the IT Service Desk at X12580 for assistance.

Private key will
be destroyed in: 
Time left
91:52:33 [Pay Now \\$](#)

Congratulations, you've been
selected to win:

amazon.com
gift card 
\$200

[Click here to collect](#)

Thank you for not clicking on the button! You would have downloaded a virus onto your computer that would have locked out your access and potentially infected the rest of the computers on the NMH network.



Created by Adobe © 2016/Adobe.com
Hack School Project

Your personal files are encrypted.

Private key will be destroyed in:

23:59:60



Pay Now \$

Knowledge Check

You just failed a mock phishing message that was never going to give you a gift card but is intended to download software to the computer and attempt to infect the whole NMH network and potentially put our Protected Health Information (PHI) and business data at risk.

Congratulations, you've been selected to win:



Click here to collect

As a North Memorial Health (NMH) team member, you are responsible for protecting customer information and business data.

In addition to following Privacy policies you must also do your part to help secure the NMH information systems.

This module helps you understand your responsibilities related to data security and protecting the NMH information systems.



Data Security

Click on each lock to learn more about each role.



Data Security



Click on each
more about

NMH IT team members ensure Data Security in the following ways:

- Performs annual audits and risk assessments to identify security risks.
- Completes risk management plans to respond to identified risks.
- Maintains appropriate IT policies, processes, technologies, and workflows to manage and secure the IT systems.
- Responds to Data Security Incidents.

The data security program is managed by the Director of IT Infrastructure.

Back

Data Security

Every NMH Team Members must follow NMH IT and Data Security policies to ensure the privacy and security of customer's protected health information (PHI) and the confidentiality of business data. You must know and understand the "IT – Computer, Network and Internet Usage Policy." This policy is available in C360.



Back

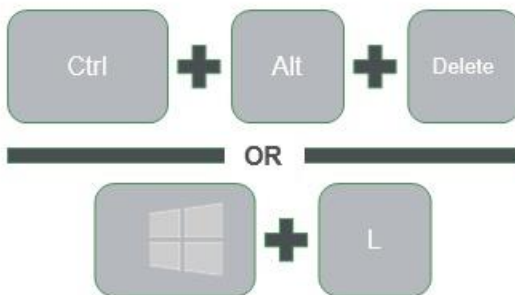
Access to NMH Computer Systems

Your job role will determine the type of access you have to the NMH computer systems.

- All team members need a password to log into the IT systems.
- You must always keep your password private. Do not post or share your password. If you suspect that your password has been used by someone else, change it immediately and contact IT Support Desk at 763-581-2580.



Securing your computer



- If you are using a shared computer, you must always log out when you walk away from the computer. This ensures the privacy of any customer information you were accessing. It also prevents other team members from using the computer under your user account.
- If you have a dedicated work station, you must lock or log out of your computer when you are away from your chair.



You must always secure your computer when you are away from it.

Knowledge Check

You can save PHI to your local C: drive.

- True
- False



Feedback when correct:

No PHI or other NMH data may be stored on these devices.

Knowledge Check

Data Security policies prohibit using “thumb” or “flash” drives on NMH devices.

- True
- False



Feedback when correct:

No PHI or other NMH data may be stored on these devices.

Knowledge Check

Contact IT for disposal of equipment (computer, medical device, thumb drive, etc.).

- True
- False

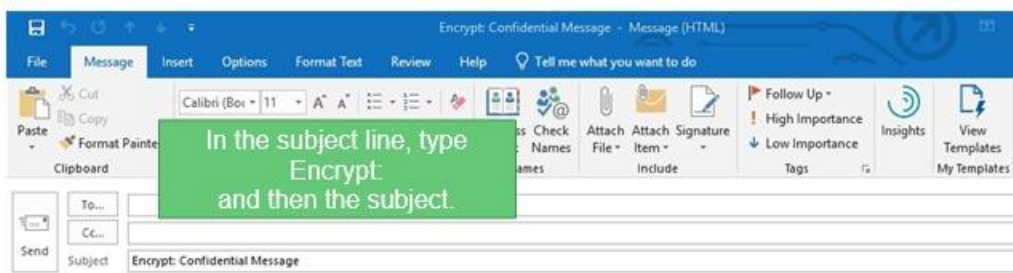


Feedback when correct:

This is important because PHI can be retained on equipment, and it must be properly removed before disposal.

Emailing PHI

Ensure you establish minimum but necessary. And encrypt any externally sent email containing PHI or confidential business information.



Phishing Awareness

The scenario at the very beginning of this module is an example of phishing. Data phishing is an attempt to gather sensitive information, such as usernames and passwords, often for malicious reasons, by pretending to be a trustworthy entity.

The most common phishing attempts are email and text message.



Never open emails or attachments if you do not recognize the sender.



NMH Mail from External Sources

CAUTION: This email originated from outside of North Memorial. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.
0 Be sure to look at the email address itself in addition to the sender's name to ensure that it is as expected and not a phishing attempt.
0 If the email is "pretending" to be from a fellow team member it is likely not valid since it will be coming from an external source.
0 If the email was not expected or does not look legitimate to you, do not open it or click anything and delete it.
0 If you have any questions about how to handle a received email, please call the IT Service Desk at X12580 for assistance.

The above banner appears on ANY email originated outside of NMH. When this banner appears, you know it is from outside of NMH.

Only open if you know it's from a safe source and that it is not a spoofed email. Be sure to follow the instructions contained in the caution statement.



Protecting NMH from Malicious Software

Malicious Software (a virus) is often times embedded or disguised to look innocent or non-obtrusive and is a risk to the NMH computer system.

NMH requires that all software be installed by IT. Do not open or “click” on anything that seems suspicious or you do not know what it is. This may be an attempt by a hacker to compromise our computer systems.

If you think something unexpected was installed on your computer, contact IT immediately so that appropriate steps can be taken.



Video Conferencing

Microsoft Teams (MS Teams) is the organizational standard for meeting collaboration. The Zoom app is available upon request, but is primarily used for telehealth needs and providers only.

- In all virtual meetings, any shared info should be minimum but necessary. No PHI should be shared unless approved for an exception from Privacy.



Always Report Concerns

Contact the IT Service Desk when something is not working properly or you notice any suspicious behavior or system malfunctions.

NMH promptly investigates all data security incidents and concerns made by customers, team members, and medical staff members.

Concerns or complaint about data security should be reported to the Data Security Officer.



Compliance Contacts

Chief Compliance Officer

 Compliance.@northmemorial.com

Privacy Officer

 Privacy@northmemorial.com

Data Security Officer

 DataSecurity@northmemorial.com



Annual Compliance Training

2022



Overview of the NMH Compliance Program

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.



Overview of the NMH Compliance Program

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.



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.



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.

Code of Conduct

- The NMH Code of Conduct is available on the Compliance Department intranet webpage and with our policies on C360.
- 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 on the C360 Document Development and Approval Policy.



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 customers. Business relationships may also create a conflict of interest.

Click on the buttons below for tips to avoid a conflict of interest involving customers and violation of NMH 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 customers to NMH.

Conflict of Interest



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



- NMH prohibits team members from accepting cash or cash equivalents like gift cards or vouchers from customers. Non-monetary gifts (flowers, candy, cookies, pizza) from a grateful customer 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 customer or be named in a customer's will.
- Clinical team members may not provide care to his/her own family members.

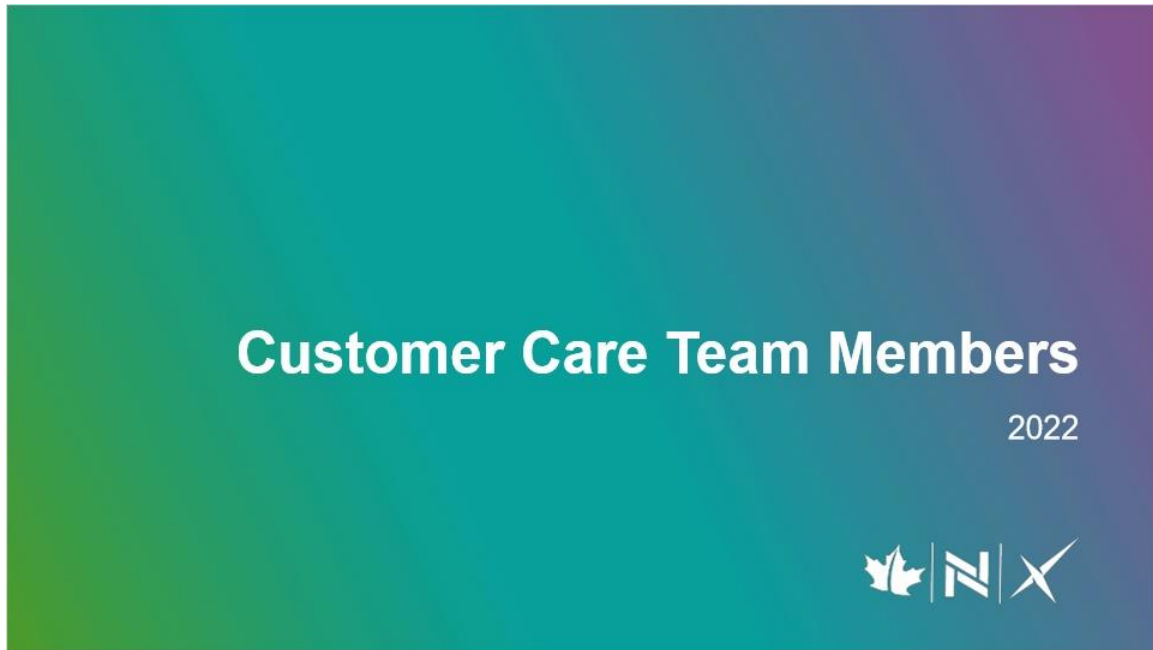
Expectations of Compliance

- 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!

