Introduction

- These modules are for North Memorial Health (NMH) team members and others. It presents important and fundamental information that helps us create a safe and caring environment for our customers and team members.

- The information provided on various topics has been contributed by North Memorial Health Hospital (NMHH) subject matter experts.

- These modules also contain information about the requirements our accrediting agencies identify as needing to be reviewed each year. These agencies include, for example, DNV-GL (Det Norske Veritas-Global) the Center for Medicare & Medicaid Services (CMS), MN Occupational Safety and Health Administration (MNOSHA) and the Minnesota Department of Health (MDH).
Throughout the learning modules you will note references to NMH Policies and Procedures. All NMH policies are located in PolicyTech. 

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

If you have any issues with PolicyTech, contact Tim Lipanot 1-0948.
Our Guiding Principle – Unmatched Customer Service
Guiding principle: Unmatched customer service
We are all members of one team working together to do what’s best for our customers and each other.

Our belief
We’re committed to having a strong presence in our community and industry for years to come. We do things differently and better — the status quo is not an option.

Strategic priorities

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<th>DIFFERENTIATION</th>
<th>GROWTH</th>
<th>PARTNERSHIPS</th>
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<tr>
<td><strong>We’re the first choice</strong></td>
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<tr>
<td>• Be number one in customer experience and the employer of choice for team members.</td>
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<td>• Be the preferred choice for providers in Minnesota.</td>
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<td><strong>We’re better and getting bigger</strong></td>
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<td>• Profitably grow Clinic Services to drive customer volume across our system.</td>
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<td>• Profitably grow Ambulance Services.</td>
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<tr>
<td>• Create a regional destination center at Maple Grove Hospital.</td>
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<td><strong>We’re stronger together</strong></td>
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<td>• Create key strategic partnerships.</td>
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Our mission
Empowering our customers to achieve their best health.

Our vision
Together, healthcare the way it ought to be.

Our values

ACCOUNTABILITY
We believe every team member is empowered to meet our customers’ needs, including helping them make choices about their health.

INVENTIVENESS
We believe in solving problems creatively and thinking differently about what’s possible.

RELATIONSHIPS
We create engagement with customers and team members through strong communication, partnering, and respectful interactions.
How do we accomplish unmatched customer service?
Customer Experience Tools

**AIDET**
Use AIDET during transitions to provide customers with a better understanding, to reduce anxiety and improve communication and trust.
- **Acknowledge** - Greet customers and family members. Use their names if you know them. Create a positive impression.
- **Introduce** - Introduce yourself to others politely. Tell them who you are and how you are going to help them.
- **Duration** - Inform customers of waiting times or how long a process or procedure takes. Let customers know if there is a delay and how long it will be. Apply service recovery (ACT) when needed.
- **Explanation** - Let customers know what you are doing, how procedures work, and whom to contact if they need assistance. Communicate any steps that you are making or that they will need to make. Make time to help by asking, "Is there anything else I can do for you?" Use the Empowering Practices for added impact.
- **Thank You** - Foster an attitude of gratitude. Thank others for their patience, help, or assistance.

**ACT**
ACT is a service recovery plan. Use it to recover the service experience when something goes wrong.
- **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 and to make sure it does not recur. Use the Empowering Practices for added impact.
  - Genuinely thank the customer for their willingness to bring the information to your attention.

Customer Experience Actions

**OWN**
- Own the big picture by thinking beyond your part.
- Own all problems, regardless of their origin.

**ANTICIPATE**
- Anticipate by standing in the other person’s shoes.
- Anticipate by addressing needs before they arise.

**CONNECT**
- Connect like a trusted partner with customers.
- Connect like family with colleagues.

Empowering Practices

Use these when connecting with customers and colleagues to put them in the front seat rather than the back.

- **ENVISION What’s Possible**
  - Create a picture of the future, share that picture with others, and take action with a common cause.
- **MAINTAIN Open Sharing**
  - Be open and honest with others, communicating information freely and appropriately, as needed.
- **PROVIDE a Voice**
  - Seek input, be an advocate, listen to others, and act on concerns they share with you.
- **OFFER Choice**
  - Encourage ownership by providing alternatives, co-creating plans, and involving the other person in decision-making.
- **WORK Through Roadblocks**
  - Identify barriers, and then do what you can to remove them, to simplify the process, to think of new solutions, and make it easier for the other person.
- **ELEVATE the Spirit**
  - Leave others feeling positive and supported, praise progress, show empathy and kindness, and don’t forget the power of a smile.
- **RESPECT Differences**
  - Embrace others’ cultures, opinions, thoughts, and decisions through sensitivity and support.

Our Values

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**RELATIONSHIPS**
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Our rallying cry! It shows our pride in being part of a system that is working hard to make healthcare better.
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.*

• 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 NMHH 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.

1. Consistent communication is the key to our customer’s experience as they want to know what is happening to them.

2. AIDET and introductions of others is a must at all points of care and with all customers.
Being Responsive (continued)

3. 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 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 and to make sure it does not reoccur.
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Customer Safety
This section includes:

• Patients’ Bill of Rights and Patient Responsibilities
• Suspected Abuse, Neglect or Financial Exploitation
• Informed Consent
• Grievances
• Language Services
• Safe Place for Newborns
• Restraints
• Advance Care Planning Health Care Directive/POLST
• End of Life Care
• Organ, Tissue and Eye Donation
• Bariatric Sensitivity
• Fall Prevention for Customers
• Pressure Injury Prevention
Each of us must ensure a health care ethic that respects the patient. Team members must be sensitive to cultural, racial, linguistic, religious, age, gender, sexual orientation and other differences, including the needs of persons with disabilities. Federal and state government law exists around a “Patients’ Bill of Rights”. The intent of the Patients’ Bill of Rights is to ensure that all activities are conducted with an overriding concern for the values and dignity of patients. Centers for Medicare and Medicaid Services and our accreditors scrutinize compliance with the Patients’ Bill of Rights.

The Patients’ Bill of Rights Includes:

- Information about rights
- Courteous treatment
- Appropriate healthcare
- Physician’s identity
- Relationship with other health services
- Information about treatment
- Participation in planning treatment
- Continuity of care
- Right to refuse care
- Experimental research and right to associate
- Freedom from maltreatment
- Pain Management
- Treatment privacy
- Confidentiality of records
- Disclosure of services available
- Responsive service
- Personal privacy
- Grievances
- Communication privacy
- Personal property
- Services of the facility
- Protection and advocacy services
- Right to communication disclosure
- Isolation and restraint
Patient Bill of Rights and Patient Responsibilities (Continued)

Patient Responsibilities:

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

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<tr>
<th>Provide information about health status</th>
<th>Understand their health problems</th>
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<td>Keep appointments</td>
<td>Know their caregivers</td>
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<tr>
<td>Be honest</td>
<td>Be considerate of others</td>
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<tr>
<td>Know their medications</td>
<td>Follow the treatment plan</td>
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<tr>
<td>Be tolerant/accepting of those who are different from them</td>
<td>Accept consequences of not following treatment plan</td>
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- 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.
Patient Bill of Rights and Patient Responsibilities *(Continued)*

- All inpatients and Same Day Surgery patients receive a copy of the Patients’ Bill of Rights.

- **Location of information:**
  - Patients’ Bill of Rights information is posted at key entrances to the NMHH and is included in the Patient Information brochure.
  - The Patients’ 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 NMHH Intranet).

- For more info about the Patients’ Bill of Rights contact the Patient Representative at 763-581-0780.
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.
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. 1-0780 or 763-581-0780. (After hours M-F, weekends and holidays, contact the Nursing Administrative Manager on pager 612-539-2899.) 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 NMHH’s internal grievance process. Instructions for filing a grievance can be found in the NMHH Customer Welcome Book and the Patient’s Bill of Rights booklet.
Deaf and Hard 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.
Language Services

**Implications of the ACA Final Ruling**

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

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.

Language Services
Purpose of the Interpreter

1. Seleskovitch, 1978; Cokely, 1988; Downing and Swabey, 1992)
2. International Medical Interpreters Association (IMIA)
Language Services
What Professional Interpreters do NOT Do

- Schedule appointments without the customer being present
- Give rides
- Give advice/personal opinions
- Insist on being requested
- Argue with North team members
- Show up when not requested
- Ask to have their personal information put in the customer’s chart
- Recount the customer’s history to the provider
- Discuss personal information with the customer
- Omit or summarize information, unless there is no other option (such as multiple people talking at once).
- Ask about customer information such as upcoming appointments
- Ask the customer if it’s ok if they come back next time
- Interpret for family or friends (impartiality)
- Share confidential information
- Wear casual clothing or open-toed shoes
- Leave during an encounter without replacement
- Sit in the room with customer alone
Language Services

Language Service Resources

• To contact NMIS, please text-page via Amion or American Messaging
  - Please include as much information as possible regarding your request in the page in order to dispatch an interpreter as quickly as possible

• Information about interpreter services for a given inpatient customer can be found in two places:
  - Staff-to-staff Communication on the RN Snapshot
  - ‘Dear Doctor’
    Please check these if you’re wondering whether a customer has an interpreter scheduled.

