Required Learning 2009

ALL2SAF12

The expected time to complete this learning activity is 40 minutes. If you are unable to complete during scheduled work time it may be completed outside of work with prior approval from your supervisor. Any overtime must be approved.

revised: 3/2/2009

Fairview Health Services

Required Learning 2009

This packet is for Fairview Health Services employees and others. It presents fundamental and important information that helps us create a safe and caring environment for our patients, clients, customers, co-workers and ourselves.

We call this a "Required Learning Packet" because it contains information about the requirements our accrediting agencies identify as needing to be reviewed each year. These agencies include, for example, The Joint Commission (JC), Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Health.

We review information not merely as a requirement but as a process to continually improve our skills and knowledge.

Directions

Online Packet

In 2009 you will be completing an e-form for your documentation of the Required Learning packet. Please follow the directions given carefully to ensure you receive credit for completing this annual required learning and the documentation is captured in the Learning Management System. You have the option this year to receive an e-mail back verifying your submission of the electronic documentation form.

Note: Do not send a printed copy to your Organizational Learning department once you have received your e-mail message verification.

1. Review this Learning Packet.
2. Review your entity resource reference information.
3. Complete your e-form documentation. Note: Before completing your documentation you must have your employee number and provide your name as it appears on your paycheck. Failure to provide this information will result in documentation errors in our electronic learning management system. When completing your e-form you will be given the option to receive an e-mail verification back acknowledging your submission. You may print this document for your personal learning file.

Printed Packet

1. Review this Learning Packet
2. Review your entity resource reference information
3. Print and sign the last page (signature/documentation sheet) and send it to Organizational Learning at your site.

If you have questions or any special learning needs, please contact the Organizational Learning at your entity.

Required Learning Packet

Table of Contents

1. Patients' Bill of Rights and Patient Responsibilities

Patient Rights
Each of us must ensure a health care ethic that respects the patient. Staff must be sensitive to cultural, racial, linguistic, religious, age, gender, 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 regional activities be conducted with an overriding concern for the values and dignity of patients. Minnesota Department of Health and our accreditors scrutinize compliance with the Patients' Bill of Rights.

The Patients' Bill of Rights includes:	
1) Information about rights	14) Disclosure of services available
2) Courteous treatment	15) Responsive service
3) Appropriate healthcare	16) Personal privacy
4) Physician's identity	17) Grievances
5) Relationship with other health services	18) Communication privacy
6) Information about treatment	19) Personal property
7) Participation in planning treatment	20) Services for the facility
8) Continuity of care	21) Protection and advocacy services
9) Right to refuse care	22) Right to communication disclosure and right to associate
10) Experimental research	
11) Freedom from abuse	23) Isolation and restraint
12) Treatment privacy	24) Treatment plan
13) Confidentiality of records	

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	

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.

All in-patients and Same Day Surgery patients receive a copy of the Patients' Bill of Rights. The Patients' Bill of Rights is posted and available in patient care departments throughout Fairview. Spanish, Hmong, Somali, Russian, Laotian and Braille translations of the Patients' Bill of Rights are available from the Patient Relations Department and on the MN Dept. of Health website, www.health.state.mn.us/divs/fpc/consumerinfo/otherlang2.html For more information about the Patients' Bill of Rights, please contact Patient Relations.

2. Language Services

Under <u>Federal</u> and <u>State</u> law, as well as <u>Fairview's</u> policy, patients have a right to interpreter services even if they know some English. Failing to provide a trained medical interpreter to Deaf, Deaf-Blind, Hard-of-Hearing (HOH) and Limited English Proficient patients presents serious patient safety and liability issues.

<u>Did you know ….</u>

- Fairview Interpreters are available 24/7.
- Assistive listening devices are available 24/7 to aid in communication with Deaf/HOH patients.

<u>Employee DO's and DON'TS</u>

- **DO** identify all patients with language/communication barriers and complete the <u>Communication/Assessment</u> form. (To be completed annually in outpatient settings and once per hospitalization). KBC users at Fairview Southdale Hospital need to complete this information on the Patient Profile.
- **DO** document in the medical record when interpreters are present and the purpose of the interpreter visit in the medical record.
- **DO** identify incidences when the patient or responsible party is unable to effectively communicate with Fairview staff and document all occurrences in the medical record.
- **DO** complete the Waiver section on the <u>Communication/Assessment </u>form if the patient or responsible party declines or requests to use an interpreter other than the interpreter offered by Fairview. The patient or responsible party should sign the waiver portion.
- **DO NOT** ask a patient to bring his/her own interpreter.
- **DO NOT** use a child or family member to interpret.
- **DO NOT** ask one patient to interpret for another.
- **DO NOT** ask non-qualified hospital or clinic staff to interpret.

<u>Working with Medical Interpreters</u>

- **Remember the interpreter must interpret <u>everything</u> spoken or signed in her/his presence**. If there is something you do not want the patient to hear, you should not say it while the interpreter is present.
- **Schedule enough time** for the appointment; include time needed for registration, labs, x-rays, waiting time, and checkout. Allocate more time.
- **Provide the interpreter** with background information or written materials you may use before going into the patient's room.

<u>Professional Boundaries</u>

Interpreters are our "voice" in another language; they cannot act independently as providers of social or medical services. Interpreters are not allowed to:

- Provide transportation, counseling, or social services to patients.
- "Keep the patient company" in waiting areas or exam rooms when hospital staff are not present.
- Convey, explain, or collect medical information independently.

<u>Translation Services</u>

When working with Limited English Proficient (LEP) Patients, please use the translated materials to ensure patients and family members have <u>equal access</u> to vital documents. All translated materials can be easily accessed by all employees by login into the "Interpretive Services" Webpage on the Fairview Intranet.

Fairview has translated the following documents into Somali and Spanish, Russian.

- *Consent for Service*
- *Consent for Procedure*
- *Discharge instructions*
- *Privacy Practice Notice*

Employees also have access Health Exchange Database for print, audio and video resources in a wide range of languages including American Sign Language!

Step 1- Click on the link http://www.health-exchange.net/,

Step 2-Click on to Translation Library at the bottom of the page

Step 3- To access the exchange, please use the Log in: "fair" and Password: "view".

Using translated materials appropriately helps accomplish Fairview's mission of providing culturally sensitive, patient-centered care. If you have questions or need more information about translation or interpreting services, please call 612-273-3780, option 2 or check out our website at Fairview Intranet.

3. Patient Safety

Occurrence Reporting

Ensuring a safe patient environment requires all employees to identify and communicate unexpected occurrences or quality issues. This gives Fairview staff opportunities to improve patient care and ensure the delivery of safe patient care. Occurrences are any unusual events resulting in or with the potential for injury to person or property (e.g., an unexpected outcome to care or an injury to a patient or visitor). Quality referrals are concerns regarding the quality of care provided or the circumstances surrounding that care (e.g., communication issues, supply or equipment availability, service delays, behavior not conducive to a respectful working relationship or workplace violence).

When there is an occurrence, the first priority is to care for the patient. After the patient receives any necessary care, providers document in the medical record the facts of the occurrence (without speculating and documenting conclusions as to the cause of the occurrence), the care provided and the patient outcome.

If the occurrence meets the definition for a sentinel or near miss event, the manager or designee immediately notifies a risk management staff member. Please refer to Fairview's system wide policy, titled, *Organizational Response to a Sentinel Event/Near Miss.*

Fairview employees need to:

- Know and understand Fairview's Occurrence Reporting/Quality Referral and Sentinel and Near Miss reporting policies.
- Share concerns about occurrences and events with immediate supervisor.
- Document occurrences or quality referrals on appropriate forms and send to immediate supervisor.

Contact your manager and Risk Management staff if you have any questions about reporting occurrences or Performance Improvement staff if you have any questions about making quality referrals.

Communication/Disclosure of Medical Accidents and Unanticipated Outcomes

Fairview's Policy: Communication/Disclosure Procedure

Fairview's philosophy is to provide open and ongoing communication with patients about their care and the outcomes of such care.

When is disclosure indicated?

Patients or family members will receive relevant, accurate, timely, and easily understood information about all outcomes of care when:

- The outcome of care varies significantly from the outcome that was anticipated
- A medical accident has the potential to or actually has resulted in clinical consequences
- A medical accident has resulted in clinical consequences, but there is not a causal relationship between the accident and consequences
- A medical accident has not resulted in clinical consequences, but a reasonable person would want information about the accident because it might assist them in planning future care
- A near medical accident has reached the patient's awareness

The following examples of handling disclosure show that the process of disclosure may vary depending on the circumstances surrounding the medical accident.

- A patient did not receive a dose of an antibiotic that was ordered by a physician. The nurse notifies the physician of the medication error and then discloses the error to the patient (e.g., "We just realized that one dose of your antibiotic was missed and we informed your physician. Because we discovered this before your next dose is due there should be little or no risk to you, but we are sorry this happened.").

