



**Orientation Program for Students and Faculty**  
Safety, Quality Care, Infection Prevention

# Table of Contents

- ProMedica Mission and Values
- Safety/Security
- Patient Safety Codes
- Environment Safety
  - Hazardous Materials
  - Risk Management Software
- Infection Prevention and TB Program
- HIPAA and Confidentiality
  - Social Media Use
- Diversity

# Introduction-Instructions

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

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

- To ensure you receive credit for this program, please:
  - Read the document in its entirety
  - Print and complete the certificate of completion-Attestation/Acknowledgement slide

# Program Objectives - Core Concepts

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

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

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

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

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

# ProMedica Values

WE ARE ONE PROMEDICA, UNITED BY THESE VALUES.



## *Compassion*

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



## *Innovation*

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



## *Teamwork*

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



## *Excellence*

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

# Safety/Security

ProMedica is committed to facilitating a safe environment for all.

## Job ONE for everyone:

1. **Make sure that patients are safe.**
2. **Be sure you have the right patient.**
  - Best method is to scan the ID band** or
    - Compare 2 patient identifiers: Name & Birthdate (also may use visit # or MRN) against the listed paperwork for:
      1. Blood Administration (in addition to checking the blood band)
      2. Blood Specimen for all blood specimen draws.
      3. Medication Administration
      4. Any Treatment or Procedure

# Safety/Security

3. Make sure the right person gives the patient care
4. Communicate correctly and timely.
  - **Verbal Orders and Critical Values: Be sure you Hear it.....Write It.....and Read it back!!!**
5. Make sure patient equipment and supplies are in working order and used correctly.
  - Pay attention to signs and labels
  - Check equipment before you use: (i.e. electrical wire and plugs, wheelchair brakes)
    - Report any electrical cords that have cracked and are worn.
    - Keep electrical cords away from water and heat.
  - Needles & sharps
    - Dispose of needles immediately after use. Use medical sharps containers
    - Do not recap needles



# Safety/Security

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

# Safety/Security

7. Before doing anything with a patient, ask yourself:
- ✓ **Is this safe?**
  - ✓ **What could go wrong?**
  - ✓ **How can I stop wrong things from happening?**
  - ✓ **Is this the best way to do it?**
  - ✓ **Do I know how to do this correctly, according to policy and procedure?**
  - ✓ **Am I the right person to do this?**

# SAFETY/SECURITY

## In Summary: Patient Safety

**Stop!**  
**Think!**  
**Act!**  
**Review!**

# PATIENT SAFETY CODES - OHIO

- ADAM Missing Child / Infant Abduction
- BLACK Bomb Threat
- BLUE Medical Emergency
- BROWN Missing Patient
- COPPER Communications Disruption or Failure
- GRAY - SEVERE WEATHER Thunderstorm Warning &/or Tornado Watch
- GRAY - TORNADO WARNING Tornado Warning
- GREEN Evacuation
- MAGENTA Radioactive substance hazard

# PATIENT SAFETY CODES - OHIO

- ORANGE Chemical Spill / Leak
- RED Fire
- SILVER Violent Incident involving WEAPON (use or threatened use) or HOSTAGE SITUATION
- VIOLET Combative or verbally abusive patient, visitor, or staff
- WHITE Snow or other Transportation Emergency
- YELLOW Medical Disaster
- YELLOW-CBRNE INCIDENT Terrorist/Criminal incident or accident has resulted in people being contaminated with Chemical, Biological, Radiological, Nuclear or Explosive Substance. Victim needs to be decontaminated

# PATIENT SAFETY CODES - MICHIGAN

- PINK Infant Abduction
- PURPLE Child Abduction
- BLUE Medical Emergency
- BROWN Missing Patient
- COPPER Communications Disruption or Failure
- GRAY Combative Person/Physically Threatening Situation
- CODE TRIAGE Internal or External Disaster
- TORNADO WATCH- conditions favorable for tornado
- TORNADO WARNING- Tornado in area
- ORANGE Chemical Spill / Leak
- RED Fire
- SILVER Person with Weapon or Hostage situation
- YELLOW Bomb Threat

# Fire Safety

## How do I respond to a fire?

**R** = **Rescue**

**A** = **Alarm ( or Alert)**

**C** = **Contain or Confine**

**E** = **Extinguish or Evacuate**



**(R)** Rescue patients in immediate danger first - if the fire and/or smoke danger is imminent, close by or life threatening

Evacuate to a safer area on the unit.