• For outpatient appointments, you will see ‘NMRINT’ added under ‘DEPT’ on the appointment desk when an interpreter has been assigned.
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.
Language Services

Language Service Resources cont.

• MARTTI (My Accessible Real-Time Trusted Interpreter)
  - An on-demand video interpretation system. NMHH has a MARTTI unit on every floor, in ED and on L&D. An additional MARTTI can also be ordered via Epic delivered by UHS.

• Certified Language International (CLI) Phone Interpreter Services
  - To communicate with an LEP customer over the phone, please call 1-844-209-4472, or use your Vocera by saying ‘Call C-L-I.’ Instructions for using CLI are available on the Intranet Language Services / Interpreters.

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

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

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

• North Memorial will accept infants presented to the hospital within 7 days of birth.

• North Memorial will not notify the police to report any person for abandonment if the infant is:
  - Presented to a hospital or clinic staff member on the North Memorial’s premises and during its hours of operation, either by the mother, or by a person with the mother’s permission to relinquish the newborn;
  - Presented to an ambulance dispatched in response to a 911 telephone call from a mother or a person with the mother’s permission to relinquish the newborn; and
  - Presented within seven days of birth as determined within a reasonable degree of medical certainty
  - Infant is in unharmed condition.

• Refer to “Safe Place for Newborns (Give Life a Chance” Policy and Procedure in PolicyTech
Restraint Use

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

- All restraint documentation should be reviewed at the end of every shift for completeness!
Restraint Use (Continued)

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

• **Violent or Self-Destructive Restraint 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.

• **Requirements while in restraints (include but not limited to):**
  - Physician orders
    - Within 60 minutes of *each* application of restraint.
    - Every calendar day for non-violent restraints
    - Every 1-4 hours for violent restraints based on customer age
  - Standing Orders or PRN orders are not acceptable.
  - Documentation
    - Reason for restraint. All documentation must correlate.
    - Every 2 hour checks as outlined in the nursing non-violent restraint flow sheet
    - Every 15 minute checks as outlined in the nursing violent restraint flow sheet
    - Individualized Care plan

• **See Policy and Procedure for Restraint or Seclusion in PolicyTech for additional information.**
North Memorial Health 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.
End of Life Care

• Death and Bereavement Care procedures demonstrate our commitment to customers/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This may include calling in community spiritual resources when requested. Organ/tissue donation should also be a consideration. In addition, attention must be given to preparing the body for review and preparing the environment.

• Full details are in *Death and Bereavement Care* Policy and Procedure located in *PolicyTech*. 
Organ, Tissue and Eye Donation

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

• North Memorial 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 under Critical Care: Organ/Tissue/Eye Donation.

• In 2002, a MN law clarified that if a person designates that he or she is a donor via will, Advance Directive, driver’s license, or MN identification, the designation serves as intent to donate after death and cannot be overridden.
Organ, Tissue and Eye Donation (continued)

• 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 on the basis of the patient/family circumstances, race, beliefs, grief or 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.
  - Donation agencies will ask specific questions about the customer and determine what donation opportunities exist.
  - 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.
Bariatric Sensitivity

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

Over 65% of American adults are overweight or obese (BMI greater than 25)

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

What can you do?

• We must educate ourselves and each other about the stigma of obesity. Weight bias in the medical setting adversely affects patients and they are less likely to receive preventive care interventions and cancer screenings.

• We must hold ourselves accountable and hold our team members accountable to treat everyone equally.

• BE A CUSTOMER ADVOCATE.

• Point out inappropriate comments to others and challenge negative attitudes. Nobody deserves unkind remarks.
Fall Prevention for Customers

NMHH’s fall rate is above statewide fall rates. The following are basic actions that should be done for each customer to assist in identifying and preventing falls:

- Conduct a falls assessment (Hendrich II and the Risk for Injury, or Humpty Dumpty assessment for pediatric customers) to determine risk on arrival, admission, and every shift thereafter. If the customer does not score as a fall risk, implementing interventions is acceptable if nursing judgment deems the customer at risk.

- Determine what medications a patient is taking that might increase dizziness and what conditions the customer has that might increase the likelihood of falls. A history of falls is considered a risk factor for future 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.

- Complete Hourly Rounding including the components of PEEP (Pain, Elimination, Environment, Positioning) on each customer, noting that fall interventions are appropriately in place and activated for those at high risk.

- 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. A large number of falls occur because customers are reaching for something. Ensure the trash basket, water, personal items, and call light are within reach before leaving the room.

- Gait belts should be used consistently and sent with patients to ancillary departments to assist in transfers. Utilize assistive devices and wheelchairs as appropriate based on customer condition.
Pressure Injury Prevention

- NMHH has had a significant increase in reportable pressure injuries over the past several years. **Specifically, device related and bony prominence pressure injuries are of concern.**

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

• Each member of the care team should:
  - 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.
  - Perform PEEP (Pain, Elimination, Environment, Positioning) rounds each hour to ensure repositioning is being completed and pressure injury prevention measures are in place.
  - See the Pressure injury Prevention policy for specific standards and expectations.
  - See the Skin Care page to see tip sheets and tools available for all team members for pressure injury prevention.
Emergency Response and Equipment Safety
Emergency Response and Codes

Activate Emergency Responses and codes:

• On Campus areas:
  - Dial *99 on any campus phone
  - Vocera by saying “Call Star 99”
  - Designated button in patient care room

• Off-campus areas:
  - Dial emergency number (911, 9-911)
<table>
<thead>
<tr>
<th>Code</th>
<th>Event Description</th>
<th>Details</th>
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| Red   | Fire or Smoke                                                                     | - 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 |
| Green | Aggressive Individual - Emergency Assistance Needed                               | - Activate a Code Green team by pressing a Code Green button in the customer room or by calling 99  
- Code Green will be broadcast and a Code Green team will respond to the identified location  
- Stay CALM and remove yourself and others from immediate danger |
| Blue  | Adult/Pediatric Cardio Pulmonary Response (CPR)                                    | - Activate a Code Blue team by pressing a Code Blue button in a customer's room or by calling 99 for codes not in a customer's room  
- Code Blue Team will respond to identified area  
- Provide appropriate intervention (Initiate CPR)  
- It Code Blue is called in your work area, return to area to assist with other customers |
| Pink  | Infant/Child Abduction                                                             | - Team Members call 99 once it is confirmed that the infant/child is missing  
- Safety and Security will broadcast and respond to the identified area  
- All Team Members will monitor corridors and exits for missing infant/child or suspicious activity  
- If found or suspected that you have found the abductor DO NOT approach the individual/s  
- Call 99 to report suspicious individuals or activity |
|        | Rapid Response Team                                                               | Customer In Need of Immediate Medical Assessment  
- If a customer's condition rapidly changes and assistance is needed from a team of critical care clinicians, press the Rapid Response button in the customer's room or call 99 and give location  
- Rapid Response Team will be notified to respond to the identified location |
|        | Severe Weather Alert (tornado, severe thunderstorm, etc.)                         | - Weather warnings with imminent threat will be broadcast  
- Move and/or direct visitors & customers away from windows  
- Customers who cannot be moved, should be turned away from windows and protected with pillows & blankets |
| Walker | Missing Customer (Elopement)                                                       | - Call 99 to report a missing individual who is 18 years or older and on holds or suffers from conditions that may prevent him/her from making rational decisions or cause them to wander away  
- Monitor corridors and exits  
- Safety & Security will broadcast and respond to identified area  
- Call 99 to report the location of the found individual |
|        | Incident Management Response Team                                                 | Department Specific or Complex Emergencies  
- Incident management team requested or assigned to manage large scale or complex emergency, such as a mass casualty incident or IT downtime, etc. |
Code Pink

Activation:

• An team member first aware of an **actual or attempted infant/child abduction** needs to call *99 or by Vocera “Call Star 99” and advise operator of Code Pink and location.

• State your name and call back extension. Remain on hold with the operator.

Response:

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

• Unit/department team members from the area of the announced abduction will report immediately to their area to assist in response efforts.

• Do a headcount of all children in your area.

• Department team members, not watching exits and doorways, must check all dept. spaces including rooms, bathrooms, closets and garbage cans for unauthorized person or missing child.