Customer Care Team Members 2022



Patient Identification

How many patient identifiers are required for administering medications, collecting blood samples, and other specimens for clinical testing (not including Blood Bank samples), and providing treatments or procedures or services?

1

2

3 or more

Services include transporting patients within North Memorial Health Hospital and transferring patients to other healthcare facilities.



Patient Identification

- The patient identification (ID) bracelet must be on the patient at all times; it cannot be taped to the bed.
- The patient's room number or physical location is NEVER used as an identifier.
- If the patient's identity is unknown refer to the Section: *Patients that Present with Unknown Identifying Information* in the *Patient Identification* policy.



Specimen Labeling for Lab Testing

- All customers must be positively identified, and the samples labeled with 2 unique identifiers – one of them being the customers full name
- The correct labeling of laboratory specimens is critical to customer care and customer safety.
- Print specimen labels only when you are ready to collect the sample from the customer.
- If any part of the patient (customer) identification is missing and/or “cut off” from the label, you must hand write it or print a new label that is accurate. Call IT for any label printer problems.
- Collect all blood samples according to established “Order of Draw” and mix well immediately after collection. Refer to Laboratory section under Clinical Services tab on the Intranet for more information.



Specimen Labeling for Lab Testing (cont)

The lab has an automation line and instruments that read the barcodes from the specimens that you send, to identify both the patient and the testing that is requested. Samples that are missing the collection step, or labels that are not on straight are rejected by the line and cause delays.








Specimen Labeling for Lab Testing (cont)

- Apply the label STRAIGHT with the tube cap on your left.
- Place the patient barcoded label over the original tube label (not over the clear opening – we need to see in there!)
- Write your initials or E# and the date and time of collection on the bottom, **lower right corner of the barcoded label**, with ink (Yes, we know it is a small space!)
- **Do NOT write anything next to the barcode.**
- No black pen, Sharpie marker, or pencil. You can use a red pen; this does not interfere with the instrument barcode readers.



Order of Draw for Common Laboratory Tests

-  **Blue** - Sodium Citrate anticoagulant – tube MUST be filled to minimum fill line. (e.g., PT/INR, PTT, Heparin, D-dimer, Fibrinogen)
-  **Red** - No anticoagulant in tube (e.g., drug levels, miscellaneous tests)
-  **Yellow** - No anticoagulant in tube (e.g., Hepatitis, HIV, SARS - this sample type produces serum vs. plasma)
-  **Green (Plasma Separator Tube)** – Lithium Heparin anticoagulant (most chemistry testing – e.g., BMP, Lipids, Troponin, Liver enzymes, Kidney function testing)
-  **Purple**- EDTA anticoagulant (e.g., CBC, CBC w/diff, Hgb, Platelet, Sed rate)
-  **Pink**- EDTA anticoagulant – mostly Blood Bank testing - which requires a 3rd unique Customer Identifier***

**ALWAYS USE 2 UNIQUE CUSTOMER IDENTIFIERS
LABEL ALL TUBES AT THE PATIENT BEDSIDE**
Place specimen labels directly over original label,
reading from left to right with cap of tube
on left. Date, time and your initials.

Refer to test generated Label for all tube type
requirements, examples listed are not all-inclusive.

*** Tubes shown in order of draw starting from top
***If Blood cultures are ordered they become the
1st to draw
Call the Laboratory if you have questions

Point of Care Laboratory Testing

Patient (customer) identification is the first and most important step in performing bedside testing on our customers. All Point of Care testing requires the HAR (encounter) number for patient (customer) ID. The team member performing the testing must accept the responsibility toward assuring the accuracy of every single result. Following the individual testing procedures in C360 and adhering to all of the test requirements are mandatory.



Point of Care Laboratory Testing

North Memorial Clinical Laboratory supports Point of Care testing in the hospital:

- Whole blood glucose testing
- EPOC blood gas and chemistry reporting in the ED, NICU, ICU and OR
- Activated clotting time (ACT) in OR, Cath Lab, 4South and A4
- Urinalysis and hCG in the ED
- AmniSure ROM (rupture of fetal membranes) in Labor and Delivery

There is required initial and annual competency for all waived testing (WBG, urinalysis Clinitek, and hCG), and an additional 6 month AND annual competency for "moderate complexity" testing (EPOC, Hemochron and AmniSure).



Patient (Customer) Hand Off

Customer hand offs have been identified as a vital opportunity to pass on information from team member/provider to team member/provider in order to keep a customer safe.



Patient (Customer) Hand Off

NMH procedure for customer hand-off is as follows:

- Use **SBAR** (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the customer and his/her care.
- Read-back to verify important information.
- SBAR is to be used in the customer's medical record notes as well as in verbal communications between health care professionals.



Pain Management

- We take a holistic approach to pain management and focus especially on making sure our customers are comfortable during their hospitalization.
- In addition to medications and non-pharmacologic treatments (such as aromatherapy and heat/cold compresses), comfort enhancing techniques include a quiet environment conducive to healing, a warm smile and conversation, and attention to details (for example, making sure the call light is within reach, watching for non-verbal signs of discomfort).
- We believe everyone has a role in helping our customers.



Improve Recognition & Response to Changes in a Customer's Condition

All customers will receive the best level of pain control that can safely be provided in order to prevent unrelieved pain. See Policy and Procedure: Pain Management. Pain management includes regular pain assessments that include level of pain, location, intervention, reassessment and appropriate customer/family intervention/education.



Pain Management Best Practices

- Providing customers/family with verbal and written information about pain management, including pharmacologic and non-pharmacologic interventions.
- Teaching customers/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior.)
- Developing an individualized pain management plan which includes the customer's goal for pain management, customer preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.
- Perform hourly rounding using PEEP (Pain, Elimination, Environment, Positioning) as a tool each hour to ensure pain is being managed and reassessed.
- Using the CareBoards for communicating comfort goal, plans and interventions to team members and customer/family.



Pain Assessment

- **An INITIAL assessment is required prior to pain intervention.** Best practice shows to do this within 30 minutes.
- **A pain REASSESSMENT must be completed within 60 minutes following an intervention.** Best practice is 30 minutes after an IV medication intervention, 60 minutes after a PO/IM pain medication intervention or 15-60 minutes after a non-pharmacological intervention.



Fall Prevention for Customers

The following are basic actions that should be done for every customer to assist in identifying and preventing falls:

Click each box to learn more

Fall Risk Assessment

Medications

Educate Customer and Family

Rounding

Identify

Interventions



Fall Prevention for Customers

Fall Risk Assessment

- Appropriate fall risk assessment should be chosen based on care area. Please see NMH Fall Prevention Policy and Procedure.
- Conduct a fall risk assessment upon arrival, during admission, once every shift and with any change in condition.
- Nurses may implement fall prevention interventions for any customer, including those who are not considered at high risk of falling.
- If a customer has fallen during hospitalization, they are considered at high risk for falls for the remainder of their hospitalization. A history of falls is considered a risk factor for future falls.



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Fall Prevention for Customers

Medications

- Assess customer's medication to determine risk for dizziness, lightheadedness, or postural hypotension.
- Consult pharmacy if you have any concerns.



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Fall Prevention for Customers

Educate Customer and Family

- Educate and inform the customer and family how to prevent falls at the start of every shift and as needed throughout the shift to ensure awareness.
- Encourage the customer to:
 - wear non-slip socks when ambulating
 - call for assistance
 - use assistive devices
 - keep items within reach
- If they are a fall risk, instruct them to call for assistance every time they get up.
- Educate regarding alarms; they are intended to keep customer safe.



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Fall Prevention for Customers

Rounding

- Complete Hourly Rounding including the components of PEEP (Pain, Elimination, Environment, Positioning) on each customer, noting that fall interventions are appropriately in place and activated for those at high risk.
- Most of the hospital falls have been related to a customer needing to toilet. Ask every hour during Hourly Rounds about toileting, and be proactive with scheduled toileting when appropriate for the customer.



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Fall Prevention for Customers

Identify

- Use green light indicator outside of room, check fall risk on the care board, place a green wrist band and red socks (NMHH) or gripped socks (MGH) on customers to identify them as a fall risk.



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Fall Prevention for Customers

Interventions

- Always stay within arm's reach when a high fall risk customer is ambulating, transferring, or when on the toilet or commode.
- Use bed alarms and chair alarms—ensure they are on and working during Hourly Rounds and after ambulating or transferring. Keep beds at the lowest level and keep wheels locked. Use the Seated Positioning System for customers at risk of sliding out of the chair.
- Keep items within reach. A large number of falls occur because customers are reaching for something. Ensure the trash basket, water, personal items, and call light are within reach before leaving the room.
- Gait belts should be used consistently and sent with patients to ancillary departments to assist in transfers. Utilize assistive devices and wheelchairs as appropriate based on customer condition.
- Consistent use of interventions is KEY in preventing falls.



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Pressure Injury Prevention

- NMH continues to have reportable pressure injuries. **Specifically, device related and bony prominence pressure injuries are of concern.**
- Preventing hospital acquired pressure injuries is imperative for customer safety here at North Memorial Health.
- Pressure injury prevention requires a team approach. Identifying customers at risk for skin breakdown is the initial step.
- Once an at-risk customer has been identified it's imperative for the whole team to implement prevention measures immediately and remain consistent until the risks have been removed.



Pressure Injury Prevention cont.

Head to toe assessment reminders	Click the buttons to the left for more information on each topic.
Pressure injury prevention interventions	
Communication & escalation	
Resources	

Pressure Injury Prevention cont.

Head to toe assessment reminders	<u>HEAD TO TOE ASSESSMENT REMINDERS</u> Admission: All customers should be assessed from head to toe within 4 hours of admission and transfer to inpatient unit. Assessment includes: <ul style="list-style-type: none">• "Two Sets of Eyes" (NMHH Only)• Inspecting and palpating skin and bony prominences.• Ensure documentation of measurements for wounds that require them.• Utilize Rover devices to take pictures of any PTA wound/skin issues. Ongoing and Change in Condition: <ul style="list-style-type: none">• Med-Surg every 8 hours• ICU every 4 hours
Pressure injury prevention interventions	
Communication & escalation	
Resources	

Pressure Injury Prevention cont.

