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 manager/supervisor. Any overtime must be approved in advance by your manager/supervisor.
Maple Grove Hospital

Required Learning 2019

This packet is for Maple Grove Hospital (MGH) 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 Center for Medicare & Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Health (MDH).

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

Directions

1. Review this Learning Packet.
2. Print and sign the signature/documentation sheet) and forward it to Maple Grove Hospital Education Department.

If you have questions or any special learning needs, please contact the Education Department. Phone: 763.581.1816

Throughout the learning modules you will note references to MGH Policies and Procedures. All MGH policies can be found in PolicyTech.

PolicyTech can be accessed through the MGH portal by clicking on the PolicyTech icon.

If you have any issues with PolicyTech, contact Tim Lipanot 1-0948.
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1. GUIDING PRINCIPLE – Unmatched Customer Service

Our values describe our way of being. They guide every discussion, decision and behavior. It’s not only what we do that matters, but how we do it. The values we demonstrate with each action and interaction are accountability, inventiveness and relationships.

- **Accountability:** I am empowered to meet our customers’ needs, including helping them make choices about their health. I own the big picture by thinking beyond my part and I own all problems regardless of their origin.

- **Inventiveness:** I believe in solving problems creatively and thinking differently about what’s possible. I anticipate needs by standing in the other person’s shoes and address needs before they arise.

- **Relationships:** I create engagement with customers and team members through strong communication, partnering and respectful interaction. I connect with customers as a trusted partner and with colleagues as family.

I am making a conscious decision and a commitment to uphold the mission, vision, values and guiding principles of Maple Grove Hospital. I understand that by doing so I am contributing to the positive culture of the Hospital, which directly impacts the well-being of my customers, their families, my colleagues and my personal job satisfaction. I also understand that how I meet this commitment will be measure as part of my performance and behavior expectations.

_A partnership of North Memorial Health and Fairview_
Maple Grove Hospital

Inventiveness
We believe in solving problems creatively and thinking differently about what is possible.
• We are empowered to think in new ways and contribute to positive change in our organization.
• We anticipate customer needs and find innovative solutions.
• We see challenges and change as opportunities to learn.
• We embrace change.
• We work in an environment where risking failure is acceptable when exploring new and better ways to serve our customers, while continuing to practice evidenced-based care.

Accountability
We believe every team member is empowered to meet our customers’ needs including helping them make choices about their health.
• We understand our individual roles and take responsibility for meeting the diverse needs of our customers.
• We are empowered to help customers make choices about their care.
• We set high performance expectations and hold ourselves and our team members responsible for the quality of our work and the results we achieve as a system.
• We accept our mistakes, and we learn from them.
• We show up every day ready to do our best because we understand that together we are better than the sum of our parts.

Relationships
We create engagement with customers and team members through strong communication, partnering and respectful interactions.
• We involve customers in decisions about their health and encourage them to take responsibility for healthy life choices.
• We work with the entire care team to establish shared goals that reflect customer priorities.
• We promote open dialogue and share knowledge with our customers and team members.
• We demonstrate respect for customers and fellow team members.
• We count on and support one another individually and as part of the team.

Using AIDET for All Interactions

AIDET is an acronym for:
• Acknowledge - Greet everyone you meet with a friendly smile and use their name if you know it.
• Introduce - Consistently introduce yourself by name and your role in the department and let your customer and family know that you or your teammates are going to take care of them.
• Duration - Always give the customer and family an estimate of how long he or she may have to wait and how long it will take you to complete the procedure.
• Explanation - Keep the customer and family informed of what you are doing, how things work, if it will cause pain or discomfort, what they need to do to get assistance and if any follow-up instructions are necessary. Before you leave the customer, always ask, “Is there is anything else I can do for you, I have the time.”
• Thank You - Share your appreciation for the privilege of caring for your customers.

Maple Grove Hospital and North Memorial expects team members and volunteers to use our AIDET communication tool in every interaction to ensure consistent messages of concern and appreciation.

Being Responsive
At Maple Grove Hospital it is the expectation that team members answer call lights even if it is not a customer you are assigned to. Responding to a customer’s request for help, even if unable to assist directly, provides reassurance that we are doing all we can to meet their needs. 

Responsiveness is about communication and it requires the whole team to be active participants.
• Consistent communication is the key to our customer’s experience as they want to know what is happening to them.
• AIDET and introductions of others is a must at all points of care and with all customers
Maple Grove Hospital

- Setting expectations gives the customer a reference for when to expect care. Without it, they assume it took longer than it likely did.
  - Breathe before entering the room and smile.
  - AIDET, upon entering the room.
  - Be genuine, empathetic and attentive.
  - Be courteous and appreciative.
  - Respond positively and explain positively.
  - Clarify information and acknowledge feelings.
- Be actionable on the request.

Use of ACT for Service Recovery

- Acknowledge and Apologize
  - Acknowledge the person’s feelings, listen and maintain eye contact
  - Provide a sincere and blameless apology
- Connect and Communicate
  - Empathize and create an emotional connection with the customer
  - Engage any additional team members needed and assure the customer their concerns will be addressed
- Take Action and Thank
  - Take appropriate steps to correct the problem to make sure it does not reoccur
  - Genuinely thank the customer for their willingness to bring the information to your attention.

2. **Patients' Bill of Rights and Patient Responsibility**

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

**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
- Be honest
- Keep appointments
- Know their medications
- Understand
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 Inpatients and Same Day Surgery patients receive a copy of the Patients' Bill of Rights. The Patients' Bill of Rights is also posted and available in patient care departments throughout Maple Grove Hospital. Patient Rights information is posted at key entrances to the MGH and is included in the Patient Information brochure.

The Patient Bill of Rights is available in large print and different languages from the Minnesota Department of Health website at [http://www.health.state.mn.us/divs/fpc/consinfo.html](http://www.health.state.mn.us/divs/fpc/consinfo.html) (there is a direct link to this site from MGH Intranet).

For more info about the Bill of Rights, contact Guest Services (763) 581-1002.

**Informed Consent**

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

For each treatment option, the patient needs to know:

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

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

**Minors:**

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

The following exceptions are specifically provided under Minnesota law:

- Any minor may give consent to his or her own medical, dental, mental and other health services treatment provided that the minor is living separate from his or her parents or legal guardian, with or without their consent regardless of the duration, and further provided that the minor manages his or her financial affairs regardless of the source or extent of any income.
- Any minor may give consent for medical, mental, or other health services to determine the presence of, or to treat pregnancy and other associated conditions, venereal disease, and alcohol or other chemical dependency. This provision does not allow a minor to consent to admission for inpatient treatment for alcohol or other chemical dependency.
- Because of the complexity of some situations refer to the Informed Decision-Making Authority policy and procedure found in PolicyTech under Support Services/Risk Management/Policies and Procedures - listed alphabetically
Grievances

Customers have the right to express concerns about the quality of their care. It is expected that the customer and family concerns are acted upon immediately to ensure that customer’s needs are met effectively and efficiently. Most concerns can be addressed quickly.

- If a team member cannot resolve a concern/grievance at the point of care, it should be referred to management.
- If management cannot resolve the concern, refer to the Patient Representative Office at ext. 1-1815 or 763-581-1815. (After hours M-F, weekends and holidays, contact the Nursing Administrative Manager). Please place issues in the Safety First Reporting system.

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

3. EMTALA

EMTALA is the Emergency Medical Treatment & Active Labor Act

MGH shall provide emergency medical services in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA) and applicable regulations. MGH shall provide a medical screening exam performed by some qualified medical personnel to any individual who comes to the hospital campus property to determine if the patient has an emergency medical condition (EMC). If an emergency condition exists, the individual’s condition must be stabilized prior to discharge. Any transfer must be made in accordance with the procedures outlined in the EMTALA policy.

EMTALA Applies When

- An individual comes to a dedicated Emergency Department and requests examination or treatment of a medical condition or has such a request made on his or her behalf. In the absence of a request, a request will be considered to exist if a prudent layperson observer would believe, based on the individual’s appearance or behavior that they need examination or treatment for a medical condition.
- An individual on the Hospital Campus requests examination or treatment of an emergent medical condition or has such a request made on their behalf. In the absence of a request, a request will be considered to exist if it is apparent to a prudent layperson that there is a need for emergency medical treatment and the individual is unable to communicate a request for examination or treatment.
- An individual is in a North Memorial Health owned ambulance.
- An individual is in a non-North Memorial Health ambulance once it is on Hospital Campus, even if the hospital's instructions to divert the ambulance were disregarded.
- Individuals in the custody of law enforcement brought to a dedicated Emergency Department are entitled to the protections of EMTALA.

Pregnant Women and Women in Labor:

- A pregnant patient has an EMC if the MSE reveals she is in labor. If after a reasonable period of observation, it is determined that she is in false labor, the patient does not have an EMC.
- A pregnant patient may also seek emergency treatment for conditions related to her pregnancy although she is not in labor and/or for conditions unrelated to the pregnancy both.

When EMTALA Applies definitive criteria must be met.

**Please refer to the Emergency Medical Treatment & Active Labor Act (EMTALA) Policy found in PolicyTech**
4. **Language Services**
Under Federal and State law, as well as Maple Grove Hospital's policy, patients have a right to free interpreter services. Failing to provide a qualified interpreter to Deaf, Deaf-Blind, Hard-of-Hearing (HOH) and Limited English Proficiency (LEP) patients presents serious patient safety and liability issues.

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

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

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

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

As of July 2016, the Office of Civil rights issued a final ruling on Section 1557 that explicitly states that providers:
- must use a qualified interpreter (ethics, HIPPA, medical terminology)
- may not use customer’s family or friends to interpret
- May be held individually liable for miscommunication that occurs because a professional interpreter was not used when the need was known

**Purpose of the Interpreter**
The primary task of the interpreter is to interpret, that is, to convert a message uttered in a source language into an equivalent message in the target language so that the intended recipient of the message responds to it as if he or she had heard it in the original.

Interpretation is Broken Down into 5 subtasks:
1. Set the stage
2. Interpret
3. Manage the flow of communication
4. Manage the triadic relationship (promote rapport between provider and patient)
5. Assist with closure activities (scheduling, labs, imaging)

The ultimate goal is to promote direct communication between provider and patient

Did you know…
• Interpreters are available 24/7
• Assistive listening devices are available 24/7 to aid in communication with Deaf/HOH patients.

Maple Grove Hospital provides auxiliary aids or services to assure accurate and complete communication to deaf, hard-of-hearing, and Limited English Proficiency (LEP) patients and their companions.

• MARTTI (My Accessible Real-Time Trusted Interpreter)
  An on-demand video interpretation system. Video remote interpreting is available for many languages, including American Sign Language (ASL) for the deaf. Maple Grove Hospital has MARTTI units stored and available on every floor where patient care is delivered.

• Telephone Interpreters
  Certified Languages International, or CLI, is our contracted phone interpreter service. It is available at any time of day or night at 1-844-209-4472. It is also available on Vocera by saying 'Call C-L-I.'

• In-Person American Sign Language (ASL) and foreign language interpreters
  In-person interpreters can be requested via an AMON page to the North Memorial Health Interpreter Services Department, who provides centralized interpreter scheduling. List and contact information of approved agencies can also be found on the MGH Intranet on the Language Services page.

• Pocket Talker
  The Pocket Talker is primarily used for people who have hearing deficits but who are not deaf. It can also be used in reverse with persons who have difficulties making their voice heard. Please order by calling the Customer Service Center at 1-2321.

• TTY for the Deaf
  TTY is an electronic device for text communication that is used with a telephone to communicate with persons who are deaf or hard-of-hearing by typing and reading communications. Please order by calling the Customer Service Center at 1-2321.

Printed materials in various languages available via the Multilingual Exchange on MGH Intranet on the Language Service page.

What Professional Interpreters do NOT do:

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<th>Schedule appointments without the customer being present</th>
<th>Give rides</th>
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<tr>
<td>Give advice/personal opinions</td>
<td>Insist on being requested</td>
</tr>
<tr>
<td>Argue with MGH team members</td>
<td>Show up when not requested</td>
</tr>
<tr>
<td>Ask to have their personal information put in the chart</td>
<td>Recount the customers history to the provider</td>
</tr>
<tr>
<td>Discuss personal information</td>
<td>Omit or summarize information, unless there is no other options (such as multiple people taking at once</td>
</tr>
<tr>
<td>Ask about customer information such as upcoming appointments</td>
<td>Ask the customer if it’s ok if they come back next time</td>
</tr>
<tr>
<td>Interpret for family or friends (impartiality)</td>
<td>Wear casual clothing or open toed shoes</td>
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<tr>
<td>Leave during an encounter without a replacement</td>
<td>Sit in the room with the customer alone</td>
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Team Member DO’s and DON'Ts

<table>
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<th><strong>DO</strong></th>
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<tr>
<td>DO identify all customers with language/communication barriers and complete the Communication/Language information in Epic.</td>
<td>DO NOT ask a customer to bring his/her own interpreter.</td>
</tr>
<tr>
<td>DO document in the medical record when interpreters are present and the purpose of the interpreter visit</td>
<td>DO NOT use a family member (child, parent, etc.) or friend to interpret.</td>
</tr>
<tr>
<td>DO identify incidences when the patient or responsible party is unable to effectively communicate with Maple Grove Hospital staff and document all occurrences in the medical record.</td>
<td>DO NOT ask one customer to interpret for another.</td>
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**Working with Medical Interpreters**

- **Remember the interpreter must interpret everything** 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.
- **Allow enough time**; include time needed for registration, labs, x-rays, waiting time, and checkout.
- **Provide the interpreter with background** information or written materials you may use before going into the patient's room.
- **Look at the customer**, not at the interpreter.
- **Speak naturally** at a reasonable, modest pace. Avoid terms such as “ask her” or “tell him”; it can be confusing.
- **For ASL, slowing at names can be helpful**, since they have to be finger-spelled and can take time.
- **It is typical for them to be behind a sentence or two**. They must listen and understand a complete thought before interpreting it.

**Professional Boundaries**

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 or family company” in waiting areas or exam rooms when hospital staff are not present.
- Convey, explain, or collect medical information independently.

**Limited English Proficiency (LEP) Patients**

To ensure that Limited English Proficiency (LEP) patients understand their care and can make their own health care decisions, it is important to arrange for an interpreter when the patient/family requests one, when providing critical health information, when obtaining consents, taking medical histories, when explaining technical aspects of care, and when staff perceives the need. Please remember that it can sometimes be necessary to use MARTTI or CLI and that these services meet our requirements under the law.

**Guidelines for Requesting Interpreters**

Please request an in-person interpreter for: admits, MD rounds, family meetings, and discharge.

If interpreter services are needed for less than 15 minutes in a given hour, please plan to use MARTTI or a phone interpreter for that time.

Using interpreters only for as long as they will be needed makes them available to help other customers.

*See interpreter policy if further questions*
5. **Customer Safety**

**Recognize, Respond to, and Disclose Adverse Events**

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

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

**Key Work Expectations or Competencies**

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

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

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

**Maple Grove Hospital team members need to:**

- Know and understand Maple Grove Hospital’s Safety-First Report policy.
- Share concerns about occurrences and events with immediate manager/supervisor.
- Document occurrences for review by manager/supervisor.

**Safety First Reports:** Safety First Reports are completed through RL Solutions (a computer application available via the MGH portal when an event occurs that may not be consistent with the appropriate care of a patient or the routine operation of a Maple Grove Hospital department.

Safety First Reports are handled in a confidential manner and are not to be disclosed to anyone except to the extent necessary to carry out any of the quality improvement review and risk management functions.

**Sentinel/Significant Adverse Events:** A sentinel adverse event results in an unanticipated death of a patient or permanent loss of function (coma, paralysis) of a patient. It may be associated with such events as a medication error, fall, blood transfusion, and/or hospital acquired infection.

**Reporting a Significant Adverse Event:** All customer care incidents that are “Good Catches,” and significant adverse events should be reported to your manager/supervisor. A Safety-First Report should also be completed in the electronic event reporting system.

- Hospitals are required to report certain adverse health events to the MN Department of Health Patient Safety Registry.
- Significant adverse events are evaluated by an interdisciplinary committee of medical and Maple Grove Hospital staff. A part of the review is a Root Cause Analysis (RCA). This is a process for identifying the basic or causal factors that underlie variation in performance. A root cause analysis focuses primarily on systems and processes, not individual performance. The purpose is to identify potential improvements in processes.
or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis, that no improvement opportunities exist.

Disclosing the Occurrence of an Adverse Event: When a medical accident has occurred, the customer or appropriate guardian or representative, have the right to a prompt and truthful conversation. The following steps should take place to assist that process:

1. Complete the safety-first report.
2. Connect with your unit supervisor or administrative manager to develop a plan for communication.
3. Connect with risk management as needed.

Contact your manager/supervisor or Clinical Effectiveness team members if you have any questions about reporting occurrences, or if you have any questions about making quality referrals.

Communication/Disclosure of Medical Accidents and Unanticipated Outcomes Maple Grove Hospital’s Policy: Communicating Outcomes to Patients and Families

Maple Grove Hospital’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 critical care unit. The attending physician is notified of the medication error and may disclose it to the patient or appropriate guardian or representative or delegates the disclosure to another provider.

Clinical Effectiveness may be contacted for assistance.

Did you know…

Any employee who has concerns about the safety of quality of care provided at Maple Grove Hospital may report these concerns to:

- Compliance Hotline at 763-581-4670 or
- Email: compliance@northmemorial.com
Maple Grove Hospital

**Improve accuracy of a patient identification**

- Two patient identifiers, full name and date of birth: You must use TWO identifiers to match a patient with any service or treatment. Other information that can be used along with the patient’s name is the medical record number (MRN) and the encounter number (HAR). The room or bed number shall never be used to identify a patient.
- Eliminate transfusion misidentification error: You must use a two-person verification process, with the patient present, to match the blood or blood component to the order and to match patient to the blood or blood component to be given, just before starting the transfusion.

**Improve the effectiveness of communication among caregivers**

- Write/record and read back verbal/telephone orders and test results: Confirm accuracy with the person who provided the information.
- Do not use abbreviations, acronyms, and symbols: Prohibited abbreviations must never be entered into the patient electronic record or your notes. A list of prohibited abbreviations is found in Policy Tech.
- Critical results are reported and documented as a priority and are timely: Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may act on behalf of the patient.
- Use standard hand-off process: Including an opportunity to ask and respond to questions for health care communications. Use SBAR (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the patient and his/her care. Read-back to verify important information. SBAR is to be used in the patient’s medical records notes as well as in verbal communications between health care professionals.