• If a Team Member sees a suspicious package, bag, backpack etc. please alert Security so they can conduct a search of the contents.

• All team member(s) should remain in their department or watch stair/exit locations until “Code Pink All Clear” is announced overhead.

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.
Stroke Team Stat- Inpatient

• Use if an inpatient customer develops symptoms of acute stroke:
  - Stroke symptoms include one-sided weakness, loss of or blurred vision, dizziness or sudden loss of balance, difficulty with speech, sudden severe headache

• Immediate interventions include:
  - Call for Help
  - Activate the Stroke Team by calling *99; state “Stroke Team STAT”; give the patient location and your name or via the nurse call light system using the “Stroke Team STAT” button
  - Ensure breathing and pulse is intact
  - Reassure patient that help is on the way
  - Avoid giving anything to eat or drink.
  - Collaborate with Stroke Team when they arrive
Managing Incidents  (formerly Code Orange)

- "Code Orange" will no longer be used to indicate a major incident or "HICS" activation.
- Awareness of major incidents will be communicated to team members as necessary, and with incident-specific instructions.
- Any complex emergency will be coordinated by an Incident Management Team, whose members will be chosen based on the type of situation and areas involved.
- *If an incident occurs and you are directed to return to your department:*
  - All Team Members report back to unit/department
  - Unit/Department Leaders assess their areas:
    - All Areas – Account for all Team Members
    - All Areas – Account for the Customers in the immediate vicinity of your unit/department safe
    - All Areas – Assess unit/departments ability to function “normally”
    - Inpatient Units – Are all Patient Customers assigned to your Unit accounted for and safe
    - Inpatient Units – Assess Patient Customers
Managing Incidents (formerly Code Orange)
Off Duty Staff Call Back Expectations:

A. Staff that are off-duty at the time an incident occurs should report to work on their normal schedule but, prepare to return to work in anticipation of an Off-Duty Call Back.

B. Incident Command will direct when to initiate the Staff Call Back procedure. Each department is then responsible for calling its own personnel.

C. When contacted to return to work, staff will need to:
   1. Park at Terrace Mall
   2. Wear their North Memorial Employee ID badge
   3. Enter through the Atrium building
   4. Report to the Labor Pool in Pinecrest/Lakeshore or other designated area
   5. Understand they may be sent to a different area
   6. If the labor pool is activated, staff may be requested to the labor pool. The labor pool is located in the Lakeshore/Pinecrest conference rooms or other designated location
Evacuation Process

- Know at least two ways (routes) out of your area in the event one route cannot be used. Move people in immediate danger to the next safe place (refuge area) on the same level/floor, which is called horizontal evacuation.
  - **Horizontal Evacuation** - Move into the next smoke compartment on same level
  - **Vertical Evacuation** - Move down to next level if all smoke compartments are compromised on your level
- Move persons who can walk first. Know the location of and how to use equipment (e.g., wheelchairs, carts, evacuation chairs) that can be used to evacuate patients/persons. Provide special assistance to persons with a disability or special needs.
- Check victims/patients after moving them to a safe area. Make sure you can account for everyone. Count heads.
- As directed by the hospital administrator in charge or other authority, move person down one or two levels/floors (vertical evacuation) or out of the building (external evacuation).
- Stay calm, help all customers and team members to move safely. Make sure all are accounted for.
Stryker Evacuation Stair Chairs

- Located throughout the hospital
- Weight capacity 500 pounds
- Stored Total: 7 units
Med Sleds – Evacuation tool

- Located throughout the hospital
- Med Sled weight capacity 1,000 lbs
Code Red

**Rescue** anyone in danger

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

**Alert** by pulling alarm or dialing *99 and giving your location
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 *99. This will then activate a fire response team.
Smoke Compartments

• Fire doors will close with activation of fire alarm
• Fire doors should **only** be opened to allow for movement to the next compartment – do not wedge doors open
• There is a 2 hour fire rated separation between the compartments
• Each compartment has a stairwell for movement to the next level of the building if necessary
Communication System Failure

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

• **Team members may also use**:
  - computerized tube system
  - portable walkie-talkies
  - Vocera
  - runners/messengers
Downtime

• In the event there is a downtime involving IT systems (EPIC, internet, etc.) you should be familiar with your department’s DOWNTIME BOX and procedures.

• Downtime procedures should be followed until IT has given the all clear message.

• Team members are responsible to understand how to use the paper forms from their departments downtime boxes
Severe Weather

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

TORNOADO 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.
Severe Weather (Continued)

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 *99 if there is damage or a problem in your area.
• Files and drawers shall be closed.
• Do not restrict use of elevators.
• Visitors in Plaza Level classrooms, boardrooms, cafeteria, etc., will be told of Warning by Food & Nutrition Services or Dietary.
• Persons in areas with exterior glass will be directed to leave the area and report to an inner hallway or the Plaza Level Cafeteria.
• Persons in the Atrium area will be advised by the Information Desk to report to the lower level of the Atrium.
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 IT or communication failure, a utility failure or a security type incident.

MN Homeland Security Management
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 (see NMMC Emergency Codes). Review the policies and procedures BEFORE you need to use them and contact your manager/supervisor or NMMC Emergency Management Coordinator if you have questions.
- Participate in drills.
If You See Something, Say Something.
Recognize the Signs of Suspicious Activity

**EXPRESSED OR IMPLIED THREAT**
Threatening to commit a crime that could harm or kill people or damage a facility, infrastructure, or secured site.

**PHOTOGRAPHY/SURVEILLANCE**
Taking pictures or videos, or a prolonged interest in personnel, facilities, security features, or infrastructure in an unusual or covert manner.

**THEFT/LOSS/DIVERSION**
Stealing or diverting items—such as equipment, uniforms, or badges—that belong to a facility or secured site.

**TESTING OR PROBING OF SECURITY**
Investigating or testing a facility’s security or IT systems to assess the strength or weakness of the target.
Recognize the Signs of Suspicious Activity

- **BREACH/ATTEMPTED INTRUSION**: Unauthorized people trying to enter a restricted area or impersonating authorized personnel.
- **SABOTAGE/TAMPERING/VANDALISM**: Damaging or destroying part of a facility, infrastructure, or secured site.
- **ELICITING INFORMATION**: Questioning personnel beyond mere curiosity about an event, facility, or operations.
- **MISREPRESENTATION**: Presenting false information or misusing documents to conceal possible illegal activity.
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.
Equipment and Environmental Safety Reminders
Back Up Generators

• 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 patient care be different?*

• Know which equipment has battery operated back up. Make sure emergency equipment is plugged into a **RED outlet**. Extension cords can be used temporarily.

• Emergency generators are tested monthly.
Utility Management and Reporting

• Notify Maintenance at x12390 for the following utility failures or problems:
  - Electricity
  - HVAC (heating, ventilation and air conditioning)
  - Water and sewer
  - Elevators
  - Medical gases including:
    • medical air
    • clinical vacuum
  - Computerized tube system
  - Intercoms

• Notify IT at x12580 for other communication systems problems or failures, such as telephones and pagers. There are back up systems in place for most utility failures.
Shutting Off Oxygen Valves

• All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care/treatment rooms.

• Zone valves may only be turned off by authorized staff (Maintenance, Respiratory Care Practitioners, Administrative Managers, and manager/charge person). A label on each zone valve lists persons authorized to turn off a zone valve. Each zone valve is labeled with the rooms/areas it supplies.

• Signage available from the Respiratory Therapy Department must be posted on zone valves out of service, or whenever the oxygen system needs to be taken down for either elective or emergent reasons.
Electrical Safety

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

• To help prevent electrical accidents, remove and report electrical hazards, use electrical equipment properly, maintain, test, and inspect equipment and use power cords and outlets properly.
Storing Compressed Gas

Portable Oxygen Devices

• All compressed gas cylinders must be properly secured (e.g., in a tank holder, wheeled cart, or chained to a fixed object such as a wall) when being stored or during customer transport so they cannot fall or bang violently against one another. Each tank must be stored individually.

• North Memorial has two categories of tanks. Full tanks are tanks that have not been opened and have plastic wrap around the neck of the cylinder. Empty tanks are tanks that do not have the plastic wrap around the neck of the cylinder. They may have a regulator on them or nothing at all. Empty tanks can still be used for customer care, but the amount of gas remaining in the cylinder must be checked to ensure it is enough for the task. Tanks are officially empty and should not be used if they have less than 500 psi in them.

• No more than 12 FULL oxygen E (transport size) cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible. Tanks on carts and wheelchairs are considered in use and do not count toward the 12 tank limit.