Head to toe assessment reminders	<u>PRESSURE INJURY PREVENTION INTERVENTIONS</u> <ul style="list-style-type: none">• Provide thorough skin care• Review nutritional status• Reposition patients with a Braden of 18 or less minimally every 2 hours.• Limit supine positioning• Look under, remove and reposition mechanical devices, per standard, to decrease pressure related events.• Perform PEEP (Pain, Elimination, Environment, Positioning) rounds each hour to ensure repositioning is being completed and pressure injury prevention measures are in place.• Use tools such as TAPs, Z-Flo, Seated Positioning System, heel boots, etc. to offload and redistribute pressure
Pressure injury prevention interventions	
Communication & escalation	
Resources	

Pressure Injury Prevention cont.

Head to toe assessment reminders	<u>COMMUNICATION & ESCALATION</u> <ul style="list-style-type: none">• Educate customers and family about the risks and how to prevent skin break down.• Discuss pressure injury prevention with managing provider.• Develop and individualize a plan of care that includes pressure injury prevention and skin care.• Communicate findings or concerns to care team, this includes during every customer hand off, report, and interdisciplinary rounds.• If you see something new or of concern, place interventions and escalate through a WOCN consult, safety first and through the charge RN.
Pressure injury prevention interventions	
Communication & escalation	
Resources	

Pressure Injury Prevention cont.

Head to toe assessment reminders	<u>RESOURCES</u> <ul style="list-style-type: none">• Utilize support tools in the electronic health record such as the Skin Accordion to synthesize information related to skin.• See the Pressure injury Prevention policy for specific standards and expectations.
Pressure injury prevention interventions	
Communication & escalation	
Resources	

Lift Equipment Objectives

The learner will be able to:

- Identify lifting equipment that is available at North Memorial Health Hospital and Maple Grove Hospital.
- Review case studies regarding which piece of equipment to use.



We Know That Bedrest is Bad!

Prolonged immobility is correlated with:

- Increased length of stay
- Increased admission to nursing homes
- Falls during and after hospitalization
- Loss of independence after discharge
- Increased cost of hospitalization



Tips for Mobilizing Patients

Progressing mobility:

- Begin with bed mobility (have patient help to roll, boost, etc.)
- Sit at edge of bed
- Standing at bedside
- Transfer to chair (for meals)
- Walk to the bathroom vs. use of commode
- Walk in the halls

At any point, if these activities require a heavy assist of 2 or more people, consider using lift equipment.



Equipment Available at NMHH and MGH



Click on each piece of equipment to learn more.

Who?

- Customer must have the strength and stability to lift and support themselves, but who have difficulty walking

How to Use:

- Assist of 1. (**Recommended to use with assist of 2:** remember if customer loses consciousness, they will let go of equipment and fall).
- Prior to transfer, raise the two split seat units up.
- Position Stand Aid in front of customer and place feet onto the foot tray lining up shins/knees to the pads.
- **Lock both rear casters**
- Have customer grab cross bar using their own strength to stand.
- Lower both split seat units behind customer, then customer can lower themselves down to seat.
- Unlock wheels, transfer customer to new surface. Align customer with new surface **and lock wheels.**
- Have customer pull up to standing position.
- Raise the two split seat units up.
- Stand by customer as they lower onto the new surface.
- Ensure customer is safely positioned, then unlock the casters.



Back

Who?

- Customers who can sit with supervision, follow commands well and are a heavy assist of two to transfer to a chair or commode. They also must be able to bear 50% of their weight.

How to use:

- **Requires 2 team members** (not family or visitors).
- Weight max is labeled on a sticker on the lift.
- Ensure you know the location of the emergency lever or button.
- Safety check should include assessing for holes/rips in sling and ensuring the battery is charged.
- Identify sling/belt size by looking at the tag on the sling.
- **Apply belt 2 inches above the waistline and tighten.**
- Lock wheels.
- Position **patient's feet onto foot tray**, positioning knees into knee pad and Velcro behind legs.
- Hook shortest loops of sling/belt onto the stand arm hooks.
- **Raise patient slightly and retighten belt if needed.**
- Transfer with one team member standing with patient and the other controlling the lift.
- When lowering, lock the wheels and guide the patient down to a proper position using the sling/belt.



Back

Who?

- Customers who can follow directions, non combative and are a heavy assist of 2 or more. This can be used to transfer from chair, bed or even the floor in certain cases.

How to use:

- **Requires 2 team members** (not family or visitors).
- Weight max is labeled on a sticker on the lift.
- Ensure you know the location of the **emergency lever or button**.
- Safety check should include assessing for holes/rips in sling and ensuring the battery is charged.
- Identify sling size by looking at the tag on the sling.
- Apply sling:
 - Hook shorter loops by patient's shoulders and longer loops by patient's legs.
 - The **color of hoops should match at each level**.
 - Criss cross the leg loops and loop into each other.
- **Lock the wheels** when raising patient from the floor.
- One team members should stand with patient and other should be using remote and controlling the lift.
- Transfer patient to appropriate position and ensure patient safety prior to removing sling.



Back

Who?

- To be used to transfer any customer from a flat surface to another flat surface, uses appropriate ergonomics for staff and is most comfortable for patients.

How to use:

- **Requires assist of 4 team members.**
- 1200 pound weight limit.
- **Lock wheels of bed and stretcher** prior to use.
- Center patient on Hovermatt prior to inflation.
- Attach safety buckles loosely around customer to **ensure customer is in the center of the Hovermatt**.
- Attach hose of hovermatt to the mat and then power on an inflate mat.
- After transfer, ensure Hovermatt is centered on desired location before deflating.
- Hovermatt is not designed to stay underneath patient and is **not skin friendly**. Remove hovermatt as soon as patient is back into their bed.



Back

Patient Scenarios and Equipment Review



Scenario #1

Susan is a 75 year old woman who presents after a fall resulting in a hip fracture. Patient underwent surgery and is now weight bearing as tolerated to her left leg. You were able to assist the patient into a standing position, though once standing she is having trouble with pivoting to the recliner chair. ***What piece of equipment could you utilize to assist in this transfer?***



Scenario #1



Correct, it's a Stand aid.

Susan is able to stand and bear weight but is having difficulty pivoting. The stand aid is great for customers who can stand and have the strength to hold themselves up.

Scenario #2

Ray is a 60 year old male who presented to the hospital initially with a lower leg wound. After a prolonged hospital stay, he is now status post below the knee amputation. Overall, Ray is very deconditioned and weak. You attempt to help him sit up at edge of bed, though he has poor sitting balance and requires assist of 2+ people for safety.

What piece of equipment could you use to assist Ray with getting into the wheelchair to come to his therapy appointment?



Scenario #2



Correct, the safest way to transfer Ray would be to use the Mechanical lift (also known as a Hoyer or Floor lift).

Scenario #3

Esther is a 75 year old female who presents with urinary tract infection and generalized weakness. During report, you were told Ester was a heavy assist of 3 to get up to the chair during day shift. She is now requesting to use the commode. She is not combative, can follow commands well and has no weight bearing restrictions. You were able to assist her into sitting at edge of bed where she is able to sit with supervision. **How would you complete this transfer to the commode?**



Stand Aid



EZ Stand



Mechanical Lift



Hover Mat

Scenario #3



Correct, The EZ stand. Esther meets all the qualifications to be able to use the EZ stand.

Who?

- Customers who can sit with supervision, follow commands well and are a heavy assist of two to transfer to a chair or commode.

Scenario #4

Bobby is a 42 year old who has been complaining of pain in his leg and his arm. He is going to get some x-rays and needs to be transferred from his bed to a stretcher. ***What is the safest, most comfortable way to transfer him to a stretcher?***



Stand Aid



EZ Stand



Mechanical Lift



Hover Mat

Scenario #4



Correct, the Hover mat. This is the most comfortable way to transfer him.

Critical Results and Communications

- Critical tests and critical results are reported and documented as a priority and are timely.
- Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the customer.
-
- Verification of customer identification and the reported critical value must always be confirmed with a “read back” of the information by the qualified recipient.
- Please see Critical Communications, Results and Findings policy for more information.



Surgical & Procedural Site Marking

- Surgical and procedural site marking occurs to ensure the correct procedure is completed on the correct customer.
- Customer site marking occurs before procedures, regardless of where the procedure will be performed, e.g. Operating Room (OR), Patient Care Center (PCC), Post Anesthesia Care Unit (PACU), Interventional Radiology (IR), or the customer's room.
- Verification occurs at multiple points in the care of the customer and requires coordination between the privileged provider performing the procedure, the customer or legal guardian, and all members of the surgical/procedural team.



Surgical & Procedural Site Marking

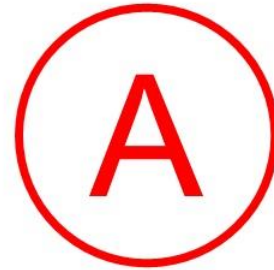


The privileged provider performing the procedure marks the correct surgical or procedure site. With the customer awake and aware, if possible, the privileged provider will mark the procedure or operative site with their initials. The site will be marked with a permanent marker that will be visible when any draping or prepping of the site occurs. When unable to mark the site, this is documented on the Alternate Site Marking Tool.

Surgical & Procedural Site Marking

For anesthesia procedures, such as regional blocks, the anesthesiologist will mark the site with an “A” and circle the “A”. For procedures involving the spine and ribs, intra-procedure imaging with opaque instruments marking the specific boney landmarks will be taken and are compared with the pre-procedure imaging. Final verification is the comparison of pre- and intra-procedure imaging by the privileged provider performing the procedure.