Move ambulatory patients first. Move non-ambulatory patients in the most practical manner possible.

Remember to check all rooms for stragglers and **(C)** close the doors after you leave the room.

Do not prop doors open. Have someone hold the doors as you pass through then close them when done.

## How to use a fire extinguisher >

**P** = **Pull**

**A** = **Aim**

**S** = **Squeeze**

**S** = **Sweep**



# WEATHER SAFETY

- **Severe Weather**



- **Severe Weather conditions:**

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



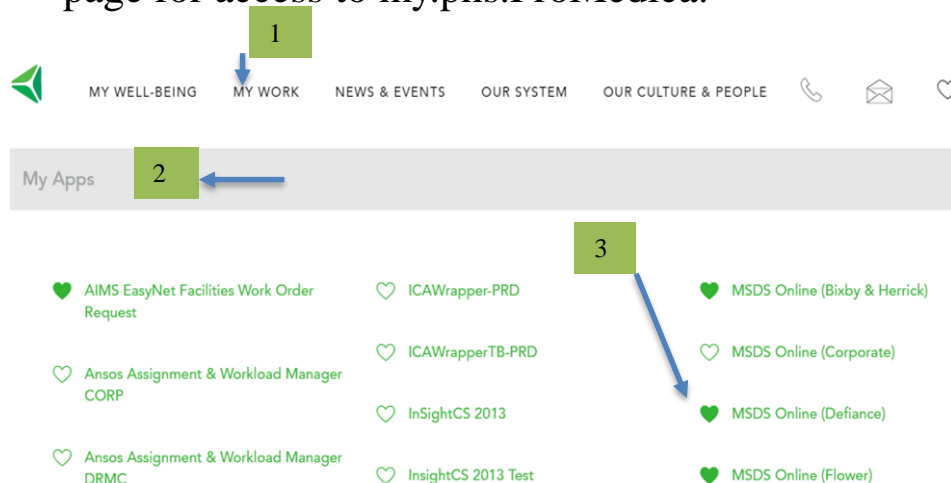
## **YOUR ACTIONS ?**

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



# MATERIAL SAFETY DATA SHEETS (MSDS) for Hazardous Materials

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

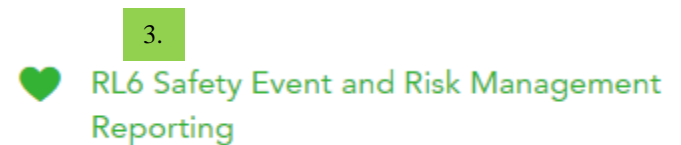
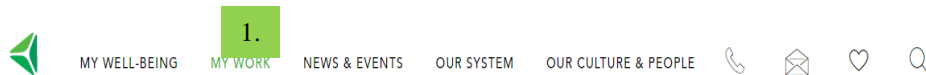


1. *My Work*
2. *My Apps*
3. *Choose Hospital MSDS*

# RL6 SAFETY EVENT AND RISK MANAGEMENT REPORTING

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

**Location: my.phs.promedica.org** 1. My Work 2. ProMedica Apps  
3. Safety Event and Risk Management Reporting



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

# HOW TO USE RL6

1. **Select the icon** that matches the event or complaint to be reported and the correct form will open. Additional selections will open to assure needed information is provided.

2. **Complete and Submitted reports** will be electronically routed to additional individuals for follow up and tracking.