• Not all oxygen cylinders are hospital property. A large number of customers bring in portable oxygen cylinders when they are admitted. Do not use customer owned or patient rented oxygen cylinders for hospital use. They must be kept separate in the customer room or sent home with the family.
Corridor clutter is any item that creates an obstruction in a corridor or exit path. The Life Safety code requires that “all exit paths must remain free of obstructions, including unattended items that are not considered in use by staff members.” In other words, any item not in use or unattended for more than 30 minutes -- or blocking the egress -- can be considered clutter. The exceptions to this rule allow crash carts and patient isolation supply carts (provided the cart is serving a patient on contact precaution isolation) to be left unattended longer than 30 minutes.

**Why is this so important?**

- In fire and other emergency scenarios, it may become necessary to relocate or evacuate customers, often in reduced visibility. On first appearance, corridors seem to have ample space for many items that help support patient care: equipment, supply carts, food carts, empty beds, etc.

**To keep the hospital corridors free of obstructions:**

- Items in a hallway waiting for direct patient use within 30 minutes should all be placed to one side of the corridor, against the wall.
- Do not allow items to block stair tower doors, extinguisher cabinets or cross automatic smoke or fire doors.
- In the event of an emergency requiring evacuation, move items out of the corridors and into unoccupied rooms or behind the nurse stations to allow unobstructed egress.
Safe Medical Devices-
Test Prior to Use and Routine

Equipment Failure Incidents

- **Safety testing of medical equipment:** Customer care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the appropriate Engineering Department indicated on the label; BioMed, ext. 1-2440 (763-581-2440) or Maintenance, ext. 1-2390 (763-581-2390).

- **Actions to take if equipment fails/breaks:**
  - Remove it from service.
  - Put on a defective sticker.
  - Call the appropriate Engineering Department.

- **Actions to take if equipment is involved in a possible Safe Medical Device-related patient incident:** If medical device (anything used in customer care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:
  - Attend to the medical needs of the customer/user.
  - Remove the equipment from service.
  - Put on a defective sticker, noting it was involved in an incident.
  - Tell the area’s manager/supervisor.
  - Save the disposables for evaluation during the investigation of the incident.
  - Complete a Safety First Report.
  - Call BioMed, ext. 12440 or 763-581-2440 and Risk Management, ext. 14645 or 763-581-4645.
Most falls occurring from slips and trips are due to slipping on an icy surface or tripping over an object. A fraction of the falls occurs when people fall off ladders or steps. It is also a fact that falls at the workplace can be prevented.

Look for ways to prevent slips, trips and falls:

- Ensure that all spills and wet surfaces are immediately cleaned up from the floor.
- See to it that all walking pathways in the workplace are clutter-free.
- In case you need to reach up to something that's high up in the office, always use a safe stepladder. Never use chairs or desks to climb up to access things above your head.
- Make sure that you only carry loads that you can safely handle. While carrying objects, make sure that your line of vision is not affected and that you are not carrying a load that is too heavy.
- Always have good illumination around the office space. Whether indoors or near to the exteriors, ensure that lighting is adequate and visibility is not affected.
- Always wear good footwear. We may not have control over the condition of the surface that we walk on, but we do have control over what we choose to wear on our feet.
Team Member Right to Know Section
This section includes:

- Customer Experience and Hourly Rounding
- Disclosing Adverse and Sentinel Events
- MN Employee Right to Know
- Radiation and MRI Safety
- Indoor Air Quality (IAQ): Hazardous Vapors and Other Contaminants
- Fragrance Sensitive Environment and Latex Balloon Free Zone
- Safety Data Sheets
- Hazardous Chemicals
- Pharmaceutical Waste
- Chemical Management
- Body Fluid Spills
- Infectious/Chemo/Pathological Waste Handling Disposal
- Ergonomics and Safe Patient Handling and Reporting Injuries
- Ethical Conflict and Resources
Customer Experience and Hourly Rounding

We have several tactics that have been implemented and/or are coming to aid in helping to meet our customers’ needs and improving the customer experience.

• **AIDET**: (Acknowledge, Introduce, Duration, Explain, Thank You)

• **Careboards**: Customer Careboards should be filled on admission to a unit and updated each shift by the team. Careboards serve as a communication tool for the customer, family, and the whole care team.

• **Hourly rounding using PEEP (Pain, Elimination, Environment, and Positioning)** is North Memorial’s acronym for hourly rounding. Hourly rounds are to help anticipate a customer’s need before they need to call for assistance. By addressing each of the topics as described in PEEP each hour and informing the customer and family that the customer will be rounded on again in an hour or so, helps to set expectations and remove uncertainty while in the hospital.

• When done consistently, hourly rounds have shown to:
  - Decrease customer falls
  - Prevent pressure ulcers
  - Improve pain management
  - Decrease call light usage
  - Improve communication
  - Increase customer and team member satisfaction

• NAs are scheduled rounds on **ODD** hours and RNs round on the **EVEN** hours. This is an effort that requires open communication, consistent documentation, and teamwork from all care team members.
Disclosing Adverse and Sentinel Events
Safety First Reporting

• The Safety First Reporting System exists for sentinel events; customer, family or visitor events or injuries, and for potential harm or “Good Catches”.

• Complete a Safety First Report when an event occurs that may not be consistent with the appropriate care of a customer or the routine operation of a North Memorial department or care site.

• A review of the event is conducted to identify the underlying reasons or the cause of the event, and to implement appropriate actions for preventing reoccurrence.

• Events that reach the customer, family or visitor, and Good Catches are learning opportunities to reduce system issues and to improve quality of care, and work performance.

• 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 quality improvement review and risk management functions.
Significant Adverse Health Events: A significant adverse health event (also known as sentinel events or never events) results in an unanticipated death of a customer or permanent loss of function (coma, paralysis) of a customer.

- It may be associated with such events as a medication error, fall, hospital acquired pressure injury, blood transfusion, and hospital acquired infection.

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

- Significant adverse events are evaluated by an interdisciplinary committee of North Memorial team members using Root Cause Analysis (RCA).

- A RCA is a process for identifying the basic or causal factors that underlie variation in performance. An RCA focuses 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 similar events happening in the future, or determines, after analysis, that no such improvement opportunities exist.

- Hospitals are required to report certain adverse health events to the MN Department of Health Patient Safety Registry.
Significant Adverse Events: (Continued)

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.
Team Member Right to Know

Safety in a HealthCare Environment
Minnesota Employee Right to Know Act:

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

**Hazardous Substances**

- 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.
MN Employee Right to Know Section
(Continued)

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.
  - Know how to access the SDS database on the NMHH Intranet.

North Memorial Health’s Role

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

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

Team Members’ Rights

• Team members have the right to:
  - Refuse to work in an unsafe situation
  - Refuse to work if they have not been trained
  - Receive information about the hazards of their job
Radiation Safety

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

- **Equipment** gives off radiation only during the time of an x-ray exposure. Some examples of equipment that emit radiation are: General Radiology, C-Arms, O-Arm, CT, Interventional Radiology, Fluoroscopy, and Mammography.

- **Radioactive Materials** are utilized in the Nuclear Medicine and Positron Emission Tomography (PET) departments. This involves administering a radiopharmaceutical to the patient so internal structures can be imaged.

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

- Time
- Distance
- Shielding

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

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

Safety Reminders:

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

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

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

• Examples of common concerns identified by team members include exhaust fumes by the loading dock areas, and mold growth.

• The Maintenance Department maintains various types of air handling systems to assist in control of all known contaminants

• Additionally, many processes are in place to test for and identify the source and abate as necessary

• If you have concerns with indoor air quality, contact Maintenance at 12390 or 581-2390.
North Memorial is a Fragrance Sensitive Facility

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

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

• Signs are posted at entrances to alert visitors.
• Visitors with balloons may return the balloons to their to their vehicle, or leave them at the Information Desk, to be put into a plastic trash bag and sealed, to be picked up later.
Safety Data Sheets (SDS)

Safety Data Sheets are found on the North Memorial intranet quick link: Safety Data Sheets. Clicking on that link will take you to the SDS Data Base.

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

• Information found on SDS
  - Chemical Identification
  - Hazardous Ingredients/Identification Information
  - Physical Data/Characteristics
  - Fire and Explosion Hazard Data or Physical Data
  - Reactivity Data
  - Health Hazard Data
  - Precautions for Safe Handling and Use or Spill or Leak Precautions
  - Special Protection Information or Control Measures
Hazardous Substances: Purpose and Storage

Hazardous Substances

• Hazardous substances (chemicals) help you perform many tasks. When used correctly, chemicals are safe. When used or stored incorrectly, they can harm you. Be informed about the chemicals that you use.

• A chemical that can potentially harm or injure you is classified as hazardous. A chemical can be either a physical hazard and/or health hazard.