Associated Policy: Time Out



Time Out

- Just prior to the incision, injection, or procedure start, a final verification process “Time Out” is performed.
- Through active verbal participation, the privileged provider performing the procedure and surgical or bedside procedure will initiate the “Time Out” by stating “Let’s do the Time Out.”



Time Out

All team members will stop their routine duties and focus their attention on the final verification of:

Customer identity using two identifiers;	Informed consent form/source documents;
Correct operative or invasive procedure;	Correct procedure side or site (and level if appropriate);
Necessary imaging, equipment, implants, or other special requirements available, as appropriate;	Correct customer position;
Visualization of the marked site(s), if applicable;	Pre-procedural antibiotic administered, if appropriate
Fire Risk Assessment is conducted for all procedures in the Operating Room and as applicable for procedures outside the Operating Room, e.g. Cardiac Catheterization Lab, Interventional Radiology, Emergency Department and at the bedside. The Fire Risk Assessment is completed by the Anesthesia Provider, when present.	
Medication and dosage on field	Allergies

- Associated Policy: Time Out

Stop the Line

All team members, medical staff, students and volunteers have the responsibility and authority to immediately intervene to protect the safety of a customer, to prevent a customer safety event and subsequent customer harm.

Any team member providing customer care will immediately stop and respond to the request to stop for clarification to reassess the customer's safety. This is a proactive practice to **speak up** in advocating for all our customers receiving care. North Memorial Health leadership supports all personnel to speak up and advocate for customer safety.

Any team member who observes or becomes aware of an imminently harmful situation in customer care has the authority and responsibility to speak up and request the process be stopped in order to clarify the customer safety situation.



Stop the Line

Examples of care situations of concern might be:

- A customer is being prepared for a surgical procedure, when you notice missing elements on the informed consent and another team member is present to transport the customer to the OR.
- A team member enters a customer's room to transport them to another unit for testing and when checking the patient (customer) identification, the arm band is missing and you observe the customer transferred to the wheelchair in preparation to leave the room.



Stop the Line

Team member is to verbalize "Stop the Line, I have a customer safety concern," at least two times to ensure that the request has been heard by all parties involved.



- A "Stop the Line" situation takes priority over any provider and/or licensed independent practitioner order or intervention. Care is resumed when all of the involved parties are in agreement that the concern(s) have been resolved, explained and/or reconciled.



Stop the Line Non-Compliance or Retaliation

When there is non-compliance in responding to the “Stop the Line” request, the Chain of Command (Administrative Consult policy) process is followed.

Care situations, in which a “Stop the Line” request was verbalized and not honored are reported, reviewed and followed up by clinical leadership.

Retaliation by any individual against a team member making a good-faith request to “Stop the Line” will not be tolerated. Medical Staff leaders and/or Human Resources are to be consulted if retaliation occurs or is perceived to occur.



Plan of Care

An individualized plan of care and customer education is developed and documented within 24 hours of admission and includes goals and interventions.

The care plan is reassessed and individualized to the customer every shift and with condition changes, and includes the following:

- Goals which are consistent with the provider’s plan for medical care
- Nursing interventions
- Evaluation of customer’s progress towards the goals
- Reflection of findings on assessments, both physiological and psychosocial factors
- Discharge planning
- Interdisciplinary assessments (as applicable)



Plan of Care

The care team member documents the customer's progress towards meeting the plan of care goals which have been the focus of care.

The care plan and customer education is resolved when goals are met, teaching completed or customer is discharged or transferred.



Information for Vocera Users

The Vocera badge is to be used primarily for internal business to relay information that pertains to active customer care and to assist staff in being responsive to customer's needs.

Every attempt should be made to achieve appropriate communication practices to limit disruption to the customer and care teams within NMH and to protect customer information. Inappropriate or vulgar language shall not be used. Be aware of the volume of your device settings and your voice when using Vocera.



Maintaining Confidentiality During Calls

Team members must always be aware of their surroundings and protect patient information as outlined by HIPAA. The following options will help maintain confidentiality during calls:

- Walk to a private area to take the call.
- Place the call “on hold” and walk to a private area to take the call.
- Transfer the call to a nearby phone and resume the call.
- Return the call at another time.
- Do not leave messages that include customer identifiable data.
- Do not leave messages that include medical verbal orders.
Vocera messaging shall not be used to give or receive medical verbal orders.



Reminders for Vocera Use

- Be courteous and respectful when answering a call on Vocera.
- Set the stage for a caller “Hi this is -----, I am with a customer, how can I help you?”
- If calling someone on Vocera, be mindful that they may not know who is calling and may be busy, say “Hi this is----, is this a good time?” or “Hi this is ---, can you please call me when you are finished?”

More detail about communicating via Vocera can be found in the policy “Appropriate Use of Vocera Communication System” found in C360.



Verbal and Telephone Order Safety

- Verbal and Telephone orders are given directly from the ordering physician to the approved care team member taking the order. No third party should be involved.
- Ordering physician will clearly state the order, spelling out any “sound alike” words. No abbreviations should be used.
- The approved care team member who receives the order will repeat it back and the individual that gave the order then must confirm that the read back is correct.



Fraud, Waste, and Abuse Prevention 2022



Your role at NMH is critical to preventing Fraud, Waste, and Abuse (FWA).

- Both federal and state government establish many complex regulations and guidelines to help health care organizations detect, prevent and respond to fraud.
- Following these regulations and guidelines, as well as NMH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining NMH's reputation in the community.



FWA Detection and Prevention

Detecting and preventing FWA is a responsibility of all NMH team members.

The Compliance Department serves as a resource to the organization providing tools and processes to identify and prevent FWA.

Prevention requires collaboration between:

- NMH team members
- Vendors and affiliated health care providers
- State and federal agencies
- Customers (Patients)



Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse



Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Fraud is when someone intentionally executes or attempts to execute a scheme to inappropriately obtain money or property from a government health care program (such as Medicare).

Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Waste means incurring unnecessary costs under a government health care program as a result of deficient management, practices, systems, or controls.

Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Abuse occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program. Abuse includes any practice that:

- Is inconsistent with providing medically necessary services;
- Provides services that do not meet professionally recognized standards; or
- Provides services that are not fairly priced.

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for goods and services that were never provided to a customer

Click here to see an example

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Conducting
excessive office
visits or writing
excessive
prescriptions

Click here
to see
another
example

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Misrepresenting
the service that
was provided to a
customer


Click here
to see
another
example

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered



Click here to see another example

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered



Incorrectly billing non-covered services or prescriptions as covered items



Click here to see another example

Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a
level of ser
than was a
delivered

Using multiple
billing codes
instead of one
billing code for a
drug panel test in
order to increase
reimbursement
("unbundling")

[Click here
to see last
example](#)

The Fraud Continuum

Because fraud, waste and abuse are so broadly defined, errors and mistakes can be violations of the law. This is why you need to pay close attention to your duties to avoid errors that could be considered fraud.

The Centers for Medicare and Medicaid (CMS) investigate all causes of improper payments – from unintentional errors to intentional fraud. The next slide explains the fraud continuum.

Not all improper payments are fraud (i.e., intentional misuse of funds). In fact, the vast majority of improper payments are due to unintentional errors. The most common error is lack of clinical documentation to support medical necessity.



The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control Environment

Intentional Fraud



The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control Environment

Intentional Fraud

A mistake caused by poor reasoning, carelessness, or insufficient knowledge, and is made without the intent to deceive.



The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control Environment

Intentional Fraud

When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means standard processes are not followed and routine checks are not performed to be sure work is done consistently and compliantly. Examples include lack of separation of duties, inadequate documentation to support transactions, no reconciliation processes, incomplete or poor policies and procedures.

The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control Environment

Intentional Fraud

Occurs when someone commits an act knowingly and with the intention to deceive.



What is the Intent?

The seriousness of the fraud is determined by the intent behind the fraud.

- Was the mistake an unintentional error? Or was it the result of intentional fraudulent behavior?
- If the mistake was an unintentional error, could it have been prevented with environmental controls (e.g., better policies directing documentation, better delineation of duties to ensure appropriate decision making, more active monitoring and testing critical processes)?



FWA Laws

The federal and state governments have a long history of regulating health care practices to prevent fraud, waste and abuse. These include:

- False Claims Act
- Anti-Kickback Statute
- Physician Self-Referral Statute (Stark)
- Exclusion Statute
- Civil Monetary Penalties Law



You do not need to know all the details of these laws in order to do your part in preventing FWA. However, by the end of this training, you will have a general understanding of how these laws impact your role at NMH.

False Claims Act

False Claims Act: This law makes it illegal for any person to knowingly make a fraudulent claim for payment to the federal or state government.

- You do not have to intend to defraud the government to violate this law.
- You can be liable for violating this law if you act with deliberate ignorance or reckless disregard of the law.
- The False Claims Act generally applies to any type of government claim for payment, but the federal government aggressively pursues False Claims Act enforcement within the health care industry.

False Claims Act violations can be fined up to three times the amount of the false claim, plus \$23,607 per claim. Fines can add up quickly because each separate claim submitted to the government can be separate grounds for liability.

Anti-Kickback Statute

The Anti-Kickback Statute makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a government health care program (such as Medicare or Medicaid).

- Remember that both the “giver” and the “receiver” of an inappropriate inducement or reward are liable under the Anti-kickback statute. This is why all NMH business must be conducted in a fair and transparent manner.



Anti-kickback violations can result in prison sentences and fines and penalties of up to \$100,000 per kickback plus three times the amount of the underlying transaction.

Stark Law

The Self-Referral Prohibition Statute is also commonly known as the Stark Law.

- This law prohibits physicians from referring Medicare or Medicaid patients to an entity with which the physician or a physician's immediate family member has a financial relationship — unless an exception applies.
- This is a complex law with severe penalties for non-compliance, so every contractual arrangement between NMH and a physician must be reviewed by Provider Services and Compliance/Legal. All relationships must be appropriately documented.