- A patient did not receive the result of a breast biopsy that was abnormal. The nurse notifies the attending physician of the error and the physician discloses it to the patient or appropriate guardian or representative.

- A patient receives an overdose of a narcotic and experiences respiratory arrest, requiring the patient to be intubated and transferred to ICU. The attending physician is notified of the medication error and may disclose it to the patient or appropriate guardian or representative or delegate the disclosure to another provider.

Risk Management Consulting Services Staff may be contacted for assistance.

Did you know…Any employee who has concerns about the safety of quality of care provided at Fairview may report these concerns to the Joint Commission by calling 1-800-994-6610 or email www.jointcommission.org

2009 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication

Read back spoken or phone orders to the person who gave the order.

Create a list of abbreviations and symbols that are not to be used.

Quickly get important test results to the right staff person.

Create steps for staff to follow when sending patients to the next caregiver. The steps should help staff tell about the patient's care. Make sure there is time to ask and answer questions.

Use medicines safely

Create a list of medicines with names that look alike or sound alike. Update the list every year.

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

Prevent infection

Use the hand cleaning guidelines from the World Health Organization or Centers for Disease Control and Prevention.

Report death or injury to patients from infections that happen in hospitals.

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood.

Use safe practices to treat the part of the body where surgery was done.

Check patient medicines

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Prevent patients from falling

Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

Help patients to be involved in their care

Tell each patient and their family how to report their complaints about safety.

Identify patient safety risks

Find out which patients are most likely to try to kill themselves.

Watch patients closely for changes in their health and respond quickly if they need help

Create ways to get help from specially trained staff when a patient's health appears to get worse.

Prevent errors in surgery

Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.

Mark the part of the body where the surgery will be done. Involve the patient in doing this.

The Joint Commission
Accreditation
Hospital

4. Child Neglect and Abuse Reporting

Child maltreatment can be inflicted by anyone caring for children, and it can occur in all types of families and settings. It is important to remember that children of all ages may be abused. Health care workers must always be alert to the possibility that abuse/neglect may be occurring. The child may not say anything or may say that he/she has never been hurt. Children frequently do not complain about abuse. All health care providers and other staff are legally required to report suspected neglect, physical or sexual abuse of a child to County Child Protection Services.

Here are some indicators of child abuse and neglect
Physical indicators
- injuries inconsistent with explanation given
- injuries to face, head, chest, abdomen or genitals
- bruises, welts in various stages of healing, fractures, burns, or abdominal injuries
- underweight, poor growth pattern, failure to thrive
- lack of appropriate food, clothing, shelter, medical care or supervision

Behavioral indicators
- aggressive behavior or delinquency
- attempted suicide, alcohol or substance abuse
- family history of violence, alcohol or substance abuse
- witness to violent or domestic abuse in the home environment
- reports of sexual assault, exhibits unusual sexual behavior or knowledge

Infant or unborn child abuse
Physical and behavioral indicators (maternal)
- current enrollment in drug/alcohol rehab program or report of substance use
- previous history prenatal substance-exposed infant
- inconsistent or inadequate prenatal care
- violence and substance abuse in the home
- history of incarceration, probation or parole
- history of loss of parental rights/custody
- unexplained hypertension, vaginal bleeding, abruptio placenta, preterm labor, precipitous delivery

Physical and behavioral indicators (infant)
- positive toxicology screen for un-prescribed medications or drugs
- excessive jitteriness with normal blood glucose
- poor feeding or frantic sucking
- high-pitched cry
- seizure, vomiting, watery stools
- diaphoresis, physical stigmata of Fetal Alcohol Syndrome

5. Domestic Abuse

Fairview's policy is that all patients, men as well as women, will be assessed for domestic abuse. The patient's response to the assessment questions must be documented in the medical chart. It is important for the patient to know that this is a safe place to discuss issues of physical, emotional or sexual abuse whether current or past. The medical setting provides a unique opportunity to meet with patients in private so the patient can feel safe to disclose concerns about abuse.

A few indicators of abuse:
Emotional abuse
> Depression, suicide attempts, panic attacks
> Chemical use
> Threats to harm victim, family members, pets

Sexual abuse
> Statements of forced sexual contact, rape
> Presence of a sexually transmitted disease
> Injury to vaginal and/or rectal tissue

Physical abuse
> Marks in areas commonly covered by clothing
> Strangulation marks on neck

Presenting symptoms
> Injuries inconsistent with explanation of injury
> Frequent medical visits with vague complaints or symptoms (may be a cry for help)
> Partner answers all questions, overly solicitous, does not want to leave patient alone with hospital staff
> Little or no prenatal care
> Considerable delay in seeking medical treatment

Documentation
> Objective, factual reporting of injuries and statements made by patient may be invaluable to patient in possible legal proceedings and should be documented
> Photographs of injuries
> Inform patient that medical records are available for them if needed as proof

Positive assessment:

If an assessment is positive, make a referral directly to your respective service line support. Inpatient referrals should be made to your unit Social Worker. Fairview Clinics and outpatient services should refer to your county First Call For Help. Permission from the patient is not necessary and all referrals will be handled respectfully to offer support and resources.

6. Vulnerable Adults

All health care professionals are required to report to a county 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 or 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?
Abuse
- assault, criminal sexual conduct, verbal abuse, hitting, slapping, kicking, involuntary confinement, deprivation
- use of drugs to injure or facilitate a crime
- staff to patient sexual conduct

Neglect
- failure to provide for basic needs of food, shelter, health care and sleep

Financial exploitation
- misuse of funds, especially for benefit other than to patient, unauthorized expenditures

Reporting
If you have a concern that a patient is being abused or mistreated contact your unit Social Worker (inpatient units) or county First Call For Help (Fairview Clinics and outpatient services). Staff who work in Behavioral Services need to complete a Vulnerable Adult Reporting Form and submit it to the case manager or the chemical dependency counselor.

7. Personal Safety at Work

The following security tips will help you be prepared in keeping Fairview a safe place for everyone.

Identification Badges
All employees, volunteers and authorized visitors must wear unaltered photo ID badges above the waist.

Parking Areas
Be observant when going to your car. Have your key ready and look inside your car before you unlock it and get in.

Escorts
Utilize the Security Escort Service if provided at your workplace. Avoid walking alone.

Suspicious Persons
Report suspicious activity or persons normally not seen in your workplace.

Secure Your Belongings
Secure your personal property in a locked area. Avoid bringing valuables into the workplace.

8. Personal and Family Emergency Management

Be Informed!
- Know what types of possible emergencies could happen that would impact you, your family, workplace and community.
- If your household includes persons with disabilities or special medical needs, even more careful gathering of information and planning are necessary.

Be Prepared!
- Make a Plan and a Kit!!
    - Plan how you will communicate with household members.
    - Record your family's important information, i.e. family, work, and school phone numbers and email addresses, your workplace emergency plan.
    - Create a 'Stay Plan' (Sheltering-in-Place) for staying in your home when certain emergencies occur.
    - Create a 'Go Plan' (Evacuation) for leaving your home or neighborhood.
    - Include in your kit--water, food, first aid supplies, flashlight, battery operated radio, personal care items, medications, and special items required by infants, seniors and pets.

Be Connected!
- Know the emergency management plan for your workplace and community.
- Contact your workplace Emergency Manager for planning and training.

9. Emergency Management Hospital Incident Command System (HICS)

What is HICS?
- An Internal/External Emergency Management and Evacuation tool
  (Code Orange Plan) known as the Hospital Incident Command System (HICS).
- A flexible, 'all hazards' approach to managing various emergencies and/or disasters.
- A set of standardized organizational structures, processes, procedures and systems designed to improve collaboration with multiple internal departments and external jurisdictions and agencies.

What are the Objectives of HICS?
- Provide maximum safety and security during emergency conditions.
- Provide effective communications and information management.
- Promptly and efficiently manage clinical activities.
- Provide a flexible chain of command to maximize use of resources and assets.
- Define and manage staff roles and responsibilities.
- Protect, maintain and restore essential utility services.
- Activate a comprehensive business recovery plan.

What is the Basic Structure of HICS?
- Incident Commander (one qualified person in charge)
- Public Information Officer (provides interface with media)
- Liaison Officer (provides interface with external responders)
- Safety and Security Officer(s) (provides resources to preserve safety and security)
  - Logistics Section (maintenance, facility operations)
  - Planning Section (information, staffing, planning)
  - Finance Section (management of financial assets, risk)
  - Operations Section (clinical, support, and human services)

What is the Basic Tool of HICS?
- An Incident Action Plan—
  - What do we want to do and how are we going to do it?
  - Who is responsible for doing it?
  - How do we communicate with each other?
  - What is the procedure if incident personnel are injured?