**Reduce the risk of health care-associated infections**

- **Hand hygiene guidelines** must be used in compliance with Centers for Disease Control and Prevention (CDC) expectations. This means washing your hands with soap and water when visibly soiled or when caring for a patient with C. Difficle. Otherwise, use alcohol-based hand rub before and after patient contact. “Foam in, Foam Out”.
- **A case of health-care acquired infection** resulting in unanticipated death or major permanent loss of function must be handled as a Sentinel Event including the use of root cause analysis.
- **Prevent hospital infections due to multi-drug resistant organisms** by implementing evidence-based practices. Educate staff, patients, and families to manage and prevent infections. Monitor outcomes.
- **Prevent central line associated bloodstream infections** by implementing evidence-based guidelines and best practices. Educate staff, patients, and families to manage and prevent infections. Standardize practice and supplies and monitor outcomes. The central line bundle must be completed on every central line insertion.
- **Prevent surgical site infections** by implementing best practices, policy, and timed use of antimicrobial agent prophylaxis. Educate staff, patients, and families to prevent infections. Monitor compliance and outcome.
- **Prevent catheter associated urinary tract infections** by inserting indwelling urinary catheters according to established evidence-based guidelines that address the following:
  - Limiting use and duration to situations necessary for patient care
  - Using aseptic techniques for site preparation, equipment, and supplies
  - Securing catheters for unobstructed urine flow and drainage
  - Maintaining the sterility of the urine collection system
  - Replacing the urine collection system when required
  - Collecting urine samples per protocol

**Reduce the risk of patient harm resulting from falls**

Implement fall reduction program assessments (Hendrich II Falls Risk Assessment and Risk for Injury Assessment (ABCs) if patient were to fall and interventions as well as educate the patient on strategies to reduce fall risk by
familiarizing patients to their surroundings and encouraging the use of call lights. Keep your education and training current.

Use fall prevention measures including:

- Nursing to conduct a falls assessment (Hendrich II and the Risk for Injury) to determine the risk on arrival, admission, and every shift thereafter. If the customer does not score as a fall risk, implementing interventions is acceptable if nursing judgement deems the customer at risk.
- Humpty Dumpty assessment, interventions, and fall program for pediatric patients
- Apply a GREEN bracelet to alert all staff of the adult patient’s risk for falls
- Inform the customer and family how to prevent falls. Encourage the customer to wear non-slip socks when ambulating, to call for assistance, use assistive devices, and keep items within reach. If they are a fall risk, instruct them to call for assistance every time they get up.
- Use green light indicator outside of room, check fall risk on the care board, place a green wrist band and red socks on customers to identify them as a fall risk.
- Most of the hospital falls have been related to a customer needing to toilet. Be proactive with scheduled toileting and ask every hour during Hourly Rounding about toileting. Always stay within arm’s reach when a high fall risk customer is on the toilet or commode.
- Use bed alarms and chair alarms—ensure they are on and working. Keep beds at the lowest level and keep wheels locked. Use the Seated Positioning System for customers at risk of sliding out of the chair.
- Keep items within reach. Many falls occur because customers are reaching for something. Ensure the trash basket, water, personal items, and call light are within reach before leaving the room.
- Gait belts should be used consistently and sent with patients to ancillary departments to assist in transfers. Utilize assistive devices and wheelchairs as appropriate based on customer condition
- Using safety equipment (e.g. Posey Sitter II, bed alarms)
- Answer call lights promptly
- Clean up spills
- Place items within patients’ reach

Pressure Injury Prevention

Preventing hospital acquired pressure injuries is imperative for customer safety here at Maple Grove Hospital. Pressure injury prevention requires a team approach. Identifying customers at risk for skin breakdown is the initial step. Once an at-risk customer has been identified it’s imperative for the whole team to implement prevention measures immediately and remain consistent until the risks have been removed.

Each member of the care team should:

- RN to complete a head-to-toe assessment upon admission using “two sets of eyes” and assess risk for skin break down every 4 to 8 hours based on unit standards.
- Provide thorough skin care
- Review nutritional status
- Reposition patients with a Braden of 18 or less minimally every 2 hours.
- Supine positioning should be avoided
- Look under, remove and reposition mechanical devices, as appropriate, to decrease pressure related events.
- Educate customers and family about the risks and how to prevent skin break down.
- Discuss pressure injury prevention with managing provider
- Develop and individualize a plan of care that includes pressure injury prevention and skin care.
- Communicate findings or concerns to care team, this includes during every customer hand off, report, and interdisciplinary rounds.
- Utilize support tools in the electronic health record such as the Skin Accordion to synthesize information related to skin.
Improve recognition and response to changes in a patient’s condition:
All patients will receive the best level of pain control that can safely be provided to prevent unrelieved pain. Pain management and comfort enhancement includes regular pain assessment and appropriate patient/family intervention/education. At Maple Grove Hospital, we take a holistic approach to pain management and focus especially on making sure our patients are comfortable during their hospitalization. In addition to medications and non-pharmacologic treatments (such as physical therapy and heat/cold compresses), comfort enhancing techniques include a quiet environment conducive to healing, a warm smile and conversation, and attention to details (for example, making sure the call light is within reach, watching for non-verbal signs of discomfort). We believe everyone has a role in helping our patients. For this reason, our employees created the “Are You Comfortable” or RUC4 (Communication, Comfort, Care, Cleanliness) campaign to empower all of us to take part in providing comfort to our patients. We continue to make this our focus every day.

Other best practices include:
- Providing patients/family with verbal and written information about pain management and comfort enhancement.
- Teaching patients/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior)
- Teaching patient/family pharmacologic and non-pharmacologic interventions to provide comfort and reduce pain.
- Developing an individualized pain management plan which includes the patient’s goal for pain management, patient preferences for treatment (taking into consideration patient’s age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices).

Activate the Rapid Response Team to directly request additional assistance when the patient’s condition appears to be worsening. Encourage patient and family to seek assistance when condition appears to worsen. To activate this team, call *77, tell the operator you need the Rapid Response Team, and give your location. Specially trained staff (including ACLS trained RN, RT, phlebotomy, Pharmacy by consultation) will respond to help assess the patient, communicate with the patient’s physician, begin intervention to avoid further decline in condition, and mentor staff about the patient’s condition.

6. Safe Medication Administration at Maple Grove Hospital
Maple Grove Hospital has processes in place to safely manage high-alert medications such as:
- Access to information about the drugs
- Limited access to high alert medications
- Use of auxiliary labels and automated alerts
- Standardized process for ordering (including standardized concentrations wherever possible), storage, preparation and administration of high alert medications
- Redundancies such as automated or independent double checks when necessary
- Barcode confirmation within pharmacy
- Bedside barcoding
- Close monitoring

Independent double check is a process whereby a second nurse verifies the medication administration rights as compared to the MAR. This is done without conferring with the nurse who prepared the medication. The six rights are right patient, right medication, right dose, right route, right time and right documentation.
- By signing off on independent double check, the nurse is attesting that the above six rights have been reviewed and accurate.
- Double-checking the six rights include:
  - Right patient: 2 patient identifiers (name, date of birth or MRN). Barcode scanning does not replace this
Right medication and concentration as compared to the MAR
- Right dose: may be based on patient weight or other parameters such as glucose or heparin level; calculations may be required. Use actual weight in kg wherever possible (instead of stated weight)
- Right route as compared to MAR (IV, SC, epidural, etc), trace IV line or epidural catheter
- Right time: can depend on lab values, parameters, pending procedure/surgery and presence of adverse effects
- Right documentation: By signing off on an independent double check, the nurse is attesting that all the above has been reviewed and accurate

Improve the safety of using medications
- Look-alike/sound-alike medications (LASA) require extra precautions when administering to prevent dangerous interchanging of these drugs. The lists of these medications can be found in the Look-Alike/ Sound-Alike (LASA) Medications Policy and Procedure which is located in Policy Tech. These medications are identified by TALL MAN (capital) letters, whenever possible, in information systems, automation, and shelf labels.
- Label all medication or solution containers: (e.g. syringes, medication cups, basins), when medication is removed from original packaging in perioperative or procedural settings. When medication is not going to be administered immediately and completely, it must be labeled. Verify all medication or solution labels both verbally and visually. If a med is not labeled, discard it.

Remember, if it hits the table, it needs a label.
A label must include the following:
- Medication name
- Strength
- Quantity
- Diluent and volume (if not apparent from the container)
- Expiration date when not used within 24 hours
- Expiration time when expiration occurs in less than 24 hours
- Anticoagulation therapy must follow the National Patient Safety Goal program requirements to reduce the likelihood of patient harm: MGH provides unit dose products, programmable infusion pumps, an approved treatment protocol, interaction assessment, pharmacist monitoring lab tests, staff education, and patient education on medication interactions, diet, follow up monitoring, and danger signs.

Reconcile Medication Information:
1. Obtain information on the medications the patient is currently taking upon admission or arrival.
2. Compare the medication information the patient brought to MGH with the medications ordered for the patient in order to identify and resolve discrepancies.
3. Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged or at the end of an outpatient encounter.
4. Explain the importance of managing medication information to the patient when he or she is discharged or at the end of an outpatient encounter.

High Risk Medication - High risk medications are those that bear a heightened risk of causing significant patient harm when used.

To mitigate this risk, we employ the independent double check whereby a second nurse WITHOUT conferring with the first, verifies the six medication administration rights.
- The six rights include:
  - right patient
Medications that require an independent double check include:

- Intravenous anti-thrombotic
  - [Heparin infusions]
- Non-oral chemotherapy
- Epidural administration by nursing
- IV and SQ insulin that are not prepared by the pharmacy for the patient and the dose
  - [Insulin pens or stock insulin vials]
- Patient Controlled Analgesia [PCA] and Intravenous opioid infusions
- Intravenous epoprostenol
- Intravenous magnesium sulfate 4 g and 40 g infusions

### Medication Reconciliation

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician’s admission, transfer, and/or discharge orders.

- The customer’s medication list must be reviewed and corrected for every patient encounter.
- The list needs to be reconciled when the customer is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization.
- The complete and reconciled list of medications is provided to the customer and explained on discharge.
- Medication Reconciliation is everyone’s responsibility. Pharmacy completes >80% of Inpatient medication reconciliation, but if it is not done prior to bed placement it is the expectation that the admitting RN complete it.

### Antibiotic Stewardship

- Centers for Disease Control (CDC) 2013 report, “Antibiotic Resistance Threats in the United States,” estimates at least 2 million illnesses and 23,000 deaths annually are caused by antibiotic resistance.
- Just using antibiotics can create resistance and need to only be used for infections
  - Antibiotics are among the most commonly prescribed drugs in human medicine and can be lifesaving
  - However, up to 50% of the time antibiotics are not optimally prescribed (either not needed, incorrect dosing or duration)

- **Antibiotic Stewardship** is the effort to measure and improve how antibiotics are used, improve patient outcomes, and decrease resistance to antibiotics.
- Antibiotic Stewardship Program started at North Memorial Health in 2010.

### Pain Reassessment

Pain assessment minimally every 8 hours, on initial presentation, at discharge/transfer, and with a change in patient’s condition. Pain reassessment occurs minimally every 2 hours after a pain intervention.

**Please refer to the High Risk Medication Policy, Medication Administration Policy, and the High Alert Medications Policy**
7. **Suspected Abuse, Neglect or Financial Exploitation**

Minnesota law requires all team members in a hospital to report suspected abuse or neglect (of an adult or child) or financial exploitation (of an adult), as well as actual cases of physical assault, rape or other sexual molestation and abuse or neglect (of an adult or child) or financial exploitation (of an adult). Any physical injuries that do not match explanation (bruises, broken bones etc.) and/or emotional distress (depression, stress, anxiety, panic attacks) could be signs of abuse or neglect. Any concerns along these lines expressed by the customer and/or family should be reported.

For more information see the Vulnerable Adults-Mandated Reporting and Child Abuse/Maltreatment Assessment and Reporting policies and procedures in PolicyTech

**Child Abuse**

Child abuse/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/maltreatment 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.

Some indicators of child abuse and maltreatment are:

**Physical injuries**
- 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/maltreatment**

**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

To report suspected cases of child physical abuse and neglect (up to 17 years of age), call the Suspected Child Abuse and Neglect (SCAN) Team at ext. 1-4357 or 763-581-4357. A member of SCAN team will assist in identifying, reporting, and collecting information.

**A Safe Place for Newborns:** Maple Grove Hospital accepts infants presented to hospital staff within seven days of birth. MGH will not notify the police to report any person for abandonment if the infant is presented within seven days of birth; presented in person to a hospital staff member; and the infant is unharmed. If a child is presented to a staff
member, you need to accept the newborn without judgment, and bring the newborn directly to the Emergency Care Center. Maple Grove Hospital’s policy and Standard Operating Procedures (SOP) further outlines the actions to take in this situation.

**Domestic Abuse**

Maple Grove Hospital’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 record. 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, ask patient if she/he would like to talk with a SafeJourney Advocate who can assist with safety planning, support and resources. If patient agrees, make referral by calling SafeJourney, extension 13940 or 763-581-3940.

8. **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 of supervision
- Receives home care services, clinic or hospital care
- Has a physical or mental infirmity or an emotional dysfunction which limits his or her ability to meet their basic needs or impairs the ability to protect him/herself from maltreatment

**What is maltreatment?**
- *Abuse*
Maple Grove Hospital

- Assault, criminal sexual conduct, verbal abuse, hitting, slapping, kicking, involuntary confinement, deprivation, etc.
- 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, call the MN Adult Abuse Reporting Center at 844-880-1574

9. **Make It OK**

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

Many stereotypes surround mental illness and create a stigma around this medical illness.

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

The Make It OK campaign exists to equip people to better understand mental illness and to encourage people to start talking more openly about it; their tagline "Stop the silence: Make It OK" reflects this mission. They highlight that it is OK, mental illness is a medical illness, not a character flaw, and they seek to equip people with tips to stop the silence and start talking.

Visit NAMHhelps.org for more information and resources for mental illnesses.
Visit MakeItOK.org for more tips on talking about mental illness.

**Suicide Prevention**

- It is the policy at MGH to take reasonable and prudent actions to appropriately assess an individual who expresses suicidal ideation, exhibits self-harm or suicidal behaviors.
- Customers are assessed for suicide risk in the ED, on admission to the inpatient unit and in PCC.
- If identified to be at risk, nursing team members have a set procedure to create an environment that is safe for the customer.
- Nursing also provides ongoing assessments for customers deemed at risk for further interventions as needed.
If a customer is deemed a suicide risk, the nurse should be consulted prior to bringing new items into the room.

Our Suicide Risk Assessment and Prevention policy and procedure found in PolicyTech provides more information on the above information and describes our risk assessment tools.

10. **Restraint use**
   - Restraints pose a risk to the physical safety and psychological well-being of the customer and team members.
   - Restraints are used only in an emergency and only after alternative strategies have been tried.
   - Physically holding customers, which restricts movements against their will, is also considered restraint use. This does not include holding customers for purpose of conducting a routine physical examination or tests.
   - Restraints are ordered by a Licensed Independent Provider and are time limited.
   - Team members applying restraints must have completed training and have shown competency in restraint use.
   - All required documentation, including efforts to remove restraints, must be included in the EMR.

**Non-Violent Use:** Restraint used to manage behaviors which interfere with medical/surgical healing.

**Violent Use:** Restraint used to manage behaviors which are unanticipated, severely aggressive or destructive behavior placing the customer or others in imminent risk of harming themselves or others, and non-physical intervention has not been effective.

See Policy and Procedure for Restraint or Seclusion in PolicyTech for additional information.

11. **Advance Care Planning Health Care Directive/POLST**

Maple Grove Hospital is committed to providing opportunities for customers to engage in formal and informal discussions with their health care providers about their health care wishes, and to document those wishes using the Honoring Choices Health Care Directive form ([www.HonoringChoices.org](http://www.HonoringChoices.org)). The customer’s health care wishes and Health Care Directive are easily accessible in the medical record via the Advance Care Planning Navigator.

- **Advance Care Planning:** A process of discussion and shared decision making among customers, families, loved ones and health care providers. Advance Care Planning results in a set of wishes or choices which express health care values. This information is then documented in a Health Care Directive.

- **Health Care Directive:** Also known as an Advance Directive or Living Will. A legal document which appoints an agent to make health care decisions if the person making the Directive cannot. It may include the person’s wishes regarding life prolonging treatments, and statements about what makes life worth living or beliefs about when life would no longer be worth living. Everyone over the age of 18 should have a Health Care Directive.

- **The POLST (Provider Orders for Life Sustaining Treatment)** is a form that goes a step beyond the Health Care Directive by turning wishes about life-sustaining treatment into specific, written medical orders which can be followed outside the hospital by doctors, nurses, emergency personnel, and health facilities. The provider orders in the POLST form, cover resuscitation, use of antibiotics, and getting fluids through an IV, or food through a feeding tube. The POLST is meant to complement, not replace, a Health Care Directive. It focuses on care in the last years of life and is available from a medical provider.

**Advance Directive**—A written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

**Advanced Care Plan (ACP)**—A process of discussion and shared decision making among patients, families, loved ones, and health care providers resulting in a document set of wishes and choices that express health care values. An advanced care planning conversation of may result in the completion of a Health Care Directive document and/or POLST.
Health Care Directive: A legal written document that contains a person’s goals and wishes for their health care. It also generally designates a Health Care Agent who will speak for the person if they are unable to speak for themselves. Other terms for Health Care Directive are Advance Directive or Living Will. If a person’s Health Care Directive does not name a Health Care Agent(s) it will be scanned under “HCD – Wishes Only”.

Health Care Agent: The person or persons authorized within a Health Care Directive document to make health care decisions on behalf of the individual creating the document, if that individual is not able to speak for themselves. A Health Care Directive document that only contains health care agent information will be scanned under “HCD – Agent Only”.

POLST (Provider Orders for Life Sustaining Treatment): A brightly colored form (usually yellow) that translates wishes about CPR and other medical treatments into medical orders. The POLST form is meant to complement a Health Care Directive. It is completed by a physician or other qualified health care provider; patients do not complete this form.

Psychiatric Advance Directive - A written instruction akin to a traditional advance directive for health care. This type of advance directive might be prepared by an individual who is concerned that at some time he or she may be subject to involuntary psychiatric commitment or treatment. The psychiatric advance directive may cover a range of subjects and may name another person who is authorized to make decisions for the individual if he or she is determined to be legally incompetent to make his/her own choices. State laws regarding the use of psychiatric advance directives vary.

All types of health care directives are recognized, providing they meet the basic requirements of Minnesota law. “Honoring Choices Minnesota” Health Care Directive form is used by NMH and MGH.

Purpose of Advanced Care Plans

- MGH is committed to providing opportunities for individuals to engage in discussions about their health care wishes, to assist with the documentation and storage of these wishes in written form, and to comply with Advance Care Plans in accordance with Federal and State law, rules and regulations. MGH shall not condition the provision of care or otherwise discriminate based on the execution of the advance directive.

12. Organ, Tissue and Eye Donation

Did you know one person can save and heal up to 60 lives through organ, tissue and eye donation?