Penalties for physicians who violate the Stark Law may include fines for each service performed in violation of the law, repayment of claims, and potential exclusion from all Federal Health Care Programs.

Exclusion Statute

Under the Exclusion Statute, the federal Health and Human Services Office of the Inspector General must exclude providers and suppliers convicted of any of fraud, waste or abuse from participation in federal health care programs (such as Medicare and Medicaid).

- As a Medicare/Medicaid provider, NMH must not employ, contract, or otherwise do business with any excluded individual or entity.
- The federal government maintains exclusion lists, and NMH is obligated to routinely screen these lists to ensure it does not do business with any excluded individual or entity.



Civil Monetary Penalties Law

The Civil Monetary Penalties Law authorizes penalties for a variety of health care fraud violations. Violations that may justify penalties include:

- Presenting a claim that you know, or should know, is for an item or service not provided as claimed or that is false or fraudulent.
- Presenting a claim you know, or should know, is for an item or service that Medicare will not pay.
- Violating the Anti-kickback Statute.

Penalties may be assessed up to three times the amount claimed for each item or service, or up to three times the amount of payment offered, paid, solicited or received.

FWA Committed by Customers

In addition to the types of errors or intentional bad acts that may constitute FWA committed by health care providers, Medicare/Medicaid beneficiaries may also commit FWA.



FWA Committed by Customers

If you see any of these situations occur, report the activity to compliance.

- Drug diversion occurs when someone uses drugs, medications, and other pharmacy supplies for reasons other than their original/intended purpose.
- Member fraud occurs when a member carries out a fraudulent activity by falsifying member enrollment data or identity theft.
- Identity fraud occurs when someone pretends to be someone else by assuming that person's identity; often, this is done to access resources, obtain credit, or obtain other benefits in that person's name.



What are your FWA Prevention Responsibilities?

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare/Medicaid non-compliance.

- You must comply with all applicable regulatory requirements, including participating in compliance program activities.
- You have a duty to report any suspected or actual non-compliance that you may know of.
- You have a duty to follow NMH's Code of Conduct. The Code of Conduct can be found on the Compliance intranet webpage and in the Team Member Handbook.
- When in doubt, ask questions. The Compliance Dept is a resource for all NMH team members.



Reporting Fraud, Waste, and Abuse

- All NMH Team Members are expected to report any known or potential concerns of FWA.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.
- NMH prohibits any form of retaliation against a team member who reports a FWA concern in good faith.



How to Report a FWA Concern

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can [send an email to Compliance](#).
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline.
 - This number is printed on the back of your employee badge.
 - You may leave an anonymous message on the Hotline.



Overview of the NMH Compliance Program

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 Contact



Chief Compliance Officer
compliance@northmemorial.com

Medication Safety 2022



Pharmacy Services

- The Department of Pharmacy Services is committed to providing pharmaceutical care that focuses on ensuring appropriate, effective, and safe drug therapy for our customers.
- The Pharmacy Department supports this mission by assuring optimal use of medications focusing on safe and effective patient care.
- If you have any questions or issues related to medication management, please call Pharmacy to assist. We are here to help!



Medication Safety

- Look alike/sound alike medications require extra precautions to prevent dangerous mix-ups. North Memorial Health has implemented TALL MAN lettering to distinguish between medication on ordering, documenting, labeling, and storage.
 - An example is: clonazePAM and cloNIDine. The full list can be found here: <https://www.ismp.org/tools/confuseddrugnames.pdf>
- When a medication is removed from the original package and is not going to be administered immediately and completely, it must be labeled.
 - Examples include solution containers, syringes and basins.
 - **If a medication is not labeled, discard it.**



MEDICATION ADDED		
PATIENT	RM #	
DRUG		
AMOUNT	RATE	ML/HR
ADDED BY	BASE SOL'N.	
DATE	TIME	
EXP. DATE		
<small>THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION</small>		



Medication Safety: High Risk Medications

- High risk medications are those that bear a heightened risk of causing significant patient harm when used.
- To decrease risk, we use an independent double check. The second check should come to their own answer WITHOUT discussing with the first check.
- More information:
 - See the High Risk Medications policy in Compliance 360



Medication Safety: High Risk Medications

Medications that require an independent double check include:

- Intravenous anti-thrombotics
 - [eg. Heparin infusions]
- Non-oral chemotherapy
- Epidural administration by nursing
- IV and SQ insulin that are not prepared by the pharmacy for the patient and the dose
 - [eg. insulin pens or stock insulin vials]
- Patient Controlled Analgesia [PCA] and Intravenous opioid infusions
- Intravenous epoprostenol
- Intravenous magnesium sulfate
 - 4 g and 40 g infusions



Medication security

Medication Security Key Points

- Home medication use is restricted except under specific circumstances. Medications brought in from home should be sent home if possible or inventoried into a secure medication bag and sent to the pharmacy. All medications sent through the tube system will be sent using a code.
- Medications need to be always secured. Only take what you need at the time- if a medication is removed from the Omnicell and not opened/ used, return the medication immediately. Unsecured storage in patient rooms is not allowed.

For more information see:

- Control of Patient's Own Medications policy
- At NMHH: Medication Selection, Procurement, Storage, and Control policy and procedure
- At MGH: Medication Security and Storage policy



More information: Medication Selection, Procurement, Storage, and Control policy and procedure

Medication Range Orders

- Range orders will only be allowed for the dose field (e.g., morphine 2 - 4 mg IV every 2 hours prn pain).
 - Dose ranges SHOULD be limited so that the maximum dose does not exceed four times the minimum dose (e.g., hydromorphone 0.2 mg to 0.8 mg).
 - Exclusions: Infusions, insulin, contrast, intra-procedure medications, non-systemic routes of administration (e.g. ophthalmic, topical), comfort/palliative care.
- Frequency ranges (e.g., 2 - 4 hours prn, 4 - 6 hours prn) will NOT be used.
- The prescribed medication dose and interval should be based on the assessment of the customer (i.e. pain, nausea, sedation level), their goal, anticipated reduction in symptoms, and the least potential for side effects.
 - Start with the lowest dose in the range. Future doses should be based on customer response.
 - Generally, response for oral and IM medications is 60 minutes and 30 minutes for IV



More information: [Medication Range Orders policy and procedure](#) in Compliance 360

Titratable Medications

- Titratable infusions should follow the order parameters and the administration instructions
- Components of a titratable infusion order
 - Starting rate (initiate at)
 - Infusion rate (dose range)
 - Frequency of titration
 - Incremental unit of rate increase or decrease
 - Goal parameter

x norepinephrine bitartrate (LEVOPHED) 8,000 mcg in dextrose 5 %
Dose 0-30 mcg/min : 0-56.3 mL/hr : Intravenous : TITRATE

SPECIAL DISPOSAL
Admin Instructions:
Titrate by 1 mcg/min if MAP is 60-65 and by 2 mcg/min if MAP is less than 60. Notify provider for rate greater than 20 mcg/min
Dispense Location: Central Pharmacy
Frequency: TITRATE
Route: Intravenous
Order Dose: 0-30 mcg/min
Ordered Infusion Rate: 0-56.3 mL/hr

Order Questions/Answers
Initiate at: 8 mcg/min
Titrate by: 1-2 mcg/min
Frequency of titration: 5 minutes
Goal parameter: MAP greater than or equal to 65 mmHg
Order Start Time: Today 10/19/20 at 1045
References: NMR Medication Admin Policy
MGH Medication Admin Policy
Drug Information
Linked Line: Not Linked (as of Today 10/19/20 at 1045)

Next Actions
10/19
1045

Mixture Components		
Component	Type	Amount
norepinephrine bitartrate 1 mg/mL Soln	Additives	32 mcg/mL
dextrose 5 % iv solution	Base	250 mL

Action:
New Bag

Route:
Intravenous

Dose:
0-30 mcg/min

Order Concentration: 32 mcg/mL

Associated Flowsheet Rows:
New Value: Date: 10/19/2022

Norepinephrine (Levophed)
Norepinephrine Volume (ml)

Restore User Taken By



Time Critical Medication

- Most medication doses are to be given within **1 hour before or after the scheduled due time.**
- Medication doses that must be given as close to the due time as possible include:
 - STAT doses.
 - Doses specifically timed for procedures.
 - Doses timed with serum drug levels.
- **Time Critical Medications** must be given *within 30 minutes* before or after the due time. These include:

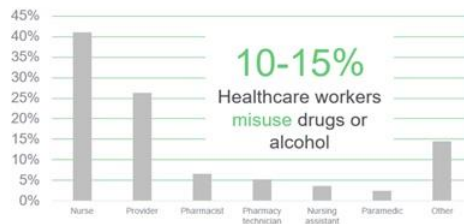
Fluoroquinolone oral antibiotics	Itraconazole
Pancrelipase	Oral tacrolimus
Nimodipine	Oral cyclosporine
Oral pyridostigmine and neostigmine	Prandial insulin aspart



More information: See Medication Administration policy
[Attachment B: Timing of Medication Administration](#)

Drug Diversion

- “Diversion” means the transfer of a controlled substance from a **lawful to an unlawful** channel of distribution or use.
- North Memorial Health monitors the movement of controlled substances throughout the facility and to provide effective controls to guard against theft and/or diversion.



- It is everyone's responsibility to recognize, and report suspected diversion.
- Diversion has **caused patient harm** including infecting them with **hepatitis**.

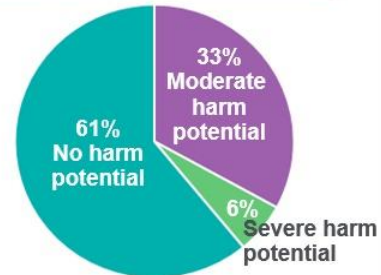


Medication history and reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders.
- The customer's medication list must be reviewed and corrected for every patient encounter.
- The list needs to be reconciled when the customer is transferred to another level of care within or outside the organization.
- The complete and reconciled list of medications is provided to the customer and explained on discharge.
- Medication Reconciliation is everyone's responsibility. If pharmacy hasn't completed it prior to bed placement it is the expectation that the admitting RN complete it.