What are My Emergency Management Responsibilities?
- Always wear photo identification badge
- Know your entity and department emergency operation plan
- If in the workplace, report to the Staffing Activity Center/Labor Pool
- If away from the workplace, wait for instructions to report to work

10. Fire Safety—CODE RED What types of fire must be reported?

- Visible flame
- Visible smoke
- Smoke odor
- "Out fires" (fires that have been extinguished)

What is the fire response procedure? It's RACE!

- **R** = Rescue
- **A** = Alarm
- **C** = Confine
- **E** = Extinguish/Evacuate

1. RESCUE – Rescue any person from immediate danger!

2. ALARM – Alert others by:
   A. Activating a fire alarm pull station on your way to the nearest safe telephone
   B. Calling the emergency number for your location

   Provide the following information:
   - Who you are
   - Where the fire is located (be very specific, e.g. Same Day Surgery Unit 3C, 3rd Floor University Hospital, University Campus;)
   - How large the fire is
   - What type of fire is burning
   - If people are in danger

   Stay on the line until you:
   - Are released by the operator
   - Determine it is unsafe for you to remain at your location, or
   - Hear the "All Clear" announced on the public address system

3. CONFINE – Confine the fire!
   o Close all doors and windows
   o Turn on all lights
   o Remove all items from the corridor on the floor of the alarm
   o Secure the area! Stop pedestrian traffic from entering or leaving the area. Assure that no one enters except fire response personnel

4. EXTINGUISH/EVACUATE!
   - Extinguish the fire only if:
     o You are competent in extinguisher use, and
     o do not place yourself or others in danger
   - Evacuate:
     o If you are in danger; and/or
     o as directed by fire response personnel or overhead paging announcement
     o in accordance with your area evacuation plan.

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

1. All pedestrian traffic <u>within the building</u> in which the alert is given is to be stopped. Passage through smoke doors is prohibited unless staff are needed for immediate patient care.
2. Persons are not permitted to remain in stairwells and elevator lobbies.
3. Hospital telephones are to be restricted to emergency use.
4. Report any adverse conditions to the Emergency Operator.

11. Electrical Safety

Creating a safe environment includes using electricity wisely!

<u>Safety Inspections</u>
- Look for a Safety Inspection sticker on patient care devices, products and equipment, e.g. IV pump, chair, bed, lift. If there is no sticker or the sticker has a past due inspection date, remove the product from patient use and contact Facilities or Bio-Medical Engineering.
- If your department will be purchasing <u>new</u> equipment, contact Facilities or Bio-Medical Engineering for a safety check and inspection.

<u>Electrical Outlets</u>
- Cover outlets in pediatric areas to prevent little fingers from getting big shocks
- Do not overload outlets. Overloaded circuits can cause fire or shorted circuits

<u>Emergency Electrical Outlets</u>
- Provide generator supplied power in ten seconds or less
- Plug all life support and critical patient care equipment into specially marked emergency electrical outlets

<u>Moisture/Fluids</u>
- Any type of moisture is an electrical hazard. This includes wet or sweaty hands, standing on a wet floor, liquid spills on the floor, etc. Keep your hands dry. Wipe up small, non-hazardous spills immediately

<u>Cords and Plugs</u>
- Never break off the third prong on a grounded plug to adapt it to a two-slot outlet!
- Use three-pronged instead of two-pronged plugs. Only double-insulated appliances shall be permitted to have two pronged plugs
- To remove a plug from an outlet, pull on the plug, not the cord
- Never pull the cord from a device and leave the cord dangling from an outlet!
- Approved extension cords should be used in emergency situations only
- Keep cords away from heat and water. Don't run cords under rugs or through doorways
- Cords that are damaged or that feel warm/hot to touch must be taken out of use immediately and reported to Bio-Medical Engineering

12. Safe Medical Devices

It is the policy of Fairview Health Services to prevent or minimize medical device-related patient incidents, to ensure patient safety, and to improve the quality of patient care.

Physicians, nurses or other healthcare personnel who use or maintain the products often discover medical product defects. It is essential that all personnel understand the importance of immediately reporting all product defects and device-related adverse patient events.

The Safe Medical Device Act of 1990
1. Was enacted to assure:
    - 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.
2. Is enforced by the Food and Drug Administration (21 CFR 803).

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

Serious Illness and Serious Injury: An illness or injury that:
1. Is life threatening.
2. Results in permanent or serious impairment or damage to the body.
3. Requires medical or surgical intervention to prevent permanent or serious harm to the body.

Procedure
A. The individual who witnesses, or otherwise becomes aware of an event involving a patient and a malfunctioning or failing medical device shall:
1. Manage the patient event.
2. Determine if the patient was actually or potentially harmed.
3. Retain and remove the product/equipment, and all attachments (including consumables/disposables) from service.
4. Do not change any device settings or dispose of items and do not reuse the equipment.
5. Notify Risk Management and Biomedical Engineering of the event.
6. Contact your Biomedical Engineering Department for information and direction to current policies.

B. Risk Management will assemble an investigation team to evaluate the situation.

13. Prevention of Workplace Violence

Fairview Health Service's Prevention of Workplace Violence policy is written to assure its employees are free from danger, risk, and injury in the workplace including violent or disruptive behavior, any type of discrimination, and all forms of harassment.

What is workplace violence? *Workplace violence is any action that may involve verbal abuse, physical force, harassment, intimidation or abuse of power or authority where the impact is to control another's behavior by causing pain, fear or emotional harm.*

What does the Threat Assessment Team do?
- Provides guidance for staff when a significant threat occurs.
- Works with managers to ensure personal safety and rights of involved individuals.
- Assesses the risk of violence and recommends appropriate intervention.
- Provides Services 24 hours a day, seven days a week, through Security.

If you experience threatening behavior, report it to your supervisor and call Security or 911 immediately!

14. Office Ergonomics/ Back Injury Prevention

3 EASY STEPS TO SETTING UP YOUR
### COMPUTER WORKSTATION
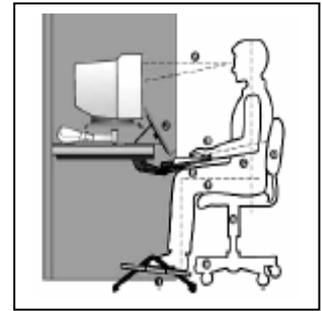
STEP 1: Your Chair

- **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 a 100-110 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.

STEP 2: Your Keyboard

- **Pull up close to your keyboard so there is a comfortable 100-110 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** (see picture on right). 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 strenuous mousing.
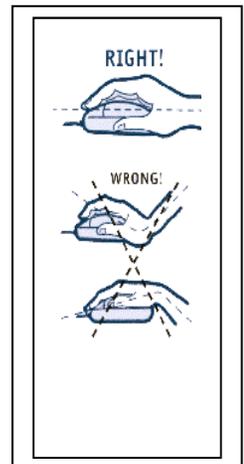
STEP 3: Your Monitor

- **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.

OTHER CONSIDERATIONS:
- **Use a headset if on the phone more than 25% of the workday.**
- **Position frequently used items within easy reach (i.e. phone, stapler, etc.).**
- **Use a document holder and position it close to or in-line with the monitor.**
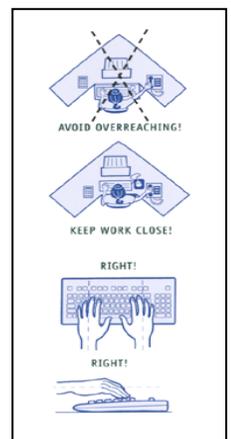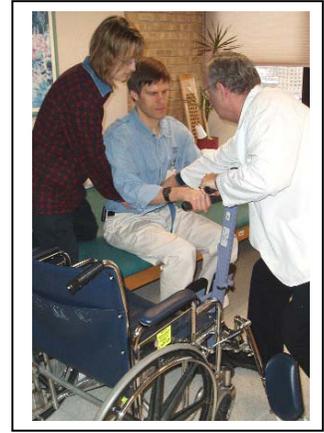
Want more information? Contact Employee Occupational Health Services.

Useful weblinks:
http://www.osha.gov/SLTC/etools/computerworkstations/components_keyboards.html#placement
http://www.healthycomputing.com/office/setup/

16

Back Injury Prevention
10 EASY TIPS TO MAINTAINING A HEALTHY BACK

1. 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.

2. Use equipment whenever possible-patient lifting devices (EZ stand, mobile lifts, pivot discs, AirMatts, etc.), carts, etc.

3. Ask for assistance when lifting heavy objects.

4. Maintain good posture-keep the natural curves of the spine. Don't slouch!

5. Avoid prolonged postures. Change positions frequently throughout the day.
   - Standing
     - Stand on an anti-fatigue mat.
     - Wear comfortable footwear.
     - Prop your foot up on a stool or elevated surface.
     - Keep a slight bend in your knees. Don't lock your knees!
   - Sitting

     - Sit as far back in the chair as possible.
     - Adjust the chair for proper posture and comfort.
       - ✓ Ensure that your feet are comfortably resting 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.
       - ✓ Adjust the seat height so your shoulders are down and relaxed and your elbows are at a comfortable right angle position with your wrists and hands straight.
       - ✓ Keep work close. Don't reach!