- Maple Grove Hospital is committed to being an advocate for organ donation to benefit those waiting for a transplant. Our hospital has an organ, tissue and eye donation policy that explains the hospital care team’s role in the donation process. This policy can be found in PolicyTech.
- In 2002, a MN law clarified that if a person designates that he or she is a donor via will, Advance Directive, driver’s license, or MN identification, the designation serves as intent to donate after death and cannot be overridden. Maple Grove Hospital has partnered with LifeSource to provide organ and tissue donation.
- All direct patient care givers need to be aware of their role in partnering with LifeSource. This includes a referral phone call within one hour for all patients (age 20 weeks gestation or older) meeting donation referral triggers. Do not mention donation to the family; the LifeSource Coordinator will collaborate with the healthcare team to develop an appropriate communication plan prior to any mention of donation to the family. Call 24 hours a day with all donation referrals: 1.800.247.4273 (1.800.24.SHARE).

Triggers to call LifeSource include:

- **All** patients who experience cardiac death (asystole), even if the patient has been previously referred.
- If the family mentions or has questions about donation or if you have questions.
- Patients who are ventilated and have:
  - Severe neurological injury (e.g. CVA, GSW, MVC, Anoxia, etc.)
  - GCS <5 or meets two of the following neurological indicators: (no pain response, no triggering of the ventilator, no pupillary response, no corneal reflex, no cough, no gag, no doll’s eyes, no response to cold calorics)
- After the initial referral, if a decision is made to withdraw support, call prior to extubation or discontinuing life-sustaining therapies.
Reminders:
- Every customer and customer’s family is given the same opportunity and all are treated with the same discretion and sensitivity. All customer deaths from ages 20 weeks in gestation or older must be referred to the donor referral line for an organ, tissue and eye donation assessment.
- Never pre-determine donation based on the patient/family circumstances, race, beliefs, religion.
- Donor family care and support continues indefinitely or for as long as the family wishes.
- The customer meets the trigger for donation and is referred to 1-800-24-SHARE within one hour.
- ONLY the Donor Coordinator can determine donor suitability and discuss donation options with the potential donor families.
- Specially trained personnel, almost always from the donation agency, will discuss donation with the customer’s family.
- Organ, tissue and eye recovery is performed by the donation agencies as soon as possible after the time of death.

Contact LifeSource at 1-800-247-4273 (1-800-24-SHARE). You can serve as advocate for the customer/family by making the call within one hour. www.mydonationresource.org provides real time resources and education around this topic.

13. Team Member Right to Know

The following Security tips will help you be prepared in keeping Maple Grove Hospital a safe place for everyone.

Identification Badges
All team members, volunteers, contracted workers, agency staff, and authorized visitors must wear unaltered photo ID badges above the waist when on property.

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
Request that Safety and Security officers escort you to/from your vehicle 24/7. Avoid walking alone.

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

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

14. Patient Identification
- Use two patient identifiers, name and date of birth (DOB), when administering medications, collecting blood samples and other specimens for clinical testing (three unique identifiers are required for any Blood Bank samples—name, DOB and MR#), and providing treatments or procedures and services.
- Patient identification includes active involvement of the patient, if able, and/or family. If possible, always ask the patient to state their name and DOB.
- The patient identification (ID) bracelet must be on the patient at all times; it cannot be taped to the bed.
- The patient’s room number or physical location is NEVER used as an identifier.
- If the patient’s identity is unknown refer to the Patient Identification policy.
Specimen Labeling for Lab Testing

- The correct labeling of laboratory specimens is critical to customer care and customer safety.
- Print labels only when you are ready to collect the specimen from the customer.
- If any part of the patient (customer) identification is missing and/or “cut off” you may hand write it on the label.
- Collect all blood samples according to established “Order of Draw” and mix well immediately after collection.
- Label all samples at the customer’s bedside, verifying that the patient (customer) identification band matches the sample labels before you leave the room.
- Place label over the original label on the tube, with tube cap on the LEFT (not over the clear opening—sample must be visible to ensure specimen integrity).
- Never label “the lid” of a sample. The identification must be on the body of the container.
- Write the date, time and your initials on the bottom, lower right corner of the printed label with ink. Do NOT use marker or pencil as it interferes with the bar code reader.
- The laboratory will test only those samples that have complete and accurate identifying information affixed to the specimen container. Specimens that are not adequately labeled must be recollected per laboratory policy.

Surgical and Procedural Site Marking

- Surgical and procedural site marking occurs to insure the correct procedure is completed on the correct customer. Customer site marking occurs before procedures, regardless of where the procedure will be performed. Verification occurs at multiple points in the care of the customer and requires coordination between the privileged provider performing the procedure, the customer or legal guardian, and all members of the surgical/procedural team.
- The privileged provider performing the procedure marks the correct surgical or procedure site. With the customer awake and aware, if possible, the privileged provider will mark the procedure or operative site with their initials. The site will be marked with a permanent marker that will be visible when any draping or prepping of the site occurs. When unable to mark the site, this is documented on the Alternate Site Marking Tool.
- Associated Policy: Time Out

**Time Out**: Just prior to the incision, injection, or procedure start, a final verification process “Time Out” is performed. Through active verbal participation, the privileged provider performing the procedure and surgical or bedside procedure will initiate the “Time Out” by stating “Let’s do the Time Out.”

- All team members will stop their routine duties and focus their attention on the final verification of:
  - Patient identity using two identifiers
  - Informed consent form/source documents
  - Correct operative or invasive procedure
  - Correct procedure side or site (and level if appropriate)
  - Necessary imaging, equipment, implants, or other special requirements available, as appropriate
  - Correct customer position
  - Visualization of the marked site(s), if applicable
  - Pre-procedural antibiotic administered, if appropriate
  - Fire Risk Assessment is conducted for all procedures in the Operating Room. The Fire Risk Assessment is completed by the Anesthesia Provider, when present
  - Medication on field
  - Allergies

Associated Policy: Time Out
Stop the Line:

All team members, medical staff, students and volunteers have the responsibility and authority to immediately intervene to protect the safety of a customer, to prevent a customer safety event and subsequent customer harm.

Any team member providing customer care will immediately stop and respond to the request to stop for clarification to reassess the customer’s safety. This is a proactive practice to speak up in advocating for all our customers receiving care. Maple Grove Hospital leadership supports all personnel to speak up and advocate for customer safety.

Any team member who observes or becomes aware of an imminently harmful situation in customer care has the authority and responsibility to speak up and request the process be stopped in order to clarify the customer safety situation.

Examples of Care Situations of concern might be:

- A customer is being prepared for a surgical procedure, when you notice missing elements on the informed consent and another team member is present to transport the customer to the OR.
- A team member enters a customer’s room to transport them to another unit for testing and when checking the patient (customer) identification, the arm band is missing, and you observe the customer transferred to the wheelchair in preparation to leave the room.
- You observe an individual wearing ceil blue scrubs and lab coat, without a photo ID entering a customer’s room.

15. Vocera Use

The Vocera badge is to be used primarily for internal business to relay information that pertains to active customer care and to assist staff in being responsive to customer’s needs.

- Every attempt should be made to achieve appropriate communication practices to limit disruption to the customer and care teams within Maple Grove Hospital and to protect customer information. Inappropriate or vulgar language shall not be used. Be aware of the volume of your device settings and your voice when using Vocera.
- Team members must always be aware of their surroundings and protect patient information as outlined by HIPAA. The following options will help maintain confidentiality during calls:
  - Walk to a private area to take the call
  - Place the call “on hold” and walk to a private area to take the call
  - Transfer the call to a nearby phone and resume the call
  - Return the call at another time
  - Do not leave messages that include customer identifiable data
  - Do not leave messages that include medical verbal orders. Vocera messaging shall not be used to give or receive medical verbal orders

Reminders:

- Be courteous and respective when answering a call on Vocera.
- Set the stage for a caller “Hi this is -----, I am with a customer, how can I help you?”
- If calling someone on Vocera, be mindful that they may not know who is calling and may be busy, say “Hi this is -----, is this a good time?” or “Hi this is ----, can you please call me when you are finished?”
- More detail about communicating via Vocera can be found in the policy “Appropriate Use of Vocera Communication System” found in PolicyTech on the Maple Grove Hospital Intranet
16. **Workplace Violence and Situational Awareness**

**What is workplace violence?**

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors. [https://www.osha.gov/SLTC/workplaceviolence/](https://www.osha.gov/SLTC/workplaceviolence/)

There are four types of workplace violence: criminal intent, customer/client violence, worker-on-worker violence, and personal relationship violence (CDC, 2014).

**Type 1: Criminal Intent**

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

**Type II: Customer/client-on-worker**

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

**Type III: Worker-on-worker**

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

**Type IV: Personal Relationship**

- A current or former personally related or intimate person that is threatening, and/or assaulting a staff member (CDC, 2014).
- An example is when the domestic abuser follows the healthcare worker to their workplace, or shows up during their shift (CDC, 2014).
- This is not only dangerous for the healthcare worker, but could possibly endanger other staff members, patients, or visitors (CDC, 2014).
Maple Grove Hospital

Prevent Injury to Yourself

- Dress for safety by removing anything from your person that can be used as a weapon or grabbed by someone.
- Long hair should be tucked away so that it can't be grabbed
- Avoid earrings or necklaces which can be pulled
- Overly tight clothing can restrict movement
- Overly loose clothing or scarves can be caught
- Glasses, keys, or name tags dangling from cord or chains can be hazardous; make sure to use breakaway safety cords or lanyards

Situational Awareness

- The main objective is your safety.
  - Maple Grove Hospital has adopted the “FROG” magnet shown here as a visual for all Team Members upon entering a room with a Customer to do the following if appropriate
  - Ask Team Members that are Providing Care for the Customer if there is anything you should know for your safety and the Customers safety before your interaction with the Customer
    - Be aware of your surroundings when you enter a room or begin interacting with a Customer.
    - Be vigilant throughout the encounter.
    - Watch for signs of escalating behavior or violence
    - Maintain behavior that helps defuse anger
    - Have an escape plan, discuss with Team Members ahead of time
    - If it part of the plan for the Customer, call Security ahead of time and have them wait outside the customer door or come in with you.

Recognize signs of Potential Danger

- Yelling or arguing coming from the room
- Body language: Pacing, threatening gestures, closed arms, etc.
- Chemical use
- Presence of a weapon

Utilize our AIDET Principles

- Tips for success:
  - Introduce yourself (AIDET) and be transparent about your actions
  - Speak with a firm and collected tone-avoid inflections of impatience or condescension
  - Keep volume at a level appropriate to the distance and situation-speak at an even rate and rhythm

Five Warning Signs of Escalating Behavior

1. Confusion
2. Frustration
3. Blame
4. Anger
5. Hostility

- Think of each Warning Sign as a rung of a ladder
- The higher the individual is on the escalation ladder the harder it is to get them grounded to resolve the issue without assistance
- We want to catch the warning signs early and keep the individual from climbing up the escalation ladder
## CONFUSION

<table>
<thead>
<tr>
<th>Warning Signs of Confusion</th>
<th>Responses to Confusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person appears bewildered or distracted.</td>
<td>Listen Attentively to the person</td>
</tr>
<tr>
<td>They are unsure or uncertain of the next course of action.</td>
<td>Ask clarifying questions</td>
</tr>
<tr>
<td></td>
<td>Give factual Information</td>
</tr>
</tbody>
</table>

## FRUSTRATION

<table>
<thead>
<tr>
<th>Warning Signs of Frustration</th>
<th>Responses to Frustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person is impatient and reactive</td>
<td>Move the person to a quiet location</td>
</tr>
<tr>
<td>The person resists information you are giving them</td>
<td>Reassure them, talk to them in a calm voice</td>
</tr>
<tr>
<td>The person may try to bait you</td>
<td>Attempt to clarify their concerns</td>
</tr>
</tbody>
</table>

## BLAME

<table>
<thead>
<tr>
<th>Warning Signs of Blame</th>
<th>Responses to Blame</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person places responsibility on everyone else</td>
<td>Disengage with the person and bring a second party into the discussion</td>
</tr>
<tr>
<td>They may accuse you or hold you responsible</td>
<td>Use a teamwork approach</td>
</tr>
<tr>
<td>They may find fault with others</td>
<td>Draw the person back to the facts</td>
</tr>
<tr>
<td>They may place blame on you</td>
<td>Focus on areas of agreement to help resolve the situation</td>
</tr>
</tbody>
</table>

## ANGER

<table>
<thead>
<tr>
<th>Warning Signs of Anger</th>
<th>Responses to Anger</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person may show visible change in body posture</td>
<td>Don’t argue with the person</td>
</tr>
<tr>
<td>Actions may include pounding fists, pointing fingers, shouting or screaming</td>
<td>Don’t offer solutions</td>
</tr>
<tr>
<td>This signals <strong>VERY RISKY BEHAVIOR</strong></td>
<td>Prepare to evacuate the area or isolate the person</td>
</tr>
<tr>
<td></td>
<td><strong>CONTACT YOUR SUPERVISOR AND CODE GREEN TEAM</strong></td>
</tr>
</tbody>
</table>

## Hostility

<table>
<thead>
<tr>
<th>Warning Signs of Hostility</th>
<th>Responses to Hostility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical actions or threats appear imminent</td>
<td>Don’t argue with the person</td>
</tr>
<tr>
<td>There is immediate danger of physical harm or property damage</td>
<td>Don’t offer solutions</td>
</tr>
<tr>
<td>Out-of-control behavior signals the person has crossed the line</td>
<td>Prepare to evacuate the area or isolate the person</td>
</tr>
<tr>
<td></td>
<td><strong>CONTACT YOUR SUPERVISOR AND CODE GREEN TEAM</strong></td>
</tr>
</tbody>
</table>
De-Escalation in Person

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

Thou Shall Not Say!

Come here
- Calm down
- You wouldn’t understand
- It’s none of your business
- What do you want ME to do about it
- What’s YOUR problem?
- I’m not going to say this again...
- Why don’t you be reasonable?
- I’m doing this this for your own good

Challenge your thinking...

This is NOT part of your job!

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

What does the MGH Workplace Violence Prevention (WPV) Threat Assessment Team do?

- Oversee Workplace Violence staff training
- Oversee site specific response team processes
- Review, update and improve upon site specific WPV policies and procedures
- Routinely review acts of WPV for trending and opportunities
- Assure appropriate resources for WPV
- To pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to MGH Customers, Team Members, MGH property or facilities

When is the Threat Assessment Team Called?

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

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

Use the Safety/Security form:

17. **Personal and Family Emergency Preparedness**

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

MN Homeland Security Management [https://dps.mn.gov/divisions/hsem/Pages/default.aspx](https://dps.mn.gov/divisions/hsem/Pages/default.aspx)

- Make a Plan!: Based on the types of emergencies you expect, build a plan for your family including child care, elder care, pet care and any specific care for family members with special needs.
- Build a Kit!: Good examples can be found at www.ready.gov. Make it a family activity!
- Get Involved!
  - Know your role when there are emergencies at work. Review the policies and procedures BEFORE you need to use them and contact your manager/supervisor or MGH Emergency Management Coordinator if you have questions.
- Participate in drills.
- Have a plan at home for you and your family so you can be available to assist us when Maple Grove Hospital has an emergency.
18. **Emergency Management**

Emergencies regardless of size, cause or complexity need to be managed efficiently. Our System Emergency Operations Plan (EOP) is designed to establish a scalable, flexible framework within which MGH will accomplish the comprehensive emergency management activities of mitigation, preparedness, response and recovery for a variety of emergency situations that could affect the safety of customers, team members and the physical environment while meeting applicable codes and regulations.

Leadership will determine the need and size of an Incident Management Team and will set up an Incident Command System as necessary. This team may meet in person or virtually over the phone depending on the emergency.

In an emergency, be flexible. You may be asked to do a different job or report to the Labor Pool (location given at time of event) for reassignment.

If you are away from work and are needed you will be notified through Everbridge and will be asked to reply with your availability and then will be given specific instructions on where and when you are needed.
## Emergency Response

Call *77 from any telephone or Vocera and give the location.

### Overhead paged

<table>
<thead>
<tr>
<th>Code Color</th>
<th>Code Type</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Red**    | Fire and/or Smoke Detected | • Rescue anyone in danger  
• Contain the fire by closing room and fire doors  
• Alert by pulling the fire alarm  
• Alarms will sound and location will be broadcast |
| **Pink**   | Infant/Child Abduction | • Report if infant/child is missing  
• Safety & Security will broadcast and respond to identified area  
• Family Birth Center team members perform visual head count of all babies/pediatric customers |
| **Walker** | Missing Customer | • Cover all exits and monitor corridors - essential movement only  
• Call *77 to report suspicious person(s) |
| **White**  | Active Threat | • Report a missing individual who is 18 years or older and on holds or suffers from conditions that may prevent him/her from making rational decisions or cause them to wander away  
• Monitor corridors and exits  
• Call *77 to report the found individual’s location |
| **Blue**   | Severe Weather Advisory (tornado, severe thunderstorm, blizzard, etc.) | • Weather warnings with imminent threat will be broadcast  
• Move and/or direct customers away from windows  
• Customers who cannot be moved, should be turned away from windows and protected with pillows & blankets |

### Not overhead paged (team response only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Green** | • Activate a Code Green team by pressing a Code Green button in the customer room or by calling *77  
• Stay calm and remove yourself and others from immediate danger  
• Code Green team will respond to identified location |
| **Blue** | • Activate a Code Blue team by pressing a Code Blue button in customer room or by calling *77  
• Code Blue Team will respond to identified area  
• Provide appropriate intervention (Initiate CPR)  
• If Code Blue is called in your work area, return to area to assist with other customers/visitors |
| **Response Team** | • If a customer’s condition rapidly changes and assistance is needed from a team of critical care clinicians, press the Rapid Response button in the customer room or call *77 and give location  
• The appropriate Rapid Response Team (adult, pediatric, OB) will respond to identified location |
| **Team Response** | • Department-specific response teams include ECC stat, NICU stat, OB stat, trauma team stat, stroke team stat, or delivery team stat  
• Incident management team to manage large scale or complex emergency, such as a mass casualty incident, IT downtime, etc. |
19. **Code Pink**

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

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

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

20. **Code Red**

What types of fires must be reported?
- Visible flame
- Visible smoke
- Smoke odor
- “Out fires” (fires that have been extinguished)

What is the fire response procedure? **It's RCA!**
- **R** = Rescue anyone in danger.
- **C** = Contain/confine by closing fire doors/room doors. Only go through the fire doors to evacuate or move people to an adjacent safe place (area of refuge). Do not use the elevators.
- **A** = Alert by pulling alarm or dialing *77 and giving your location.