• Hazardous Substances are stored in:
  
  **Original Containers**

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

  **Transfer Containers**

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

• Aerosol Cans (e.g. Quik-Care containers):
  - **Empty** with less than 3% remaining, place in regular waste/trash.

• Batteries:
  - Place **used batteries in marked containers** in your area.

• Ignitable Liquids and Gels:
  - Any liquid containing greater than 24% alcohol is hazardous per ignitability, including hand cleaners.
  - **Empty** with less than 3% remaining, place in regular waste/trash.

• For questions, pickup of aerosol cans, batteries, ignitable liquids or gels call the Regulated Hazardous Waste Coordinator at ext. 1-2298 or 763-581-2298.
Pharmaceutical Waste

• Put non-hazardous pharmaceutical waste 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. **NO SHARPS OR BIOHAZARDOUS MATERIAL.**
  - **Exception:** Controlled substances should *NEVER* be put into the **BLUE** or **BLACK** pharmaceutical waste or **RED** Sharps containers.

• Bottles of contrast media containing iodine are utilized in the Imaging Department. Iodine containing contrast bottles need to be disposed of in a **BLACK** container.
Pharmaceutical Waste (Continued)

- Controlled substances should be disposed of as follows:
  - Injectable controlled substances should be wasted in the sink or flushed down the toilet.
  - Patches containing controlled substances (i.e. Fentanyl) should have the sticky sides folded together and then flushed.
  - Controlled substance tablets should be wasted by flushing down the toilet or washed down the sink.
Chemical Hazards/Risks

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

- **Health Hazard**: A chemical is a health hazard if its ingredients can cause health problems. Some of these effects will show up right away for example, within 24-hours *(acute health effect)*; some effects show up later *(chronic health effect)*. These chemicals can make you sick; cause vomiting, a fever or headache; irritate or burn the lungs, eyes, skin or mucous membranes; poison internal organs such as the liver, kidneys, or brain; cause cancer; damage the reproductive or central nervous system; damage bone marrow and lymph nodes, and cause death.
There are three common ways that a chemical can enter your body (routes of entry):
- **Contact** splashing a chemical on your skin or in your eyes.
- **Inhalation** breathing in a chemical's fumes, vapors, mists or dust particles.
- **Ingestion** swallowing a chemical or food/drinks contaminated by a chemical.

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

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

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

- In an unknown/unidentified chemical spills **ON CAMPUS**, follow these steps:
  - Tell your manager/supervisor.
  - Secure the area. Prevent any person from coming in contact with the substance/material. Do **NOT** move/remove anything without the permission of Safety and Security or public safety agency. Remove people to a safe area as needed (e.g., fumes are overcoming).
  - Dial *99. Tell the operator location and what has spilled/leaked, if known.

- In an unknown/unidentified chemical spills **OFF CAMPUS**, follow these steps:
  - Prevent anyone from coming in contact with the substance/material.

- **Remove people to a safe area as needed** (e.g., vapors/gases are overcoming). Clean up the spill, following directions on the container, SDS, and/or emergency spill kits. Use personal protective equipment per instructions. If spill is giving off vapors/gases, dial 911, 9-911, or Dispatch.
  - If a chemical splashes on you, wash the area. Use eyewash stations and showers if available.
  - Tell your manager/supervisor and call Safety and Security (ext. 1-2160 or 763-581-2160).
  - Fill out all appropriate incident reports and send to the Safety and Security Department.
  - Get medical help.
Small Spills of Blood and Body Fluids

• To manage small, contained blood/body fluid (BBF) spills:
  - Block area to prevent access to contaminated area
  - Don clean gloves and protective equipment
  - Use disposable towels to absorb excess infectious material and discard into red waste bag
  - Disinfect the surface with a facility-approved disinfectant following product instructions for contact time
  - Follow up by cleaning the surface with a facility-approved disinfectant to remove any remaining soil
  - Discard all contaminated supplies into red waste bag
  - Perform hand hygiene after glove removal
Large Spills of Blood and Body Fluids

- Larger spills that cannot be contained:
  - Block affected space to prevent access to contaminated surface
  - Contact Environmental Services for assistance
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
Infectious/Chemo/Pathological Waste Handling Disposal

• Place blood or other potentially infectious material contaminated items in red biohazard bag
  - May require double bag if large volume
  - Sharps go in rigid container
• Use standard precautions
• Contracted services manages pick up due to special handling needs

Failure to follow waste disposal regulations will result in county, state and federal fines
Ergonomics and Safe Patient Handling
Individual Factors That Can Affect Performance

• A variety of factors contribute to safety. Attention to managing the human and environmental factors associated with adverse events can optimize customer, co-worker, and organizational safety.
  - **Human factors** include items such as: fatigue, illness, stress, rushing through an assigned task, non-compliance to required safety education or not using critical thinking skills.
  - **Environmental factors** can include things like: poor lighting, disorganized work areas or improperly maintained equipment.

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

A few ideas on how what you can do:

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

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

Team Member Responsibilities:
- Immediately report the work-related injury/illness (including blood/body fluid exposures) to your manager/supervisor or designee.
- Your manager/supervisor will direct you to TMHC Monday – Friday 7 am – 3:30pm or the Emergency Department when TMHC is closed.
- You will be asked to complete a Team Member Incident Report at that time. Bring copies of all paperwork to your manager or designee.
- Attend all follow up appointments with TMHC and maintain communication with all appropriate parties.

Manager/Supervisor Responsibilities:
- Direct the injured team member to TMHC or ED as appropriate.
- Review circumstances related to the injury or illness for measures that would prevent this type of incident from occurring again to this or other team members.
- Review restrictions to determine if the team member can work in the assigned department; discuss with the Team Member Health Center possible work options.
- Maintain ongoing communication with the team member and the Team Member Health Center.

Team Member Health Center Responsibilities:
- The Team Member Health Center handles all required MNOSHA documentation and conducts all necessary follow up with the employee
- Coordinate and monitor medical care.
- Communicate work limitations to manager/supervisor.
- Initiate First Report of Injury as required by law.
- Review incidents to identify trends and to correct possible unsafe working conditions.
MN AWAIR – A Workplace Accident and Injury Reduction Plan

Why does North Memorial have the AWAIR Plan?

North Memorial Health is committed to providing and supporting safety training to encourage a positive attitude, which strengthens safety awareness. Training of all team members is vital to a successful safety management program. The AWAIR Plan ensures that safety training begins during team member orientation and continues throughout the course of employment. Continual safety training, monitoring, and interaction between team members and manager/supervisors aid in the prevention of accidents. For more information, refer to NMHH policy: Workplace Accident & Injury Reduction Program.
What are the employee’s responsibilities?

- All team members of North Memorial Health play an important role in the safety of your hospital and are responsible for keeping the work environment safe. Responsibilities of the team member include:
  - Always report any injuries or accidents to your immediate manager/supervisor.
  - Report unsafe work practices or hazards immediately to your manager/supervisor.
  - Complete safety training as required and participate in safety activities.
  - Be familiar with the proper use of required personal protective equipment, limitations and maintenance. Most importantly, wear or use the PPE when performing activities that require such protection.
What are the employee’s responsibilities? (Continued)

• Footwear appropriate for the job is required per your department policy.

• Do not remove safety guards from any equipment. Do not operate any equipment if a safety guard is missing.

• Practical jokes and horseplay can lead to accidents and will not be tolerated. Never distract the attention of another team member.

• Obey all warning signs and tags posted throughout the facility or affixed to equipment.

