

# REQUIRED LEARNING 2023 Patient Care

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

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## Accommodations & Your Rights 2023

# Accommodations & Your Rights

Your Right to Be Free from Discrimination and  
Receive Reasonable Accommodation  
2023



## North's Commitment to EEO

*"As an employer, North takes its obligations under all **equal employment opportunity laws and prohibitions** seriously, including those prohibiting discrimination and requiring reasonable accommodation. North believes that a team member's disability or other need for accommodation **should not limit the team member's employment opportunities** if the team member is able to perform the essential functions of the job. North is **committed to providing reasonable accommodation** if needed to enable the team member to do so."*

- Shannon Sloan, Vice President of Human Resources





# The Americans with Disabilities Act (ADA) and Related Protections



## Protections Against Disability Discrimination

- The federal Americans with Disabilities Act (ADA) and applicable state and local rules prohibit discrimination on the basis of a disability.
- What is a disability?
  - A physical or mental impairment that substantially limits one or more major life activities (major life activities include major bodily functions).
  - Includes pregnancy-related conditions under the Minnesota Human Rights Act (MHRA) and federal Pregnant Workers Fairness Act.
- All team members are protected against retaliation for making disability accommodation requests and/or for making complaints of alleged disability discrimination.



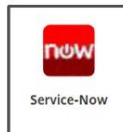
## Right to Reasonable Accommodation

- Qualified individuals with disabilities are entitled to reasonable accommodation if needed to enable them to perform the essential functions of their job.
- Requested accommodations may be denied if unreasonable, would result in undue hardship to the organization, or if there is a direct threat to the health or safety of the team member or others.



## Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, leader, or ServiceNow.



# Pregnancy Accommodations and Related Protections



## Protections Against Pregnancy Discrimination

- The federal Pregnancy Discrimination Act and applicable state and local rules prohibit discrimination on the basis of pregnancy, childbirth, or related medical conditions.
- All team members are protected against retaliation for making pregnancy-related accommodation requests and/or for making complaints of alleged pregnancy discrimination.



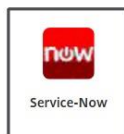
## Right to Reasonable Accommodation

- Qualified individuals are entitled to reasonable accommodation if needed to enable them to perform the essential functions of their job (e.g., more frequent or longer breaks, lifting limitations).
- Requested accommodations may be denied if unreasonable or would result in undue hardship to the organization.



## Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, leader, or ServiceNow.



# Religious Accommodations and Related Protections



## Protections Against Religious Discrimination

- Title VII and applicable state and local rules prohibit discrimination on the basis of religion.
- What does “religion” mean in this context?
  - Religious practice or observance; sincerely held religious belief.
  - Sincerely held moral observance, practice, or belief held with the strength of traditional religious views.
- All team members are protected against retaliation for making religious-based accommodation requests and/or for making complaints of alleged religious discrimination.





## Right to Reasonable Accommodation

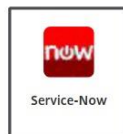
- Qualified individuals with sincerely held religious belief are entitled to reasonable accommodation to resolve conflict between religion and job requirement.
- Requested accommodation may be denied if unreasonable or would result in undue hardship to the organization (e.g., would result in substantial increased costs).



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## Right to Reasonable Accommodation

- North will work with you through an interactive process to determine if a reasonable accommodation is available.
- Requests for accommodation should be made to HR, Team Member Health, manager, or ServiceNow.



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# Reporting Complaints of Discrimination



## Reporting Complaints

- Internal: see existing Respectful Workplace, EEO, No Discrimination, Unlawful Harassment, and Retaliation policies.
  - Policies can be found on C360.
  - Outlines procedure for reporting complaint(s) to North.
  - Gives you and North the chance to review and resolve the issue.
- External: you have the right to file a charge of discrimination with the Equal Employment Opportunity Commission (EEOC) or other fair employment practices agencies.







### Compliance Program Overview

The North Memorial Health (NMH) Compliance Program is an organization wide set of activities that:

- Helps team members follow federal & state laws.
- Demonstrates NMH's commitment to ethical business practices.
- Encourages team members to report compliance concerns.
- Facilitates timely response to identified concerns.
- Reduces the risk of adverse government/regulatory actions.



# Compliance Program Overview

The Compliance Program helps NMH identify compliance concerns and reduce compliance risks.

Compliance Department staff work with team members to implement changes to correct identified non-compliance and prevent the problem from happening again.



# Compliance Program Activities

The compliance program includes:

- Code of Conduct.
- Written policies and procedures.
- Training and education for team members.
- Monitoring and auditing activities that identify areas of non-compliance.
- Investigation of reported concerns.
- Corrective action plans to correct non-compliance.



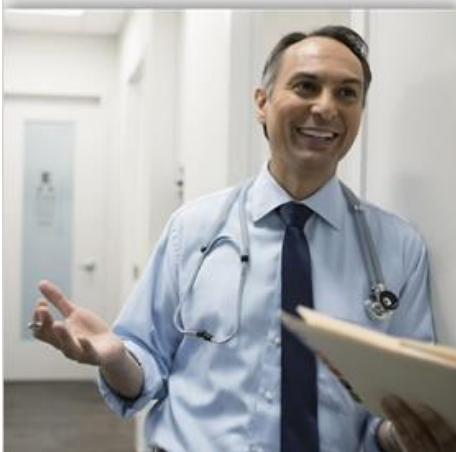
## Code of Conduct



- The [NMH Code of Conduct](#) is available on the Compliance Department intranet webpage and in the Team Member Handbook.
- The Code of Conduct is a set of principles that ensure NMH business is conducted in a safe, respectful and ethical way.
- All team members must follow the Code of Conduct when conducting their job duties.



## Policies and Procedures



- All NMH policies and procedures are maintained in the document management system. Our system is called Compliance 360 or C360.
- All team members have access to the Document Management System. It can be accessed through the NMH Citrix Portal.
- All new and revised policies & procedures must be approved according to NMH policy management process. You can learn more about this process in the policy titled [C360 Policy Administration](#).



# Patient Nondiscrimination

North Memorial Health is committed to providing patient care to all communities.

Discrimination against patients or visitors based on age, ancestry, color, disability, gender, gender identity, marital status, parental or familial status, race, religion, creed, national origin, sexual orientation, status with regard to public assistance, membership or activity in a local commission, or veteran's status is **prohibited**.

For more information, please refer to the *Patient Nondiscrimination* policy in C360.



# Conflict of Interest

- A conflict of interest exists when your own personal interests influence, or appear to influence, your actions while performing NMH duties.
- NMH has a conflict of interest policy that all staff must follow. Any potential conflict of interest must be reported.
- The next slide explains NMH policies that prevent conflict of interest.





## Conflict of Interest

Team members must maintain professional relationships with patients. Business relationships may also create a conflict of interest.

Click on the buttons below for tips to avoid a conflict of interest involving patients and violation of NMH [Conflict of Interest policies](#).

Team Members

Business Relationships

## Conflict of Interest

[Go back](#)

Business relationships may create conflicts of interests. To avoid a conflict of interest and violation of NMH policies, remember:



- NMH prohibits team members from accepting gifts or reimbursement from vendors. Please see the Gift Policy for more information.
- NMH prohibits team members from conducting personal business when at work, as well as using NMH equipment or property for conducting personal business.
- Medical staff are prohibited from engaging in inappropriate self-referral arrangements.
- No NMH team member may offer gifts or payments of any kind to a physician who refers patients to NMH.