6. Stretch frequently throughout the day.

7. Maintain a healthy diet.

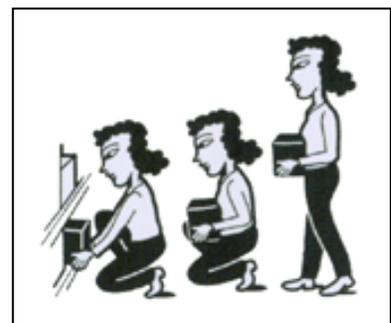8. Maintain an adequate level of physical fitness/exercise.

9. Maintain good sleeping postures. Sleep on a firm mattress on your back or side rather than your stomach when possible.

10. Maintain a healthy lifestyle-Don't smoke!

Want more information? Contact Employee Occupational Health Services.

Useful weblink:
http://ergonomics.ucla.edu/Back_Lifting.html

15. Work Related Injury / Illness Reporting

The safety and health of employees is of primary importance. It is Fairview Health Services' desire that no employee 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 employee, the manager and the Employee Occupational Health Services all have responsibilities for this process.

Employee Responsibilities
_ Report the injury/illness to the manager and Employee Occupational Health Services immediately.

_ To report the injury, go to ICARE icon.
_ Attend health care provider appointments, if needed.
_ Provide health care provider Work Ability Report to Employee Occupational Health Services nurse and manager.
_ Provide health care provider notes to Employee Occupational Health Services, as requested.
_ Work within prescribed restrictions at work and at home.
_ Maintain communication with all appropriate parties.

Manager Responsibilities
_ Ensure that work related injury or illness is reported in ICARE.
_ Review circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again to this or other employees.
_ Review restrictions to determine if the employee can work in the assigned department; discuss with Employee Occupational Health Services nurse possible work options.
_ Maintain ongoing communication with the employee and Employee Occupational Health nurse.

Employee Occupational Health Services Responsibilities
_ Obtain and review the ICARE Report.
_ Coordinate and monitor medical care.
_ Review Work Ability Report and coordinate work duties.
_ Initiate First Report of Injury as required by law.
_ Fax First Report of Injury, Work Ability and health care provider notes to Risk Management as completed.

16. 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, tests and treatments are conducted or administered by the Nuclear Medicine Department. 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.

Precautions

- 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 Security.
- Radioactive materials may be used in restricted patient rooms. **Do Not Enter These Rooms. Check with the charge nurse.** These rooms will be posted with a yellow and magenta radiation caution sign. The radiation caution sign may be removed only by the Radiation Safety Officer, a Nuclear Medicine Technologist, or Radiologist.

Radiation Protection

Protection from radiation sources can be achieved by:

- **TIME:** Personal exposure is proportional to the time spent near the source. Stay near the source no longer than necessary.
- **DISTANCE:** The closer you are to the source, the greater the exposure. Keep as much distance between yourself and the source as possible.
- **SHIELDING:** (1) Wear protective vests, eye goggles, gloves and/or respiratory protection. Stay behind structural barriers. (2) Containers of radioactive sources are shielded with lead, which lines the shipping container. If a container is undamaged, there is adequate protection.
- **CONTAMINATION CONTROL:** Control access to the contamination area. Contact spill control experts.

17. Cleaning Up Small Chemotherapy Spills

Spill Kits

Chemotherapy spills require special kits for clean up. Instructions are included in the kits. Spill clean up policy and procedures are found in Chemotherapy/Accident Exposure/Management of Spills, D:TX 5071. Spill Clean-up Kits need to be stocked on the units that may need them. Qualified nursing staff handles small spills.

To order chemotherapy spill kits in advance, contact Supply Chain Operations for Chemotherapy Spill Clean-up Kit: I:Manage number 148361

- Mercury: The hospital continues to eliminate all mercury from the facility. If you have or use mercury-containing equipment, contact the Safety Department for proper disposal and assistance in ordering an alternate, mercury free product.

For emergency purposes, spill kits for chemical and chemotherapy spills are kept in Security Dispatch.

18. Hazardous Gases and Vapors
Safe Compressed Gas Cylinder Usage

Cylinder Storage

Compressed gas cylinders should be examined for damage and leaks as soon as they are received. If there are any signs of damage or leakage, they should be moved and secured in a safe, isolated area, and returned to the supplier as soon as possible.

- Storage areas also must be fire-resistant, clean, free of combustible materials, and well illuminated.
- No more than 12 e-cylinders may be kept in a fire area at one time.
- All cylinders must be properly secured in an upright position by cable, chain, or other suitable means to prevent tumbling. There is *one exemption* to this; a horizontal or angled rack is acceptable as long as the neck of the bottle isn't a part of the support system.
- Cylinders must be kept away from electrical wiring.
- Cylinders should be properly labeled. The valve protection cap, found on larger cylinders, should not be removed until the cylinder is secured and ready for use.
- Empty cylinders are required to be marked empty and kept separate from full ones.
- Full cylinders must be positively identified as to the gases they contain.

Cylinder Handling

- Gas cylinders are not suitable for MRI environments.
- Do not use the handle of the Walk-02-Bout to transport the cylinder.
- Smoking is not permitted in any area where gases are being used or stored.
- Cylinders must not be dropped or allowed to strike each other.
- Cylinders must not be dragged, rolled, or slid. A hand truck or wheeled cart must be used and cylinders must be properly secured before moving.
- Cylinder safety devices must not be tampered with.
- Use the brackets on gurneys, wheel chairs, and beds when transporting an oxygen cylinder.

19. 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:

- bioaerosols which include pathogens and allergens.
- volatile organic compounds, such as alcohol and acetone.
- formalin products.
- cleaning products.
- particulates, i.e. lead dust, asbestos; and
- combustion products such as carbon monoxide, or tobacco smoke.

Examples of common concerns identified by employees include exhaust fumes by the loading dock areas, cigarette smoke and mold growth.

- Facilities 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 your Facilities Department.

Fragrance Free Environment:
Perfume, cologne, scented soap, hair products and lotions are not allowed in the hospital. Recognizing that sensitivity to fragrance is not limited to patient care areas; this policy applies to all employees, volunteers, and physicians.

20. MN Right to Know Law, Roles & Rights

<u>Minnesota Employee Right To Know Act:</u>
The Minnesota Employee Right to Know Act is a combination of State and Federal laws that ensure employees are told about the dangers associated in working with hazardous substances, infectious agents, and harmful physical agents.

Hazardous Substances
- 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.

Infectious 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.

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

<u>Our Role</u>
Employees are required to:
- Learn about the hazards of our job.
- Learn how to work safely.
- Know where to find information about these hazards.
- Report any unsafe situation to your supervisor or the Safety Department.
- Know how to access the MSDS database.

<u>Fairview's Role</u>
Employers are required to:
- Tell employees about hazards they may encounter at their jobs.
- Discuss what employees need to know to work safely.
- Show employees where they can find information about hazards.
- Evaluate all substances entering and existing in the workplace that may present hazards.
- Provide employee training at orientation and annually thereafter in MSDS database access, use, and purpose.
- Have information about job hazards accessible to employees and maintain a current MSDS database.

<u>Our Rights</u>
Employees 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.

21. MN Right to Know: Information Resources and Preventative Measures

For <u>ANY concern</u> with Hazardous Substances, Infectious Agents or
Harmful Physical Agents, contact:
- Supervisor
- Safety Office
- Safety Compliance Hotline

For more information on:
Hazardous Substances
- Electronic Material Safety Data Sheets (MSDS) on Intranet
- MSDS Hotline

Infectious Agents
- Infection Control Manual on Intranet (under Physician Resources)
- Infection Control Department
- Employee Occupational Health Services

Preventative Measures
1. Recognize hazards communicated by signs/symbols (see below):
2. Identify hazards and potential hazards before you start the task.
3. Know where to find information.
4. Learn what to do to protect you.
5. Report any unsafe situation to your supervisor or the Safety Office.
6. Never use products from an unlabeled container. Contact the Safety Department for assistance in disposal.

Refer to Material Safety Data Sheets (see following page).

	<u>Biohazard Sign</u>-Blood/body fluid precaution. Use Personal Protective Equipment (PPE) as recommended.
	<u>Radiation Caution</u>-Do NOT enter area without checking with 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.
	<u>Stop</u>-Stop and read isolation guideline card before entering patient's room. Take protective measures, as described on the isolation guideline card. Refer to your supervisor or Infection Control resources listed above for further information.

22. MN Right to Know: Hazardous Substances –
Material Safety Data Sheets (MSDS)/Hazardous Waste

Why is the MSDS important?
Hazardous substance manufacturers are required to provide a current MSDS with their product. These forms present necessary information you might need to protect yourself, co-workers, and the environment.