• Complete timely health protection, training or testing (e.g. FIT test, Mantoux).
MN AWAIR Plan and Corrective Action

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

Remember, you are the key to a safe work environment!
SafeJourney

A Life Line for Surviving Domestic Abuse -- 763-581-3940

- North Memorial SafeJourney is a hospital-based domestic abuse advocacy program that provides a compassionate and informed response team of both trained medical personnel and volunteer advocates. Together, they address the medical, safety, emotional, and economic needs of those whose lives are shaken by intimate partner violence. SafeJourney.

https://northmemorial.com/specialty/safejourney/
Hand Hygiene
Hand Hygiene

Center for Disease Control:

“Hand washing is the single most important procedure for preventing healthcare acquired infections”
Hand Hygiene (Continued)

- We are morally obligated to do no harm
- Hand hygiene is done for *every patient, every time*
- Use 5 moments of hand hygiene

Hand Hygiene (Continued)

Waterless Hand Rub
• Apply enough product to keep hands wet for 15 seconds
• Rub all surfaces (including nails)
• Don’t use after caring for patient with diarrhea or when hands are soiled – use soap/water

Hand Washing
• Moisten with water
• Mechanically wash surfaces for 15 seconds (including under nails)
• Thoroughly rinse
• Pat hands dry
• Use paper towel to turn off faucet
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
“Quik” 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
Equipment and Cleansing
Equipment Cleaning and Disinfecting

• Team members are responsible for cleaning and disinfecting equipment after use when leaving the patient 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.
Equipment Cleaning and Disinfecting (Continued)

- Frequently used hospital-approved disinfectants:
  - PDI Super Sani (Quat with Alcohol)
  - PDI Bleach
  - PDI Easy Screen (70 % Isopropyl Alcohol)
  - PDI AF3 (Quat, with NO Alcohol)
  - Ecolab Oxycide (EVS product only)
Equipment Cleaning and Disinfecting (Continued)

• 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

• Use for all patients, all the time

• Treat all patients’ blood or body fluids as if they are infectious material.
  • 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
PPE used for standard precautions

- **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)

- **Fluid-resistant gown** should be added if there is potential for clothes to become wet and/or 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 *visor shield* are accepted eye/face/skin protection
  - Personal glasses are NOT considered PPE
Transmission-Based Precautions (Isolation Precautions)

• Additional **required** protective measures that are used for patients with specific diseases, pathogens or set of symptoms

• Always used in **combination** with standard precautions

• Based on routes of disease transmission or transmission route:
  - Contact
  - Special Contact
  - Droplet
  - Airborne
Transmission-Based Precautions (Isolation Precautions) (Continued)

- 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. New signs are ordered through SMARTworks.
  - Electronic medical record flag or isolation order

Yellow isolation flag indicates active isolation; listed in medical history when drug-resistance is known
Transmission-Based Precautions (Isolation Precautions) *(Continued)*

- Inpatient Unit is responsible for:
  - Placing appropriate door sign(s)
  - Obtaining isolation cart
  - Notifying Facilities when required (e.g. Airborne isolation)
  - Discuss discontinuation of Isolation Precautions with Infection Prevention

Isolation set up example:
- Door sign
- Cart with protective equipment
- Disinfectant

Door sign example:
- Indicates what protective equipment is required for team members, patients and visitors
Transmission-Based Precautions (Isolation Precautions) *(Continued)*

- Who can initiate precautions: RNs, Providers, Infection Prevention
  - 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
Transmission-Based Precautions (Isolation Precautions) (Continued)

- Determining type of isolation precaution required

Policy Tech:
Infection Prevention: Isolation Precautions Index

Indicates:
- Type of Isolation
- Duration of Isolation
- Required Protective Equipment
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

• Record I and O
  (frequency, characteristics)
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 Precautions

• Required for patients **suspected or known** to have:
  - Laryngeal/pulmonary Tuberculosis
  - Chickenpox
  - Measles

*In addition to Airborne precautions, gloves and gowns may be needed for standard precautions and/or a transmission based precaution history*
Tuberculosis should be considered when a patient has the following:

**Signs and Symptoms**
- Cough > 3 weeks
- Fever, night sweats
- Weight loss
- Malaise
- Pneumonia not responding to antibiotics
- Chest x-ray with infiltrate or cavity

**Risk Factors:**
- Foreign Born
- Contact with a person that has TB
- Positive TST (Mantoux) or TB-specific blood test
- Homeless persons
- Reside in a group living setting (i.e. shelter)
Airborne Precautions (Continued)

- Organisms can stay suspended in the air for an extended period of time and travel with circulating air flow
- Can be expelled by coughing, sneezing, talking, breathing, or when performing aerosol generating procedures:
  - Administration of aerosolized or nebulized medication
  - Nasopharyngeal aspiration
  - Endotracheal intubation
  - Diagnostic sputum induction
  - Airway suctioning
  - Tracheostomy care
  - Resuscitation procedures
Airborne Precautions (Continued)

• Patient is placed in a negative airflow room environment as soon as possible
  • Air flows from the corridor into the patient room
  • Air is exhausted to the out-of-doors
  • A list of negative airflow rooms found as an attachment with the Infection Prevention Airborne Policy in PolicyTech

• In addition:
  • Call Maintenance to verify room is negative, monitoring required until isolation discontinued
  • Order Airborne Isolation in Epic
  • Place isolation signage on door
  • Keep door closed
Airborne Precautions (Continued)

- **CART INVENTORY INCLUDES:**
  - Airborne sign (place on door)
  - N95 Respirators
  - Seal Check instructions on respirator boxes
  - PAPR - Powered Air Purifying Respirator, includes:
    - battery pack *(must be plugged in to maintain battery charge when not in use)*
    - PAPR Hoods (small/regular)
  - Reference Binder (with: PAPR use directions)
  - Yellow gowns
  - Gloves
  - Disinfecting wipes
Airborne Precautions (Continued)

• NMH follows the OSHA Standard 29CFR 1910.134 for Respiratory Protection

• Compliance with this OSHA standard includes:
  - An annual and ongoing tuberculosis (TB) risk assessment
  - Annual program evaluation
  - Isolation methods, initiation and when to discontinue
  - Engineering controls
  - Team member medical evaluations and respirator fit testing as described in the organization Respiratory Protection Program policy
Airborne Precautions *(Continued)*

Team members have two options of respiratory protection available to them at NMH inventoried on the Airborne Isolation Cart

1. N95 respirator mask (fit-testing required).

2. Powered Air Purifying Respirator (PAPR), which is an air-purifying respirator that uses a battery operated motor to force ambient air through air-purifying cartridges into the hood.

![N95 respirator mask](image1)

![PAPR and PAPR hood](image2)
Airborne Precautions (Continued)

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Check to make sure the N95 respirator has no defects such as holes or torn straps.</td>
<td>✗ DON’T wear if wet or soiled; get a new N95 respirator.</td>
</tr>
<tr>
<td>✓ Wear for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).</td>
<td>✗ DON’T reuse; toss it after wearing once.</td>
</tr>
<tr>
<td>✓ Follow manufacturer’s instructions for donning and doffing of N95 respirator.</td>
<td>✗ DON’T let patients or visitors wear N95 respirators unless they’ve been fit tested to wear them.</td>
</tr>
<tr>
<td>✓ Ensure proper fit—making sure nose and mouth are completely covered. The N95 respirator must have a complete seal all around. Complete face seal check after donning the respirator.</td>
<td>✗ DON’T wear an N95 respirator that hasn’t been properly fit tested. Proper fit is essential.</td>
</tr>
<tr>
<td>✓ Mold the respirator over the bridge of your nose when putting it on help keep the N95 respirator on and fitting properly. It is also helpful to press all around the face seal to be sure it is tightly in place.</td>
<td>✗ DON’T use the N95 respirator if air leaks around the respirator edges.</td>
</tr>
<tr>
<td>✓ Tilt head forward and remove the N95 respirator by pulling bottom strap over back of head, followed by the top strap without touching the front of mask. Keep straps tight during the removal process.</td>
<td>✗ DON’T touch the front of the N95 respirator as it is contaminated after use. DON’T snap the straps, as that may spread germs.</td>
</tr>
<tr>
<td>✓ Discard an N95 respirator by touching straps only. Perform hand hygiene before and after use of an N95 respirator or any type of personal protective equipment, such as your gloves and gown.</td>
<td>✗ DON’T share your N95 respirator with others; germs can spread that way.</td>
</tr>
<tr>
<td>✓ Remove the N95 respirator when no longer in clinical space and the patient intervention is complete.</td>
<td>✗ DON’T leave an N95 respirator hanging around your neck.</td>
</tr>
</tbody>
</table>
**Airborne Precautions (Continued)**

**Personal Respirator N95 Considerations:**

- Don’t wear if wet or soiled: get a new N95
- Don’t reuse; toss after wearing once
- Don’t let patients or visitors wear a N95 unless they have been fit tested. Offer a procedural, droplet mask
- Team member should not use the N95 if air leaks around the respirator edges
- Don’t touch the front of the N95 as it may be droplet contaminated after use
- Don’t leave an N95 hang around your neck
Airborne Precautions (Continued)

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
Airborne Precautions (Continued)

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
Blood and Body Fluid Exposure
Sharps Safety

• Defined as: needles, scalpel blades, and other 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
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 supervisor so that appropriate counseling and medical follow up takes place
Bloodborne Pathogens and Exposure Response

• North Memorial Health 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*
### Bloodborne Pathogens