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

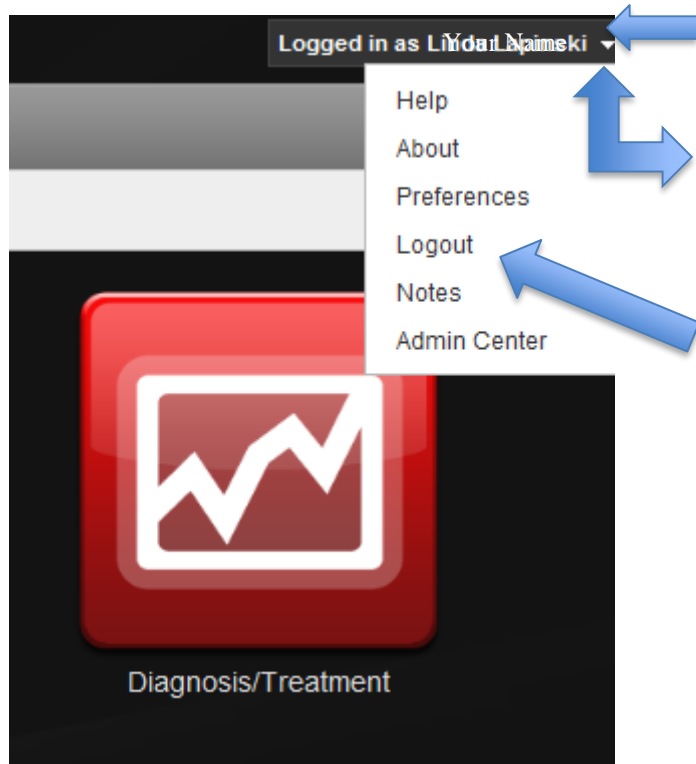
**Feedback  
ICON** used  
to report  
Complaints  
and  
Compliments



# RL6 ALLOWS REPORTING ANONYMOUSLY

The screenshot shows the RL6 software interface. At the top left is the 'ri solutions' logo. In the top right corner, it says 'Logged in as'. Below the logo is a navigation bar with 'Icon Wall'. On the left side, there is a sidebar with a search box labeled 'Find a form'. Below the search box, there is a checkbox labeled 'Anonymous Mode (click here to open a submission form anonymously)' with a red arrow pointing to it. Below the sidebar, there is a text box that reads: 'Check the box to report anonymously. RL6 does not identify the submitter or the IP address of the computer'. The main area of the interface is a grid of 12 reporting categories, each with an icon and a label: Employee Event - USE THIS FORM ONLY (blue phone icon), Feedback (Report Patient Complaints/Compliments Here) (yellow headset icon), Adverse Drug Reaction (red pill icon), Airway Management (blue person with lungs icon), Blood Product (red blood drop icon), Diagnosis/Treatment (red graph icon), Diagnostic Imaging (purple person with X-ray icon), Equipment/Medical Device (yellow syringe icon), Facilities (blue building icon), Fall (PATIENT ONLY) (yellow person falling icon), HIPAA Event (blue document with plus icon), and Infection (blue hands being washed icon).

# WHEN DONE... LOG-OUT OF RL6



## To Log-out:

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

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

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

Remember Always LOG-OUT when leaving the RL6 Software.

# RISK MANAGEMENT SOFTWARE (AKA: RL6)

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

## Importance of reporting all events.

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

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

# INFECTION PREVENTION

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

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

The image shows a screenshot of the MyProMedica website. At the top, there is a navigation bar with the following links: MY WELL-BEING, MY WORK, NEWS & EVENTS, OUR SYSTEM, and OUR CULTURE & PEOPLE. Below this, a green sidebar contains several menu items: PROVIDER PORTAL, PROMEDICA APPS, PROVIDER SEARCH, HR POLICIES, SYSTEM AND BUSINESS UNIT POLICIES, and SUPPLY CHAIN MANAGEMENT. A blue arrow labeled '1' points to the 'MY WORK' link, and another blue arrow labeled '2' points to the 'SYSTEM AND BUSINESS UNIT POLICIES' link. To the right of the sidebar, there is a list of 'Online Policy and Procedure Manuals' under the 'Corporate Policy Manuals' folder. The list includes: CORP Administrative Policy Manual, CORP Clinical Policy and Procedure Manual, CORP Infection Prevention Manual, Clinical Engineering, and Medication Management. A blue callout box with white text points to the 'CORP Infection Prevention Manual' link, stating: 'Additional information may be found in the on-line Corporate Infection Prevention manual accessed via the MyProMedica website.'