6. **RESCUE** – Rescue any person from immediate danger!
7. **CONTAIN/CONFINE** – Confine the fire!
   - A. Close all doors and windows
   - B. Turn on all lights
   - C. Remove all items from the corridor on the floor of the alarm
   - D. Secure the area! Stop pedestrian traffic from entering the area. Assure that no one enters except fire response personnel
8. **ALERT** – Alert others by:
   - A. Activating a fire alarm pull station on your way to the nearest safe telephone
   - B. Calling *77

Provide the following information:
- Who you are
- Where the fire is located (be very specific, e.g. Four Seasons Cafe, lower level, Maple Grove Hospital)
- How large is the fire
Maple Grove Hospital

- What type of fire is burning
- If people are in danger

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

What if I hear the Code Red announcement indicating a fire in my building, but NOT in my area?
- All pedestrian traffic within the building in which the alert is given is to be stopped. Passage through smoke doors is prohibited unless staff is needed for immediate patient care.
- Persons are not permitted to remain in stairwells and elevator lobbies.
- Hospital telephones are to be restricted to emergency use.
- Report any adverse conditions to the Emergency Operator.

Operating Rooms:
Operating rooms follow the Maple Grove Hospital policy regarding fires in the OR.

Fire Extinguishers
- If there is ever a need to use a fire extinguisher, know where the nearest extinguisher is located in your area. Utilize fire extinguisher if you feel comfortable.
- Prior to utilizing the fire extinguisher, activate a Code Red by calling *77. This will then activate a fire response team.

What is the Fire Evacuation Plan?
The hospital has identified smoke compartments on each level. Move into the next smoke compartment on same level (horizontal evacuation)
There is a 2-hour fire rated separation between the compartments.
- Stairwells will be used for movement to another level if neighboring smoke compartment is compromised or route is blocked (vertical evacuation).
- Stay calm; help all patients and guests to move safely
- Stay accounted for with a group or partner.
- Total facility evacuation will be announced overhead, if it becomes necessary.
Maple Grove Hospital

If fire/smoke is in:
- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 1
- Compartment 3: Move to Compartment 2

If there are no smoke compartments left that are safe to move into, move up to the 1st Floor.

If fire/smoke is in:
- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 3 (PACU)
- Compartment 3: Move to Compartment 2 (PCC)
- Compartment 4: Move to Compartment 1

Surgical area has their own customized fire plan to follow.

If fire/smoke is in:
- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 1
- Compartment 3: Move to Compartment 2

If there are no smoke compartments left that are safe to move into, move down to the 1st Floor.

Lower Level Plan

1st Floor Plan

2nd Floor Plan
If fire/smoke is in:
- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 1
- Compartment 3: Move to Compartment 1

If there are no smoke compartments left that are safe to move into, move down to the 2nd Floor

If fire/smoke is in:
- Compartment 1: Move to Compartment 2
- Compartment 2: Move to Compartment 1
- Compartment 3: Move to Compartment 1

If there are no smoke compartments left that are safe to move into, move down to the 3rd Floor

***Please note that if there was a fire on Unit 3200, NICU patients would evacuate down to the 2000 NICU. If there was a fire on Unit 2000 NICU patients would be evacuated up to 3200, to allow patient care to continue.***

MGH has the following evacuation equipment:

- **Medsleds**: Standard and Bariatric
  - Both rated to hold 1000 pounds
  - Bariatric sled is 12 inches wider than standard sled to accommodate larger girth
  - 1 regular and 1 bariatric stored on each unit (stored in equipment rooms)
• **Stair Chairs:**
  - Rated to hold 500 pounds
  - Stored in cabinet near north stairwell on:
    - 4200 (1)
    - 3200 (1)
    - 2200 (1)

• **NICU Evacuation Baskets**
  Stored at:
  - Cabinet near North Stairwell on: 3200 (9)
  - Cabinet to the left of the NICU nursery entrance on 2000 (9)

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

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

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

**GENERAL PROTOCOL**
- Close and lock all outside windows. Remove all objects from window sills.
- Pull shades and drapes on all outside windows (this includes all non-patient rooms also).
- Lower all patients’ beds to minimum height.
- Turn corridor lights on.
- Reassure patients as you proceed. Leave lights on in the rooms.
- "Patient room” doors may be left open at the discretion of the nursing personnel (close all other doors).
- Do not panic; do not shout; do not run. Keep all persons away from outside windows.
- Employees shall return to their work station or department and remain there until "all clear” is announced.
- Notify Call Center by dialing *77 if there is damage or a problem in your area.
- Files and drawers shall be closed.
- Do not restrict use of elevators.
- Persons in areas with exterior glass will be directed to leave the area and report to an inner hallway.
22. **Active Threat**
   - Anything that is a threat to the safety of MGH team members, customers, or property.
   - “Plain Language” ensures that both team members and visitors know the danger and how to respond; reduces confusion.
   - Examples include, but are not limited to: persons with weapons, bomb threats, terrorist activity, civil disturbances, suspicious packages, suspicious activity.

**How do I identify an Active Threat?**

**Recognize:**
- Potential threat: if you **see something, say something**
- Immediate threat: someone or something that can cause immediate injury or death – requires immediate action

**Report:**
- Report suspicious activity to Security immediately
  - "77 MGH"
- Notify your supervisor
- Get to safety, then take note of what or who you saw/heard, when you saw/heard it, and where it occurred

**Report**
To report suspicious activity, contact Security.

Describe specifically what you observed, including:
- **Who** or **what** you saw;
- **When** you saw it;
- **Where** it occurred; and
- **Why** it’s suspicious.
- If there is an emergency, call 9–1–1.

**Active Shooter Facts**
- Since 1966, there have been 154 active shooter events (4+ people killed) in the U.S.
- These events have resulted in the deaths of 1,102 people.
- There were 154 hospital-related shootings in the U.S. between 2000 and 2011.
- Hospital employees counted for 20% of the victims.
- It typically takes Law Enforcement 5 to 6 minutes to arrive on the scene of an active shooter event. In a study of 84 active shooter events, victims subdued the shooter in 13 instances before police even arrived on scene.
- Once you are no longer in immediate danger, stop the bleed. Failure to stop bleeding is the number one cause of deaths in active shooter incidents.
Run

RUN

The first — and best — option is to get out if you possibly can. People have been shot while they froze in place a few steps from an exit door, said Scott Zimmerman of K17 Security. Encourage others to leave with you, but don’t let their indecision keep you from going.

Choose a route carefully

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

Think unconventionally

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

Look down

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

Be quiet and stealthy

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

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

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

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

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

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

Create chaos
Throw books, coffee mugs — anything you can grab. Make noise. Keep moving. A moving target is much harder to hit than a stationary one. Greg Crane, founder of the ALICE Training Institute, which has worked with nearly 3,000 schools, said that even children can be taught to move, make noise and distract so they can buy time to get away.

Swarm
Some experts teach a Secret Service-style technique in which people wait beside the door and grab the shooter as he enters. At least one person goes for the arm that holds the gun, one wraps his legs and others push him down. Using their body weight, a group of smaller people can bring a large man to the ground and hold him there.

Move the weapon away
Once the gun is separated from the shooter, cover it with something such as a coat or a trash can. Don’t hold the weapon, because if police storm in, they may think you are the shooter.

Attack
This is last even among last resort options. The ALICE program doesn’t even suggest this for adults, and none recommend it for children. But if you try to fight, choose a weapon and aim for vital areas such as the head, eyes, throat and midsection. Don’t quit.

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

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

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

23. Stroke Team Stat

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

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

Signs and Symptoms of Stroke:
Early recognition is essential since some treatments are time dependent. All staff should recognize the warning signs of stroke. The acronym used to assess a customer for a stroke is F.A.S.T.

- F=Facial Droop;
- A= Arm Weakness;
- S=Slurred Speech;
- T=Time, Call 911

Approximately 80% of stroke patients have at least one of the symptoms of F.A.S.T. Additional, signs and symptoms of a stroke include, visual changes in one or both eyes; sudden trouble walking or dizziness; loss of balance or coordination; sudden severe headache (no cause) or sudden confusion.

Stroke Risk Factors:
- A key risk factors in preventing a future stroke depends on your ability to manage your risk factors. There are risk factors that you can control and some you cannot control such as your age, race or gender. For example,
  - If a parent has had a stroke you are more likely to have a stroke.
  - The older you get the more likely you are to have a stroke. However approximately 1/3 of stroke patients are under the age of 65.
  - If you are African American or Hispanic you are twice as likely to have a stroke then someone who is Caucasian.
- Your energy and focus should go toward reducing the risk factors that you can manage. They include:
  - Close monitoring and management of hypertension (ASA recommends less than 130/80).
  - Maintaining your total cholesterol below 200 but more importantly the “bad” cholesterol (LDL) should be low (preferably less than 70).
  - Preventing diabetes and if you are a diabetic maintaining your A1C at a therapeutic level (typically less than 6.0).
  - If you take blood thinners make sure to check with your provider before stopping them abruptly.
  - Stop smoking.
  - Maintain a healthy diet and get the proper exercise.

24. Electrical and Utility Safety
Most equipment in the healthcare setting is electric so there is a risk of electric shock. Electric shock can cause burns, muscle spasms, ventricular fibrillation, respiratory arrest and death.

To help prevent electrical accidents, remove and report electrical hazards, use electrical equipment properly, maintain, test, and inspect equipment and use power cords and outlets properly.
Safety Inspections

- 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 new equipment, contact Facilities or Bio-Medical Engineering for a safety check and inspection.

Electrical Outlets

- 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.
- Electrical outlets connected to back up generators have RED outlets and or plates
- Think ahead about how you would deal with a power failure and working with only emergency power. What would your environment look like with only emergency power? How would customer care be different?
- Know which emergency equipment battery has operated back up. Make sure emergency equipment is plugged into a RED outlet. Extension cords can be used temporarily

Emergency Electrical Outlets

- Provide generator supplied power in ten seconds or less.
- Plug all life support and critical patient care equipment into specially marked emergency electrical outlets (red), this includes downtime computers and printers.

Moisture/Fluids

- 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.

Cords and Plugs

- 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. Call x12321 to report.

25. Safe Medical Devices

It is the policy of Maple Grove Hospital to prevent or minimize medical device-related patient incidents, to ensure patient safety, and to improve the quality of patient care. Physicians, nurses or other healthcare personnel who use or maintain the products often discover medical product defects. It is essential that all personnel understand the importance of immediately reporting all product defects and device-related adverse patient events.
The Safe Medical Device Act of 1990

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

Definitions

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

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

Procedure

1. Medical Equipment Management
   a. Safety testing of medical equipment: Patient care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the Customer Service Center at 1-2321 to report.
   b. Actions to take if equipment fails/breaks:
      i. Remove it from service
      ii. Put on a defective sticker
      iii. Call the Customer Service Center at 1-2321
   c. Actions to take if equipment is involved in a possible Safe Medical Device-related patient incident: If medical device (anything used in patient care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:
      i. Attend to the medical needs of the patient/user
      ii. Remove the equipment from service
      iii. Put on a defective sticker, noting it was involved in an incident
      iv. Tell the area’s manager/supervisor
      v. Save the disposables for evaluation during the investigation of the incident
      vi. Complete a Safety Report First Report through RL solutions (a computer application available on the MGH Intranet)
      vii. Call the Customer Service Center at 1-2321

2. Utility Management
   a. Reporting of problems with a utility: For most utilities, notify the Customer Service Center at 1-2321
   b. Back Up Generators:
      i. Electrical outlet connected to the backup generator has a RED outlet and/or plates
      ii. Emergency generators are tested each month
   c. Shutting off an oxygen valve
      i. All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care/treatment rooms.
      ii. Zone valves may only be turned off by authorized staff (Facilities, Respiratory Care practitioners, managers/supervisors and other named designees). A label next to each zone value lists persons authorized to turn off a zone. Each zone valve is labeled with the rooms/area it supplies.
26. **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. 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 moussing.

**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 (e.g. phone, stapler, etc.).
- Use a document holder and position it close to or in-line with the monitor.

Want more information? Contact Team Member Health Center at 1-2194.

Useful web links:

http://www.osha.gov/SLTC/etools/computerworkstations/components_keyboards.html#placement
http://www.healthycomputing.com/office/setup
Back Injury Prevention

TEN 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 when possible** – Patient lifting devices (EZ stand, mobile lifts, HoverMatts, etc), carts, etc

3. **Ask for assistance when lifting heavy objects**

4. **Maintain Good Posture** – Keep the natural curve 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 posture.** Sleep on a firm mattress on your back or side rather than your stomach whenever possible.
10. **Maintain a healthy lifestyle.**

Want more information? Contact Team Member Health Center at 1-2194.

**Useful web link:** [http://ergonomics.ucla.edu/Back_Lifting.html](http://ergonomics.ucla.edu/Back_Lifting.html)

27. **Work-Related Injury/Illness Reporting**
The safety and health of team members are of primary importance. It is Maple Grove Hospital’s desire that no team member has an injury or illness because of a work situation. Sometimes injuries or illnesses do occur and are work-related. Work-related injuries or illnesses must be documented in accordance with state and federal regulations. The team member, the manager/supervisor, Human Resources, and the Team Member Health Center all have responsibilities for this process.
Maple Grove Hospital

Team Member Responsibilities

- Immediately report the work-related injury/illness (including blood/body fluid exposures) to your manager/supervisor or designee.
- The supervisor/manager or designee will send the employee to the MGH ECC to complete the Employee Incident Report or Blood and Body Fluid Packet.
- Attend health care provider appointments, if needed.
- Provide health care provider work release (with or without restrictions) to your manager/supervisor and the Team Member Health Center.
- Work within prescribed restrictions at work and at home.
- Maintain communication with all appropriate parties.

Manager/Supervisor Responsibilities

- To review complete circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again.
- If applicable, review work restrictions to determine if the team member can work in the assigned department; discuss with the Team Member Health Center.
- Maintain ongoing communication with the team member and the Team Member Health Center.

Team Member Health Center Responsibilities

The Team Member Health Center at NMCC, in collaboration with MGH Human Resources Department handles all required OSHA documentation and conducts all necessary follow up with the team member.

- Coordinate and monitor medical care.
- Review work release received from physician and coordinate work duties.
- Initiate First Report of Injury as required by law.
- The Team Member Incident Report and Workability will be faxed to the Team Member Health Center at North Memorial.

28. Radiation Safety

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

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 Safety and Security.
- Radioactive materials may be used in restricted patient rooms. Do Not Enter These Rooms, check with the Patient Care Facilitator. These rooms will be posted with a yellow and magenta radiation caution sign. The radiation caution sign may be removed only by the Radiologist.

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: Wear protective vests, eye goggles, gloves and/or respiratory protection. Stay behind structural barriers. 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 Radiation Safety Officer as outlined in the department procedures.
MRI Safety

- Magnetic Field of the MRI system is ALWAYS on, dangers always exist.
- All personnel must undergo MRI Screening procedure before entering the MRI room.
- Follow written and verbal instruction provided by the trained MRI staff.

4 Safety zones are posted and described to control access to the MRI environment. MRI safety trained individuals monitor the area.

Zone 1 – General Public

Zone 2 – MRI patient screening & preparation personnel

Zone 3 – CAUTION: Restricted Access – Control room area, supervised/screened Personnel

Zone 4: DANGER: Restricted Access – Scanner Location, Screened MRI Patients under the direct supervision of trained MRI personnel only.
Hazardous Gases and Vapors Safe Compressed Gas Cylinder Usage

Cylinder Storage

Compressed gas cylinders should be secured at all times. Appropriate securing devices include chains attached to the wall or holding racks as pictured below. If you encounter a cylinder that is not correctly secured; immediately return it to a securing device or alert someone whom can.

Storing of compressed gases/portable oxygen tanks:

- All compressed gas cylinders must be properly secured (e.g. in a tank holder or chained to a fixed object such as a wall) when being stored or during transport so they cannot fall or bang violently against one another.
- No more than 12 FULL oxygen E cylinders/tanks can be stored in the same area.

Remove empty tanks as soon as possible from your area. Each storage area has signage indicating maximum amount allowed based on fire zone.

Cylinders in storage must be easily identified as empty or full. At MGH empty is considered anything less than 500psi and is easily identified by the needle being in the red zone on the gauge. Once the gauge reflects 500psi or less, it should be placed into the storage rack labeled as empty.

Medical Gas Shut Off

When advised by the authorized team member (as posted on the plaque next to the gas panel), a PCF/Leader may be asked to turn off a gas valve.
30. **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, e.g. lead dust, asbestos
- 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 the Customer Service Center at 1-2321.

**MGH is a Fragrance-Free Facility**

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

31. **MN Right to Know Law, Roles & Rights**

**Minnesota Employee Right to Know Act:**

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.

**Team Members' Role** - Team members are required to:
- Learn about the hazards of your job.
- Learn how to work safely.
- Know where to find information about these hazards.
- Report any unsafe situation to your manager/supervisor or the Safety and Security Department x1-1105.
- Know how to access the SDS database on the MGH Intranet.
Maple Grove Hospital

Maple Grove Hospital’s Role - 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 SDS database access, use, and purpose.
- Have information about job hazards accessible to employees and maintain a current SDS database.

Team Members’ Rights - 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

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

For ANY concern with Hazardous Substances, Infectious Agents or Harmful Physical Agents, contact:
- Manager/supervisor
- Safety and Security at 1-1105
- Compliance Hotline at 1-4670; or via email at compliance@northmemorial.com

For more information on Hazardous Substances
- Electronic Safety Data Sheets (SDS) on MGH Intranet

Infectious Agents
- Infection Control manual on MGH Intranet
- Infection Control Department
- Emergency Care Center

Preventive Measures
- Recognize hazards communicated by signs/symbols (see below)
- Identify hazards and potential hazards before you start the task
- Know where to find information
- Learn what to do to protect you
- Report any unsafe situation to your manager/supervisor or Safety and Security at 1-1105
- Never use products from an unlabeled container. Contact Environmental Services via the Customer Service Center at 1-2321 for assistance in disposal

<table>
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<tr>
<th>Biohazard Sign</th>
<th>Blood/body fluid precaution. Use Personal Protective Equipment (PPE) as recommended.</th>
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| Radiation Caution | Do NOT enter area without checking with the person in charge. Follow Distance, Time and Shielding guidelines:  
- Distance: Keep a distance from the source of radiation  
- Time: Limit your time near the source  
- Shielding: Wear protection such as lead vests, gloves, eyewear, etc. Stay behind structural shields |
| Stop | Stop and read isolation guideline card before entering patient's room. Take protective measures, as described on the isolation guideline card. Refer to your manager/supervisor or Infection Control resources listed above for further information. |
33. **MN Right to Know: Hazardous Substances**

**Safety Data Sheets (SDS)/Hazardous Waste: Why is the SDS important?**

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

**SDS’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

**SDS’s on the Maple Grove Hospital’s Intranet**

SDS’s can be accessed on the MGH Intranet, as a Quick Link. An instruction manual is available to help you search for a specific chemical or item.

**Blood/Body Substances or Biohazardous Infectious Waste:**

- Exposure: Wash the exposed site. Immediately report the incident to the manager/supervisor in your work area, complete an Employee Incident Report (if able), and then report to Emergency Care Center. A copy of our Exposure Control Plan can be found in the Infection Prevention Guidelines.
- Leak/Spill Cleanup: Wear gloves and any other appropriate Personal Protective Equipment (PPE), clean immediately utilizing hospital-approved disinfectant. If material is blood borne or infectious, clean up the spill with a bath blanket or towel first (dispose of in infectious waste) and then sanitize the area. (Materials Management has chemo spill kits for the pharmacy staff to utilize).