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Epidemiology and Symptoms</th>
<th>Vaccine Availability</th>
<th>Exposure Risks</th>
</tr>
</thead>
</table>
| **Hepatitis B** | - Virus that causes liver infection (can be acute or chronic)  
- Incidence of new HBV infections has been declining in the United States due to vaccination efforts  
- Transmission occurs through activities that involve percutaneous (puncture through the skin) or mucosal contact with infectious blood/body fluid  
- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 90 days after exposure | - Hepatitis B is preventable through vaccination  
- NMH Team Health offers this vaccination to susceptible team members at no cost to them  
- The vaccine is given as 3 intramuscular doses over a 6-month period. The vaccine is safe and effective, but some may experience mild symptoms such as soreness at site of injection and mild fever after administration. Severe allergic reactions are rare  
- The vaccine has a 95% efficacy rate | - Without the vaccine, the risk of acquiring HBV after an exposure ranges from 6-30%  
- Acute infection ranges from asymptomatic to mild disease  
- Chronic infection can be more serious, leading to liver cirrhosis or liver cancer |
| **Hepatitis C** | - Virus that causes liver infection (can be acute or chronic)  
- Estimated 2.7-3.9 million people have chronic HCV in the United States  
- Transmission occurs when blood from an infected person enters the body of someone who is not. Risk from sexual contact is low.  
- Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, pain, jaundice and begin an average of 6-7 weeks after exposure  
- Many do not show any symptoms at all | - There is no vaccine to prevent Hepatitis C | - The risk for acquiring HCV after exposure is about 1.8%  
- 75-85% of people who become infected will develop chronic infection  
- Can result in liver damage, liver failure, liver cancer  
- Most common reason for liver transplant |
| **HIV** | - HIV is a virus that attacks the immune system and can lead to a more severe phase called AIDS, in which severe illness and opportunistic infections can occur  
- 1.1 million people in the United States live with HIV and new infections have been declining since 2008  
- Transmission occurs through activities that involve percutaneous (puncture through the skin) or sexual contact with infectious blood/body fluid  
- Initial symptoms may be flu-like including fever, chills, fatigue, muscle aches, sore throat and swollen lymph nodes | - There is no vaccine to prevent HIV | - Healthcare worker risk is considered low. The likelihood of infection after exposure through a contaminated needle is estimated to be less than 1% |
Bloodborne Pathogens (Continued)

Engineering Controls:
Sharps disposal containers, self-sheathing needles

Work Practice Controls:
Never recap used needles (use a one handed swoop if recapping is unavoidable), equipment needing repair decontaminated before it leaves the unit if decontamination not possible, alert the receiving department.

Personal Protective Equipment

Isolate or minimize a work hazard

Alters the manner in which a task is performed
Blood/Body Fluid Exposures

- Team members report to the Team Member Health Center when exposure occurs during business hours (0700-1530 Monday-Friday)
  - Team members include paid employees of NMH, medical staff, students and volunteers
  - At all other times, report to the NMHH Emergency Department or MGH Emergency Care Center for follow up evaluation

- All other individuals working in an NMH facility who experience an exposure should only report to the Emergency Department or Emergency Care Center
  - Examples: A contracted dialysis nurse, a construction worker, a First Responder not employed by NMH
Blood/Body Fluid Exposures (Continued)

• 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 NMHH ED, MGH ECC, Team Member Health Center and Bloodborne Pathogen Exposure Management policy in PolicyTech
Blood/Body Fluid Exposures (Continued)

• Patient to patient exposures:
  - i.e. Breast milk given to wrong infant, insulin pen of one patient used by another, use of contaminated surgical instrument

• Post-exposure evaluation is performed by the attending medical team on unit where exposure occurred
  - Follow procedures outlined in the Bloodborne Pathogen Exposure Management policy in PolicyTech
  - Send corresponding, completed form to Infection Prevention at the appropriate site
Blood/Body Fluid Exposures (Continued)

• Summary: It’s important that timely follow up is done when a BBF exposure occurs
  - The exposed person should always be evaluated by a licensed healthcare provider so that
    1. Treatment can be initiated if it's deemed necessary
    2. 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 patient, 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
Good Practice Reminders
Team Member Food and Drink Storage

• In accordance with OSHA’s Bloodborne Pathogen Standard, food and drink may not be stored on any surface where:
  - There is 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

Potential cross-contamination, drinks stored on countertop used for patient care support
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.
  - Dispose at point-of-use in designated container
  - When moving to a collection area, wear gloves and keep away from your uniform
Healthcare-Acquired Infections (HAI)

North Memorial Health monitors and reports healthcare-acquired infections including:

• Multi-drug resistant organisms (MRSA, ESBL, VRE, GNRs)
• 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
Influenza Immunization

First, do no harm…

• Don’t transmit flu to your colleagues and patients - while the flu vaccine isn’t 100% effective at prevention, it is:
  - Safe
  - Easy
  - Shown to improve outcomes

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 little opportunity to spread
• This is known as herd immunity
Quality Program and Initiatives

Version: Core 2018
Quality Management System

Quality Standards and Regulation

• 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
Quality Management System (Continued)

• ISO 9001:2015 Quality Management System standards or clauses are internationally recognized standards for quality process design, management, and improvement, integrated with the NIAHO standards for our accreditation program.

• The Quality Management System (QMS) is the framework by which we monitor and continually improve our processes within the organization.

• QMS is comprised of the CMS Conditions of Participation/NIAHO Standards, the ISO 9001:2015 Standards and our mission, vision and values.
Quality Management System (Continued)

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

• 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.
Pain Management

Improve recognition and response to changes in a customer’s condition:

• All customers will receive the best level of **pain control** that can safely be provided in order to prevent unrelieved pain. See procedure: *Pain Management*. Pain management includes regular pain assessments that include level of pain, location, intervention, reassessment and appropriate customer/family intervention/education.

• At North Memorial, we take a holistic approach to pain management and focus especially on making sure our customers are comfortable during their hospitalization. In addition to medications and non-pharmacologic treatments (such as aromatherapy and heat/cold compresses), comfort enhancing techniques include a quiet environment conducive to healing, a warm smile and conversation, and attention to details (for example, making sure the call light is within reach, watching for non-verbal signs of discomfort). *We believe everyone has a role in helping our customers.*
Other best practices also include:

• Providing customers/family with verbal and written information about pain management, including pharmacologic and non-pharmacologic interventions.

• Teaching customers/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior.)

• Developing an individualized pain management plan which includes the customer’s goal for pain management, customer preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.

• Re-evaluation of pain control must be completed minimally every 2 hours. Best practice is 30 minutes after an IV medication intervention, 60 minutes after a PO/IM pain medication intervention or 15-60 minutes after a non-pharmacological intervention.

• Perform hourly rounding using PEEP (Pain, Elimination, Environment, Positioning) as a tool each hour to ensure pain is being managed and reassessed.

• Using the CareBoards and communicating comfort goal, plans and interventions to team members and customer/family.
Stroke Awareness

Stroke has decreased to the 5\textsuperscript{th} leading cause of death but remains the leading cause of disability in Minnesota and the United States. NMHH as a Comprehensive Stroke Center is at the forefront of that change to improve the quality of stroke care throughout our region. In 2017, the American Stroke Association (ASA) has again awarded NMHH its highest award: Gold Plus Elite Plus for the quality of care we deliver to our patients.

What is a stroke?

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

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 Awareness (Continued)

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.

Questions-Resource Center

• Recovering from a stroke can be a lifelong process. For help for your customers or their families contact the Stroke Resource Center at 763-581-3650. We are located on the Plaza Level of NMHH (next door to the gift shop) and are open Monday – Thursday from 0800 am – 4:00 pm.
Baby Friendly

• North Memorial became a Designated Baby Friendly Hospital in September 2017.

• There are 14 Baby Friendly hospitals in MN, including North Memorial Health Hospital and Maple Grove Hospital. This evidenced-based, best practice designation enhances maternal-infant care by
  - Educating staff and customers about the benefits of breastfeeding for both mother and infant
  - Ensuring that policies, practice, and education support mothers in meeting breastfeeding goals.

• Organization-wide breastfeeding and lactation support is available for ALL lactating customers.

• Avoid telling customers to “Pump and Dump”. Instead “Pump and SAVE” mom’s milk, until meds can be evaluated by Pharmacy, Lactation, and/or by the provider using MedsMilk Website thru Epic Tools

• Donor human milk is available for breastfeeding babies if mother’s milk can’t be used or if mother isn’t available to feed baby her milk. Contact L&D for consent forms and to obtain donor milk.