# INFECTION PREVENTION

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





# BREAKING THE CHAIN OF INFECTION

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

# PROCEDURE FOR HAND HYGIENE

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

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

# INFECTION PREVENTION

## STANDARD PRECAUTIONS

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

# INFECTION PREVENTION

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

### PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

### Body Protection

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

# Types of Personal Protective Equipment

## Gloves

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

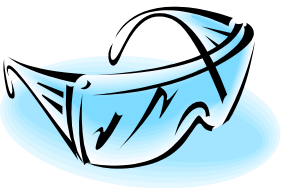
## Gowns (fluid repellent)

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



## Mask, Eye Protection, Face Shields

- to be worn to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities **that are likely** to generate splashes or sprays of blood, body fluids, secretions and excretions



*This is very important!! Many exposures occur because eye protection is not worn when there is a potential for splash – emptying Foleys, suctioning, etc.*

# Infection Prevention - PPE

## Respiratory Protection

### Masks

- Wear when disease producing microorganisms transmitted through the air from the patient coughing or sneezing.
- Discard after each use or during extended use, when moist from breath.

**Particulate Respirators** are required for respiratory protection from:

- Tuberculosis (see Tuberculosis Prevention Program).
- Airborne emerging infectious diseases (EID) and airborne bioterrorist events
- Particulate Respirators available:
  - **disposable (N95)** - requires annual medical evaluation and fit-testing.
  - **reusable (PAPR)** - powered air purifying respirator) - requires annual training and a medical evaluation

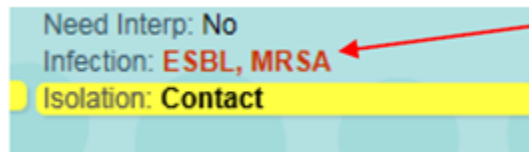
# INFECTION PREVENTION ISOLATION PRECAUTIONS

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

- Additional methods of communication include:

Matching sticker on/in the patient's chart

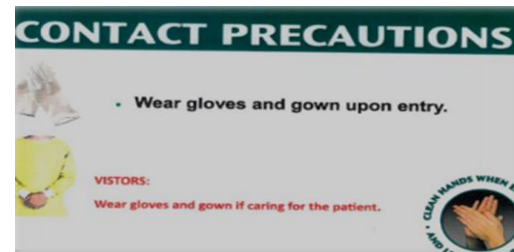
Electronic Medical Record (EMR) in Banner Bar top of page.



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

# Infection Prevention

- **Contact Precautions:** (for MRSA, VRE, ESBL, R.Acinet, lice, major draining wounds, etc.)
  - Wear gloves and gown upon entering room



- **Contact – ENTERIC Precautions:** (for unexplained diarrhea or confirmed C.diff)
  - Wear gloves upon entering room (including visitors)
  - Wear gown
  - Use bleach disinfecting product for all cleaning





# Infection Prevention

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

- Wear mask upon entering room



**Droplet PLUS Precautions:** (for suspected or confirmed influenza)

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



# Infection Prevention

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

- Wear N-95 or PAPR upon entering room (must be fit-tested on N-95 or trained on PAPR annually)
- Airborne Infection Isolation Room required
- Door must be kept closed at all times
- Daily check of negative pressure

### AIRBORNE PRECAUTIONS

- Airborne Infection Isolation Room required.
- Wear N-95 respirator or higher (PAPR) upon entry. Must be fit tested (N-95) or trained (PAPR).
- Keep door closed at all times to maintain negative pressure.








#### VISITORS:

Check with nurse before entering.  
Wear regular mask upon entry.