More than half of patients have > 1 unintended medication discrepancy at hospital admission



More information See [Medication Reconciliation policy](#) in Compliance 360

Antibiotic Stewardship

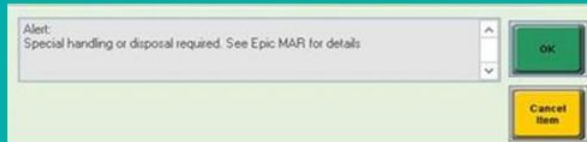
- Centers for Disease Control (CDC) 2013 report, "Antibiotic Resistance Threats in the United States," estimates at least 2 million illnesses and 23,000 deaths annually are caused by antibiotic resistance
- Just using antibiotics can create resistance and need to only be used for infections
 - However, up to 50% of the time antibiotics are not optimally prescribed (either not needed, incorrect dosing or duration)
- **Antibiotic Stewardship** is the effort to measure and improve how antibiotics are used, improve patient outcomes, and decrease resistance to antibiotics
- Antibiotic Stewardship Program started at North Memorial Health in 2010
 - Contacts:
 - Dr. Leslie Baken (Infectious Disease)
 - Emily Herstine, PharmD (Clinical Specialist)



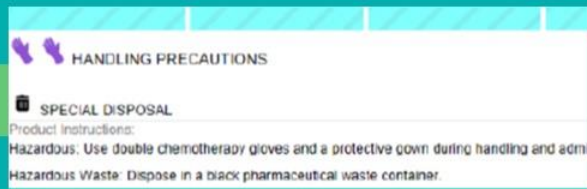
Hazardous Drugs & Disposal

- As shown in the Waste Stream Management grid, many medications require special disposal. In many instances, these medication also require special handling.
- To further inform team members of hazardous drug handling and disposal requirements, there is an alert in Omnicell and detailed information in the MAR.

Omnicell



MAR



Knowledge Check

High risk medications are those that bear a heightened risk of causing significant patient harm when used.

- True
- False



Knowledge Check

Independent Double Check is where a second nurse discusses with the first nurse the medication and settings, and verifies the six medication administration rights.

- True
- False



Knowledge Check



The following is NOT a true statement:

- Drug diversion is defined as “the unlawful taking of a medication for personal use”.
- North Memorial Health monitors for diversion.
- Drug diversion is not considered a serious crime.
- 10 – 15% of healthcare workers misuse drugs or alcohol



Conflict of Interest 2022



 		POLICY AND PROCEDURE Conflict of Interest Effective Date: 02/22/2021 BUSINESS CONFIDENTIAL
Document Owner: Chief Compliance Officer	Reviewed By: Chief Executive Officer	Approved By: NMH System Leadership Team (SLT)
SCOPE This Policy and Procedure applies to: North Memorial Health Maple Grove Hospital		
PURPOSE This policy defines conflict of interest, contains certain prohibitions applicable to individuals covered by the policy, and governs the evaluation and management of conflicts of interests for North Memorial Health Board Members and team members (and their immediate family) with certain third parties.		

Policy

Board Members and team members have responsibility for administering the affairs of North Memorial Health honestly and prudently, and for exercising their best care, skill, and judgment for the sole benefit of North Memorial Health.

North Memorial Health practitioners/clinicians also have the responsibility to avoid exploiting the practitioner-customer relationship.

Board Members and team members must disclose all potential conflicts of interest. The term “conflict of interest” refers to situations in which financial or other personal interests directly and significantly influence, or appear to influence, professional judgment and responsibilities.



Financial or Personal Conflicts of Interest

- Board Members and team members must exercise the utmost good faith in all transactions involved in their duties, and they must not use their positions with North Memorial Health or knowledge gained from these positions for their personal benefit.
- The interests of North Memorial Health must be the first priority in all decisions.



Financial or Personal Conflicts of Interest

- A conflict of interest could exist whenever a personal interest influences, or appears to influence, the ability of a Board Member or team members to exercise objectivity in meeting their responsibilities on behalf of North Memorial Health. Since the appearance of a conflict of interest may be as serious as an actual conflict of interest, this policy treats both situations in the same manner.
- Individuals covered by this policy may not take part in any action that results in, or has the appearance of resulting in, personal or professional gain, or benefit to an organization other than North Memorial Health.
- To avoid an actual conflict or any appearance of a conflict, no Board member or team member may participate in a transaction involving North Memorial Health in which that individual or his/her immediate family has a personal interest, whether financial or non-financial.



Examples of Financial & Business Conflicts of Interest

The kinds of activities that are prohibited include, but are not limited to:

- Receiving payment in connection with personal transactions involving North Memorial Health.
- Receiving promotional or sample items, gifts, reimbursements or any other item of value from a manufacturer or vendor of North Memorial Health in connection with the individual's role with North Memorial Health.



Examples of Financial & Business Conflicts of Interest

The kinds of relationships that may be a conflict of interest and must be disclosed include, but are not limited to, business and financial relationships (including outside employment) with:

- Persons and firms supplying goods and services to North Memorial Health.
- Persons and firms from whom North Memorial Health leases property and equipment.
- Persons and firms with whom North Memorial Health is dealing or planning to deal in connection with the gift, purchase, or sale of real estate, securities, or other property.
- Persons and firms whose interests or dealings are adverse to the interests of North Memorial Health.
- Competing organizations.
- Donors and others supporting North Memorial Health.
- Agencies, organizations, and associations which affect the operations of North Memorial Health.
- Relatives, friends, and other team members who may have the ability to influence the judgment and decision making of individuals covered under this policy.
- Customers currently or recently (consistent with specific professional guidelines) under the care of North Memorial Health.



Examples of Financial & Business Conflicts of Interest

The kinds of activities that are potentially of concern and should be disclosed include, but are not limited to:

- Owning significant amounts of stock or holding debt or other significant proprietary interests in any third party dealing with North Memorial Health.
- Holding office, serving on a governance board, participating in management, or being otherwise employed (or formerly employed within two years) with any third party dealing with North Memorial Health.
- Receiving promotional or sample items, gifts, reimbursements or any other item of value from a manufacturer or vendor due to the individual's role with North Memorial Health.
- Using North Memorial Health time, personnel, equipment or other property, whether tangible or intangible, including intellectual property, supplies, or goodwill for other than North Memorial Health-approved activities, programs, and purposes.



Customer Relationships

- Relationships between practitioners/clinicians and customers also have the potential to create actual or apparent conflicts of interest.
- At North Memorial Health, the welfare of the customer is the overriding concern in relationships between customers and practitioners/clinicians.
- Special consideration must be given to avoid even the appearance of exploiting the practitioner-customer relationship.
- This includes preventing the relationship from becoming affected by or entangled in personal issues.
- In the practitioner-customer relationship, a conflict of interest could exist whenever a personal interest influences or appears to influence the ability of a practitioner to exercise objectivity to meet his or her responsibilities in treating a customer.



Customer Relationships Continued

- Sexual contact or sexual relationships between practitioners and their own customers are strictly prohibited.
- North Memorial Health also discourages the development of personal relationships, even non-sexual ones, between practitioners and their own customers outside the limits of the primary therapeutic relationship because such relationships have the potential to create confusion on the part of the customer and/or practitioner and to compromise the objectivity of the practitioner in treating the customer.
- Similarly, practitioners are prohibited from serving in any fiduciary position respecting a customer with whom they have a current professional care relationship.



Customer Relationships Continued

- In addition to those between customers and practitioners, relationships between other North Memorial Health team members and customers may also be problematic.
- The exact circumstances and roles of those involved must be evaluated on a case-by-case basis to determine whether or not a conflict, or the appearance of one, exists.



Examples of Prohibited Customer Relationships

The kinds of activities that are always of concern and must be avoided include, but are not limited to:

- Team members must not accept cash or gifts from a customer or a customer's family. Gifts of significant value may create inappropriate customer expectations.
- Practitioners/clinicians must not serve as executor or power of attorney for his/her own customers; serve as guardian of the person of the customer or private case manager under any governmental or private program; or serve as trustee of any of the customer's assets. Team members must decline to serve in any of these capacities.
- Practitioners/clinicians are prohibited from being named as a beneficiary in a customer's will. Team members must decline any bequest from a customer or customer's family.
- Practitioners/clinicians may not treat themselves or members of their immediate family except in emergency situations where there is no other qualified provider available or for short-term, minor problems.



Definitions

Covered individual:

- Any person, including Board Members and team members, when they are performing work on behalf of North Memorial Health or representing North Memorial Health in any transaction that involves North Memorial Health.

Customer:

- Any individual who is currently or has recently been under the professional care of a North Memorial Health practitioner/clinician. Consistent with specific professional guidelines, a customer may or may not include an individual whose therapeutic relationship with a practitioner has been terminated.

Immediate Family Member:

- For the purposes of this policy, an immediate family member includes a spouse, domestic partner (individuals who are not legally married but are in a long-term committed relationship), child, and any other family member who the covered individual reasonably knows may benefit from actions taken by the covered individual.

Transaction:

- Any contract, sale, lease, purchase, or other decision that may be made by, through, or under the supervision of North Memorial Health, in whole or in part, directly or indirectly.