• The Lactation Office is located at E3.096, and can be reached at ext# 1-8340
Make IT OK

Did you know…

• Mental illness touches all of us every day.
• 1 in 4 people will experience a mental illness at some point in their life.
• Mental illness touches individuals of every race, age, ethnicity, and occupation.
• Mental illness disrupts a person’s thinking, feelings, mood, ability to relate to others, and daily functioning.
• Mental illness is biological in nature and can be treated effectively.
Make IT OK

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

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

Their mission is reflected in their tagline

“Stop the silence: Make It OK”

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

Visit NAMIhelps.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 of NMHH and 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.
Communication and Identification
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 North Memorial 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.
Information for Vocera Users (Continued)

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

• 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 Section: *Patients that Present with Unknown Identifying Information* in 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. Call x1-2580 for any label printer problems.
- Collect all blood samples according to established “Order of Draw” and mix well immediately after collection. Refer to Laboratory section under Clinical Services tab on the Intranet for more information.
- 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.
Point of Care Laboratory Testing in the Hospital

• North Memorial Clinical Laboratory supports Point of Care testing in the hospital. It includes: whole blood glucose testing house-wide; blood gas and limited chemistry reporting in the ED, NICU, ICU’s and OR; activated clotting time (ACT) in OR, Cath Lab, and A4; urinalysis, hCG and Strep A testing in the ED; and AmniSure ROM (rupture of fetal membranes) in Labor and Delivery.

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

• Patient (customer) identification is the first and most important step in performing bedside testing on our customers. All Point of Care testing requires the HAR (encounter) number for patient (customer) ID. The team member performing the testing must accept the responsibility toward assuring the accuracy of every single result. Following the individual testing procedures in PolicyTech and adhering to all of the test requirements are mandatory.
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, e.g. Operating Room (OR), Patient Care Center (PCC), Post Anesthesia Care Unit (PACU), Interventional Radiology (IR), or the customer’s room. Verification occurs at multiple points in the care of the customer and requires coordination between the privileged provider performing the procedure, the customer or legal guardian, and all members of the surgical/procedural team.

• 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.

• For anesthesia procedures, such as regional blocks, the anesthesiologist will mark the site with an “A” and circle the “A”. For procedures involving the spine and ribs intra-procedure imaging with opaque instruments marking the specific boney landmarks will be taken and are compared with the pre-procedure imaging. Final verification is the comparison of pre- and intra-procedure imaging by the privileged provider performing the procedure.

• Associated Policy: Time Out
Time Out

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

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

- Associated Policy: Time Out
Stop the Line

All team members, medical staff, students and volunteers have the responsibility and authority to immediately intervene to protect the safety of a customer, to prevent a customer safety event and subsequent customer harm. Any team member providing customer care will immediately stop and respond to the request to stop for clarification to reassess the customer’s safety. This is a proactive practice to **speak up** in advocating for all our customers receiving care. North Memorial Health leadership supports all personnel to speak up and advocate for customer safety.

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

• The staff member is to “Stop the Line” and says in a firm, clear and respectful manner: “Stop. I have a customer safety concern.” Team member is to verbalize “Stop. I have a customer safety concern” at least two times to ensure that the request has been heard by all parties involved.

• A “Stop the Line” situation takes priority over any provider and/or licensed independent practitioner order or intervention. Care is resumed when all of the involved parties are in agreement that the concern(s) have been resolved, explained and/or reconciled.

• When there is non-compliance in responding to the “Stop the Line” request, the Chain of Command (Administrative Consult policy) process is followed.

• Care situations, in which a “Stop the Line” request was verbalized and not honored are reported, reviewed and followed up by clinical leadership.

• Retaliation by any individual against a team member making a good-faith request to “Stop the Line” will not be tolerated. Medical Staff leaders and/or Human Resources are to be consulted if retaliation occurs or is perceived to occur.

• **Associated Policy:** Stop The Line
On-Line” Communication

• When using Social Media, non-corporate email/software, personal handheld devices, or any on-line communication we have an ethical and legal responsibility to:
  • Never discuss customer information over social media services e.g. cell phone text message, Facebook, Twitter, Instagram, etc.
  • Never take pictures or send email or text messages with customer information over personal phones/hand held devices.
Patient (Customer) Hand Off

- Customer hand offs have been identified as a vital opportunity to pass on information from team member/provider to team member/provider in order to keep a customer safe. NMHH procedure for customer hand-off is as follows:

- Each department or discipline supports a handover process (e.g. SBAR, ticket to ride) that includes the opportunity for questions and answers or verification of the received information, including repeat back process for information where appropriate (e.g., provider orders, treatments, emergency care needs).

- Distractions and interruptions should be limited during the handover process and the receiver of information has an opportunity to review relevant patient historical information.

- Written handover communication needs to be legible, and must include an opportunity to ask and respond to questions.

- Call or ask questions during or after handover. This could be via phone or face-to-face.
Write/Record and Read Back
Verbal/Telephone Orders

• 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 customer electronic record or your notes. A list of prohibited abbreviations is found on NMH Intranet.

• Critical tests and critical results are reported and documented as a priority and are timely. Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the customer. Verification of customer identification and the reported critical value must always be confirmed with a “read back” of the information by a qualified recipient.

• 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 customer and his/her care. Read-back to verify important information. SBAR is to be used in the customer’s medical records notes as well as in verbal communications between health care professionals.
Medication Safety
Medication Safety Reminders

Look Alike/Sound Alike Medications

• These medications require extra precautions to prevent dangerous mix-ups. North Memorial Health has implemented TALL MAN lettering to distinguish between medication on ordering, documenting, labeling, and storage.

• An example is: clonazePAM and cloNIDine. The full list can be found here: https://www.ismp.org/tools/confuseddrugnames.pdf

Medication Labeling

• When a medication is removed from the original package and is not going to be administered immediately and completely, it must be labeled. Examples include solution containers, syringes and basins. **If a medication is not labeled, discard it.** This is an example of the information that should be on the label →
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, right medication, right dose, right route, right time and right documentation.

Medications that require an independent double check include:
- Intravenous anti-thrombotics
  • [eg. Heparin infusions]
- Non-oral chemotherapy
- Epidural administration by nursing
- IV and SQ insulin that are not prepared by the pharmacy for the patient and the dose
  • [eg. insulin pens or stock insulin vials]
- Patient Controlled Analgesia [PCA] and Intravenous opioid infusions
- Intravenous epoprostenol
- Intravenous magnesium sulfate 4 g and 40 g infusions
Medication Range Orders

• Range orders will only be allowed for the dose (e.g., morphine 2 - 4 mg IV every 2 hours prn pain).
  • Dose ranges SHOULD be limited so that the maximum dose does not exceed four times the minimum dose (e.g., hydromorphone 0.2 mg to 0.8 mg).
    • Exclusions: Infusions, insulin, contrast, intra-procedure medications, non-systemic routes of administration (e.g. ophthalmic, topical), comfort/palliative care.

• Frequency ranges (e.g., 2 - 4 hours prn, 4 - 6 hours prn) will not be used.

• The prescribed medication dose and interval should be based on the assessment of the customer (i.e. pain, nausea, sedation level), his/her goal, anticipated reduction in symptoms, and the least potential for side effects.
  • Start with the lowest dose in the range. Future doses should be based on customer response.
  • Generally response for oral and IM medications is 60 minutes and 30 minutes for IV

• More information:
  - Medication Range Orders [https://northmemorial.policytech.com/docview/?docid=9495&public=true](https://northmemorial.policytech.com/docview/?docid=9495&public=true)
Drug Diversion

• “Diversion” means the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use.

• North Memorial Health Hospital monitors the movement of controlled substances throughout the facility and to provide effective controls to guard against theft and/or diversion.

![National reports of diversion by profession graph]

10-15% Healthcare workers misuse drugs or alcohol

http://www.cdc.gov/injectionsafety/drugdiversion/
Drug Diversion

- It is everyone’s responsibility to recognize and report suspected diversion.

- Drug diversion is a serious crime:
  - Average jail time -11.2 years
  - Average fine $201,776

- Diversion by health care professionals can lead to potential customer harm:
  - Between 2004 and 2014, 118 patients were infected nationally with gram-negative bacteria or hepatitis C because of hospital workers contaminating supplies while diverting drugs.
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 customers 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
  • Contacts:
    • Dr. Leslie Baken (Infectious Disease)
    • Emily Herstine, PharmD (Clinical Specialist)
Fire Safety in the Operating Room
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>
</tbody>
</table>

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

Total Score:
What is the Fire Score?

The customer is having a left carotid endarterectomy under general anesthesia. The RN has prepped the surgical skin site using 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](image)

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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?

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**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?

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**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?

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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
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- 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
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.

• https://youtu.be/oxjF4ctFD2M
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)

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

Ignition Source
Surgeons—ESUs, lasers, etc.

Oxidizer
Anesthesia Providers—O₂, N₂O, etc.

Fuel
Nurses—drapes, prepping agents, etc.
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.

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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?

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

Total Score: 2
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- **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

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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)