**Hazardous Material Handling:**

Hazardous substances are any chemicals that can harm you (health hazard) or can create a dangerous situation (physical hazard) such a fire or explosion.

- Before handling any chemical container for the first time, read the label. Warnings may be in words, pictures or symbols. Report any torn or illegible label to your manager/supervisor. Always carry and store chemicals in approved, properly labeled containers.
- A Safety Data Sheet (SDS) gives information about ingredients, what protective equipment to use, how it can enter your body, and signs of over exposure. SDS information is found on MGH Intranet. If needed, ask your manager/supervisor for help.
- **Hazardous Material Spills/Leaks:** People in the area are the first line of defense. If they have been trained to clean it up, they should take care of it
  - Remove people to a safe area as needed (e.g. overcoming fumes)
  - Secure the area to prevent persons from coming in contact with the spill
  - Tell your manager/supervisor
  - Call *77
  - Give Safety and Security a copy of the chemical’s SDS

**Hazardous Waste Disposal**

Maple Grove Hospital complies with applicable laws/rules regarding the handling, storage and disposal of various wastes (e.g. sharps, infectious/biohazard, pharmaceutical, chemicals, chemotherapeutic, fluorescent bulbs, batteries, etc.) Follow your area-specific practices (e.g. labeling, logging, signing manifests) related to hazardous waste disposal. Below are some general guidelines for handling common waste:

- **Batteries:** Place in used battery containers in your area. Contact Environmental Services via the Customer Service Center at 1-2321 for pick up when your bucket needs to be emptied.
- **Toner cartridges** (copier, fax, printer): Return empty cartridges to Materials Management for recycling.
- **Aerosol Cans:** If empty, place in regular waste/trash. If unable to use/get all of product out because of a damaged or expired container, call Environmental Services via the Customer Service Center at 1-2321 to pick up for disposal.
Pharmaceutical Waste: Put non-hazardous in the BLUE container in your area. Hazardous pharmaceutical waste, designated by a BLACK “Special Handling Required” label and/or a Pyxis “Special Handling Required” message, should be put in a BLACK container. Blood and sharps should not be placed in these containers.

Laboratory and Other Waste: Follow established guidelines for disposal, labeling, and manifest management as appropriate.

Hazardous Material Exposure: Immediately report the incident to the manager/supervisor in your work area, complete an Employee Incident Report (if able), and then report to the Emergency Care Center.

Infectious/Chemo/Pathological Waste Handling Disposal

- Trace chemo waste goes into designated YELLOW containers, bulk chemo is placed in BLACK containers.
- Pathological waste is placed into red containers or gray containers labeled for “incineration”
  - Pathological waste includes placenta, large tissue, bones, and body parts
- Sharps are discarded into designated, rigid red containers
  - Sharps includes needles, scalpel blades, and other objects that can penetrate the skin
- Place blood or other potentially infectious material contaminated items in red biohazard bag.
  - May require double bag if large volume
  - Sharps go in rigid container
- Use standard precautions
- Contracted services manage pick up due to special handling needs

Small Spills of Blood and Body Fluids

- 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.
- Wear gloves and protective attire appropriate for the task.
- 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.
- Discard contaminated supplies and gloves into an infectious waste container (red bag).
- Wash your hands.

Large Spills of Blood and Body Fluids

Larger spills that cannot be contained

- Block affected space to prevent access to contaminated surface
- Contact Environmental Service for assistance

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.

Additional information on infectious waste or sharps management may be obtained from Infection Prevention Policies or by contacting Infection Prevention x1-1234 or Environmental Services x1-2321

Failure to follow waste disposal regulations will result in county, state and federal fines
Why does Maple Grove Hospital have the AWAIR Plan?
Maple Grove Hospital 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 manager/supervisors aid in the prevention of accidents. For more information, refer to MGH Policies.

What are the Team Members’ responsibilities?
All Team Members of Maple Grove Hospital play an important role in the safety of your hospital and are responsible for keeping the work environment safe. Responsibilities of the employee include:

1. Always report any injuries or accidents to your immediate manager/supervisor.
2. Report unsafe work practices or hazards immediately to your manager/supervisor.
3. Complete safety training as required and participate in safety activities.
4. 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.
5. Footwear appropriate for the job is required per hospital policy.
6. Do not remove safety guards from any equipment. Do not operate any equipment if a safety guard is missing.
7. When entering hallways from offices look both ways.
8. Notice mirrors at “T” intersections and check for people around the corner.
9. Practical jokes and horseplay can lead to accidents and will not be tolerated. Never distract the attention of another employee.
10. Obey all warning signs posted throughout the facility or affixed to equipment.
11. Complete timely health protection, training or testing (e.g. FIT test, Mantoux).

AWAIR Plan and Corrective Action
Corrective action procedures are established to deal with any employee who disregards Maple Grove Hospital’s policies, procedures, and safety rules, or who is repeatedly negligent in their duties. Corrective action is set up to first counsel, however Maple Grove Hospital 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!
35. **Work-Related Injury/Illness Reporting**

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

**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 a Team Member's duties.

**Blood/Body Fluid Exposure Protocol: Care of Exposure Site and Reporting**

Exposures are reported as soon as possible to the appropriate department as listed below. Doubtful and Non-Parenteral exposures are reported, and blood-borne pathogen screening will be implemented at physician or individual request.

1. Hospital team members report to the Emergency Care Center (ECC) and complete the Blood/Body Fluid Exposure packet. They are then reported to Team Member Health and managed through there.
2. First responders, who are not Maple Grove Hospital team members, report to the Emergency Care Center.
3. Non-Maple Grove Hospital staff report to the Emergency Care Center. This includes medical staff, contracted workers, allied health professionals, and volunteers.

**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. Contact the Team Member Health Center for a vaccination review.
- To protect yourself against pertussis (whooping cough), every adult is encouraged to receive a tetanus vaccination with pertussis at one point in their adult life. This is available in the Team Member Health Center.
- Avoid unprotected contact with 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 infectious disease, consult the Team Member Health Center for workability. 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 the Team Member Health Center. Managers/supervisors should not be advised of team member's medical information, only any work restrictions if applicable.
- 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.

36. **Infection Prevention**

**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 is to identify and reduce the risk of infections among patients, employees, medical staff members, contract service workers, volunteers, students and visitors.

**Healthcare-Acquired Infections (HAI)**

Maple Grove Hospital monitors and reports healthcare-acquired infections including:

- Multi-drug resistant organisms (MRSA, ESBL, VRE, GNRs)
Maple Grove Hospital

- Device infections (catheter-associated bloodstream and Foley infections, ventilator-associated pneumonia, etc.)
- Procedure infections (surgical site infection)

Best practice policies and procedures are in place to reduce opportunity for these infections

Center for Disease Control:
“Hand washing is the single most important procedure for preventing healthcare acquired infections”
- We are morally obligated to do no harm
- Hand hygiene is done for every patient, every time
- Use 5 moments of hand hygiene

<table>
<thead>
<tr>
<th>Waterless Hand Rub</th>
<th>Hand Washing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Apply enough product to keep hands wet for 15 seconds</td>
<td>• Moisten with water</td>
</tr>
<tr>
<td>• Rub all surfaces, including nails</td>
<td>• Mechanically wash surfaces for 15 seconds</td>
</tr>
<tr>
<td></td>
<td>(including under nails)</td>
</tr>
<tr>
<td>• Don’t use after caring for patient with diarrhea</td>
<td>• Thoroughly rinse</td>
</tr>
<tr>
<td>or when hands are soiled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pat hands dry</td>
</tr>
<tr>
<td></td>
<td>• Use paper towel to turn off faucet</td>
</tr>
</tbody>
</table>

Hand Hygiene is a TWO step process that includes MOISTURIZING
• Take care of your hands- the most commonly used medical instrument
• Use moisturizing lotion or cream at least 5 times in your work shift to keep skin neutral
• Lotion and cream is available with PAR level supplies
• See Team Member Health if you are having skin difficulties or product concerns

HAND HYGIENE SUMMARY
• Hand hygiene with every encounter
• Moisturize your hands frequently
• Inform patients you have done hand hygiene
• Encourage them to do hand hygiene as well

TEAM MEMBER DRINK STORAGE
In accordance with OSHA’s Bloodborne Pathogen Standard, food and drink may not be stored on any surface where:
• There is a potential for cross-contamination with blood/body fluid
• Patient care support such as specimen handling/storage, equipment reprocessing, or supply storage occurs
All team member food and beverage should be stored in a designated location on the unit.

LINEN MANAGEMENT
• Clean linens should be covered during transport and stored in covered containers, or within a closed storage room.
• Soiled/used linen is considered contaminated and should be handled wearing gloves
  o Dispose at point-of-use in designated container (grey bags)
  o When moved to a collection area, wear gloves and carry the bag away from the body with careful attention not to drag on floor.
Maple Grove Hospital

**Equipment Disinfecting and Cleaning**
- Team members are responsible for cleaning and disinfecting equipment after use when leaving the customer room to eliminate indirect spread of organisms.
- Use hospital-approved disinfectant for recommended **CONTACT** time.
  - Contact time is the amount of time that the surface is wet and remains undisturbed.
  - Found on the product label.
  - Always consult manufacturer’s instructions for cleaning and disinfection to prevent damage.
  - Once disinfected, equipment should be stored in a designated clean storage space.
  - Never store cleaned, re-usable equipment or new disposable equipment in the soiled utility room.

Infection Prevention Precautions

**Standard Precautions**
- **Treat ALL blood or body fluids as infectious.**
- Use personal protective equipment (PPE) based on exposure anticipation.
- Practice sharps safety.
- Use respiratory etiquette (cover your cough).
- Practice hand hygiene.
- Clean and disinfect equipment immediately after use.
Gloves are required when coming into contact with blood/body fluid, secretions, excretions, mucous membranes and non-intact skin
- Remove contaminated gloves before touching clean surfaces (e.g. clean supply drawer)
- Never decontaminate or re-use disposable gloves
- Fluid-resistant gown should be added if there is potential for clothes to become soiled while doing activities above

Facial protection is required when performing activities where splashes or sprays of body fluid is anticipated
- Includes procedural mask and eye protection
- Goggles or face shield are accepted eye protection

TRANSMISSION-BASED ISOLATION PRECAUTIONS
Isolation precautions are ADDITIONAL REQUIRED protective measures that are used for patients with specific diseases, or multi-drug resistant organisms to mitigate the spread of these to others. We don’t want healthcare acquired infections! These are always used in combination with standard precautions. Based on routes of disease transmission or transmission route, Transmission based precautions may include:
- Contact
- Special Contact
- Droplet
- Airborne
- Full Barrier

Who can initiate transmission based precautions:
- RNs
- Providers
- Infection Prevention- helps review necessity

Use resources to determine type of isolation need
- Epic
- Isolation Precautions Policy
- Infection Prevention team
- Backside of isolation sign has disease information

Team members and patients are alerted to the need for Isolation Precautions by:
- Signage on the patient’s door. Signs are available on every inpatient nursing unit
- Door Sign: Indicates what protective equipment is required for team members

Contact Precautions:
Common multi-drug resistant organisms (MRDOs) requiring Contact Precautions:
- Vancomycin-resistant Enterococci (VRE)
- Methicillin-resistant Staph Aureus (MRSA)
- Extended-Spectrum Beta-Lactamase producing organisms (ESBL)
- Highly-Resistant Gram Negative Rods (GNR)

Special Contact Precautions:
- Enteric panel (Rotavirus, Norovirus) 2 hour PCR.
- C. diff testing requirements:
  - liquid stool only, proactively isolate
DROPLET PRECAUTIONS:
- Droplets are propelled through the air up to 3-6 feet and land on your mouth, nose and eyes
- Disease examples that require Droplet Precautions:
  - Pertussis
  - Influenza
  - RSV

AIRBORNE ISOLATION PRECAUTIONS:
Airborne Isolation is required for patients suspected or known to have:
- Laryngeal/pulmonary tuberculosis
- Chickenpox (varicella) or disseminated herpes zoster (shingles)
- Measles

*In addition to Airborne precautions, gloves and gowns may be needed for standard precautions and/or a transmission-based precaution history*

Customer is placed in a negative airflow environment as soon as possible
- Air flows from the corridor into the patient room
- Air is exhausted to outdoors
- Door must remain closed
- Negative Airflow room locations can be found in the Infection Prevention Airborne Isolation policy on Policy Tech
- Patient should wear a droplet (procedural) mask when transported/ambulating outside the room

In addition:
- Call Maintenance to verify room is negative, monitoring required until isolation discontinued
- Order Airborne Isolation in Epic
- Place isolation signage on the door
- Keep door closed

Workers have two options of respiratory protection available to them at MGH, as provided within the Airborne isolation cart (stored in equipment room on unit 4000)
1. N95 respirator mask (fit-testing required): Available in clean supply areas of units with negative airflow rooms
2. Powered Air Purifying Respirator (PAPR): Air purifying respirator that uses a motor to force ambient air through air-purifying cartridges into the hood

The above items are readily available in the airborne isolation carts that are stored on unit 4000 equipment room. The carts may be obtained by any employee for initiation of airborne isolation.

Contact MGH Respiratory Therapy department, Infection Prevention or the Team Member Health Center with any Respiratory protection questions
Respiratory Protection Program
Maple Grove Hospital established a Respiratory Protection Program to assure compliance with State and Federal requirements, specifically OSHA Standard 29 CFR 1910.134, and to protect the health of workers who may use respirators.

Requirements include:
- Medical evaluation
- Annual education
- Annual fit testing: Conducted by Team Member Health Center for employees who are identified as at risk. At MGH these include but are not limited to employees working in ECC, MSCC/ICC, phlebotomy, and Respiratory Therapy.
- Filing of appropriate documentation for those employees who are required to wear a respirator.

Healthcare workers are required to wear respiratory protection when working with patients in Airborne Precautions (such as Mycobacterium tuberculosis (MTB), Sudden Acute Respiratory Syndrome (SARS), Smallpox, etc.)

Airborne Isolation Patient Is Expected To:
- Wear a droplet (procedural) mask for transportation or ambulation outside the negative airflow room environment if tolerated
- Call Infection Prevention for guidance on activities of daily living such as showering

Discontinuation of Isolation and or Discharge:
- Must have Infection Prevention or MD approval
- Sign stays on closed door with no new admissions to room for a minimum of 50 minutes
- Team members wear a respirator if going in/out room during the 50 minutes
- Terminal cleaning per standard practices

INFLUENZA IMMUNIZATION
Influenza (flu) is a highly transmissible respiratory illness caused by a virus and is a leading cause of vaccine-preventable deaths in the United States
- 86% of children who died from influenza had not been vaccinated
- 62% were otherwise healthy

Build a fortress of immunity…
The more of us that get vaccinated, the less likely flu will spread from person to person! Even those who cannot get vaccinated get SOME protection because the disease has less opportunity to spread.

This is known as herd immunity.

FLU VACCINE IS FREE TO TEAM MEMBERS!

38. Bloodborne Pathogens
Maple Grove Hospital maintains an Exposure Control Plan to mitigate exposure opportunity to bloodborne pathogens
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

- Exposure control is managed through work practice controls, engineering controls, and use of personal protective equipment
- The Exposure Control Plan is reviewed annually and available to all team members through PolicyTech
## Epidemiology and Symptoms

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virus that causes liver infection (can be acute or chronic)</td>
<td>Virus causes liver infection (can be acute or chronic)</td>
<td>A virus that attacks the immune system; can lead to a more severe phase called AIDS, in which severe illness and opportunistic infections can occur</td>
</tr>
<tr>
<td>Incidence of new HBV infections has been declining in the United States due to vaccination efforts</td>
<td>Estimated 2.7-3.9 million people have chronic HCV in the USA</td>
<td>1.1 million people in the USA live with HIV; new infections declining since 2008</td>
</tr>
<tr>
<td>Transmission occurs through activities that involve skin puncture or mucosal contact with infectious blood/body fluid</td>
<td>Transmission occurs when blood from an infected person enters the body of someone else. Risk from sexual contact is low.</td>
<td>Transmission through activities that involve puncture through the skin or sexual contact with infectious blood/body fluid</td>
</tr>
<tr>
<td>Symptoms: fever, fatigue, loss of appetite, nausea, vomiting, pain jaundice and begin an average of 90 days after exposure</td>
<td>Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 6-7 weeks after exposure Many are asymptomatic</td>
<td>Initial symptoms: flu-like including fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes</td>
</tr>
</tbody>
</table>

## Vaccine

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable through vaccination NMH offers free vaccination to susceptible team members</td>
<td>There is no vaccine to prevent Hepatitis C</td>
<td>There is no vaccine to prevent HIV</td>
</tr>
<tr>
<td>Vaccine is given as 3 intramuscular doses over a 6-month period. It is safe and effective, but some may experience mild symptoms such as soreness at site of injection and mild fever. Severe allergic reactions are rare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The vaccine has a 95% efficacy rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Exposure Risks

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without the vaccine, the risk of acquiring HBV after an exposure ranges from 6-30%</td>
<td>Risk for acquiring after exposure is about 1.8% 75-85% who become infected develop chronic infection</td>
<td>Healthcare worker risk is considered low. The likelihood of infection after exposure through a contaminated needle is estimated to be less than 1%</td>
</tr>
<tr>
<td>Acute infection ranges from asymptomatic to mild disease</td>
<td>Can result in liver damage, liver failure, liver cancer</td>
<td></td>
</tr>
<tr>
<td>Chronic infection can lead to liver cirrhosis or liver cancer</td>
<td>Most common reason for liver transplant</td>
<td></td>
</tr>
</tbody>
</table>

### Work Practice Controls: reduce the likelihood of exposure by altering the manner in which a task is performed.

**Examples include:**

- **Sharps:** shearing, bending, removal of used needles and other sharps is prohibited. If needle recapping is unavoidable, a one-handed swoop technique is used.
- **Equipment needing repair** is inspected for blood contamination and decontaminated prior to removal from unit. If unable to decontaminate, the receiving agency/department is notified.
• Broken glassware is never picked up by hand. Use forceps or brush with dustpan to remove potentially contaminated glass.
• PPE for mucous membranes (eye/face exposure)

**Engineering Controls:** *isolate or minimize a work hazard.* Examples include:

- Handwashing sinks and waterless hand antiseptic stations available throughout facilities.
- Use of leak proof containers (biohazard specimen bag, screw top jars, tube-transport containers).
- Availability of sharps containers that are puncture-resistant, leak proof, and easily accessible.
- Availability of sharps with engineered injury protection or needleless systems.

**Personal Protective Equipment:** *is used in accordance with Standard Precautions Policy.* Availability of PPE is found in the Exposure Control Plan. These policies can be found in Policy Tech.