MSDS's provide information on the following:
- Manufacturer information
- Ingredients of the mixture
- Description of the chemical hazards
- First aid information
- Handling and storage information
- Personal protective equipment needed

MSDS's on the Fairview INTRANET

MSDS's can be accessed on the intranet, under "Tools and Training". An instruction manual is available to help you search for a specific chemical or item.

Commonly Asked Questions

What do I do with a paper MSDS?
Never throw away a paper MSDS that comes with a new shipment. Mail all MSDS's to your Safety Department.

What is the MSDS Emergency Hotline Phone Number?
- 612-573-1234
- Used as an emergency access to MSDS information
- Answered by a Registered Nurse 24 hours a day, 7 days a week
- MSDS Hotline phone stickers and posters are available your Safety Department.

What to do in a hazardous substance emergency?
 In case of emergency spill, release or exposure:
- Manage the situation first; protect yourself and others
- Leave the immediate area and secure the area
- Call the emergency phone number for your area. Report the following:
  - Chemical
  - Quantity
  - Location
- Call the Emergency MSDS Line for more information on the chemical.

23. AWAIR – A Workplace Accident and Injury Reduction Plan

Why does Fairview have the AWAIR Plan?

Fairview is committed to providing and supporting safety training to encourage a positive attitude, which strengthens safety awareness. Training of all employees is vital to a successful safety management program. The AWAIR Plan ensures that safety training begins during employee orientation and continues throughout the course of employment. Continual safety training, monitoring, and interaction between employees and supervisors aids in the prevention of accidents. For more information, refer to your System Policy, The AWAIR Plan, S:EC – 2015. Employees may access the complete AWAIR Plan on the Intranet or through the Safety Department. The AWAIR Plan contains detailed information regarding the responsibilities of senior management, the Safety Officer, managers, supervisors, and employees.

What are the employee's responsibilities?

All employees of Fairview play an important role in the safety of your hospital and are responsible for keeping the work environment safe. Responsibilities of the employee include:

- Always report any injuries or accidents to your immediate supervisor. Know how to access Employee Occupational Health Services.
- Report unsafe work practices or hazards immediately to your supervisor.
- Complete safety training as required and participate in safety activities.
- Be familiar with the proper use of required personal protective equipment, limitations and maintenance. Most importantly, wear or use the PPE when performing activities that require such protection.
- Footwear appropriate for the job is required per your department policy.
- Do not remove safety guards from any equipment. Do not operate any equipment if a safety guard is missing.
- Practical jokes and horseplay can lead to accidents and will not be tolerated. Never distract the attention of another employee.
- Obey all warning signs and tags posted throughout the facility or affixed to equipment.
- Complete timely health protection, training or testing (i.e. FIT test, Mantoux).

AWAIR Plan and Corrective Action

Corrective action procedures are established to deal with any employee who disregards Fairview policies, procedures, and safety rules, or who is repeatedly negligent in their duties. Corrective action is set up to first counsel, however Fairview cannot and will not permit negligent employees to repeatedly injure themselves and/or put their fellow employees at risk.

Remember you are the key to a safe work environment!

24. Respiratory Protection Program

The Respiratory Protection Program is required per OSHA Standard 29 CFR 1910.134 to protect the health of workers who may use respirators. You may be required to wear a respirator when working with known airborne diseases or chemical hazards. Contact the Safety Department with questions or concerns regarding chemical hazards in your area.

Workers have two options of respiratory protection available to them for protection against airborne diseases:
> • The N95 filtering face piece
> • Powered Air Purifying Respirator (PAPR), which is an air-purifying respirator that uses a battery-operated motor to force ambient air through air-purifying cartridges into the hood.

If you wear or are required to wear respiratory protection you will need to complete a medical evaluation as well as annual training and fit-testing. Fit-testing for the N95 face piece will be conducted by Employee Occupational Health Services.

25. Infection Prevention & Control

INTRODUCTION

Any individual who enters a health care facility is at risk for infection. The promotion of health depends on the provision of a safe environment. The purpose of infection prevention and control is to identify and reduce the risk of infections among patients, employees, medical staff members, contract service workers, volunteers, students and visitors.

WHAT DOES "INFECTION PREVENTION & CONTROL" MEAN?

It means preventing and controlling illnesses that can be spread in the health-care setting. This is accomplished through many types of activities, including but not limited to, monitoring infection occurrences in patients and employees, developing and implementing infection control policies and procedures, education, safety programs, quality improvement activities, monitoring compliance with regulatory requirements, evaluating the environment, and consulting.

WHAT IS THE EMPLOYEE'S ROLE IN INFECTION PREVENTION & CONTROL?

It is very important to use good infection control practices everyday, everywhere. You are the key to prevention. You are our eyes and ears. Through adherence to defined infection control practices, you play an important role in reducing the risk of infection and breaking the chain of infection. It is everyone's responsibility to report infection control issues and concerns to the Infection Control Department.

Follow These Simple Rules to Protect Yourself and Others

- *Everyone is responsible for controlling and preventing infections*
- *Hand Hygiene is the most important activity to help prevent the spread of infection*
- *Follow safe work practices*
- *Know your responsibilities and resources*
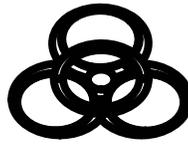- *Make Infection Control a part of your job!*

Resources:

- Infection Control Manual – check your entity's information located on the Fairview Intranet
- Infection Prevention Services – your first stop for assistance!
- Internet information: www.health.state.mn.us

Hand Hygiene

- 100% commitment to wash or use alcohol hand rubs before and after touching patients is expected. *Everyone who touches patients is responsible to assure patient safety by performing excellent hand hygiene and enforcing this in others*
- Keep your hand skin healthy by applying provided hand moisturizers at least 3-5 times a day (this helps reduce germs that stay in dry, cracked skin)
- Get comfortable asking each other to perform hand hygiene
- Encourage patients to keep their hands clean
- Teach visitors and family to clean their hands when entering and leaving patient rooms.
- Wash your hands often. Wash your hands when they are dirty and at the following times:
    - Before you prepare food
    - After touching raw meat like chicken or steak
    - Before you eat
    - After you eat
    - After you use the restroom
    - After you change a baby's diaper
    - Before and after you care for someone who is sick, or very young, or very old
    - After touching animals, such as dogs and cats

Additional information can be found in the Hand Hygiene Policy

26. Bloodborne Pathogens

	Hepatitis B (HBV)	Hepatitis C (HCV)	Human Immunodeficiency Virus (HIV)
About the disease	A serious disease caused by a virus that attacks the liver. It can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.	Disease of the liver caused by the hepatitis C virus. HCV is primarily spread by exposure to human blood. Disease progression similar to Hepatitis B.	The virus that causes AIDS, is a bloodborne pathogen that presents a small but real risk to health care workers.
Symptoms	Symptoms include fatigue, nausea, vomiting, loss of appetite, abdominal pain, and jaundice. About 30% of persons infected have no signs or symptoms.	Some symptoms may include fatigue, dark urine, loss of appetite, abdominal pain, and jaundice. 80% of persons infected with HCV have no signs or symptoms.	HIV infection is a complex disease that can be associated with many symptoms. The virus attacks the immune system, eventually leading to severe infections and complications and a condition known as AIDS.
Vaccine availability	Hepatitis B vaccine is available for all age groups to prevent hepatitis B virus infections.	There is no vaccine to prevent Hepatitis C.	There is no vaccine to prevent HIV.
Risks	Without the vaccine, the risk after an exposure to HBV infected blood is 6-30%.	The risk for infection after a needlestick to HCV infected blood is about 1.8%.	The risk of becoming infected by an exposure to the blood or body fluids of a patient infected with HIV is about 1 in 300.

Exposure incident – A specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious materials that results from the performance of an employee's duties.

If you are exposed, report it *IMMEDIATELY to your supervisor*!

Know and follow your protocol for exposure management.

Prevention
- Get your Hepatitis B vaccination
- Use barriers – gowns, gloves, masks, eye protection appropriate to the task and/or if exposure to blood/body fluids is possible
- No re-capping of needles
- Dispose of sharps, needles and infectious waste properly
- Use only safety devices whenever possible and available
- Do not attempt to pick up broken glass without a tool
- Secure blood and body fluid spills – Call for help if too large for you to clean
- Treat all blood and body fluids as potentially infectious
- Report exposures immediately to your supervisor

Questions should be directed to your Manager or Employee Occupational Health Services.

27. TUBERCULOSIS

Tuberculosis is an infectious disease spread by sharing the air of a person who has TB disease in their lungs or throat. In health care settings, spread of the disease is prevented by early identification of TB disease and rapid isolation of these patients.