# CLEANING PRODUCTS

Wipe/Cleaning agent	Key Agent	Contact Time	Recommended Use	Gloves	Irritation/Flammability
<b>Oxivir TB</b> - the white top container 	0.5% Hydrogen Peroxide	<b>1 minute</b> 5 minutes for TB 10 minutes for fungus	Disinfecting equipment and other hard non-porous surfaces. No rinsing required.	Wear gloves and clean hands after use.	Non-irritating to eyes and skin. Non-corrosive. Active ingredients break down to oxygen and water. Fire Hazard: Zero.
<b>Sani-Cloth BLEACH</b> - the orange top container 	1:10 Bleach Dilution	<b>4 minutes</b>	Disinfecting equipment and other hard non-porous surfaces. <b>Used for patients with C-Diff and Norovirus.</b>	Wear gloves and clean hands after use.	Non-irritating to skin, can cause minimal eye irritation. Do not use with products containing ammonia, acids, oxidizing agents, or caustics. Fire Hazard: Zero.
<b>Oxivir FIVE 16</b> - Liquid in squirt bottle 	1:16 dilution 0.49% Hydrogen Peroxide	<b>5 minutes</b>	Disinfecting larger or more heavily soiled equipment and other hard non-porous surfaces. No rinsing required. <b>Solution expires at 90 days.</b>	Wear gloves and clean hands after use.	Non-irritating to eyes and skin. Non-corrosive. Active ingredients break down to oxygen and water. Flammability level is slight.
<b>SUPER Sani-Cloth</b> - the purple top container 	Alcohol	<b>2 minutes</b>	<b>Use only on approved equipment (e.g. IStats)</b>	Wear gloves and clean hands after use.	<b>Can cause serious eye damage.</b> Prolonged or repeated skin exposure can cause redness, edema, drying, defatting and cracking of the skin. Flammability level is serious.
<b>Sani-Wipe</b> - the red top container 	Isopropyl Alcohol	<b>1 minute</b>	Sanitizing wipe for food contact surfaces only. <b>Do Not use on equipment or surfaces requiring disinfection.</b>	Wear gloves and clean hands after use.	Causes moderate eye irritation and chronic immersion in solution may cause skin irritation. Flammability is listed as combustible.

IP&C 3/2017



# INFECTION PREVENTION

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

# INFECTION PREVENTION

## INFECTIOUS WASTE

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

# INFECTION PREVENTION

## COMMUNICATION OF HAZARDS

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

# INFECTION PREVENTION

## LAUNDRY

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

# INFECTION PREVENTION

- **Sharps Containers**

- All sharps are to be discarded immediately in the hospital approved puncture resistant containers that are located as close as possible to where sharps are used.
- Containers are to be changed when 3/4 full (or when “full” sign appears on certain sharps containers).
- After closing and locking cover, place filled sharps containers in large red biohazard bins for disposal.



# INFECTION PREVENTION - Sharps Safety

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

# INFECTION PREVENTION

- **Lab specimens**
  - Place lab Specimens in designated, leak proof containers
  - Double bag or use a lab-approved container to send specimens through the pneumatic tube system. (see “Pneumatic Tube” policy in Infection Prevention manual)
- **Food and drink**
  - May not be kept in refrigerators, freezers, shelves, cabinets or counter tops where body fluids are present.
- **Other considerations**
  - Perform procedures involving body fluids in a way to minimize splashing, spraying and spattering.
  - Do not apply cosmetics, eat, drink, or handle contact lenses in areas where occupational exposure may occur.
  - Cap and place disposable suction canisters when ready for disposal into red bags at point of use and taken to the red infectious waste tubs for disposal.

# INFECTION PREVENTION

## COMPLIANCE / NON-COMPLIANCE

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



# INFECTION PREVENTION

## Incident / Near Miss

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

# INFECTION PREVENTION

## BLOOD/BODY FLUID EXPOSURES

– **What Constitutes an Exposure to HIV, Hepatitis B and Hepatitis C?** Body fluids with the potential to transmit HIV, Hepatitis B and Hepatitis C include:

- Blood,
- Fluid containing visible blood,
- Other fluids (semen, vaginal secretions, cerebral spinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids).