**Infection Prevention: Blood/Body fluid exposures**
A blood/body fluid (BBF) exposure is defined as an event in which personnel come into contact with blood or other potentially infectious material through direct contact, contaminated instruments or by other indirect means (e.g. needle stick).

**BBF exposures should be reported as soon as possible to a supervisor so that appropriate counseling and medical follow up takes place**

Team members report to the Team Member Health Center when exposure occurs during the following hours:

- Monday, Wednesday, and Friday 7 am – 11 am
- Tuesdays and Thursdays Noon-4pm
- At all other times, report to the MGH Emergency Care Center

Team members include paid employees of MGH, medical staff, students, and volunteers

All other individuals working at MGH who experience an exposure should only report to the Emergency Department or Emergency Care Center.
Obtaining blood testing for the source individual involved in an exposure:
- Identify the source individual whenever possible
- Bloodborne pathogen testing may be done only if Consent for Services is signed
- Testing for HIV, HBV, and HCV should be ordered using the Source/Exposed Patient Lab Request Form.
  - Exposure forms can be found in the MGH ECC, Team Member Health Center, and Blood Borne Pathogen Exposure Management Policy in Policy Tech

Customer to Customer Exposures:
- i.e. Breast milk given to wrong infant, insulin pen of one customer used by another, use of contaminated surgical instrument
- Post-exposure evaluation is performed by the attending medical team or unit where exposure occurred
  - Follow procedures outlined in the Bloodborne Pathogen Exposure Management policy in Policy Tech
  - Send corresponding, completed form to Infection Prevention at MGH

SUMMARY: Timely follow up is important when a BBF exposure occurs
- The exposed person should always be evaluated by a licensed healthcare provider so that
  - Treatment can be initiated if deemed necessary
  - Blood testing can be done
- Blood from the source person is collected and tested so that exposure risk can be fully understood
- If the exposed person is a customer, they are alerted to the exposure and medical team provides counseling and evaluation

Please escalate immediately to your supervisor and consult Infection Prevention if there is any question regarding risk

39. Tuberculosis

Pulmonary 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. Pulmonary TB is a risk for all children and adults.

If a patient has a sign or symptom of Pulmonary Tuberculosis, AND a risk of TB, refer to the TB control plan. Evaluate patient for possible TB, notify Infection Prevention and use appropriate personal protective equipment while caring for patient.

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough &gt;3 weeks</td>
<td>Foreign born (in areas where TB is endemic)</td>
</tr>
<tr>
<td>Fever, Night sweats</td>
<td>Contact with a person that has TB</td>
</tr>
<tr>
<td>Weight loss</td>
<td>Positive TST (Mantoux) or TB-specific blood test</td>
</tr>
<tr>
<td>Malaise</td>
<td>Homeless person</td>
</tr>
<tr>
<td>Pneumonia not responding to antibiotics</td>
<td>Reside in a group living setting (i.e. shelter)</td>
</tr>
<tr>
<td>Chest x-ray with infiltrate or cavity</td>
<td></td>
</tr>
<tr>
<td>Coughing up blood (hemoptysis)</td>
<td></td>
</tr>
</tbody>
</table>
40. **Legionnaires' Disease**

Legionnaires’ (LEE-juh-nares) disease is a very serious type of pneumonia (lung infection) caused by bacteria called Legionella. If you develop pneumonia symptoms and may have been exposed to Legionella, see a doctor right away. Be sure to mention if you have used a hot tub, spent any nights away from home, or stayed in a hospital in the last two weeks.

**Legionnaires’ Disease Can Cause Pneumonia Symptoms**

Signs and symptoms of Legionnaires’ disease can include:

- Cough
- Muscle aches
- Fever
- Shortness of breath
- Headache

Doctors use chest x-rays or physical exams to check for pneumonia. Your doctor may also order tests on a sample of urine and sputum (phlegm) to see if your lung infection is caused by Legionella.

**Legionnaires’ Disease Is Serious, but Can Be Treated with Antibiotics**

Legionnaires’ disease is treated with antibiotics (drugs that kill bacteria in the body). Most people who get sick need care in a hospital but make a full recovery. However, about 1 out of 10 people who get Legionnaires’ disease will die from the infection.

**Certain People Are at Increased Risk for Legionnaires’ Disease**

Most healthy people do not get Legionnaires’ disease after being exposed to Legionella. Being 50 years or older or having certain risk factors can increase your chances of getting sick. These risk factors include:

- Being a current or former smoker
- Having chronic lung disease, such as emphysema or chronic obstructive pulmonary disease (COPD)
- Having a weakened immune system from diseases like cancer, diabetes, or kidney failure
- Taking medication that weakens your immune system

**Legionella Are Usually Spread through Water Droplets in the Air**

In nature, Legionella live in fresh water and rarely cause illness. In man-made settings, Legionella can grow if water is not properly maintained. These man-made water sources become a health problem when small droplets of water that contain the bacteria get into the air and people breathe them in. In rare cases, someone breathes in Legionella while they are drinking water and it “goes down the wrong pipe” into the lungs. In general, people do not spread Legionnaires’ disease to other people.

**Commons Sources of Infection**

Outbreaks of Legionnaires’ disease are often associated with large or complex water systems, like those found in hospitals, hotels, and cruise ships.

The most likely sources of infection include:

- Water used for showering (potable water)
- Cooling towers (parts of large air conditioning systems)
- Decorative fountains
- Hot tubs

[cdc.gov/legionella] CS267416-A 07/18/2016
41. **Vendor Certification Program**

Vendor representatives are the people that enter Maple Grove Hospital 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 hospital. Please complete Certification program at https://northmemorial.vendormate.com.

We have many reasons for the vendor representatives to complete the Vendor Certification Program:
- The program helps us meet regulatory requirements
- Promote the safest environment of care for our patients
- Attain the best business practice to control cost and maintain contracts
- Products purchased meet patient needs as specified by clinicians
- So they can obtain a visible ID badge

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

As a system, we want to send a clear message to the vendor:
- Vendors will complete the form for New Product and Equipment Introduction for all new products (FDA, 510k and/or new to Maple Grove Hospital)
- Vendors complete Vendor Certification Program on-line
- Vendors always wear Maple Grove Hospital ID badge
- Vendors comply with Research Expectations
- If you see a vendor without a Maple Grove Hospital issued ID badge, let someone know! The vendor is not following Maple Grove Hospital policy! Please ask that vendor to return to the Safety and Security desk by the ECC entrance door to check in and pick up a badge. The staff at the Security desk will check to see if the vendor has completed the certification program before handing out a badge.

42. **Quality Program and Initiatives**

**Quality Standards and Regulation**
- Maple Grove Hospital, North Memorial Health Hospital, our Specialty Clinics and our Comprehensive Stroke Program are accredited by DNV-GL.
- DNV-GL, the Joint Commission and others are granted federal authority for hospital survey and accreditation.
- CMS Conditions of Participation are standards for health care services that all healthcare organizations must be surveyed against for compliance in order to care for most patients under federal and state programs.
- Without accreditation we would not be reimbursed for our Medicare/Medicaid patients
- The National Integrated Accreditation for Healthcare Organizations (NIAHO) standards are developed by DNV-GL to incorporate the CMS Conditions of Participation requirements and for hospitals to use for accreditation. CMS COP + ISO = NIAHO
- ISO 9001:2015 Quality Management System standards or clauses are internationally recognized standards for quality process design, management, and improvement, integrated with the NIAHO standards for our accreditation program.
- The Quality Management System (QMS) is the framework by which we monitor and continually improve our processes within the organization.
- QMS is comprised of the CMS Conditions of Participation/NIAHO Standards, the ISO 9001:2015 Standards and our mission, vision and values.
At a department or unit level you will see your QMS reflected in your quality board. **Team members:**

- know where your quality board is located
- understand the work you are focused on to improve the care you give to our customers
- know how this work reflects the overall QMS of the organization (strategic priorities)
- We perform internal audits to assess the strength and compliance of our quality system. This is another way to say that we are “doing what we say we are doing” as reflected in our policies and procedures
- Specially trained internal auditors focus on high risk processes in each department as a way to proactively identify areas of vulnerability within our organization. This allows us the time to fix our process so that it matches procedure/policy.

43. **Respectful Workplace**

The Maple Grove Hospital (MGH) promotes a respectful work environment where people treat each other with respect, courtesy and professionalism and where individual differences are valued.

In every moment, ask the following questions to Guide our Actions – Is this behavior or action consistent with:

- Our values of accountability, inventiveness and relationship?
- Our goal of unmatched Customer service: we are all members of one team working together. Are we doing what is best for our customers and each other?
- Promoting a work environment where people treat each other with respect, courtesy and professionalism and where individual differences matter?

![Respectful Workplace Diagram](image)

**IMPORTANCE OF RESPECTFUL WORKPLACE ENVIRONMENT TO ENGAGEMENT/EXPERIENCE**

- Disrespectful workplace = Disengaged Team Members = High Turnover = Poor Customer Service
- Safe and Respectful workplace=Engaged Team Members=Retaining Employees = Unmatched Customer Service

**POLICY ON WORKPLACE RESPONSE TO INAPPROPRIATE CUSTOMER BEHAVIOR**

Maple Grove Hospital will not tolerate, reinforce or encourage inappropriate behavior directed toward any team member by patients, or customers because of the team member’s race, color, creed, religion, national origin, gender, disability, genetic information, age, sexual orientation, marital status, status with regard to public assistance, or any other legally protected status.
What is Prohibited Behavior?
Prohibited behavior by patients or customers is behavior which is objectively inappropriate towards a team member because of a protected class status. Examples may include:

- Deliberate or careless jokes, derogatory remarks or gestures regarding any protected class status to or in the presence of any team member who may find such jokes, remarks, or gestures offensive.
- Use of offensive language related to a team member’s protected class status, which may include race, color, creed, religion, national origin, gender, disability, genetic information, age, sexual orientation, marital status, status with regard to public assistance or any other legally protected status.

How do I Respond to Prohibited Behavior?
Politely and safely exit the situation when he or she feels threatened or unsafe for any reason. Suggested Dialogue:

- “I am uncomfortable with the content of this conversation. Please excuse me while I get my supervisor to assist”
- “I do not feel like we are communicating well, please allow me to get my supervisor”
- “Your comments are making me uncomfortable, I have to ask you to please stop”
- “I am concerned with your actions, I would appreciate it if you could please refrain from your current behavior”

If patient care needs prohibit you from leaving the room, try to re-direct the conversation as best as possible while you stabilize the situation. Once the patient’s safety is assured, you may exit the situation.

Getting your Leader Involved
You should immediately report the situation to the Administrative Manager or PCF.

The Administrative Manager, or PCF will meet with the team member and, if appropriate, the patient/family to assess if the behavior is prohibited and potentially discriminatory.

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

Leaders’ Response to Inappropriate Customer Behavior
If it is determined that the patient’s or patient’s family’s/ visitor’s behavior is unacceptable toward the team member, the team member may choose to voluntarily withdraw from caring for the patient. Care assignments will not be changed without the consent of the team member. If the affected team member chooses to continue providing care to the patient, Administrative Manager or PCF, will communicate to the patient/family and affected care team members that there will be no change in team assignments.

Safe and Therapeutic Environment
- The care team will develop a plan of care moving forward.
- If applicable, the team will utilize a Unique Treatment Plan (UTP) to ensure a safe and therapeutic environment for all involved parties.

Scenarios
A patient, who is 82, tells you that she doesn’t want to receive care from any men, people of color, or people over 40.

- What do you do?
- Should you honor the patient’s request?

What do you do?

- Politely and safely excuse yourself, you may state that you are uncomfortable with the request
- Talk to your supervisor immediately
- This is prohibited behavior by the patient.
  - Men – gender is protected class
  - People of Color – race is protected class
  - Over 40 – age is protected class

Should you honor the patient’s request?

- Usually no, if after talking to your supervisor, the male, person of color who is 55, still wants to care for the patient, he should.
- We will consider any cultural or religious beliefs of the patient in delivery of care. If the reason for not wanting care is because of a cultural or religious belief, it should be accommodated.
POLICY ON RESPECTFUL WORKPLACE, EEO, NO DISCRIMINATION, UNLAWFUL HARASSMENT AND RELATIONSHIP POLICY

- Broadest Protection
- We want you to feel safe and comfortable and want to come to work
- We will take action by investigating any complaint if you do not feel it is a respectful workplace

What is Unlawful Discrimination?

- Discrimination is prohibited by Minnesota, Federal and Local Laws
- Cannot treat some unfavorable because of a protected class status

What are protected classes under Minnesota, Federal and Local Laws?

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<thead>
<tr>
<th>Federal</th>
<th>State (adds)</th>
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<tr>
<td>Race</td>
<td>Marital Status</td>
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<td>Color</td>
<td>Status with regard to public assistance</td>
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<td>Religion</td>
<td>Sexual Orientation</td>
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<td>Creed</td>
<td>Membership on a local civil rights commission</td>
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<td>Sex</td>
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Additional protected classes beyond those protected by federal law very by state and local law.

EEO STATEMENT AND AFFIRMATIVE ACTION OVERVIEW

Maple Grove Hospital is an equal employment and affirmative action employer. Women, minorities, veterans, and individuals with disabilities as well as all other qualified individuals are encouraged to apply.

Maple Grove Hospital does not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, disability, genetic information, marital status, familial status, veteran status, sexual orientation, gender identity, creed, status with respect to public assistance, membership or activity in a local human rights commission, or other protected class status.

WHAT IS ILLEGAL/UNLAWFUL HARASSMENT?

Harassment is a form of discrimination

- Existed for many years, but in 2017, with allegations against Harvey Weinstein, much more awareness and public outrage
- Then others in Hollywood
- USA Gymnastics
- And... many more

Harassment is a form of discrimination which takes place at work and is unwelcome.

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

Harassment based on any protected class unlawful

Q: If you constantly tease someone about their age, is it harassment?
A: Yes. Because based on a protected class = age.

Q: If you constantly tease someone about listening to Taylor Swift music, is it harassment?
A: No. Because taste in music is not a protected class.

What is Unlawful Harassment?
It is a wide-range of inappropriate behaviors and actions, which usually take place at work (but not exclusively), and which in the aggregate create a hostile working environment.

Harassment based on ANY protected class is unlawful.
SEXUAL HARRASSMENT

Quid Pro Quo
Unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature where acceptance is made a term or condition of employment

- This for that
- If you go with me, I’ll give you a promotion

HOSTILE ENVIRONMENT HARRASSMENT

The creation of an intimidating, hostile, or offensive working environment through unwelcome verbal or physical conduct or communication of a sexual nature which has the purpose or effect of unreasonably interfering with an individual’s employment.

Practical definition of behavior that could lead to a claim of a hostile environment based on sex:
Repeated unwelcome sexual attention that a reasonable person would believe has created a hostile or intimidating working environment.

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

1. Is it quid pro quo harassment?
   Likely not. Not asking for something in return.
2. Is it hostile work environment?
   It could be. If yelling is directed only at women, or only at men, or only at another protected class group, then yes.
3. Is it disrespectful workplace conduct?
   Yes!
4. Does it matter if Dr. Jones is a woman and the receptionist and RNs are also women?
   No. If focusing negative behavior only at one group – women – then could still be harassment.

Sexual Harassment can include:

- Male to female
- Female to female
- Female to male
- Male to male

WHAT TYPE OF BEHAVIOR COULD CREATE A HOSTILE WORKING ENVIRONMENT BASED ON SEX?

- Lewd jokes;
- Sharing sexual anecdotes;
- Sexual innuendos;
- Sexual gestures;
- Making sexual comments about someone’s appearance, clothing, or body parts;
- Ogling or leering or whistling (staring in a sexually suggestive or offensive manner);
- Inappropriate touching or “grooming”, including kissing, hugging, pinching, patting, stroking, rubbing, or purposefully brushing up against another person;
- Asking sexual questions (questions about someone’s sexual history or their sexual orientation);
- Hazing and other pranks;
- Sexually suggestive sounds;
- Rating a person's sexuality;
- Name-calling;
- Sexual ridicule;
- Displays of pictures, calendars, cartoons, or other materials with sexually explicit or graphic content;
- Social media.
TYPE OF BEHAVIOR COULD LEAD TO PROTECTED CLAA (UNLAWFUL) HARASSMENT?

- Repeated unwelcome attention about someone's protected class (race, color, religion, sex, age, national origin, disability, etc.) that a reasonable person would believe has created a hostile or intimidating working environment.
- Talking about negative stereotypes associated with a protected class;
- Mimicking an accent;
- Nicknames;
- Making negative comments about an employee's religious beliefs;
- Using racist slang, phrases, or nicknames;
- Making remarks about an individual's skin color or other ethnic traits;
- Displaying racist drawings, or posters, bumper stickers or signs that might be offensive to a particular group;
- Making offensive gestures;
- Making offensive reference to an individual's mental or physical disability;
- Sharing inappropriate images, videos, e-mails, letters, or notes that make fun of a person's protected class;
- Making derogatory age-related comments; and
- Wearing clothing that could be offensive to a particular ethnic group.

UNLAWFUL VS INAPPROPRIATE BEHAVIOR: Is there a difference between inappropriate behavior and unlawful behavior?

- Examples (swearing)
  - Yes – but both can be a violation of policy.
- Unlawful behavior can be charged and/or go to court, inappropriate behavior can result in discipline.

Scenario:

A group of employees go out after work for Happy Hour. After the Happy Hour, Employee A starts to text Employee B fun and flirty messages.

- What if the employee receiving the texts does not view the texts as fun, but views them as inappropriate?
  - Then it can be harassment if repeated.
- What if the employee sending the texts did not intend any harm?
  - Does not matter. It is how recipient views them.
- What if original text messages were welcome by Employee B, but the later ones were not welcome by Employee B?
  - Can still be harassment. If stopped welcoming them, can be harassment.

WHAT TO DO IF YOU HEAR OR SEE HARASSING BEHAVIOR?

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

WHO SHOULD YOU REPORT IT TO?

- Human Resources
- Your Supervisor
- Your Supervisor's Supervisor (if you are not comfortable going to HR or your Supervisor)
- Any leader (if you are not comfortable going to any of the above)

EMPLOYER RESPONSIBILITIES

- If an employer receives a report of inappropriate behavior or the employer is aware or becomes aware of potentially inappropriate behavior, the employer must 1) conduct an investigation and 2) if the complaint is substantiated, it must take timely and appropriate action to stop the behavior.
WHAT IS NOT AN EXUSE?
➢ I was only joking;
➢ We are friends (or I thought we were friends);
➢ The complaining party has participated in the behavior in the past;
➢ But we are both of the same religion, gender, race, age, etc.;
➢ I am an equal opportunity offender;
➢ It is not our employee who is the harasser;
➢ Our team members are harassing someone else’s employees so who cares; and
➢ The conduct occurred while off duty and off premises.
➢ If it makes its way into the workplace, it can still be harassment.