Table of Revisions

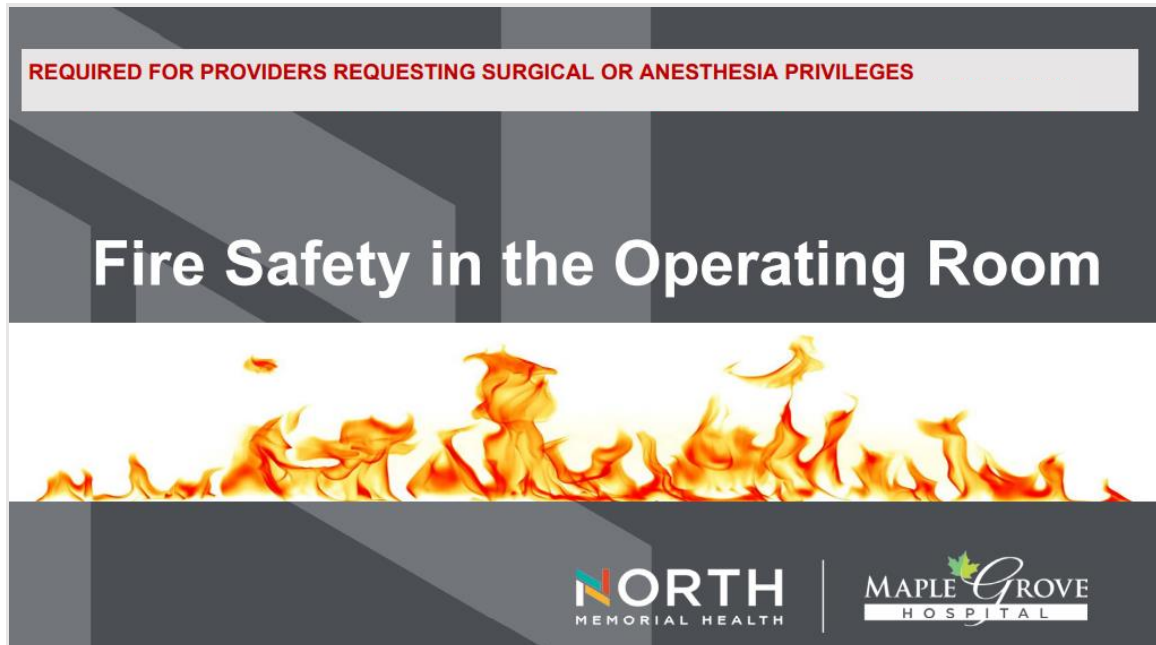
Date	Description of Change(s)
Oct 2016	New policy.
Jan 2017	Revised and reformatted to clarify examples, definitions and obligation to disclose conflicts.
Jan. 2018	Updated logos and North Memorial Health from North Memorial Health Care
Feb 2021	Reviewed and no changes.



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Fire Safety in the Operating Room



Other providers not requesting surgical, or anesthesia privileges may skip to the last page and complete the attestation.

Objectives

- The goal of this learning activity is to educate the surgical team about fire safety in the perioperative practice setting. Practice tools to promote fire prevention, the fire triangle and the roles and responsibilities of perioperative staff in managing a fire in the Operating Room will be discussed.
- Optimal outcomes depend on **all** perioperative personnel to be familiar with their roles in fire prevention and management.

Fact or Fiction?

- Fires no longer happen in modern surgical suites due to advances in technology.

FICTION: According to The Emergency Care Research Institute (ECRI) (2017), surgical fires are estimated to occur about 250 times each year in the United States making them nearly as common as wrong site surgeries. This number has decreased from 550-650 occurrences in recent years due to increased awareness and training despite advances in technology.

Fact or Fiction?

- Fires only occur in inferior facilities. If a fire does occur, it was not preventable.

FICTION: Fires occur in every location where the 3 sides of the fire triangle come together. This includes hospitals, physician offices, and ambulatory surgery centers. The key to fire prevention is altering one or more of components of the fire triangle so combustion is not possible. This is accomplished by active participation in fire prevention strategies and awareness of fire risks. This will be discussed further in the module.

Fire Facts:



- Of the 200-240 OR fires per year in the US:
 - 44% occur on the Head, Neck or Upper Chest
 - 26% elsewhere **on** the body
 - 21% in the airway
 - 8% elsewhere **in** the body (within the body cavity)
 - 20-30 are serious and result in disfiguring or disabling injuries
 - 2-3 are fatal and typically occur in the customer's airway.

• The Emergency Care Research Institute (2018)

The Fire Triangle



The Fire Triangle

- For a fire to occur, three components need to be present: **Fuel, Ignition Source**, and an **Oxidizer**.
- Whenever these 3 components are in close contact under the appropriate conditions and proportions, a fire **will** occur.
- Fire is a risk in the Operating Room since all 3 sides of the triangle are usually present during the procedure and can be under the influence of 3 different people.



The Fire Triangle – Ignition Source

- Usually controlled by the Surgeon
 - Cautery (responsible for 70% of all fires)
 - Fiber optic light source
 - Lasers
 - Defibrillator
 - Argon beam coagulator
 - Power tools (drills, burrs)

Ignition Source

Surgeons—ESUs, lasers, etc.



Anything that provides enough energy to start a fire.

The Fire Triangle - Oxidizer

- Present in every perioperative setting
- Usually controlled by Anesthesia
 - Oxygen
 - Oxygen-Enriched environment (O₂ % is greater than 21%)
 - Nitrous Oxide

Defined as gases that can support combustion.



The Fire Triangle - Fuel

- Present in every perioperative setting
- Usually controlled by Nurses/CST
 - Drapes
 - Gowns
 - Towels
 - Sponges
 - Dressings
 - Alcohol-based skin prep
 - Human hair
 - Humans
 - Endotracheal tubes

Defined as anything that will burn.





The Fire Triangle

- The key to fire prevention is altering one or more of components of the fire triangle so combustion is not possible thus mitigating the risk.

What is a Fire Risk Assessment?

- Before beginning any procedure, an assessment must be completed to identify each aspect of the fire triangle and communicated to the entire surgical team in conjunction with the Time Out.
- The Fire Risk Assessment is collaboratively completed by Anesthesia providers and the Circulating Nurse with prevention protocols put in place prior to incision.
- All member of the team must participate to ensure they are prepared should an emergency occur.

What is a Fire Risk Assessment?

- The Fire Risk Assessment should identify
 - Fuel that is present
 - Ignition source
 - Oxidizer or potential for oxygen-enriched environment
 - Additional preventative measures that are required based on the components of the fire triangle.

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score:	

What is the Fire Score?

The customer is having a left carotid endarterectomy under general anesthesia. The RN has prepped the surgical skin site using chlorhexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery. What is the Fire Risk Score? What Protocol should be initiated?

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 2	

What is the Fire Score?

The customer is having a mole removed from their lower abdomen under local anesthesia. The RN has prepped the surgical skin site using povidone (betadine). The surgeon is planning on using a scalpel. What is the Fire Risk Score? What Protocol should be initiated?

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 0	

What is the Fire Score?

The customer is having a right total knee arthroplasty with spinal anesthesia. Supplemental oxygen is being utilized at 50%. The RN has prepped the surgical skin site using chlorhexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery and powered equipment (drills and saws). What is the Fire Risk Score? What Protocol should be initiated?

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 2	

What is the Fire Score?

The customer is having a right port placement under Monitored Anesthesia Care (MAC). Supplemental oxygen is being utilized at 50%. The RN has prepped the surgical skin site using chlorhexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery. What is the Fire Risk Score? What Protocol should be initiated?

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol		
SCORE 3: Initiate High Risk Fire Protocol	Total Score: 3	

What is Routine Protocol?

A Fire Risk Assessment score of a 0, 1, or 2 would initiate Routine Protocol Fire Prevention. This includes:

- Controlling Ignition sources
- Controlling Fuel Sources
- Controlling Oxidizers





Routine Protocol: Controlling Ignition

- Cautery and Laser safety precautions are followed
- A holster will be attached to the sterile field on every case that requires cautery. This includes the long cautery holster for laparoscopic cautery.
- The cautery will be placed in the holster when not in active use. Keep electrode cords from coiling. The only exception is if there is an urgent/emergent situation within the sterile field (e.g. active bleeding) or an instrument pad is being used.
- Keep surgical drape or linen away from activated ESU.
- Keep active electrode tip clean.
- Cautery will only be activated when at the surgical site and by the individual controlling the ESU.
- Use the lowest power setting possible for desired results.
- In endoscopic cases, the light source is to be off until connected to the scope, and care is taken that the light source is not in contact with the surgical drapes.
- Do not use an ignition source to enter the bowel when it is distended with gas.
- Inspect electrode for impaired insulation.

Routine Protocol: Controlling Ignition

- Defibrillator safety precautions are to be followed by selecting paddles that are the correct size for the customer and placing paddles correctly to allow optimal skin contact.
- The Laser shall be in stand-by mode when not in use.
- A basin of water or saline containing a towel submerged in liquid should be available for all laser procedures.
- Wet towels should be used to “square off” the surgical site for laser procedures used to treat external pathology.
- All flammable or combustible items should be removed from the treatment site while the laser is in use. All towels and sponges should be soaked with water or saline to prevent ignition.
- The use of drying agents, prep solutions, or ointments that contain alcohol or other flammable products in the presence of the laser beam is strongly discouraged. There is always a fire potential with these products.
- Only the person controlling the laser beam should activate the laser.
- Place the light source in standby mode when not in use.
- Inspect electrical cords and plugs for integrity prior to use. Remove if broken.
- Do not bypass or disable equipment safety features.



Routine Protocol: Controlling Fuel



- Prevent pooling of surgical skin preparation solutions
- Remove prep-soaked linen and disposable prepping drapes prior to incision
- Allow skin-prep agents to dry and fumes to dissipate prior to draping.
- Dry time is based on manufacturer's recommendations. This can vary from no time (povidone) to greater than 1 hour (Alcohol based preps used in/on hair).
 - Chloraprep/Duraprep minimum 3 minute dry time on hairless skin, up to 1 hour in hair.
 - Wet hair is flammable. May take up to 1 hour to dry.
- Sterile water and/or sterile saline is opened on every surgical procedure. Irrigation connected to a delivery device (e.g. Interpulse) is acceptable
- A towel should be available near the operative site to assist to smother/pat out a fire, if needed

Routine Protocol: Controlling Oxidizers



Interventions to control oxidizers all attempt to decrease the potential for an oxygen-enriched environment to be created.