Suspect patients or known cases:
The patient must be placed into a negative airflow room called AII (Airborne Infection Isolation). **All staff entering the room must wear a respirator (disposable N95 or PAPR (powered air pressure respirator- hood).**

See: Entity TB Control Plan in Infection Prevention policies – FV Intranet.
UMMC has algorithms on its intranet web site to assist in evaluating patients in a variety of settings (in-patient, clinic and ED).
Contact Facilities as needed for room locations.

If a patient has a sign or symptom of Pulmonary Tuberculosis, AND a risk factor for TB, see TB control plan. Evaluate the patient for possible TB, place into AII room, call for an isolation cart with respirators and notify day supervisor, Admin. Nursing Supervisors and/or Infection Prevention.

SIGNS & SYMPTOMS		*RISK FACTORS*	
▪ Cough >3 weeks ▪ Fever ▪ Hemoptysis ▪ Pleuritic Chest Pain ▪ Wt. Loss ▪ Night Sweats	▪ Fatigue ▪ Pneumonia not responding to appropriate antibiotic therapy ▪ Abnormal CXR	▪ Known TB exposure ▪ Foreign born ▪ Residents in group settings: LTC, Correctional Facilities, Group Homes ▪ Elderly	▪ Indigenous Populations, e.g. Native American ▪ Substance Abuse ▪ Immunocompromised ▪ Homeless

Managing TB is also a part of the Respiratory Protection Program.

Infection Prevention and EOHS (Employee Occ. Health Services) are excellent sources for information.

28. Employee Occupational Health Services

Exposure incident - A specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious materials that results from the performance of an employee's duties.

Blood/Body Fluid Exposure Protocol: Care of Exposure Site and Reporting
1. Thoroughly cleanse exposed area with soap and water. If the splash is in the eye, flush with tap water for 5 minutes.
2. Inform the charge person immediately of the exposure.
3. Find the red binder labeled "Blood/Body Fluid Exposure Protocol" and take out a red folder. Follow all steps on the checklists inside the folder. The forms on the left side are for the exposed health care worker; the forms on the right side are the source patient procedure.
4. It is very important that the source risk assessment for HIV, Hepatitis B and Hepatitis C is completed as soon as possible. The treatment of the exposed healthcare worker is determined by the assessment.
5. Once forms are completed, turn RED packet with completed forms into EOHS or EOHS designee.
6. Complete an ICARE report.
7. If your department doesn't have a red binder, go to Employee Occupational Health Services. When EOHS is closed, call the nursing supervisor who can direct you to the EOHS designee to report the incident and complete the protocol stated in # 3 & 4.
7. Non-employees (anyone who does not receive a Fairview paycheck) who have a blood/body fluid exposure are to follow the same process.

Maintain good health and get required / recommended immunizations
- Know your health history, especially to vaccine preventable communicable diseases, such as mumps, measles, hepatitis, rubella and chicken pox.
- Immunity to rubella (German Measles), rubeola (Red Measles), mumps and varicella (chicken pox) is required for all employees. Come to Employee Occupational Health for a vaccination review.
- To protect yourself against pertussis (whooping cough), every adult is encouraged to receive a tetnus vaccination with pertussis at one point in their adult life. This is available in Employee Occupational Health.
- Avoid unprotected contact to persons with known infectious processes.
- Know and follow standard precautions. If potential for exposure exists, you should wear appropriate personal protective equipment appropriate for the task.
- If you have an infection, be careful so germs are not spread to others. Stay at home when you are ill, especially if you have a productive cough, vomiting or diarrhea accompanied by a fever. Call and report any serious infectious illness to EOHS and your supervisor.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Wash your hands frequently or use alcohol hand rub to prevent the spread of upper respiratory disease.
- Wipe the mouthpiece of the phone with alcohol before and after someone with a respiratory infection has used the phone.
- Call Employee Occupational Health Services with any questions about immunizations and their documentation.

29. Infectious Waste Management and Sharps Safety

Small Spills of Blood and Body Fluids

1. Cover the spill immediately with paper towels and arrange a way to isolate the area to prevent risk to others while you gather supplies or call for clean up assistance.
2. Wear gloves and protective attire appropriate for the task.
3. Clean up the spill using a spill kit, disposable rags or paper towels and the detergent/disinfectant. Squirt the cleaned area with the detergent/disinfectant and allow to air dry for ten minutes. Wipe up excess moisture.
4. Discard contaminated supplies and gloves into an infectious waste container (red bag).
5. **Wash your hands.**
6. After the initial clean up of a blood/body fluid spill on a carpet, contact your facility resource guide for appropriate carpet cleaning and/or disinfection contact source..

Major Blood and Body Fluid Spills and Spills That Require Specific Handling

- Your facility resource guide provides a resource to assist with major or large spills that exceed the clean up capability of the personnel or equipment in the area.
- For a spill that occurs within the pneumatic tube system, call Facilities (inpatient areas only).
- Follow same cleaning procedure as for small spills.

Sharps Safety

Defined as: Needles, scalpel blades, and other sharp objects that can penetrate the skin
- Dispose of them in puncture-resistant container immediately after use.
- Do not recap needles.
- Use a no-pass technique for handling sharps during surgical procedures.
- 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.

Infection Waste Handling, Labeling and Disposal

- Any disposable item that is soaked, dripping, or saturated with blood or body fluid, whether wet or dry, should be placed in a red infectious waste bag. Confine and contain any body fluids. Exception: Peripads are excluded from infectious waste management.

Additional information on infectious waste or sharps management may be obtained from Infection Control Policies or by contacting Infection Control or Safety.

30. Diversity, Affirmative Action, Cultural Competence, and Fairview

How do we, as a health care provider, define diversity?

Diversity includes all the differences and similarities that affect how we work together and how we provide respectful, top quality care. At Fairview, we focus on understanding those aspects of diversity that help Fairview caregivers meet the individual needs of all those we serve, and help Fairview employees work well together. This includes: age, gender, physical capability, spirituality, gender identity, race and ethnicity, sexual orientation, financial status, primary language, accent, size, perspective or style, etc.

What is considered "cultural competence?"

"Cultural competence" and "cultural responsiveness" refers to how we provide care that respects each patient's unique background and beliefs. Healthcare employees serve customers and work alongside colleagues in intimate settings whether it is in the home, clinic, bedside, nursing home, or assisted living. As care providers and teammates, we exhibit our Fairview values of dignity, compassion, integrity, and service regardless of what aspect of difference we encounter: a deaf family member, a co-worker who recently emigrated from Eritrea, a transgender patient, or a supervisor who is Muslim.

What behaviors demonstrate cultural competence?

We take into account and do not ignore each person's uniqueness. We recognize differences and make our best effort to learn about the impact of these differences, so we can serve others compassionately and safely as they wish to be served. Even more important than the respectful behaviors required by the law and by Fairview policies is the standard of high anchor behaviors of our Fairview values. One example of a culturally responsive behavior is to proactively ask the client about his or her beliefs regarding health and what aspects of care mean the most to him or her.

What does diversity have to do with Fairview's mission as an organization?

Our Fairview diversity vision is: "Our communities will choose Fairview first as an employer, healthcare provider, and partner. We will inspire employee pride, because we understand, respect, and leverage our differences to improve the lives of those we touch." Paying attention to diversity helps Fairview improve the health of all the communities we serve.

In terms of diversity, who are Fairview's customers today?

Our patients come from every economic, cultural and ethnic group, and from every type of physical capability, educational background, marital status, sexual orientation, and gender identity. Today our best demographic data about our clients comes from the questions that we ask them as we admit them to our hospitals. This information is used to assist us in how best to serve them.

The largest ethnic groups Fairview serves are Caucasians, African Americans, Latinos, Asians, Africans, and Native Americans. Patients of color are about 14% of Fairview's clients for whom we know ethnicity. As Minnesota's population ages, so does the number of citizens with disabilities that Fairview serves. In terms of language diversity, we provide interpretive services to thousands of client visits each year at Fairview. For those patients whose primary language we know, about 6% of our clients prefer a language other than English for their health care discussions. In 2006, the main language groups we served were English 86%, Spanish 1.7%, and Somali 1.6%. Languages which had less than 1% of our client population were, in order of patient request: Russian, Vietnamese, Oromo, Chinese, American Sign Language, Laotian, Mandarin, Amharic, Cambodian, Tigrinya, French, Swahili, Polish, Thai, and Hmong.

In terms of spiritual affiliation, the largest groups that Fairview served in 2006 were: Catholic, Lutheran, Christian, Protestant, Baptist, United Methodist, Muslim, Undesignated, Presbyterian, Jewish, Episcopal, Hindu, Buddhist, Jehovah's Witnesses and Assembly of God.

How do Diversity and Affirmative Action Work Together?

Affirmative Action monitors compliance of equal employment opportunity through state and federal regulations for protected classes. Protected classes are: religion or creed; race, color, or national origin; disability; gender or sexual orientation; age, marital status; status regarding economic assistance; or the perception of any of these.