## Conflict of Interest

[Go back](#)

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



- NMH prohibits team members from accepting cash or cash equivalents like gift cards or vouchers from patients. Non-monetary gifts (flowers, candy, cookies, pizza) from a grateful patient may be accepted if the item is reasonable and is shared among team members.
- Team members must not serve as a personal representative for a patient or be named in a patient's will.
- In general, clinical team members should not provide care to their own family members.

## Expectations of Compliance

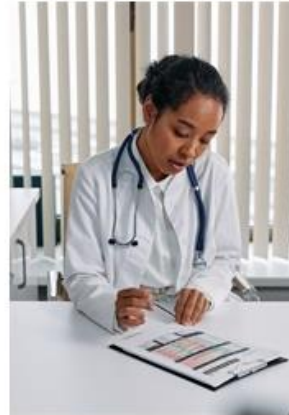
- Compliance is an expectation of your employment.
- Compliance violations are subject to disciplinary action, up to and including termination.
- All disciplinary actions taken for non-compliance are consistent with NMH Human Resource policies.



**When in doubt, ask questions and report concerns!**

# Reporting Compliance Concerns

- All NMH team members are expected to report any known or potential concerns of non-compliance.
- Team members are able to report concerns in several different ways.
- All reported compliance concerns are investigated by the Compliance Department. Investigations are handled confidentially.



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## How to Report a Compliance Concern

- **You can speak to your supervisor, and your supervisor will report the concern to Compliance.**
- **Email ([compliance@northmemorial.com](mailto:compliance@northmemorial.com)).**
- **Call the Compliance Hotline.**
  - This number is printed on the back of your employee badge.
  - You may leave an anonymous message on the hotline.





# NMH Prohibits Retaliation



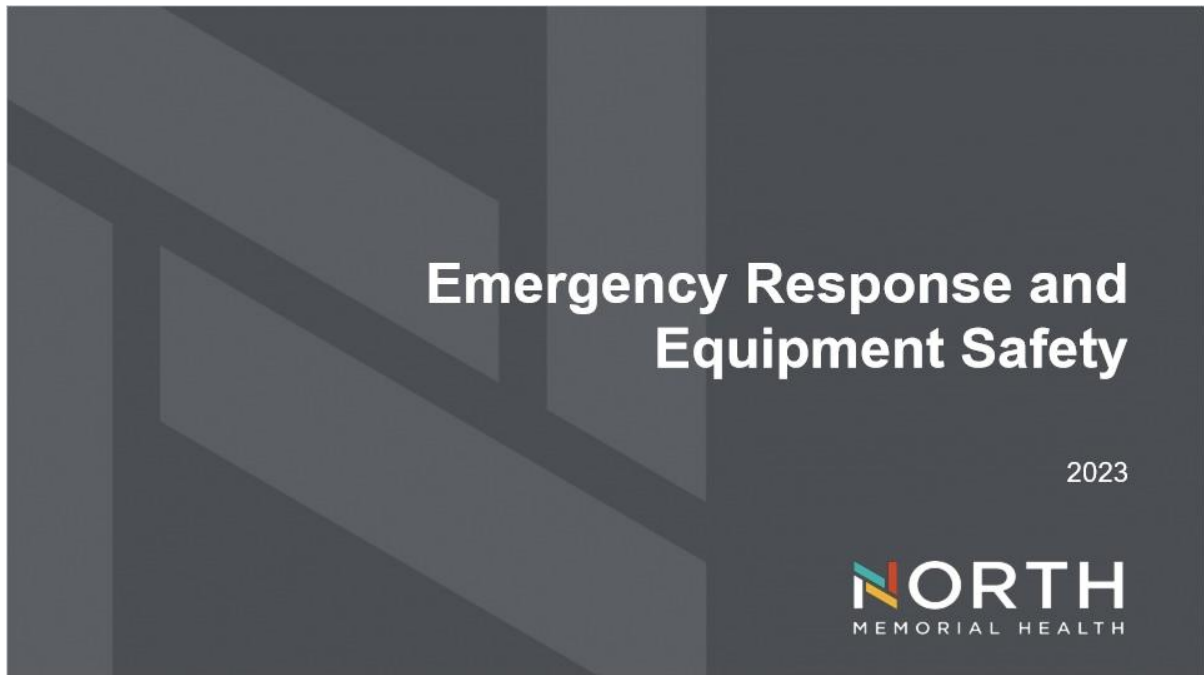
NMH prohibits anyone from retaliating against a team member who asks compliance-related questions or makes a compliance report in good faith.

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

Please be aware that anonymous reports do not allow Compliance staff to gather further details in order to assist with completing a thorough investigation. You are encouraged to leave contact information when making a report.



## Emergency Response & Equipment Safety 2023



### Activate Emergency Responses & Codes

#### On Hospital Campus

- Dial \*99 if at Robbinsdale on campus dial
- Dial \*77 if at Maple Grove on campus dial

#### Off Hospital Campus or at Clinics

- Dial emergency number (911, 9-911)



## Fire/Code Red

What Types of Fires Must be Reported?

- Visible flame.
- Visible smoke.
- Smoke odor.
- “Out fires” (fires that have been extinguished).



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## RCA

**R**escue

**C**ontain/**C**onfine

**A**lert

**RCA** is the fire response procedure.

Click each of the buttons to the left to learn more. The next button will appear once you have viewed all the topics.

R C A	
Rescue	Rescue any person from immediate danger!
Contain/Confine	
Alert	

R C A	
Rescue	<p>Alert others by:</p> <ul style="list-style-type: none"> <li>• Activating a fire alarm pull station on your way to the nearest safe telephone</li> <li>• Calling the emergency number on the back of your ID badge</li> </ul>
Contain/Confine	<p><b>Provide the following information:</b></p> <ul style="list-style-type: none"> <li>• Who you are</li> <li>• Where the fire is located (be very specific, e.g. main level, New Hope clinic, specific address)</li> <li>• How large is the fire</li> <li>• What type of fire is burning</li> <li>• If people are in danger</li> </ul>
Alert	<p><b>Stay on the line until you:</b></p> <ul style="list-style-type: none"> <li>• Are released by the call center</li> <li>• Determine it is unsafe for you to remain at your location, or</li> <li>• Hear the "All Clear" announced on the public-address system on hospital campus</li> <li>• Off hospital campus, communicate with local fire department</li> </ul>

## R C A

### Rescue

### Contain/Confine

### Alert

### Confine the fire!

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

## Fire/Code Red But Not In My Area

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

- All pedestrian traffic within the building in which the alert is given is to be stopped. Passage through smoke doors is prohibited unless staff is needed for immediate patient care.
- Persons are not permitted to remain in stairwells and elevator lobbies.
- Report any adverse conditions to the Emergency Operator.

## HOW TO USE A FIRE EXTINGUISHER

P A S S

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

### Smoke Compartments

- Smoke compartments.
- 2-hour fire rated separation between the 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.
- Stay calm; help all patients and guests to move safely.
- Stay accounted for with a group or partner.
- For off site clinics, evacuate to your predetermined rally points (located on Emergency Response Procedure sheets).



## Evacuation Process

Know at least two ways (routes) out of your area in the event one route cannot be used. Move people in immediate danger to the next safe place (refuge area) on the same level/floor, which is called horizontal evacuation. Moving people downward away from a threat is Vertical evacuation.

Horizontal Evacuation



Vertical Evacuation

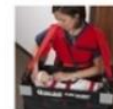


## Evacuation Process Continued

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

### Evacuation Aids

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



Hands-Free



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## Evacuation Process Continued

### Stryker Evacuation Stair Chairs

- Located throughout the hospital
- Weight capacity: 500 lbs

[Back](#)

Evacuation Aids

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



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## Evacuation Process Continued

### Med Sleds – Evacuation Tool

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

[Back](#)

Evacuation Aids

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



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## Evacuation Process Continued

### NICU Evacuation Baskets

- Located throughout the NICU

Back

### Evacuation Aids

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



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## Code Green

### **Aggressive Individual – Emergency Assistance Needed**

A Code Green alerts a trained team to assist with a situation involving an aggressive individual or an individual who has the potential to become aggressive.