WHAT ABOUT RETALIATION?
➢ Protects those who complain about discrimination or harassment, or who participate in investigations.
➢ MGH prohibits retaliation for team members who make complaints of:
  ➢ Disrespectful behavior;
  ➢ Discriminatory behavior; and
  ➢ Harassment.
➢ MGH also prohibits retaliation for any team member who participates in an investigation.
  ➢ If you are interviewed as a witness to contact, you cannot be retaliated against for giving truthful information.

RETALIATION
Team Members are protected if they engage in “protected activity,” which includes:
• Opposing a practice believed to be unlawful discrimination;
• Communicating with a supervisor about discrimination or harassment;
• Participating in an employment discrimination proceeding; or
• Requesting a reasonable accommodation based on religion or disability.

WHAT CAN I DO TO KEEP OUR ENVIRONMENT FREE OF HARASSMENT, DISCRIMINATION AND RETALIATION?
• Don’t engage in the conduct (don’t even think about engaging in the conduct);
• If you are subject to the conduct say something if you are comfortable doing so, but more importantly, report the behavior;
• If you witness the conduct, report it!
• Let’s hold ourselves and each other accountable

44. General Compliance
The Maple Grove Hospital (MGH) Compliance Program is an organization wide set of activities that:
• Helps MGH team members follow federal and state laws
• Demonstrate MGH’s commitment to ethical business practices
• Encourages team members report compliance concerns
• Facilitates timely response to identified concerns
• Reduces the risk of adverse government/regulatory actions

The Compliance Program helps MGH identify compliance issues and reduce compliance risks.
Compliance Department Staff work with team members to implement changes that correct identified non-compliance and prevent the problem from happening again.

THE COMPLIANCE PROGRAM INCLUDES:
• MGH Code of Conduct
• Written policies and procedures
• Training and education for team members
• Monitoring and auditing activities that identify areas of non-compliance
• Investigation of reported concerns
• Corrective action plans to correct non-compliance

All MGH Team members are expected to report any known or potential concerns of non-compliance.
• Team members can report concerns in several different ways.
Maple Grove Hospital

- All reported compliance concerns are investigated by the Compliance department. Investigations are handled confidentially.

**HOW TO REPORT A COMPLIANCE CONCERN**
- You can speak to your supervisor and your supervisor will report the concern to compliance
- You can call or email any Compliance Department team member
- You can contact the Compliance Hotline (763-581-4670)
  - This number is printed on the back of your team member badge
  - You may leave an anonymous message on the Hotline

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

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

Please be aware that anonymous reports do not allow Compliance Staff to gather more details from you to assist with completing a thorough investigation, so you are encouraged to leave contact information when making a report.

**MGH CODE OF CONDUCT**
- The MGH Code of Conduct is available on the Compliance Department intranet webpage.
- The Code of Conduct is a set of principles that ensure MGH business is conducted in a safe, respectful, and ethical way.
- All team members must follow the Code of Conduct when conducting their job duties.

**CONFLICTS OF INTEREST**
- A conflict of interest exists when your own personal interests influence or appear to influence your actions while performing MGH duties.
- MGH has a conflict of interest policy that all staff must follow. Any potential conflicts of interest must be reported.

Business relationships may create conflicts of interests. To avoid conflicts of interests, and violation of MGH policies, remember:
- MGH prohibit team members from accepting gifts or reimbursement from vendors.
- MGH prohibit team members from conducting personal business when at work, as well as using MGH equipment or property for conducting personal business.
- Medical staff are prohibited from engaging in inappropriate self-referral arrangements.
- No MGH team member may offer gifts or payments of any kind to a physician who refers customers to NMH or MGH.

Team members must maintain professional relationships with customers. To avoid conflicts of interest involving customers, remember:
- MGH prohibit team members from accepting cash or gifts from customers.
- Team members must not serve as a personal representative for a customer or be named in a customer's will.
- Clinical team members may not provide care to his/her own family members.

**POLICIES AND PROCEDURES**
- All MGH Policies and Procedures are maintained in the Policy Tech system.
- All Team Members have access to Policy Tech. It can be accessed through the MGH Portal.
- All new and revised Policies and Procedures must be approved according to MGH policy management process. You can learn more about this process on the MGH Intranet Policies and Procedures webpage.
Expectations of Compliance

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

When in doubt, ask questions and report concerns!

COMPLIANCE CONTACTS

Kelsey Brodsho,
Chief Compliance Officer Kelsey.Brodsho@northmemorial.com
compliance@northmemorial.com
763.581.0976

Andrea Furhmannek-Kloubec, Compliance Director
Andera.Furhmannek-Kloubec@northmemorial.com
763.581.4677

45. Data Security
- As a MGH team member, you are responsible for protecting the security
  of customer information and business data.
- You must also protect the security of MGH information systems.
- The MGH Data Security Program provides controls to ensure that customer health records and business data is kept secure.

Our Information Technology (IT) team members play a critical role in data security. You also play a critical role.

MGH IT team members ensure Data Security in the following ways:
- Performs annual audits and risk assessments to identify security risks.
- Completes risk management plans to respond to identified risks.
- Maintains appropriate IT policies, processes, technologies, and workflows to manage and secure the IT systems.
- Monitors access and abnormal activity on IT systems (internet browsing, network storage, application clicks, email, etc.).
- The data security program is managed by the Director of IT Infrastructure.

YOUR ROLE IN DATA SECURITY:
- Every MGH Team Members must follow Data Security policies to ensure the privacy and security of customer’s protected health information (PHI) and the confidentiality of business data. You must know and understand the “IT – Computer, Network and Internet Usage Policy.” This policy is available in Policy Tech.
- Your job role will determine the type of access you have to the MGH computer systems
  - All team members need a password to log into the IT systems
  - You must always keep your password private. Do not post or share your password. If you suspect that your password has been used by someone else, change it immediately and contact IT.
- You must always secure your computer when you are away from it.
  - If you are using a shared computer, you must always log out when you walk away from the computer. This ensures the privacy of any customer information you were accessing. It also prevents other team members from using the computer under your user account.

You may lock your computer quickly by pressing Control/Alt/Delete or the “Window” and “L” keys at the same time.
Maple Grove Hospital

- All MGH data, including PHI, must be kept on network drives.
  - Never save information to your "local c:drive"
  - Data security policies prohibit using "thumb" or "flash" drives on MGH devices. No PHI or other MGH data may be stored on these devices.
  - Never email MGH data to a personal email address or store it on a personal device.
  - Contact IT for disposal of equipment (computer, medical device, thumb drive, etc). This is important because PHI can be retained on equipment, and it must be properly removed before disposal.
- You must never email PHI outside of NMH/MGH Outlook email system.
  - If your job requires you to email PHI to recipients outside of NMH/MGH, you must obtain access to the secure (encrypted) email system.
  - PHI must only be sent via the secure email system to external recipients
  - Contact your supervisor and IT for access.
  - Team members who have access to this system can locate it on MGH portal.
- Malicious Software
  - Malicious Software (a “virus”) is a risk because if it is installed, it creates vulnerabilities to the MGH computer system.
  - MGH requires that all software be installed by IT. You cannot install software on any MGH device. You must contact IT if you have a software installation need.
  - Only browse work related websites at work.
  - Do not “click” on anything that seems suspicious or you do not know what it is. This may be an attempt by a hacker to compromise our computer systems.
  - If you think something unexpected was installed on your computer, contact IT immediately so that appropriate steps can be taken.
- Phishing Awareness
  - Data Phishing is an attempt to gather sensitive information such as usernames and passwords, often for malicious reasons, by pretending to be a trustworthy entity.
  - The most common phishing attempts are email and text messages.
  - NEVER open emails or attachments if you do not recognize the sender.
- Downtime Procedures
  - All clinical areas have downtime procedures to ensure that if there is a computer outage, team members can continue to provide and document clinical care.
  - You must learn your area’s downtime procedures
    - Downtime Read Only access applies if the Epic system is down
    - Downtime workstation and “black box” procedures apply if the IT/computer systems are down.
- Concerns
  - Always report concerns! Contact IT Service Desk when something is not working properly or you notice any suspicious behavior or system malfunctions.
  - MGH promptly investigates all data security incidents and concerns made by customers, team members, and medical staff members.
  - Concerns or complaints about data security should be reported to the Data Security Officer.

46. Information Privacy

As a MGH Team member, you are responsible for protecting the privacy and security of customer information
- The federal Health Information Privacy and Accountability Act (“HIPAA”) and state laws require MGH to protect customer privacy.
- As a MGH team member, you are required to comply with information privacy policies at all times.
PROTECTED HEALTH INFORMATION

MGH must protect our customer’s Protected Health Information (PHI). Not only is this a compliance obligation, it is also a requirement for providing unmatched customer service.

PHI is customer information that:
- Identifies or could reasonably be used to identify the customer
- Relates to the customer’s health, health services received, or payment for those services.

**When doing your job, you may only access the minimum amount of PHI necessary for you to accomplish your work.**
- This is known as the “minimum necessary rule.”
- The MGH privacy policies prohibit you from viewing any information that is not required for you to complete your job tasks.
- Similarly, disclosures of information outside of the organization should be limited to the minimum amount of PHI necessary to fulfill the request.
- However, minimum necessary does not apply to disclosures made for treatment purposes.
- Most disclosures that are for purposes other than treatment, payment or health care operations require customer authorization
- MGH privacy policies explain when disclosures may be made without authorization. Examples include:
  - Reporting child abuse/neglect to child protective services
  - Responding to inquiries from health oversight agencies, such as the Centers for Medicare and Medicaid Services (CMS) or the MN Department of Health
- MGH privacy policies provide additional information about appropriate disclosures. When in doubt, do not disclose PHI outside of MGH without consulting the Privacy Department.

**You must take the following steps to protect PHI:**
- Do not discuss PHI in public areas
- Do not leave written PHI unattended or in plain view
- If visitors are present when interacting with a customer, you should ask the customer if he/she would prefer privacy before discussing PHI
- Do not leave PHI in voicemail messages
- When taking a telephone call, verify the identity of the caller before providing any PHI. Only provide PHI to authorized individuals
- If faxing PHI, always use a cover sheet to protect and PHI on the other pages of the fax
- PHI can be sent internally via email. No PHI (e.g. patient name or MRN) should be in the subject line of the email
- Any PHI emailed outside of MGH must be sent secure and encrypted
- Double check patient identifiers on all paperwork, such as discharge summaries and after visit summaries before handing paper to customers. This will prevent PHI from being given to the wrong customer
- All paper containing PHI must be disposed of in confidential destruction bins (Shred-It). Keeping discarded PHI in a box near your work station is prohibited.
- Cell phones and Social Media
  - NEVER take customer photos or transmit PHI over personal cell phones/devices
  - NEVER post MGH business or PHI online
  - The MGH Social Media Policy provides guidance for social media use. The Social Media User Guide can be found on the Compliance intranet webpage.

**HIPAA PRIVACY AND EPIC USE**

MGH team members who use EPIC must follow privacy policies to ensure the privacy of customer information.
Curiosity is **NEVER** an appropriate reason to look at customer PHI

- You must have a business purpose for accessing any patient record
- Only access the minimum necessary PHI needed to complete your work
- MGH privacy policies prohibit you from viewing
  - Census reports/customer records from units where you are not assigned
  - Records of family members, friends, co-workers, etc. unless required for your job
  - Records of customers that you hear about in the news
  - Pages or portions of the Epic record that you do not need to access to complete your work

EPIC “Break the Glass:

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

EPIC access to your own health record

- NMH privacy policies do not prohibit staff from using Epic to view their own health record.
  - **However, you are strongly encouraged to use MyChart to access your records.**
    - MyChart is the Epic portal designed for use by all customers, including NMH employees who are also customers of NMH.
    - You may also access your health records by following the Health Information Management medical record access process.
    - Team members are prohibited from documenting in or modifying their own health records in any way.

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

Employees who access the Epic records of family members are subject to investigation and disciplinary action

CUSTOMER PRIVACY RIGHTS

Customers have the right to:

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

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

BUSINESS ASSOCIATES

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

PRIVACY AUDITS

- **All team members are subject to random and focused privacy audits.**
  - If Privacy identifies Epic access that was not for a business purpose or was not limited to the minimum necessary, Privacy will contact the team member’s manager and request follow-up
  - Privacy policy violations are subject to disciplinary action in accordance with HR policies
MAPLE GROVE HOSPITAL

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

PRIVACY INVESTIGATIONS
- All reports of privacy non-compliance are investigated by the Privacy Department.
- Reports may be made by any team member, customer, or family member.
- Reports may be made to the Privacy Officer.

47. Fraud/Waste/Abuse Prevention

Your role at MGH is critical to preventing Fraud, Waste and Abuse (FWA)
- The federal and state governments establish many complex regulations and guidelines to help health care organizations detect, prevent, and respond to fraud.
- Following these regulations and guidelines, as well as MGH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining MGH’s reputation in the community.
- Detecting and preventing FWA is a responsibility of all MGH team members.
- The Compliance department serves as a resource to the organization providing tools and processes to identify and prevent FWA.
- Prevention requires collaboration between:
  - MGH team members and vendors
  - Vendors and affiliated health care providers
  - State and federal agencies
  - Customers (patients)

For us to meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment.

**Fraud** is when someone intentionally executes or attempts to execute a scheme to inappropriately obtain money or property from a government health care program (such as Medicare).

**Waste** means incurring unnecessary costs under a government health care program as a result of deficient management, practices, systems, or controls.

**Abuse** occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program. **Abuse includes any practice that:**
• Is inconsistent with providing medically necessary services;
• Provides services that do not meet professionally recognized standards; or
• Provides services that are not fairly priced.

EXAMPLES OF FWA
It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:
• Billing for goods and services that were never provided to a customer
• Conducting excessive office visits or writing excessive prescriptions
• Misrepresenting the service that was provided to a customer
• Billing for a higher level for the service than was delivered
• Incorrectly billing non-covered services or prescriptions as covered items
• Using multiple billing codes instead of one billing code for a drug panel test to increase reimbursement (" unbundling")
• Laboratories charging individually for tests that should have been billed as a panel at a lower rate
• Automatically running a lab test whenever the results of some other test fall within a certain range, even though the second test was not specifically ordered
• Billing for services performed by an improperly supervised or unqualified employee

THE FRAUD CONTINUUM
Because fraud, waste and abuse are so broadly defined, errors and mistakes can be violations of the law. This is why you need to pay close attention to your duties to avoid errors that could be considered fraud.

The Centers for Medicare and Medicaid (CMS) investigates all causes of improper payments – from unintentional errors to intentional fraud.

Not all improper payments are fraud (i.e., intentional misuse of funds). In fact, the vast majority of improper payments are due to unintentional errors. The most common error is lack of clinical documentation.

Unintentional Error: A mistake caused by poor reasoning, carelessness, or insufficient knowledge and is made without the intent to deceive

Poor Control Environment: When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means that standard processes and checks are not followed to be sure work is done in a consistent and compliant manner. Examples include lack of separation of duties, proper authorization, or adequate documentation for transactions.

Intentional Fraud: Occurs when someone commits an act knowingly and with the intention to deceive.

WHAT IS INTENT?
The seriousness of the fraud is determined by the intent behind the fraud
• Was the mistake an unintentional error? Or was it the result of intentional fraudulent behavior?
• If the mistake was an unintentional error, could it have been prevented with environmental controls (e.g., better policies directing documentation, better delineation of duties to ensure appropriate decision making)?
FWA LAWS
The federal and state governments have a long history of regulating health care practices to prevent fraud, waste and abuse. These include

- False Claims Act
- Anti-Kickback Statute
- Physician Self-Referral Statute (Stark)
- Exclusion Statue
- Civil Monetary Penalties Law

You do not need to know all the details of these laws to do your part in preventing FWA. However, you should have a general understanding of how these laws impact your role at MGH.

False Claims Act: This law makes it illegal for any person to knowingly make a fraudulent claim for payment to the federal or state government.

- You do not have to intend to defraud the government to violate this law. You can be liable for violating this law if you act with deliberate ignorance or reckless disregard of the law.
- The False Claims Act generally applies to any type of government claim for payment, but the federal government aggressively pursues False Claims Act enforcement within the health care industry.

False Claims Act violations can be fined up to three times the amount of the false claim, plus $21,916 per claim. Fines can add up quickly because each separate claim submitted to the government can be separate grounds for liability.

The Anti-Kickback Statute makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a government health care program (such as Medicare or Medicaid).

- Remember that both the "giver" and the "receiver" of an inappropriate inducement or reward are liable under the Anti-kickback statute. This is why all MGH business must be conducted in a fair and transparent manner.

Anti-kickback violations can result in prison sentences and fines and penalties of up to $74,792 per kickback plus three times the amount of the underlying transaction.

The Self-Referral Prohibition Statute is also commonly known as the Stark Law.

- This law prohibits physicians from referring Medicare or Medicaid patients to an entity with which the physician or a physician's immediate family member has a financial relationship — unless an exception applies.
- This is a complex law with severe penalties for non-compliance, so every contractual arrangement between MGH and a physician must be reviewed by Provider Services and Compliance/Legal. All relationships must be appropriately documented.

Penalties for physicians who violate the Stark Law may include fines of up to $24,253 for each service performed in violation of the law, repayment of claims, and potential exclusion from all Federal Health Care Programs.

Exclusion Statute: Under the Exclusion Statue, the federal Health and Human Services Office of the Inspector General must exclude providers and suppliers convicted of any of fraud, waste or abuse from participation in federal health care programs (such as Medicare and Medicaid).

- As a Medicare/Medicaid provider, MGH must not employ, contract, or otherwise do business with any excluded individual or entity.
- The federal government maintains exclusion lists, and MGH is obligated to routinely screen these lists to ensure it does not do business with any excluded individual or entity.
The Civil Monetary Penalties Law authorizes penalties for a variety of health care fraud violations. Violations that may justify penalties include:

- Presenting a claim that you know, or should know, is for an item or service not provided as claimed or that is false or fraudulent.
- Presenting a claim you know, or should know, is for an item or service that Medicare will not pay.
- Violating the Anti-kickback Statute.

Penalties may be assessed up to three times the amount claimed for each item or service, or up to three times the amount of payment offered, paid, solicited or received.

FWA COMMITTED BY CUSTOMERS

In addition to the types of errors or intentional bad acts that may constitute FWA committed by health care providers, Medicare/ Medicaid beneficiaries may also commit FWA. If you see any of these situations occur, report the activity to the compliance department.

- **Drug diversion** occurs when someone uses drugs, medications, and other pharmacy supplies for reasons other than their original or intended purpose.
- **Member fraud** occurs when a member carries out a fraudulent activity by falsifying member enrollment data or identity theft.
- **Identity fraud** occurs when someone pretends to be someone else by assuming that person’s identity; often, this is done to access resources, obtain credit, or obtain other benefits in that person’s name.

WHAT ARE YOUR FWA PREVENTION RESPONSIBILITIES

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare/Medicaid non-compliance.