# INFECTION PREVENTION

## Significant Exposure

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

## Non-significant exposure

- blood/body fluid contacts intact skin

# INFECTION PREVENTION

## Post Exposure Guidelines

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

# INFECTION PREVENTION

## TB Prevention Program

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

- **Patient Room Placement**

- Place any patient suspected or known to have active TB in an AIIR (Airborne Infection Isolation Room). AIIRs with ante-rooms are preferred
  - The purpose of the isolation room is to isolate patients who are likely to have infectious TB from other people and prevent escape of droplet nuclei from the room.

- **Visitors**

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



# INFECTION PREVENTION

- **Initiation of Airborne Precautions for TB**
  - Initiate Airborne Precautions when either the patient has signs and symptoms suggestive of TB, or AFB smear is positive.
  - Students who have not been trained/fit tested on the N-95 respirator or PAPR hood *cannot care* for patients when a respirator is needed.
  
- **Termination of Airborne Precautions for TB**
  - Airborne Precautions may only be terminated by the physician if specific criteria are met:



# INFECTION PREVENTION

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

# INFECTION PREVENTION

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

Content adapted from the ProMedica Exposure Control Plan and TB Prevention Plan located within the online Corp Infection Prevention Manual. Date: Feb. 2017

# LET'S TALK ABOUT HIPAA AND CONFIDENTIALITY

## **HIPAA is a set of federal privacy regulations that:**

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



# USE AND DISCLOSURE OF PHI:

**Healthcare workers can use or disclose PHI for three reasons:**

- Treatment
- Payment
- Operations

**HIPAA guarantees patients certain rights including:**

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

# PATIENT'S RIGHT FOR RESTRICTION.....

Patient's have the right to ask for certain restrictions on the use and disclosure of their PHI.

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

## PROCESS FOR PATIENTS TO REQUEST A RESTRICTION:

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

# A FEW OTHER HIPAA REMINDERS

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

# DID YOU KNOW THAT PROTECTED HEALTH INFORMATION INCLUDES:

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

**Make sure you are PROTECTING all types of PHI**



# OTHER'S HEALTH INFORMATION

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

## ACCESS TO YOUR OWN HEALTH INFORMATION:

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

# HIPAA



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

# SUSPECT A BREACH?

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

## **SOCIAL MEDIA (LIKE FACEBOOK):**

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

# PROMEDICA'S SOCIAL MEDIA POLICY

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

# GUIDELINES FOR STUDENT/FACULTY USE OF PERSONAL ELECTRONIC DEVICES:

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

11/18/13 Acute Care Nurse  
Executive Council

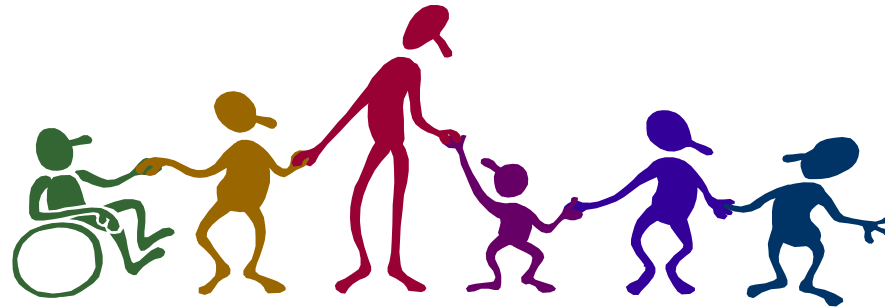
# DIVERSITY

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



# DIVERSITY

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



# DIVERSITY

The three key elements of Diversity are:

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

# DIVERSITY

- **Q. How diverse is our patient population?**
  - A. The patient population is very diverse. The broad spectrum of diversity includes race, national origin, physical ability, religion, insurance status and literacy.
  - The racial diversity consists of Caucasian/White, Black/African American, Hispanic/Latino and Asian/Pacific Islander. Some of the languages that our patients speak are English, Spanish, German, Russian, Chinese, and Vietnamese. Other patients are deaf and/or blind. These patients use sign language to speak or read Braille material.

# DIVERSITY

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

# DIVERSITY

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

# DIVERSITY

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

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

# DIVERSITY

## Your role as a student:

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

- Non-Clinical Students, please print Attestation Form and present this to your clinical advisor.
- For Clinical Students, please proceed to your clinical orientation modules.