- Activate a Code Green team by pressing a Code Green button in the patient room or by calling \*99 Robbinsdale or \*77 at Maple Grove.
- Code Green will be broadcast and a Code Green team will respond to the identified location.
- Stay CALM and remove yourself and others from immediate danger.
- Provide information to the Code Green team members as they arrive.
- Call 911 if off hospital campus.

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## Code Blue

### Adult/Pediatric/Infant Cardio Pulmonary Response (CPR)

- Activate a Code Blue team by pressing a Code Blue button in a patient's room or by calling \*99 at Robbinsdale and \*77 at Maple Grove for codes not in a patient's room.
- Code Blue Team will respond to identified area.
- Provide appropriate intervention (initiate CPR).
- If Code Blue is called in your work area, return to area and assist with other patients.
- Call 911 if off hospital campus.



## Code Pink

### Infant/Child Abduction

- Team members call \*99 at Robbinsdale and \*77 at Maple Grove once it is confirmed that the infant/child is missing.
- Safety & Security will broadcast and respond to the identified area.
- All team members will monitor corridors and exits for missing infant/child or suspicious activity.
- If found or suspected that you have found the abductor, DO NOT approach the individual(s).
- Call \*99 at Robbinsdale and \*77 at Maple Grove to report suspicious individuals or activity.



## Code Pink

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



## Code Pink

- Any team member first aware of an actual or attempted infant/child abduction needs to call \*99 at Robbinsdale and \*77 at Maple Grove or by Vocera "Call Star 99" or "Call Star 77" and advise operator of Code Pink and location.
- State your name and call back extension. Remain on hold with the operator.

ACTIVATION

RESPONSE

TEAM MEMBER REMINDERS

Click each box to learn more.



## Code Pink

- All departments must deploy team member(s) to observe the nearest exits and stairwells and report any sighting by calling \*99 at Robbinsdale or \*77 at Maple Grove.
- Unit/department team members from the area of the announced abduction will report immediately to their area to assist in response efforts.
- Do a headcount of all children in your area.
- Department team members, not watching exits and doorways, must check all dept. spaces including rooms, bathrooms, closets and garbage cans for unauthorized person or missing child.
- If a team member sees a suspicious package, bag, backpack etc. please alert Security, so they can conduct a search of the contents.
- All team member(s) should remain in their department or watch stair/exit locations until "Code Pink All Clear" is announced overhead.

### ACTIVATION

### RESPONSE

### TEAM MEMBER REMINDERS

Click each box to learn more.



## Code Pink

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

### ACTIVATION

### RESPONSE

### TEAM MEMBER REMINDERS

Click each box to learn more.



## Rapid Response Team

Rapid Response teams are a group of clinicians who will partner with the bedside nurse to administer diagnostic assessments and tests through protocol driven care for patients showing signs of clinical deterioration.

- A Rapid Response is not overhead paged. Only a trained Rapid Response team is alerted when this code is activated.
- The appropriate Rapid Response team (adult, pediatric, newborn, OB) will respond to identified location **within 10 minutes**.
- Activate the Rapid Response Team by:
  - Pressing a Rapid Response button in a patient room.
  - By calling \*99 at Robbinsdale or \*77 at Maple Grove.



## Severe Weather Alert

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

- Weather warnings with imminent threat will be broadcast (sirens, cellphones, etc.)
- On hospital campus if within the Severe Weather Warning area, Safety and Security will:
  - Overhead page: "May I have your attention please. The National Weather Service has issued a severe weather warning for Maple Grove/Robbinsdale." X 3.
  - Vocera page team members the type of Severe Weather Warning:
    - "Severe Thunderstorm Warning in effect until further notice" or
    - "Tornado Warning in effect until further notice"





## All Team Members Upon Hearing Severe Weather Warning

- Remain calm but alert patients of the warning and advise them to move away from exterior windows and exits. This includes ALL exterior windows and exit areas (lobby areas, conference rooms, halls, café and patient rooms, ambulance entrance, etc.).
- Close shades where available.
- Close doors of empty patient rooms to prevent glass from flying into the hallways.
- Once your area is secure, assist other areas (especially patient care areas). Non-clinical team members take direction from clinical team members.
- In patient rooms:
  - Turn beds so they are out of direct line of an exterior window.
  - Use pillows and blankets to protect the patients from flying glass and debris.
  - Close door to bathroom.



## Severe Weather – Tornado

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

Click here for  
**Tornado  
Watch**



Click here for  
**Tornado  
Warning**



## General Protocols

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.

- 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.
- Do not restrict use of elevators.
- Employees shall return to their work station or department and remain there until "all clear" is announced.
- Hospitals notify Call Center by dialing \*77 or \*99 if there is damage or a problem in your area.
- Off hospital campus, escalate damage to leadership.
- Files and drawers shall be closed.

## Code Walker

Upon realization that a **patient is missing**, the team member who is first aware will immediately enlist all available team members to assist:

- Call \*77 at Maple Grove or \*99 at Robbinsdale and advise Security, "Code Walker", location and a brief physical description to include approximate age, race, male/female, clothing, etc.
- Safety & Security staff will announce, "Code Walker" via overhead paging system and Vocera to alert all hospital staff.
- The PCF of the unit the patient is missing from will remain in their unit to coordinate and delegate: Securing exits/elevators in the area; Search of the area; Provide necessary information to responders.
- Unit/Department team members from the area of the activation will report immediately to their unit/department to assist in response efforts, if appropriate.



## Code Walker Continued

### All Team Members:

- Be alert to patients wearing specially marked "Spice Red" linens and notify security if they are not accompanied by a staff person. These linens are used when there is a special circumstance such as an elopement or safety risk.
- If present at exits or stairwells at the time a "Code Walker" is announced, hospital staff are directed to observe and report only any unusual activity by calling \*77 at Maple Grove and \*99 at Robbinsdale. Team member should not attempt to apprehend a missing/eloping patient. Such action could endanger the team member and/or the patient. If the team member is comfortable and believes they can maintain personal safety, the team member may decide to follow the patient at a discreet distance to note elopement route, physical characteristics and clothing to aid in identification.



## Code Walker Continued

### All Team Members:

- Departments will deploy team members to observe the nearest exit or stairwell and report only by calling \*77 at Maple Grove or \*99 at Robbinsdale as described above. The team member(s) should remain in the location until the "Code Walker all clear" is paged overhead and on Vocera, or until given further instructions by a Safety & Security Officer.
- Team members involved in non-essential non-patient care activities are requested to avoid the area of the activation until the "Code Walker all clear" is paged.



## 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.



## Emergency Management

- Emergencies regardless of size, cause or complexity need to be managed efficiently. Our system Emergency Operations Plan (EOP) is designed to establish a scalable, flexible framework within which NMH will accomplish the comprehensive emergency management activities of mitigation, preparedness, response and recovery for a variety of emergency situations that could affect the safety of patients, team members and the physical environment while meeting applicable codes and regulations.
- Leadership will determine the need and size of an Incident Management Team and will set up an Incident Command System as necessary. This team may meet in person or virtually depending on the emergency.
- In an emergency, be flexible. You may be asked to do a different job or report to the Labor Pool (location given at time of event) for reassignment. If you are away from work and are needed you will be notified through Everbridge and will be asked to reply with your availability and then will be given specific instructions on where and when you are needed.