- Check anesthesia circuits for possible leaks.
- Turn off O₂ at the end of each procedure
- Draping will be done in a manner to enable venting of gases to flow down to the floor and minimize the tenting effect.
- Evacuate surgical smoke to prevent accumulation in small or enclosed spaces as smoke is flammable.

High Risk Protocol

A Fire Assessment score of 3 would initiate High Risk Protocol Fire Prevention. In addition to Routine Protocol Interventions, utilize the following interventions when applicable:

- Use of an incise drape is recommended to minimize oxygen from entering the surgical site through the surgical towel/drapes.
- Utilize a scalpel or surgical scissors first. Minimize use of cautery when possible.
- When cautery in use, use lowest setting possible.
- Encourage use of wet sponges. Use saline to cool.

High Risk: Controlling Oxidizers



For any procedure on the head, neck, and upper chest, when the patient is receiving supplemental oxygen via a nasal cannula or face mask:

- Use of a non-alcohol based prep is recommended
- Use of an incise drape is recommended to minimize oxygen from entering the surgical site through the surgical towel/drapes
- Draping will be done in a manner to enable venting of gases to flow down to the floor and minimize the tenting effect
- Moistened sponges are to be utilized when possible
- Use of surgical scissors or scalpel is recommended versus use of cautery, when possible
- For coagulation, the use of bipolar not monopolar is recommended
- It is recommended to lubricate the facial hair (e.g. eyebrows, beard, mustache) within the sterile field with a water-soluble surgical lubricating jelly to decrease flammability

High Risk: Controlling Oxidizers



Shared Airway Procedures

- Cautery
 - Anesthesia will not utilize nitrous oxide
 - Anesthesia will maintain patients SaO₂ above 90% with delivery of oxygen and air at or below a FiO₂ of 33%
 - Anesthesia will notify the surgeon if higher oxygen levels are required to maintain an adequate SaO₂ level
- Laser
 - Laser safe endotracheal (ET) tube rated for the laser's wavelength should be utilized
 - The ET tube cuff shall be inflated with saline and methylene blue to serve as a visual indicator if the cuff becomes damaged
 - Sponges soaked with water should be used to help shield the ET tube from the laser
 - The FIO₂ level shall be reduced to below 30% for at least 1 minute prior to the laser's activation and shall remain below 30% during the lasers use
 - Nitrous Oxide shall not be used
 - Evacuate surgical smoke from enclosed spaces as smoke can be flammable.



What do I do if there is a Fire?

What do I do if there is a Fire in the OR?

- **Anyone in the immediate area:** (ex: Surgeon, CST, PA, NP, RN)
 - Pat out the fire. Water or saline may be used when appropriate.
 - If the fire is fueled by an alcohol solution, **DO NOT** use water or saline, since this may spread the flames.
 - DO NOT use water or saline on electrical equipment. If drapes are burning, remove them from the patient and smother them, if possible.
- **Anesthesia provider:**
 - Turn off oxygen and nitrous oxide on the anesthesia gas machine when the fire is in the immediate area or an oxygen enriched atmosphere is contributing to the fire.
 - Ventilate patient with air and use IV agents to maintain anesthesia.
- **Circulating RN:**
 - At Maple Grove, initiate a Code Red by calling *77 on vocera or phone, and call OR control to activate the fire pull station.
 - At North Memorial, initiate a Code Red by activating the fire pull station or by calling *99 on a phone or vocera. Then contact the OR control desk.

What do I do if there is a Fire in the OR?

- **OR Team:**
 - Upon hearing the alarms in the hallway indicating a Code Red, update/notify the staff in the other OR rooms as necessary until Code Red All Clear is announced.
- **PCC/PIR Team:**
 - Upon hearing Code Red, hold all patients going to surgery until the All Clear is sounded.
- **PACU team:**
 - Upon hearing Code Red, prepare to receive patient from the affected OR suites, as necessary.

What do I do if the fire is *NOT* controlled?

- **OR Control Desk/Additional OR and Anesthesia Staff:**
 - Document the time the fire started.
 - Determine how many people are in the department and account for everyone.
 - Set up a communication point (inside of affected core) and identify two staff to communicate personally to the ORs affected.
 - Determine the state of surgical cases in each area.
 - Consult with Anesthesia care provider in charge and surgeon on how to handle each patient.
 - Assign personnel to assist with transport of patients to evacuation site.
 - Direct and control traffic as necessary.
 - Notify surrounding rooms for possible evacuation. Because of the air flow from the rooms, evacuation to the halls should be done only in extreme situations.
- **Anesthesia Provider:**
 - Give direction for the shut off of the supply of oxygen and nitrous oxide to the affected OR room, if not already done. Because all rooms function independently with shut off valves located outside each room
 - Give a re-dose of antibiotics to the patient as soon as possible.
 - Maintain patient's anesthetic state, take ambu and collect anesthetic drugs to carry on during transport. Disconnect leads, take IVs off poles and place on OR table with patient.

What do I do if the fire is *NOT* controlled?

- **Surgical Support Staff:**
 - Assist in securing necessary equipment and supplies for continuation of the surgery.
 - Secure equipment for transporting the patient as directed by the staff in the affected OR suite.
 - Follow instructions for evacuating the patient if needed.
 - Assist as directed and hold doors open.
 - Check to see that all Fire Exits are free from obstructions.
 - See that all hall lights are on.
- **Surgical Team:**
 - Disconnect any cords, leads, etc. On the field, assist anesthesia.
 - Communicate to the OR control desk.
 - Gather minimal instruments in basin or towel, and place with patient.
 - Meet in evacuation site and assist anesthesia and surgeon in proceeding with patient care.

What do I do if the fire is *NOT* controlled?

- **Surgeon:**
 - Control and maintain surgical wound and give final instructions for evacuation to surgical team.
- **Everyone:**
 - Move patient on OR table from the OR room to the evacuation site.
 - Close all room doors and place saturated wet blankets at the base of the OR door. This will indicate to the First Responders that the room has been evacuated.
 - Assist with the evacuation of adjoining areas as necessary.
 - Prepare to evacuate patients and families, as necessary.

What do I do if the fire is *NOT* controlled?

What is the immediate response to an uncontrolled surgical fire within the sterile field?

Follow RCA

- **R**escue the individual involved in the fire
- **C**onfine the fire
- **A**larm sounded as soon as possible
 - Initiate a Code Red by calling *77 at Maple Grove and *99 at North Memorial on Vocera or phone, or call the OR Control Desk, Labor and Delivery Desk, or team member in your area to pull the nearest fire alarm

How do I use a fire extinguisher?

PASS is an acronym to aid staff when operating a fire extinguisher.



This Photo by Unknown Author is licensed under CC BY

P: Pull the pin

A: Aim the nozzle at the base of the fire

S: Squeeze the handle

S: Sweep at the base of the fire from side to side

What happens when the fire is out?

Pat yourself on the back!! 😊

- **All Staff:**
 - If evacuation was required, leave everything in the room in place for fire investigators.
 - If fire was contained and the surgical procedure is able to be completed in the room, remove any involved electrical equipment from use; tag equipment per Biomed policy.
 - Save all articles involved in the fire, and any related packaging or labeling, such as drapes, towels, skin preps or other solutions/ointments, cautery hand pieces, ground pad, airways, tubing, cords, etc.
- **Circulating RN:**
 - Notify Nurse Manager, Hospital Safety Officer, and Risk Management.
 - Turn over involved articles.
 - Complete a Safety First report.

Anesthesia Patient Safety Foundation Video

- Interested in watching how to prevent and manage fire in the OR in live action???
- This video, *Prevention and Management of Operating Room Fires*, which was released in February 2010, is intended for everyone who works in the OR during surgery.

APSF Operating Room Fire Safety - YouTube

<https://www.youtube.com/watch?v=oxjF4ctFD>

Summary

- In summary, to be able to effectively prevent surgical fires, perioperative team members should be aware of the components of the fire triangle and how they interact to generate a fire.
- The second portion of fire prevention is communication and active participation in mitigating risk.
- If a fire were to start, it is essential that the perioperative team understand their roles and responsibilities during this emergency situation to minimize harm to both the customer and surgical team members.

References:

Please review the following for complete procedure for Fire Safety in the Surgical Setting:

MGH Policy and Procedures:

- Fire Prevention and Plan for Surgical Services
- Code Red- Att. F- Evacuation Procedure
- Laser Safety

NMH Policy and Procedures:

- Fire Prevention and Plan for Surgical Services
- Emergency Evacuation Procedure
- Laser Safety
- Fire Plan

AORN Standards, Recommended Practices and Guidelines.

- Current edition located on Surgical Services Intranet Page.

The Emergency Care Research Institute (2018)

Rothrock, J.C. (2018) Alexander's Care of the Patient in Surgery. Elsevier Inc. New York, NY.



Attestation for North Memorial Health Hospital's Annual Required Learning Packet I acknowledge having received and read a copy of the 2022 North Memorial Health Hospital Required Learning Packet, consisting of the following modules:

- Customer Safety
- Team Member Right to Know & Safety
- Respectful Workplace
- Emergency Response & Equipment Safety
- Infection Prevention
- Respirator Training
- COVID-19 Essentials
- Workplace Violence
- Workplace Fitness for Duty & Accommodations
- Information Privacy
- Information Security
- Compliance
- Customer Care Team Members
- Fraud, Waste, and Abuse Prevention
- Medication Safety
- Conflict of Interest
- Fire Safety in the Operating Room

By signing this attestation, I am acknowledging that:

- I understand the information presented
- I am responsible for working safely within North Memorial facilities
- I know whom to contact or where to find resources in order to obtain more information
- I know whom to contact to report unsafe conditions

Date: _____

Signature: _____

Print Name: _____

C, S or A Number: _____

Contracted Through: _____

(Company/School/AgencyName)