1. You must comply with all applicable regulatory requirements, including participating in compliance program activities.
2. You have a duty to report any suspected or actual non-compliance that you may know of.
3. You have a duty to follow MGH’s Code of Conduct. The Code of Conduct can be found on the Compliance intranet webpage.
4. When in doubt, ask questions. The Compliance Department is a resource for all NMH team members.

- **All MGH Team Members are expected to report any known or potential concerns of FWA.**
- **All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.**
- **NMH prohibits any form of retaliation against a team member who reports a FWA concern in good faith.**

HOW TO REPORT A FWA CONCERN

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline (763.581.4670).
  (This number is printed on the back of your employee badge)
- You may leave an anonymous message on the Hotline.
Fire Safety in the Operating Room

REQUIRED FOR PROVIDERS REQUESTING SURGICAL OR ANESTHESIA PRIVILEGES
Other providers not requesting surgical or anesthesia privileges may skip this section (pages 84 - 120)
Objectives

• The goal of this learning activity is to educate the surgical team about fire safety in the perioperative practice setting. Practice tools to promote fire prevention, the fire triangle and the roles and responsibilities of perioperative staff in managing a fire in the Operating Room will be discussed.

• Optimal outcomes depend on all perioperative personnel to be familiar with their roles in fire prevention and management.
Fact or Fiction?

- Fires no longer happen in modern surgical suites due to advances in technology.

**FICTION:** According to The Emergency Care Research Institute (ECRI) (2017), surgical fires are estimated to occur about 250 times each year in the United States making them nearly as common as wrong site surgeries. This number has decreased from 550-650 occurrences in recent years due to increased awareness and training despite advances in technology.
Fact or Fiction?

- Fires only occur in inferior facilities. If a fire does occur, it was not preventable.

**FICTION:** Fires occur in every location where the 3 sides of the fire triangle come together. This includes hospitals, physician offices, and ambulatory surgery centers. The key to fire prevention is altering one or more of components of the fire triangle so combustion is not possible. This is accomplished by active participation in fire prevention strategies and awareness of fire risks. This will be discussed further in the module.
Fire Facts:

- Of the 200-240 OR fires per year in the US:
  - 44% occur on the Head, Neck or Upper Chest
  - 26% elsewhere on the body
  - 21% in the airway
  - 8% elsewhere in the body (within the body cavity)
    - 20-30 are serious and result in disfiguring or disabling injuries
    - 2-3 are fatal and typically occur in the customer’s airway.

- The Emergency Care Research Institute (2018)
The Fire Triangle
The Fire Triangle

• For a fire to occur, three components need to be present: Fuel, Ignition Source, and an Oxidizer.

• Whenever these 3 components are in close contact under the appropriate conditions and proportions, a fire **will** occur.

• Fire is a risk in the Operating Room since all 3 sides of the triangle are usually present during the procedure and can be under the influence of 3 different people.
The Fire Triangle – Ignition Source

- Usually controlled by the Surgeon
  - Cautery (responsible for 70% of all fires)
  - Fiber optic light source
  - Lasers
  - Defibrillator
  - Argon beam coagulator
  - Power tools (drills, burrs)

Anything that provides enough energy to start a fire.
The Fire Triangle - Oxidizer

- Present in every perioperative setting
- Usually controlled by Anesthesia
  - Oxygen
  - Oxygen-Enriched environment (O2 % is greater than 21%)
  - Nitrous Oxide

Defined as gases that can support combustion.
The Fire Triangle - Fuel

- Present in every perioperative setting
- Usually controlled by Nurses/CST
  - Drapes
  - Gowns
  - Towels
  - Sponges
  - Dressings
  - Alcohol-based skin prep
  - Human hair
  - Humans
  - Endotracheal tubes

Defined as anything that will burn.
The Fire Triangle

- The key to fire prevention is altering one or more of components of the fire triangle so combustion is not possible thus mitigating the risk.
What is a Fire Risk Assessment?

• Before beginning any procedure, an assessment must be completed to identify each aspect of the fire triangle and communicated to the entire surgical team in conjunction with the Time Out.

• The Fire Risk Assessment is collaboratively completed by Anesthesia providers and the Circulating Nurse with prevention protocols put in place prior to incision.

• All member of the team must participate to ensure they are prepared should an emergency occur.
What is a Fire Risk Assessment?

- The Fire Risk Assessment should identify
  - Fuel that is present
  - Ignition source
  - Oxidizer or potential for oxygen-enriched environment
  - Additional preventative measures that are required based on the components of the fire triangle.

<table>
<thead>
<tr>
<th>FIRE RISK ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure site or incision above the xyphoid</td>
</tr>
<tr>
<td>Open oxygen source (face mask/nasal cannula)</td>
</tr>
<tr>
<td>Ignition source (Cautery, laser, fiberoptic light source)</td>
</tr>
<tr>
<td>SCORE 1 or 2: Initiate Routine Protocol</td>
</tr>
<tr>
<td>SCORE 3: Initiate High Risk Fire Protocol</td>
</tr>
<tr>
<td>Total Score:</td>
</tr>
</tbody>
</table>
What is the Fire Score?

The customer is having a left carotid endarterectomy under general anesthesia. The RN has prepped the surgical skin site using chlorohexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery. What is the Fire Risk Score? What Protocol should be initiated?

![Fire Risk Assessment Table]

| Procedure site or incision above the xyphoid | 1 (Yes) | 0 (No) |
| Open oxygen source (face mask/nasal cannula) | 1 (Yes) | 0 (No) |
| Ignition source (Cautery, laser, fiberoptic light source) | 1 (Yes) | 0 (No) |

**SCORE 1 or 2: Initiate Routine Protocol**
**SCORE 3: Initiate High Risk Fire Protocol**

Total Score: 2
What is the Fire Score?

The customer is having a mole removed from their lower abdomen under local anesthesia. The RN has prepped the surgical skin site using povidone (betadine). The surgeon is planning on using a scalpel. What is the Fire Risk Score? What Protocol should be initiated?

**FIRE RISK ASSESSMENT**

<table>
<thead>
<tr>
<th>Procedure site or incision above the xiphoid</th>
<th>1 (Yes)</th>
<th>0 (No)</th>
</tr>
</thead>
<tbody>
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<td>0 (No)</td>
</tr>
<tr>
<td>Ignition source (Cautery, laser, fiberoptic light source)</td>
<td>1 (Yes)</td>
<td>0 (No)</td>
</tr>
</tbody>
</table>

**SCORE 1 or 2: Initiate Routine Protocol**

**SCORE 3: Initiate High Risk Fire Protocol**

Total Score: 0
What is the Fire Score?

The customer is having a right total knee arthroplasty with spinal anesthesia. Supplemental oxygen is being utilized at 50%. The RN has prepped the surgical skin site using chlorhexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery and powered equipment (drills and saws). What is the Fire Risk Score? What Protocol should be initiated?

![Fire Risk Assessment Table]

**FIRE RISK ASSESSMENT**

<table>
<thead>
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<td>1 (Yes)</td>
<td>0 (No)</td>
</tr>
</tbody>
</table>

**SCORE 1 or 2: Initiate Routine Protocol**

**SCORE 3: Initiate High Risk Fire Protocol**

Total Score: 2
What is the Fire Score?

The customer is having a right port placement under Monitored Anesthesia Care (MAC). Supplemental oxygen is being utilized at 50%. The RN has prepped the surgical skin site using chlorhexidine gluconate with alcohol (Chloraprep). The surgeon is planning on using cautery. What is the Fire Risk Score? What Protocol should be initiated?

---

**FIRE RISK ASSESSMENT**

<table>
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<td>0 (No)</td>
</tr>
</tbody>
</table>

**SCORE 1 or 2: Initiate Routine Protocol**

**SCORE 3: Initiate High Risk Fire Protocol**

**Total Score: 3**
What is Routine Protocol?

A Fire Risk Assessment score of a 0, 1, or 2 would initiate Routine Protocol Fire Prevention. This includes:

• Controlling Ignition sources
• Controlling Fuel Sources
• Controlling Oxidizers
Routine Protocol: Controlling Ignition

- Cautery and Laser safety precautions are followed
- A holster will be attached to the sterile field on every case that requires cautery. This includes the long cautery holster for laparoscopic cautery.
- The cautery will be placed in the holster when not in active use. Keep electrode cords from coiling. The only exception is if there is an urgent/emergent situation within the sterile field (e.g. active bleeding) or an instrument pad is being used.
- Keep surgical drape or linen away from activated ESU.
- Keep active electrode tip clean.
- Cautery will only be activated when at the surgical site and by the individual controlling the ESU.
- Use the lowest power setting possible for desire results.
- In endoscopic cases, the light source is to be off until connected to the scope, and care is taken that the light source is not in contact with the surgical drapes.
- Do not use an ignition source to enter the bowel when it is distended with gas.
- Inspect electrode for impaired insulation.
Routine Protocol: Controlling Ignition

- Defibrillator safety precautions are to be followed by selecting paddles that are the correct size for the customer and placing paddles correctly to allow optimal skin contact.
- The Laser shall be in stand-by mode when not in use.
- A basin of water or saline containing a towel submerged in liquid should be available for all laser procedures.
- Wet towels should be used to “square off” the surgical site for laser procedures used to treat external pathology.
- All flammable or combustible items should be removed from the treatment site while the laser is in use. All towels and sponges should be soaked with water or saline to prevent ignition.
- The use of drying agents, prep solutions, or ointments that contain alcohol or other flammable products in the presence of the laser beam is strongly discouraged. There is always a fire potential with these products.
- Only the person controlling the laser beam should activate the laser.
- Place the light source in standby mode when not in use.
- Inspect electrical cords and plugs for integrity prior to use. Remove if broken.
- Do not bypass or disable equipment safety features.
Routine Protocol: Controlling Fuel

• Prevent pooling of surgical skin preparation solutions
• Remove prep-soaked linen and disposable prepping drapes prior to incision
• Allow skin-prep agents to dry and fumes to dissipate prior to draping.
• Dry time is based on manufacturer's recommendations. This can vary from no time (povidone) to greater than 1 hour (Alcohol based preps used in/on hair).
  − Chloraprep/Duraprep minimum 3 minute dry time on hairless skin, up to 1 hour in hair.
    • Wet hair is flammable. May take up to 1 hour to dry.
• Sterile water and/or sterile saline is opened on every surgical procedure. Irrigation connected to a delivery device (e.g. Interpulse) is acceptable
• A towel should be available near the operative site to assist to smother/pat out a fire, if needed
Routine Protocol: Controlling Oxidizers

Interventions to control oxidizers all attempt to decrease the potential for an oxygen-enriched environment to be created.

- Check anesthesia circuits for possible leaks.
- Turn off O2 at the end of each procedure
- Draping will be done in a manner to enable venting of gases to flow down to the floor and minimize the tenting effect.
- Evacuate surgical smoke to prevent accumulation in small or enclosed spaces as smoke is flammable.
High Risk Protocol

A Fire Assessment score of 3 would initiate High Risk Protocol Fire Prevention. In addition to Routine Protocol Interventions, utilize the following interventions when applicable:

• Use of an incise drape is recommended to minimize oxygen from entering the surgical site through the surgical towel/drapes.
• Utilize a scalpel or surgical scissors first. Minimize use of cautery when possible.
• When cautery in use, use lowest setting possible.
• Encourage use of wet sponges. Use saline to cool.
High Risk: Controlling Oxidizers

For any procedure on the head, neck, and upper chest, when the patient is receiving supplemental oxygen via a nasal cannula or face mask:

- Use of a non-alcohol based prep is recommended
- Use of an incise drape is recommended to minimize oxygen from entering the surgical site through the surgical towel/drapes
- Draping will be done in a manner to enable venting of gases to flow down to the floor and minimize the tenting effect
- Moistened sponges are to be utilized when possible
- Use of surgical scissors or scalpel is recommended versus use of cautery, when possible
- For coagulation, the use of bipolar not monopolar is recommended
- It is recommended to lubricate the facial hair (e.g. eyebrows, beard, mustache) within the sterile field with a water-soluble surgical lubricating jelly to decrease flammability
High Risk: Controlling Oxidizers

Shared Airway Procedures

- Cautery
  - Anesthesia will not utilize nitrous oxide
  - Anesthesia will maintain patients SaO2 above 90% with delivery of oxygen and air at or below a FiO2 of 33%
  - Anesthesia will notify the surgeon if higher oxygen levels are required to maintain an adequate SaO2 level

- Laser
  - Laser safe endotracheal (ET) tube rated for the laser’s wavelength should be utilized
    - The ET tube cuff shall be inflated with saline and methylene blue to serve as a visual indicator if the cuff becomes damaged
    - Sponges soaked with water should be used to help shield the ET tube from the laser
    - The FIO2 level shall be reduced to below 30% for at least 1 minute prior to the laser’s activation and shall remain below 30% during the lasers use
    - Nitrous Oxide shall not be used
    - Evacuate surgical smoke from enclosed spaces as smoke can be flammable.
What do I do if there is a Fire?
What do I do if there is a Fire in the OR?

- **Anyone in the immediate area:** (ex: Surgeon, CST, PA, NP, RN)
  - Pat out the fire. Water or saline may be used when appropriate.
  - If the fire is fueled by an alcohol solution, **DO NOT** use water or saline, since this may spread the flames.
  - **DO NOT** use water or saline on electrical equipment. If drapes are burning, remove them from the patient and smother them, if possible.

- **Anesthesia provider:**
  - Turn off oxygen and nitrous oxide on the anesthesia gas machine when the fire is in the immediate area or an oxygen enriched atmosphere is contributing to the fire.
  - Ventilate patient with air and use IV agents to maintain anesthesia.

- **Circulating RN:**
  - At Maple Grove, initiate a Code Red by calling *77 on vocera or phone, and call OR control to activate the fire pull station.
  - At North Memorial, initiate a Code Red by activating the fire pull station or by calling *99 on a phone or vocera. Then contact the OR control desk.
What do I do if there is a Fire in the OR?

• OR Team:
  − Upon hearing the alarms in the hallway indicating a Code Red, update/notify the staff in the other OR rooms as necessary until Code Red All Clear is announced.

• PCC/PIR Team:
  − Upon hearing Code Red, hold all patients going to surgery until the All Clear is sounded.

• PACU team:
  − Upon hearing Code Red, prepare to receive patient from the affected OR suites, as necessary.
What do I do if the fire is NOT controlled?

- OR Control Desk/Additional OR and Anesthesia Staff:
  - Document the time the fire started.
  - Determine how many people are in the department and account for everyone.
  - Set up a communication point (inside of affected core) and identify two staff to communicate personally to the ORs affected.
  - Determine the state of surgical cases in each area.
  - Consult with Anesthesia care provider in charge and surgeon on how to handle each patient.
  - Assign personnel to assist with transport of patients to evacuation site.
  - Direct and control traffic as necessary.
  - Notify surrounding rooms for possible evacuation. Because of the air flow from the rooms, evacuation to the halls should be done only in extreme situations.

- Anesthesia Provider:
  - Give direction for the shut off of the supply of oxygen and nitrous oxide to the affected OR room, if not already done. Because all rooms function independently with shut off valves located outside each room.
  - Give a re-dose of antibiotics to the patient as soon as possible.
  - Maintain patient’s anesthetic state, take ambu and collect anesthetic drugs to carry on during transport. Disconnect leads, take IVs off poles and place on OR table with patient.
What do I do if the fire is *NOT* controlled?

- **Surgical Support Staff:**
  - Assist in securing necessary equipment and supplies for continuation of the surgery.
  - Secure equipment for transporting the patient as directed by the staff in the affected OR suite.
  - Follow instructions for evacuating the patient if needed.
  - Assist as directed and hold doors open.
  - Check to see that all Fire Exits are free from obstructions.
  - See that all hall lights are on.

- **Surgical Team:**
  - Disconnect any cords, leads, etc. On the field, assist anesthesia.
  - Communicate to the OR control desk.
  - Gather minimal instruments in basin or towel, and place with patient.
  - Meet in evacuation site and assist anesthesia and surgeon in proceeding with patient care.
What do I do if the fire is NOT controlled?

• Surgeon:
  − Control and maintain surgical wound and give final instructions for evacuation to surgical team.

• Everyone:
  − Move patient on OR table from the OR room to the evacuation site.
  − Close all room doors and place saturated wet blankets at the base of the OR door. This will indicate to the First Responders that the room has been evacuated.
  − Assist with the evacuation of adjoining areas as necessary.
  − Prepare to evacuate patients and families, as necessary.
What do I do if the fire is NOT controlled?

What is the immediate response to an uncontrolled surgical fire within the sterile field?

Follow RCA

- Rescue the individual involved in the fire
- Confine the fire
- Alarm sounded as soon as possible
  - Initiate a Code Red by calling *77 at Maple Grove and *99 at North Memorial on Vocera or phone, or call the OR Control Desk, Labor and Delivery Desk, or team member in your area to pull the nearest fire alarm
How do I use a fire extinguisher?

PASS is an acronym to aid staff when operating a fire extinguisher.

P: Pull the pin
A: Aim the nozzle at the base of the fire
S: Squeeze the handle
S: Sweep at the base of the fire from side to side

This Photo by Unknown Author is licensed under CC BY
What happens when the fire is out?

Pat yourself on the back!! 😊

- **All Staff:**
  - If evacuation was required, leave everything in the room in place for fire investigators.
  - If fire was contained and the surgical procedure is able to be completed in the room, remove any involved electrical equipment from use; tag equipment per Biomed policy.
  - Save all articles involved in the fire, and any related packaging or labeling, such as drapes, towels, skin preps or other solutions/ointments, cautery hand pieces, ground pad, airways, tubing, cords, etc.

- **Circulating RN:**
  - Notify Nurse Manager, Hospital Safety Officer, and Risk Management.
  - Turn over involved articles.
  - Complete a Safety First report.
Anesthesia Patient Safety Foundation Video

• Interested in watching how to prevent and manage fire in the OR in live action???

• This video, *Prevention and Management of Operating Room Fires*, which was released in February 2010, is intended for everyone who works in the OR during surgery.

Summary

• In summary, to be able to effectively prevent surgical fires, perioperative team members should be aware of the components of the fire triangle and how they interact to generate a fire.

• The second portion of fire prevention is communication and active participation in mitigating risk.

• If a fire were to start, it is essential that the perioperative team understand their roles and responsibilities during this emergency situation to minimize harm to both the customer and surgical team members.
References:

Please review the following for complete procedure for Fire Safety in the Surgical Setting:

MGH Policy and Procedures:
- Fire Prevention and Plan for Surgical Services
- Code Red- Att. F- Evacuation Procedure
- Laser Safety

NMH Policy and Procedures:
- Fire Prevention and Plan for Surgical Services
- Emergency Evacuation Procedure
- Laser Safety
- Fire Plan

AORN Standards, Recommended Practices and Guidelines.
- Current edition located on Surgical Services Intranet Page.

The Emergency Care Research Institute (2018)