## Stroke Awareness

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

### ***What is a stroke?***

Click anywhere to continue.



## Stroke Awareness

### What is a stroke?

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

*Stroke symptoms include one-sided weakness, loss of or blurred vision in one or both eyes, dizziness, sudden trouble walking, sudden loss of balance or coordination, difficulty with speech, sudden severe headache (no cause) or sudden confusion.*



[https://www.medicinenet.com/stroke\\_symptoms\\_and\\_treatment/article.htm](https://www.medicinenet.com/stroke_symptoms_and_treatment/article.htm)



## STROKE Symptoms

Stroke symptoms may include problems with:

**B**alance  
changes in **E**yesight  
**F**acial droop  
**A**rm/leg weakness or numbness  
difficulty with **S**peech or a sudden, severe headache  
**T**ime is brain

If it seems like a lot to remember, just remember **BEFAST**.



## Stroke Awareness

**Robbinsdale Hospital** is a Comprehensive Stroke Center and is at the forefront of that change to improve the quality of stroke care throughout our region.

- In 2020 the American Stroke Association (ASA) and American Heart Association has again awarded NMH it's highest award: Gold Plus Target Honor Roll Elite for the quality care we deliver to our patients.



**Maple Grove Hospital** is an Acute Stroke Ready Hospital.

- In 2022, MGH re-certified as an Acute Stroke Ready Hospital through the MN Department of Health. This means that they can evaluate, stabilize, and provide emergency treatment to patients with stroke symptoms.





## STROKE at Robbinsdale Hospital

### Immediate interventions include:

- Call for Help.
- Activate a Rapid Response by pushing the Rapid Response button on the call panel in the patient room or using your Vocera or phone to call \*99. Give the patient location and your name.
- Reassure patient that help is on the way.
- Avoid giving anything to eat or drink.
- Once Rapid Response Team arrives, describe what you saw that made you call the Rapid Response.
  - If the responding doctor agrees it's a possible stroke, it should be escalated to a Rapid Response STROKE - Hospital, by paging/consulting neurology once directed by the MD. The original responding Critical Care Flyer RN should call the CCRT (Critical Care Response Team) by Vocera with an update that the Rapid Response has been escalated to a Rapid Response STROKE.



## STROKE at Maple Grove Hospital

### Immediate interventions include:

- Call for help.
- Use the stroke team button on the touch screen in the patients room to activate the code. If no touch screen available, call \*77, state "stroke team", give the patient location and your name.
- 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.



## Communication System Failure

**Telephone System Failure:** Emergency Power Failure Phone, which are either all RED or have a RED handset cord, to make outgoing calls and take incoming calls. Most clinics have emergency power failure phones if the network phones go offline.



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## Downtime

- In the event there is a downtime involving IT systems (EPIC, Internet, etc.) you should be familiar with your department's DOWNTIME BOX and procedures.
- Downtime procedures should be followed until IT has given the all clear message.
- Team members are responsible for understanding how to use the paper forms in their department's downtime box.



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## Personal & Family Emergency Preparedness

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

[MN Homeland Security Management](#)

[Click here to continue.](#)

Make a Plan

Build a Kit

Get involved

Know your role

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## Backup 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.
- Off hospital campus clinics – check with your leader about whether backup generators exist on site.



## Utility Management and Reporting

Notify Maintenance 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 for other communication systems problems or failures, such as telephones and pagers. There are back up systems in place for most utility failures.



## 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 patient 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.



## Storing Compressed Gas

- No more than 12 FULL oxygen E (transport size) cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible. Tanks on carts and wheelchairs are considered in use and do not count toward the 12 tank limit.
- Not all oxygen cylinders are hospital property. A large number of patients bring in portable oxygen cylinders when they are admitted. They must be kept separate in the patient room or sent home with the family.



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## Storing Compressed Gas

- No more than 12 FULL oxygen E (transport size) cylinders/tanks can be stored in the same area. Remove empty tanks as soon as possible. Tanks on carts and wheelchairs are considered in use and do not count toward the 12 tank limit.
- Not all oxygen cylinders are hospital property. A large number of patients bring in portable oxygen cylinders when they are admitted. Do not use patient owned or patient rented oxygen cylinders for hospital use. They must be kept separate in the patient room or sent home with the family.



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## Storing Compressed Gas

- Compressed gas cylinders should always be secured. Appropriate securing devices include chains attached to the wall or holding racks. If you encounter a cylinder that is not correctly secured; immediately return it to a securing device or alert someone who can.
- Gas cylinders are to be used for patient transport or activity and then promptly returned to an appropriate holding rack. Cylinders should not remain in patient rooms.



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## Storing Compressed Gas Continued

Tanks must be placed into a secure holding rack or cart.

Cylinders in storage must be easily identified as empty or full.  
At MGH Empty = Red Zone on Gauge (less than 500psi)



Approved tank storage areas will include information about the number of tanks that can be stored per fire zone at a given time. Please refer to your department for this information.

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## Medical Gas Shut Off



At the direction of the Incident Commander or Facility Manager the following staff members are authorized to shut off medical gas zone valves by pulling the white lever toward them;  
Clinical Managers/Supervisors, PCF's  
Maintenance Engineers, Respiratory Therapy  
Reviewed by the Safety Officer

**When advised by the authorized team member (as posted on the plaque next to the gas panel), a PCF/Leader may be asked to turn off a gas valve.**



## Shutting Off Oxygen Valves

- All patient care providers authorized to use oxygen may turn off local oxygen meters, regulators, or valves located in patient care /treatment rooms.
- Zone valves may only be turned off by authorized staff (Maintenance, Respiratory Care Practitioners, Administrative Managers, and manager/charge person). A label on each zone valve lists persons authorized to turn off a zone valve. Each zone valve is labeled with the rooms/areas it supplies.
- Signage available from the Respiratory Therapy Department must be posted on zone valves out of service, or whenever the oxygen system needs to be taken down for either elective or emergent reasons.



## Hallway Clutter

Corridor clutter is any item that creates an obstruction in a corridor or exit path. The Life Safety code requires that "all exit paths must remain free of obstructions, including unattended items that are not considered in use by staff members." In other words, any item not in use or unattended for more than 30 minutes -- or blocking the egress -- can be considered clutter. The exceptions to this rule allow crash carts and patient isolation supply carts (provided the cart is serving a patient on contact precaution isolation) to be left unattended longer than 30 minutes.

[Click here to see why is this so important...](#)

[What you can do to keep hospital corridors free of obstructions?](#)



## Hallway Clutter

### Why is this so important?

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

[Click here to see why is this so important...](#)

[What you can do to keep hospital corridors free of obstructions?](#)



## Hallway Clutter

### To keep corridors free of obstructions:

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

[Click here to see why is this so important...](#)

What you can do to keep hospital corridors free of obstructions?



## Safe Medical Devices

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





## The Safe Medical Device Act of 1990

Was enacted to ensure:

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

[Click here  
for  
Definitions](#)

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## The Safe Medical Device Act of 1990

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

**Serious Illness and Serious Injury:** An illness or injury that:

- Is life threatening.
- Results in permanent or serious impairment or damage to the body.
- Requires medical or surgical intervention to prevent permanent or serious harm to the body.



## Safe Medical Devices - Test Prior to Use and Routine

### Equipment Failure Incidents

- Safety testing of medical equipment: Patient care and some non-clinical equipment that requires preventative maintenance will have a preventative maintenance (PM) sticker on it. If you see a sticker with an overdue date, call the appropriate Engineering Department indicated on the label.