What is Affirmative Action/Equal Employment Opportunity at Fairview?

Affirmative Action involves policies, practices, and results-oriented actions ensuring that Fairview provides equal employment opportunity. This involves hiring, upgrading, demotion, transfer, recruitment, selection, layoff, disciplinary action, termination, compensation, training, or apprenticeship. Do you have concerns about potential discrimination or questions about treatment? Do you need a diversity-related accommodation in order to function effectively on your job? Fairview wants employees to bring forward their concerns, and provides several avenues for you to file a compliant or talk about a situation. You can confidentially contact your immediate manager/supervisor, local Human Resources Staff, Fairview Compliance Hotline: 612-672-2300, Fairview Affirmative Action: 612-672-2828, or Fairview Office of Diversity: 612-672-4949.

Who is responsible for taking action that supports our diversity vision, Affirmative Action goals, and Equal Opportunity Employment?

It is everyone's job! Leaders, diversity advocates, and individual employees partner to create diversity progress. Your leaders orchestrate and have ownership for diversity action that helps our business, as well as our clients and employees. Their goals are centered in these strategic action areas: culturally competent care, workforce or welcoming environment that specifically looks at creating a climate of hospitality and inclusion for employees, clients, and the broader community.

What resources are available to learn more about diversity?

The Fairview Office of Diversity helps many individual employees, managers, and leaders to anticipate and address diversity issues.   They provide direct service and connections to other resources. Other resources that support our performance in the diversity arena include: Interpreter Services, Diversity Recruitment, and the Fairview Press, which translates and publishes patient information in multiple languages.

- Fairview Office of Diversity
- Fairview Affirmative Action
- Fairview Diversity Intranet – Fairview intranet/Human Resources/Diversity
- Patient Information Translations – Access *Smart Works via Fairview intranet*

31.   Reporting Compliance Issues/Compliance Policies/False Claims

Compliance Hotline

Fairview has a hotline for employees and others to report improper or illegal conduct or to ask questions about questionable activity. The hotline is system-wide, so if you call, clearly identify the location so the appropriate site can be contacted. All reports to the compliance department will be reviewed and are treated confidentially. You do not need to leave your name.

COMPLIANCE HOTLINE
The hotline is available 24 hours a day, 7 days a week.
➢ **The hotline offers either a live person to take the report or you can leave a confidential voice mail message directly for Fairview's Chief Compliance Officer.**
If you prefer not to use the hotline, you may call the Chief Compliance Officer directly.

We also offer an on-line contact option that is confidential. www.fairview.silentwhistle.com

What Are Compliance Violations?
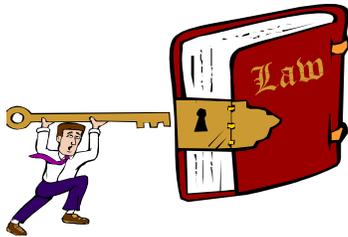
Compliance violations involve a breach of legal or ethical responsibility. We can all contribute to creating a culture of compliance at Fairview. If you are aware of a situation that may involve a breach of a legal or ethical responsibility, it is your responsibility to report it. Generally, you should report any compliance issues to your manager or supervisor. Human Resource issues should be reported directly to Human Resources. If you feel uncomfortable about reporting compliance issues to your manager or supervisor, or fear that someone will retaliate against you for a concern, you should talk to another manager, Human Resources, or you can call the Compliance Hoteline. A complete list of compliance policies as well as other useful compliance information can be found on the Fairview intranet under Departments, Corporate Compliance.

Compliance – It is Everyone's Responsibility

Maintaining compliance at Fairview requires that each of us maintain our legal and ethical responsibilities as we perform our job duties. We can all contribute to creating a culture of compliance at Fairview. If you are aware of a situation that may involve a breach of a legal or ethical responsibility, it is your responsibility to report it.

False Claims and Statements; Protection for Whistle-Blowers

False Claims and Statements: Fairview strives to ensure that all claims for reimbursement and associated written statements are accurate for both private and government payors. This applies to any claims submitted by agents or contractors for services performed on behalf of Fairview as well. For claims made to government authorities or programs, it is a violation of Fairview's False Claims and Statements policy and the law to submit a claim for property or services that were not provided, or to submit a false claim that includes or is supported by any written statement which is false or omits a fact that the person has a duty to include. It is also a violation of Fairview policy and the law for any person to make or submit a statement that the person knows or has reason to know is false or omits a fact that the person has a duty to include, which results in a false claim.

Penalties: When a false claim or statement is detected, violators may be subject to legal action in addition to discipline as outlined in Fairview's [Compliance Program Discipline](#) policy. Government penalties may include fines up to $5,000 for each statement and between $5,000 - $10,000 for each claim. The violator may also be required to pay for the damages suffered by the government, and the government could initiate administrative or contractual action against the person as authorized by law, including suspension or debarment from entering into contracts with the Federal Government.

Protection for Whistle-Blowers: It is absolutely forbidden for any employee to punish or conduct reprisals against another employee who has reported a suspected violation of the law, the Compliance Program or Fairview policy. In addition to Fairview's internal policy against reprisals, federal and state law provides protection for employees who communicate with government officials regarding possible illegal behavior in some contexts (whistle-blower protection). Where such protection is available, discrimination against whistle-blowing employees is prohibited. Refer to Fairview's [Whistle Blowers](#) policy for additional information.

Detecting and Preventing Fraud: Fairview's [compliance program policies](#) outline the processes for detecting and preventing fraud, waste and abuse. Fairview's compliance program coordinates regular auditing and monitoring activities to assess Fairview's compliance with legal and ethical standards, such as coding, billing, and claims submission rules. Employees must be trained to recognize and understand the legal and regulatory requirements of their job functions and to promptly report violations and suspected violations so that action will be taken to prevent further occurrences and to mitigate any damages resulting from the violations.

32. Privacy of Protected Health Information (HIPAA)

HIPAA stands for Health Insurance Portability & Accountability Act of 1996. Generally, the law requires that all health care providers protect the privacy and confidentiality of patient information. Minnesota also has laws about the confidentiality of health information and HIPAA applies additional protections for patient privacy.

Privacy Do's and Don'ts
Complying with HIPAA can be complicated sometimes, but if you follow these 3 simple guidelines, you will go a long way toward protecting our patient's information:
1. **DO** use or share health information to provide treatment.
2. **DO NOT** look at or discuss the health information of another person if it is not required for your job. This includes family members, friends, neighbors, co-workers, etc.
3. **DO** report privacy issues to your supervisor or to the privacy office – we all have the responsibility to create a confidential and private environment for our patients to seek care. You can reach the privacy office at privacy1@fairview.org.

HIPAA Resources
The Fairview intranet has a HIPAA Privacy site that contains frequently asked questions (FAQs), links to training materials, forms and other information to help answer your questions about privacy. If you don't find what you need, talk to your supervisor or contact the Privacy Office or by email at privacy1@fairview.org.

What information is protected by HIPAA?
It is the demographic and health information about a person that is received or created by Fairview and it can be in paper, electronic or verbal form.

What information may be released without patient authorization?
With the exception of patients being treated for chemical dependency, directory information (location in the facility and general condition) is not considered confidential and may be released unless the patient has asked that we restrict callers or visitors from knowing that he or she is a patient in our facility. All chemical dependency patient information is considered confidential and is restricted.

Our patients' right to privacy
Demographic and health information (in paper, electronic or verbal form) is called protected health information (PHI). Fairview supports every patient's right to privacy and it is the responsibility of every employee and physician to protect PHI. Privacy and confidentiality are necessary in health care. Fairview's responsible use of patients' PHI will help us provide excellent health care by increasing our patients' trust in us.

Patients' Access to Their Medical Record
Patients have the right to review and get copies of their medical record (physician approval is not needed). If a patient asks to review their records while in-house, assist them with their request or if time does not allow, schedule a time or contact the health information management (records management) department at your site to assist with the patient's request.

Minimum necessary
Except when providing treatment, the use or disclosure of protected health information should be limited to only the information needed to meet the purpose of the use or disclosure.

Protecting the privacy and confidentiality of patient information
We all must take responsibility to protect patient information. Here are some key ways to protect the privacy of information we use in our daily work:

Computer access: Do not share your passwords with anyone and don't keep them where others might be able to find them and log in using your name. Pick a password that is *easy* to remember but *hard* for someone else to guess. Log out of your session when you leave your computer – do not let other people use your open sessions.

Proper disposal of PHI: Do not put anything with identifiable patient information in the regular trash or recycling containers. Put paper, CDs, diskettes and other non-medical waste materials in the locked confidential destruction bin in your area. Help protect the confidentiality of patient information on labeled medical waste by "blacking out" the identifiers or by removing and shredding the label prior to disposal.