What if equipment fails/breaks?

What is a safe medical device related incident?



## Safe Medical Devices - Test Prior to Use and Routine

### Actions to take if equipment fails/breaks:

- Remove it from service.
- Put on a defective sticker.
- Call the appropriate Engineering Department.

What if equipment fails/breaks?

What is a safe medical device related incident?



## Safe Medical Devices - Test Prior to Use and Routine

If medical device (anything used in patient care that is not a drug) may have contributed to the serious illness, injury or death of a patient or a user, it may be a Safe Medical Device reportable incident. In this event:

- Attend to the medical needs of the patient/user.
- Remove the equipment from service.
- Put on a defective sticker, noting it was involved in an incident.
- Tell the area's manager/supervisor.
- Save the disposables for evaluation during the investigation of the incident.
- Complete a Safety First Report.
- Call BioMed, ext. 12440 or 763-581-2440 and Risk Management, ext. 12390 or 763-581-2390.

What if equipment fails/breaks?

What is a safe medical device related incident?

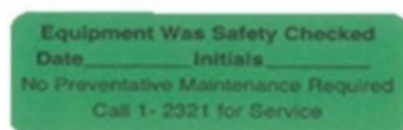


## How Do I Know the Equipment is Safe/Ready For Use?

Your Responsibility to our patients:

- Look for the GREEN serviced tags. If not found, take the equipment out of service, fill out a defective sticker, and call 1-2321.
- Check the DUE line - if the date is past, take the equipment out of service, fill out a DEFECTIVE sticker and call 1-12321.

Click on each image below for more information.



## How Do I Know the Equipment is Safe/Ready For Use?

"Equipment Was Safety Checked" sticker tells you:

- Equipment was inventoried and safety checked prior to it's initial use
- Equipment is assessed individually for ongoing testing



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## How Do I Know the Equipment is Safe/Ready For Use?

Maple Grove Hospital Biomed uses color-coded stickers when they do their PMs to indicate when required preventive maintenance is next due.

Each sticker will have information about when the inspection was last performed (bottom right line), when it is due next (top right line), and who performed it (bottom left line).



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## How Do I Know the Equipment is Safe/Ready For Use?

What do I do with defective equipment?

- Remove from service
- Tag and label (labels found in utility rooms)
- Report it to Biomed/Maintenance by calling the Customer Service Center 1-12321 or, after hours, the Patient Care Facilitator



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## Slips, Trips and Falls

- Most falls occurring from slips and trips are due to slipping on an icy surface or tripping over an object.
- A fraction of the falls occurs when people fall off ladders or steps.



- It is also a fact that falls at the workplace can be prevented.

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## Slips, Trips and Falls Continued

Look for ways to prevent slips, trips and falls:

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



## Electrical Safety

- Most equipment in the healthcare setting is electric so there is a risk of electric shock. Electric shock can cause burns, muscle spasms, ventricular fibrillation, respiratory arrest and death.
- To help prevent electrical accidents, remove and report electrical hazards, use electrical equipment properly, maintain, test, and inspect equipment and use power cords and outlets properly.





## Electrical & Utility Safety

Safety Inspections

Electrical Outlets

Emergency Electrical Outlets

Moisture/Fluids

Cords & Plugs

Click each of the buttons to the left to learn more. The next button will appear once you have viewed all the topics.

## Electrical & Utility Safety

Safety Inspections

Electrical Outlets

Emergency Electrical Outlets

Moisture/Fluids

Cords & Plugs

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

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>• Cover outlets in pediatric areas to prevent little fingers from getting big shocks.</li> <li>• Do not overload outlets. Overloaded circuits can cause fire or shorted circuits.</li> <li>• Electrical outlets connected to back up generators have <b>RED outlets</b> and or plates.</li> <li>• 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?</li> <li>• Know which emergency equipment battery has operated back up. Make sure emergency equipment is plugged into a <b>RED outlet</b>. Extension cords can be used temporarily.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>• Provide generator supplied power in ten seconds or less.</li> <li>• Plug all life support and critical patient care equipment into specially marked emergency electrical outlets (red), this includes downtime computers and printers.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>Any type of moisture is an electrical hazard. This includes wet or sweaty hands, standing on a wet floor, liquid spills on the floor, etc. Keep your hands dry. Wipe up small, non-hazardous spills immediately.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Electrical & Utility Safety

Safety Inspections	<ul style="list-style-type: none"> <li>Never break off the third prong on a grounded plug to adapt it to a two-slot outlet!</li> <li>Use three-pronged instead of two-pronged plugs. Only double-insulated appliances shall be permitted to have two-pronged plugs.</li> <li>To remove a plug from an outlet, pull on the plug, not the cord.</li> <li>Never pull the cord from a device and leave the cord dangling from an outlet!</li> <li>Approved extension cords should be used in emergency situations only.</li> <li>Keep cords away from heat and water. Don't run cords under rugs or through doorways.</li> <li>Cords that are damaged or that feel warm/hot to touch must be taken out of use immediately and reported to Bio-Medical Engineering.</li> </ul>
Electrical Outlets	
Emergency Electrical Outlets	
Moisture/Fluids	
Cords & Plugs	

## Fraud, Waste, and Abuse Prevention 2023



**Your role at NMH is critical to preventing Fraud, Waste, and Abuse (FWA).**

- Both federal and state government establish many complex regulations and guidelines to help health care organizations detect, prevent, and respond to fraud.
- Following these regulations and guidelines, as well as NMH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining NMH's reputation in the community.

A photograph of a woman with long, wavy brown hair, smiling warmly at the camera. She is wearing a teal-colored V-neck scrub top. The background is slightly blurred, showing what appears to be a hospital or clinical setting with a door and some equipment.



## FWA Detection and Prevention

Detecting and preventing FWA is a responsibility of all NMH team members.

The Compliance Department serves as a resource to the organization providing tools and processes to identify and prevent FWA.

Prevention requires collaboration between:

- NMH team members
- Vendors and affiliated health care providers
- State and federal agencies
- Patients



## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

[Fraud](#)

[Waste](#)

[Abuse](#)



## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

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

[Back](#)

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

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

[Back](#)

# Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Abuse occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program. Abuse includes any practice that:

- Is inconsistent with providing medically necessary services;
- Provides services that do not meet professionally recognized standards; or
- Provides services that are not fairly priced.

[Back](#)

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for goods and services that were never provided to a patient

Click here to see an example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Conducting  
excessive office  
visits or writing  
excessive  
prescriptions

Click here  
to see  
another  
example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:


Misrepresenting  
the service that  
was provided to a  
patient

Click here  
to see  
another  
example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered




Click here to see another example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:



Billing for a higher level of service than was actually delivered

Incorrectly billing non-covered services or prescriptions as covered items



Click here to see another example

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## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a  
level of service  
than was actually  
delivered

Using multiple  
billing codes  
instead of one  
billing code for a  
drug panel test in  
order to increase  
reimbursement  
("unbundling")

Click here  
to see last  
example

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## The Fraud Continuum

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

The Centers for Medicare and Medicaid (CMS) investigate all causes of improper payments – from unintentional errors to intentional fraud. The next slide explains the fraud continuum.

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



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# The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control  
Environment

Intentional Fraud



# The Fraud Continuum

Click on each of the boxes below to learn more.

Unintentional Error

Poor Control  
Environment

Intentional Fraud

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



## The Fraud Continuum

Click on each of the boxes below to learn more.

**Unintentional Error**

**Poor Control  
Environment**

**Intentional Fraud**

When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means standard processes are not followed and routine checks are not performed to be sure work is done consistently and compliantly. Examples include lack of separation of duties, inadequate documentation to support transactions, no reconciliation processes, incomplete or poor policies and procedures.

## The Fraud Continuum

Click on each of the boxes below to learn more.

**Unintentional Error**

**Poor Control  
Environment**

**Intentional Fraud**

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

# What is the Intent?

The seriousness of the fraud is determined by the intent behind the fraud.

- **Was the mistake an unintentional error? Or was it the result of intentional fraudulent behavior?**
- **If the mistake was an unintentional error, could it have been prevented with environmental controls (e.g., better policies directing documentation, better delineation of duties to ensure appropriate decision making, more active monitoring and testing critical processes)?**



# FWA Laws

The federal and state governments have a long history of regulating health care practices to prevent fraud, waste and abuse. These include:

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



You do not need to know all the details of these laws in order to do your part in preventing FWA. However, by the end of this training, you will have a general understanding of how these laws impact your role at NMH.



## False Claims Act

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

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

**False Claims Act violations can be fined up to three times the amount of the false claim, plus an additional financial penalty per each claim. Fines can add up quickly because each separate claim submitted to the government can be separate grounds for liability.**



## Anti-Kickback Statute

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

- Remember that both the “giver” and the “receiver” of an inappropriate inducement or reward are liable under the Anti-Kickback Statute. This is why all NMH business must be conducted in a fair and transparent manner.



**Anti-kickback violations can result in prison sentences and fines and penalties per kickback plus three times the amount of the underlying transaction.**





## Stark Law

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

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

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



## Exclusion Statute

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

- As a Medicare/Medicaid provider, NMH must not employ, contract, or otherwise do business with any excluded individual or entity.
- The federal government maintains exclusion lists, and NMH is obligated to routinely screen these lists to ensure it does not do business with any excluded individual or entity.





## Civil Monetary Penalties Law

The Civil Monetary Penalties Law authorizes penalties for a variety of health care fraud violations. Violations that may justify penalties include:

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

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



## FWA Committed by Patients

In addition to the types of errors or intentional bad acts that may constitute FWA committed by health care providers, Medicare/Medicaid beneficiaries may also commit FWA.



## FWA Committed by Patients

If you see any of these situations occur, report the activity to your supervisor or directly to compliance.

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



## What are your FWA Prevention Responsibilities?

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

- You must comply with all applicable regulatory requirements, including participating in compliance program activities.
- You have a duty to report any suspected or actual non-compliance that you may know of.
- You have a duty to follow NMH's Code of Conduct. The Code of Conduct can be found on the Compliance NorthNet webpage and in the Team Member Handbook.
- When in doubt, ask questions. The Compliance Dept is a resource for all NMH team members.



## Reporting Fraud, Waste, and Abuse

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



## How to Report a FWA Concern

- You can speak to your supervisor, and your supervisor will report the concern to Compliance.
- You can [send an email to Compliance](#).
- You can call or email any Compliance Department team member.
- You can contact the Compliance Hotline.
  - This number is printed on the back of your employee badge.
  - You may leave an anonymous message on the hotline.



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## Overview of the NMH Compliance Program

The Compliance Program helps NMH identify compliance concerns and reduce compliance risks.

Compliance Department staff work with team members to implement changes to correct identified non-compliance and prevent the problem from happening again.



## Compliance Contact

*Chief Compliance Officer*  
[compliance@northmemorial.com](mailto:compliance@northmemorial.com)





## Impairment & Fitness for Duty 2023

# Impairment & Fitness for Duty

2023



## Safety is OUR priority

- We are committed to maintaining a safe work environment to protect the health and well-being of our patients, team members, providers and visitors. This requires individuals to not be impaired while working due to any cause (physical, mental/ emotional, medical, or related to alcohol, cannabis, illegal drugs or side effects from legally prescribed drugs).
- Anytime impairment is suspected of a team member or provider an impairment assessment must immediately take place to support a safe work environment.





## Safety is OUR priority

- It is imperative that we “**stop the line**” should safety be jeopardized.
  - Any team member who observes or becomes aware of an imminently harmful situation has the authority and responsibility to speak up and request the process be stopped in order to clarify the patient/team member safety situation.
- When in doubt or if you have questions, do not hesitate! **Immediately reach out within your leadership escalation.**
- We use the following policies, procedures, and tools to guide us in leading this work. They are found on C360.
  - Drug, Cannabis and Alcohol Testing for Team Members and Providers
  - Drug, Cannabis and Alcohol Testing for Registered Nurses and MNA
  - Fitness for Duty – North Memorial Health
  - Fitness for Duty – Ambulance Services



## Drug, Alcohol and Cannabis Testing

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

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



## Drug, Alcohol and Cannabis Testing

- **Voluntary Disclosure:** Any team member/provider with a drug, cannabis, and alcohol problem or concern is encouraged to contact Employee Assistance Program (EAP) for assistance. They will be supported by existing employee benefits as applicable without fear of discrimination because of the disclosure. A voluntary disclosure does not excuse or exclude team members from potential disciplinary action when there are violations to the above policy statement.
- **Grounds for Testing:** North Memorial Health has grounds for drug and alcohol testing if team member or provider has objective behaviors or physical observations that suggest the possibility that there is impairment and may be related to being acutely under the influence of drugs, alcohol, or cannabis. Testing will be performed by an independent lab in accordance with state law. Team Member Health Center will be notified of the results of the testing.



## Fitness for Duty Policy Highlights

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



## Safety is OUR Priority

We are all responsible for safety!

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




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



## Infection Prevention & Control 2023



### Your Infection Prevention Team – Here to Assist!

Robbinsdale   Clinics   Ambulance Services	Maple Grove
 763-581-4660	 1-1234 or Vocera
 612-580-0218	
Listed on Amion Infection Prevention Rounder	

## Preventing Healthcare Acquired Infections

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



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

[Click to learn the answer](#)

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## Preventing Healthcare Acquired Infections

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



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

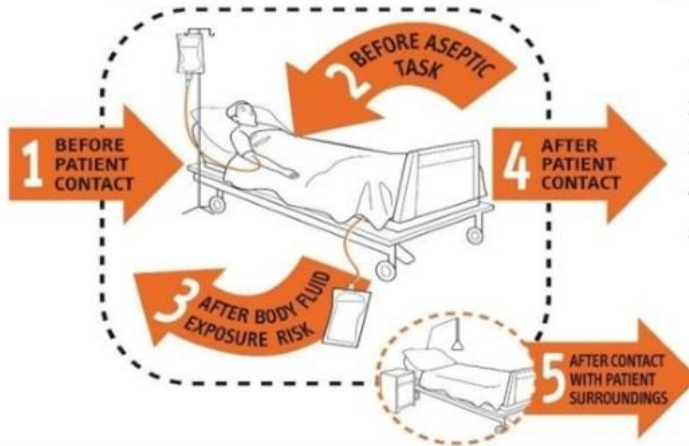
***“Hand hygiene is the single most important procedure for preventing healthcare acquired infections.”***

[Click to learn the answer](#)

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## 5 moments for HAND HYGIENE



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

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



## Hand Hygiene Step 1: Clean

### WATERLESS HAND RUB



### SOAP AND WATER



Click on each picture to learn more.