Conversations: Be careful about who might overhear your patient care discussions. Take reasonable steps to increase privacy by:
- Adding a few more feet of distance between discussions and bystanders.
- Lowering your voice in public areas.
- Closing a door or pulling a curtain in areas where the public may overhear you.

Faxing PHI: Be very careful to correctly dial the fax number and use a cover sheet if the fax is going outside Fairview (if you dial 9, use a cover sheet). The cover sheet should include a phone number so it is easy for the recipient to report a misdirected fax.

Emailing PHI: Using email to send PHI within Fairview for legitimate business reasons is allowed. If you need to send PHI outside of Fairview the message will automatically be encrypted (the recipient will need to log in to a secure server to read the message). You can also help limit the risks associated with email by:
- Limiting the use of identifiers to the minimum necessary (without compromising patient safety).
- Informing patients of the risks of email by asking them to read and sign an email consent form.
- Checking the address before you "send" to make sure it is entered correctly.

Protecting Social Security Numbers: Identity theft is a serious issue and we as health care providers must take precautions to protect our patients' social security numbers. Only use social security numbers when necessary and protect them as you would any other sensitive health information.

Remember HIPAA! If we are going to protect the privacy of our patients' health information, everyone at Fairview must be aware of their surroundings and take action if privacy could be better protected.

> **Question:** What should you do if you witness a possible HIPAA violation? For example, what would you do if you overhear a conversation about a patient while you are in the Cafeteria?
> **Answer:** Politely say to the person(s) involved, "**Remember HIPAA**." *Remember HIPAA* is the code we will use at Fairview to remind one another of our HIPAA responsibilities.

Reporting HIPAA Concerns: If you have HIPAA questions or need to report a violation, you can:
- Talk to your supervisor or manager
- Contact the Fairview Privacy Office by calling or sending an email to **privacy1@fairview.org**.
- Report an issue confidentially through the Compliance Hotline.

In summary
Protecting our patients' privacy is not new to Fairview. All of us can help develop Fairview's reputation as a provider that cares about patient privacy. If we remain aware of our surroundings and take action when we observe a situation where information could be better protected, our patients and Fairview will benefit.

33. Security of Electronic Protected Health Information (HIPAA Security)

In addition to the HIPAA privacy standards discussed in the previous section, the HIPAA security regulations require that all health care providers protect the security of electronic protected health information (EPHI). Fairview's security policies can be found on the Fairview policy intranet site (under Corporate Compliance Policies). Failure to follow these policies puts our patient's and employee's confidential information at risk; policy violations may result in disciplinary action up to and including termination of employment. If you have a question regarding a security policy, please see your manager or supervisor.

Passwords are one of our most important security features
If you were a patient at Fairview, you would assume that access to your personal health information is well protected. Most of us would agree that Fairview's EPHI systems make it easier for us to access the patient information we need to do our jobs, but with this access comes the need for security controls. Passwords allow us to control access to our patients' private information. That is why using strong passwords and protecting them is such a critical component of our EPHI security program.

Creating a password that is easy to remember but hard for someone else to guess is one of the most important ways that you can protect the EPHI in our systems. Follow these rules about passwords:
1. Create a "strong" password whenever possible (some systems may not allow this at this time) by including a combination of at least 5 letters, numbers and at least one special character (!@#$%^&*). Try using a phrase you can remember like, **I l**ike **m**y **n**ew **H**arley**!**, and use the first character of each to form your password – IlmnH!.
2. Do not write down your passwords or store them in a manner where someone might find them and be able to log in to a system.
3. Call the Technology Service Center (IT) if you have forgotten your password or suspect that someone else has been using it. In both situations, the password should be changed.

Authorized Access to EPHI
All access to information systems containing EPHI must be properly authorized by a manager/supervisor - this includes all employees, contractors, business partners (e.g. UMP/AHC), temporary staff, etc. However, just because you have access to an information system does not mean you can use that system to access all of the information in that system; you must only access information needed to perform your job duties.

Security Do's

- Do **log out** of applications or lock your workstation (control/alt/delete) when you leave your workstation if PHI is accessible.

- Do **change your passwords** every 90 days.

- Do **think twice before sending PHI via email**. Although our email system is secure and will encrypt PHI emails leaving Fairview, emails can be forwarded to others and sometimes are addressed incorrectly. If you know that PHI is in the email you can force the encryption by using the word "secure" anywhere in the subject line.

- Do call the Technology Service Center (IT) at 612-672-6805 to **arrange for disposal of a PC, laptop or PDA**. We must ensure that the device is completely cleansed of PHI prior to disposal.

- Do only **access PHI necessary for your job function.   Your access to PHI may be monitored and may be audited for appropriateness.** (For example, access to records for providing direct patient care is O.K., but access to your neighbor's records just to see how they are doing is not O.K).

- Do **store PHI documents on the network, <u>not on the desktop or C drive</u>.** Documents on the desktop or C drive will be accessible to anyone who has access to your workstation. The network drives are backed up by IT and recoverable in the event of damage or loss.

- Do **report anything suspicious** or abnormal about your workstation or other suspected security incidents to your supervisor/manager or the Technology Service Center (612-672-6805).

- Do **keep laptop computers** secure at all times whether at work, home, or in your car (locked in trunk / out of sight).

- Do remember that **email, workstations, etc. are Fairview property** and are generally to be used only for appropriate business purposes.

Security Don'ts

- **Don't let anyone else use a PHI application on your workstation** if you are logged in to it.

- **Don't share your user IDs or passwords with others** (e.g. temporary staff, new employees, contractors, consultants, etc.).

- **Don't reuse passwords** you have used before.

- **Don't post your user ID and passwords** on or near your workstation.

- **Don't load personal software** on workstations.

- **Don't open email attachments** unless you are expecting them from a specific sender. Email headers can be changed or simulated, so even if you think the email came from a friend or co-worker, don't click on or open the attachment until you verify that the sender actually sent it. Attachments are often how viruses are introduced into our systems.

- **Don't download software** from Internet sites of unknown origin or security. Some software (including screen savers or wallpaper) can include features that make your workstation vulnerable or allow access to your personal data without your knowledge or permission.

- **Don't throw CDs or diskettes in the regular trash** if they contain patient information; throw them into the confidential destruction bins or break them apart so they are unreadable.

- **Don't distribute PHI electronically to others (internally or externally) without appropriate approval.**

For more information on protecting the security of electronic protected health information, contact the IT Security Department or the Privacy Office.

34. Vendor Certification Program

Vendor representatives are the people that enter Fairview to sell their products and services. The business partner is the company they work for. All vendor representatives and business partners must complete the Vendor Certification Program before selling products and providing services inside our hospitals.

We have many reasons for the vendor representatives to complete the Vendor Certification Program:
1. The program helps us meet Joint Commission requirements
2. Promote the six aims of care: safe, effective, patient-centered, efficient, timely and equitable
3. Promote the safest environment of care for our patients
4. Attain the best business practice to control cost and maintain contracts
5. Products purchased meet patient needs as specified by clinicians

It is important for the vendors to complete certification so they have a better understanding of Fairview's expectations. The program is easy for the vendor to complete online, at Fairview.org/vendor. Appointments must be made prior to a vendor showing up at Fairview. If a vendor representative does not have an appointment, he or she is not allowed to stay on Fairview property. The vendor representative must wear a Fairview issued ID badge. If the vendor is not wearing a badge, he or she must return to the designated check-in site to receive a Fairview issued ID badge.

As a system, we want to send a clear message to the vendor:
1. Vendors will complete the form for New Product and Equipment Introduction for all new products. (FDA, 510k and/or new to Fairview)
2. Complete Vendor Certification Program on-line.
3. Vendors always wear Fairview ID badge.
4. Vendors comply with Research Expectations.

If you see a vendor without a Fairview issued ID badge, let someone know! The vendor is not following Fairview policy! You could choose one of the following options to alert Supply Chain:
-   submit a violation on the vendor using the Vendor Search under Tools and Training on the intranet
-   call your site supply chain representative with the name and company of the vendor
-   contact your supply chain representative at corporate
-   contact vendorrelations@fairview.org

Also, please ask that vendor to return to the designated front desk to check in and pick up a badge. The staff at the front desk will check to see if the vendor has completed the certification program before handing out a badge.

Anyone can check to see if a vendor has completed the Certification Program! This is available on the Fairview intranet, under Tools & Training. Just look for **Vendor Search**, then enter a name. If the vendor has completed the process, his name and information will appear.

More information can be found on Fairview's intranet under Departments and Programs, Vendor Certification Program.

To complete the Required Learning for 2009 please review your site specific addendum by clicking on the link below:

Fairview Clinics

Fairview Health Services - Corporate

Fairview Home Care and Hospice

Fairview Lakes Health Services

Fairview Northland

Fairview Ridges Hospital

Fairview Southdale Hospital

University of Minnesota Medical Center, Fairview
University of Minnesota Children's Hospital, Fairview