## Hand Hygiene Step 2: Moisturize

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

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



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## Jewelry and Nails

### *A Patient Safety Concern*

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



## Standard Precautions...

**are used for all patients, all the time.**

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

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



## Personal Protective Equipment

GOWN	GLOVES	FACE SHIELD	STANDARD PROCEDURE MASK
			

*Click on each piece of PPE to learn more.*

## Personal Protective Equipment



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

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## Personal Protective Equipment



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

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## Personal Protective Equipment

### Masks are used in healthcare facilities:

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



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## Personal Protective Equipment

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



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

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## Respirators

N95



PAPR



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



## Donning and Doffing PPE

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

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



# DONNING

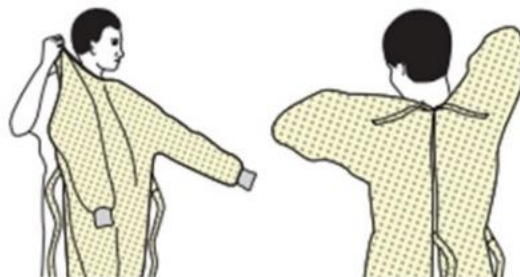
# PPE

## Step 1: Donning a Gown

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

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

- Fasten in back of neck and waist.



## Step 2: Donning a Mask or Respirator

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



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## Step 3: Donning Goggles or Face Shield

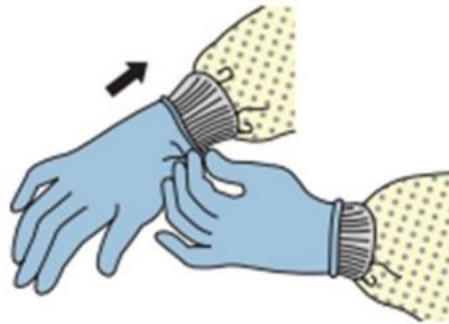
- Place over face and eyes and adjust to fit.



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## Step 4: Donning Gloves

- Extend to cover wrist of isolation gown.



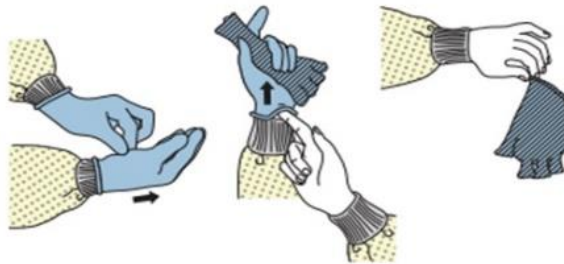
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**DOFFING**

**PPE**

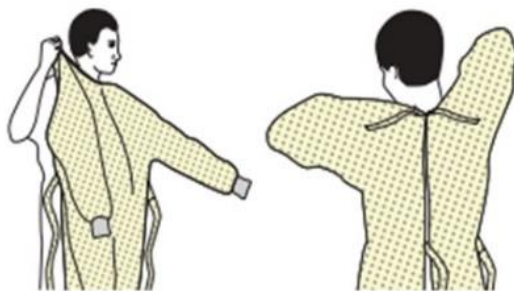
## Step 1: Doffing Gloves

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



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## Step 2: Doffing Re-usable or Disposable Gowns



Re-usable Gown



Disposable Gown

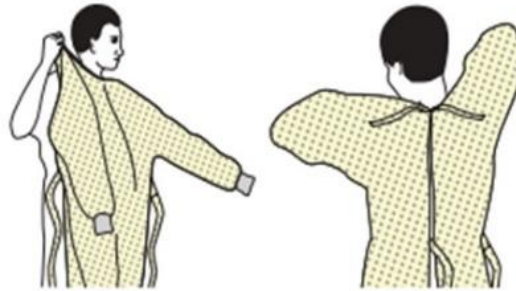
Click on the type of gown that is specific to your area to learn more.

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## Step 1: Doffing a Re-usable Gown

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



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## Step 1: Doffing a Disposable Gown

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



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## Step 3: Doffing Goggles or Face Shield

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



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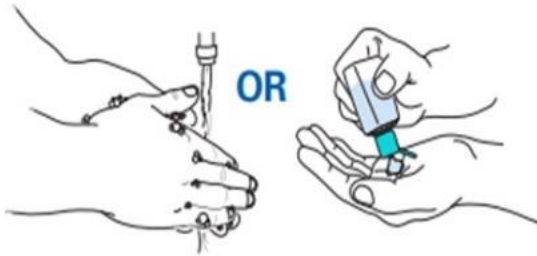
## Step 4: Doffing Mask or Respirator

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



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## Step 5: Perform Hand Hygiene



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



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## Transmission Based Precautions

Isolation types are based on routes of disease transmission:

- Contact
- Droplet
- Airborne
- Enteric
- Full Barrier

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

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## Transmission Based Precautions Flag

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

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



RA

Asiago, Ricky  
Male, 52 y.o., 3/28/1971  
MRN: 5701958  
HAR: 98544019  
Bed: POOL BED CLINDOC  
Code: FULL (no ACP docs)  
None  
Primary Cvg: None  
Search  
Infection: MRSA  
Isolation: Contact  
Michael Medicine, MD  
Attending  
PCP: None

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

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## Contact Precautions

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

### Carriers (asymptomatic)

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

### Infected (symptomatic)

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

Common MDRO examples:

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

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## Isolation Door Signs

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

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

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

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



## Droplet Precautions

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





## Droplet Precautions

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

### REMINDER:

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



## Droplet Precautions

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

### AEROSOL GENERATING PROCEDURES\*

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

## Negative Airflow Room

Patient on airborne isolation is placed in a negative airflow room as soon as possible.

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

In addition:

- Order Airborne Isolation in Epic.



## Full Barrier Precautions

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

There are two types of Full Barrier precautions used:

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

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

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



## Full Barrier Level 1 Precautions

Required PPE:



Gown



Gloves



Eye protection



N95

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In acute care settings, door signs are used to indicate what precaution steps need to be taken.

### FULL BARRIER

LEVEL 1 TEAM MEMBER	PATIENT	VISITOR
 <i>Required</i> Fluid-resistant gown	 <i>Required</i> Mask for transport when available	 <b>DO NOT</b> Check in with at desk

**Always remember standard precautions:**

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

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## Enteric Precautions

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



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## ENTERIC

In acute care settings, door signs are used to indicate what precaution steps need to be taken.



This is an example of a patient with Enteric precautions.

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

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

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# Airborne Precautions

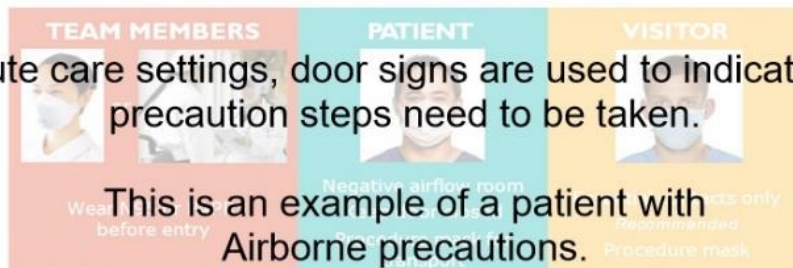
Precautions are required...

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



## AIRBORNE

In acute care settings, door signs are used to indicate what precaution steps need to be taken.



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

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





## Blood and Body Fluid Exposures

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

Bloodborne pathogens include:

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



## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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



## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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

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

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## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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

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

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## Epidemiology and Symptoms

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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

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



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

***HBV is preventable through vaccination.***

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

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



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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

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



## Exposure Risks

Hepatitis B  
(HBV)

Hepatitis C  
(HCV)

Human Immunodeficiency  
Virus (HIV)

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

- There is no vaccine to prevent HIV.



## Bloodborne Pathogen Exposure

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

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





## Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/  
Ambulance Services

Clinics

Maple Grove

Non-employed

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

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



## Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/  
Ambulance Services

Clinics

Maple Grove

Non-employed

Robbinsdale team members report to the Team Member Health Center when exposure occurs during their business hours. At all other times, report to the Robbinsdale Emergency Department (ED).

Ambulance Services team members notify your supervisor and obtain evaluation at the most convenient Emergency Department (ED).

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



## Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/  
Ambulance Services

Clinics

Maple Grove

Non-employed

Maple Grove Team Members report to the Team Member Health Center when exposure occurs during their business hours. At all other times, report to the MGH Emergency Department.

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



## Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/  
Ambulance Services

Clinics

Maple Grove

Non-employed

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

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



## Blood/Body Fluid Exposures – What Should You Do?

Robbinsdale/  
Ambulance Services

Clinics

Maple Grove

Non-employed

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

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



## Patient Blood/Body Fluid Exposures – What You Should Do

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

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

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



## Environment of Care

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

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



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## Equipment Cleaning and Disinfecting

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



## Equipment Cleaning and Disinfecting

Instructions for use can be found on the MGH intranet.

1. Go to "tools" on the intranet and click on "Manufacturer's Instructions for Use".
2. Type in your piece of equipment in the key word box.
3. Scroll down to the correct model number and click "View Document" over on the right.
4. Search the table of contents for "cleaning and disinfection" or whatever it is you're interested in.



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## Information Privacy 2023



**We are required to protect patient privacy based on the federal Health Insurance Portability and Accountability Act (HIPAA), other regulations, and some state laws.**

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

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



# Types of Patient Information

NMH must protect these three main classifications of information:

**PCI**  
Payment Card Industry

**PII**  
Personally Identifiable Information

**PHI**  
Protected Health Information

Click on each box  
to learn more.

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# Types of Patient Information

NMH must protect these three main classifications of information:

**PCI**  
Payment Card Industry

**PII**  
Personally Identifiable Information

**PHI**  
Protected Health Information

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

## Types of Patient Information

NMH must protect these three main classifications of information:

**PCI**  
Payment Card Industry

**PII**  
Personally Identifiable Information

**PHI**  
Protected Health Information

MN Statutes require notification to individuals whose information is acquired by an unauthorized person. Personal information includes: name in combination with any one or more of the following:

1. Social Security number;
2. Driver's license or MN ID card number; or
3. Account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual's financial account

## Types of Patient Information

NMH must protect these three main classifications of information:

**PCI**  
Payment Card Industry

**PII**  
Personally Identifiable Information

**PHI**  
Protected Health Information

PHI is patient information that:

- Identifies or could reasonably be used to identify the patient
- Relates to the patient's health, health services received, or payment for those services

## Disclosure of PHI

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

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



## Minimum Necessary

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

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





## Don't Forget...

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



## Secure Communication

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

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





## Secure Communication Continued

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

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



## Information Blocking

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



## Cell Phones & Social Media

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



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## Cell Phones & Social Media

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



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## Access to Protected Health Information

Curiosity is **NEVER** an appropriate reason to look at patient PHI.

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



## Privacy Policies

NMH privacy policies prohibit you from viewing:



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



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



Records of patients that you hear about in the news.



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



## Privacy Policies

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

*Click anywhere to continue.*

## Privacy Department Audits

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

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

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





## Business Associates

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



## Patient Privacy Rights

Patients have the right to:

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



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





## Report Privacy Concerns

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

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



## Privacy Considerations for Remote Workers

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



## Compliance Contacts

*Chief Compliance Officer*

[Compliance@northmemorial.com](mailto:Compliance@northmemorial.com)

*Privacy Officer*



[Privacy@northmemorial.com](mailto:Privacy@northmemorial.com)

*Data Security Officer*

[DataSecurity@northmemorial.com](mailto:DataSecurity@northmemorial.com)



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

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

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



## Knowledge Check

This email just arrived in your inbox. What should you do?

**CAUTION:** This email contains information that may be sensitive, confidential, or otherwise require special handling. If you are not the intended recipient, please do not open, copy, or distribute this information. If you have any questions, please contact the sender.

Thank you for your interest in the NMH network. You would like to access your computer and potentially infected the rest of the computers on the NMH network.

[Click here to collect](#)

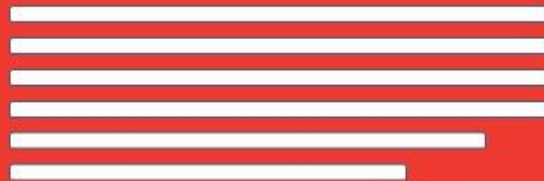


Created by Aditya @ knowifitodo.com  
from Netsec Project

# Your personal files are encrypted.

Private key will be destroyed in:

23:59:60



[Pay Now \\$](#)

## Knowledge Check

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

Congratulations, you've been selected to win.



[Click here to collect](#)

## Information Security

Click on each lock to learn more about each role.





## Information Security



Click on each  
more about

NMH IT team members ensure information security in the these ways:

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

The NMH Information Security Program is managed by the Director of Information Security in the Compliance department.

Back

## Information Security

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

Click on each lock to learn  
more about each role.



Back

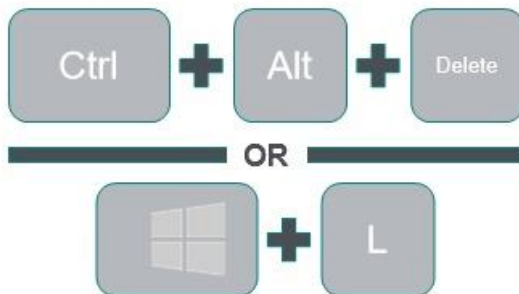
# Access to NMH Computer Systems

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

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



## Securing Your Computer



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

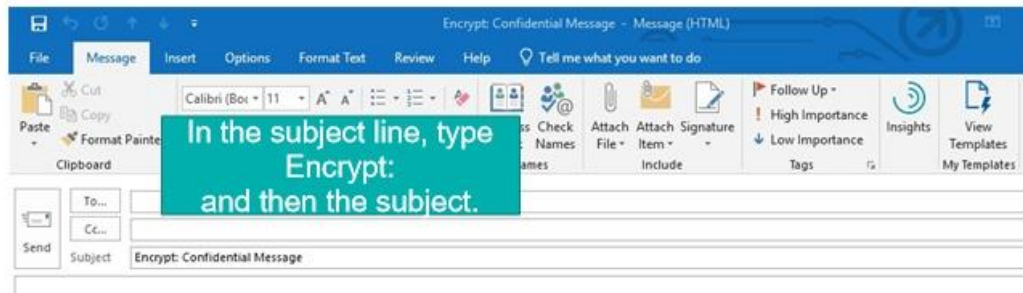


**You must always secure your computer when you are away from it.**



# Emailing PHI

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



# Phishing Awareness

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

The most common phishing attempts are email and text message.



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



# NMH Mail from External Sources

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

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

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



# Protecting NMH from Malicious Software

- Malicious Software (a virus) is often times embedded or disguised to look innocent or non-obtrusive and is a risk to the NMH computer system.
- NMH requires that all software be installed by IT. Do not open or "click" on anything that seems suspicious or you do not know what it is. This may be an attempt by a hacker to compromise our computer systems.
- If you think something unexpected was installed on your computer, contact IT immediately so that appropriate steps can be taken.





## Video Conferencing

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

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



## Always Report Concerns

- Contact the IT Service Desk when something is not working properly or you notice any suspicious behavior or system malfunctions.
- NMH promptly investigates all data security incidents and concerns made by patients, team members, and medical staff members.
- Concerns or complaint about data security should be reported to the Data Security Officer.





## Compliance Contacts

*Chief Compliance Officer*

[Compliance.@northmemorial.com](mailto:Compliance.@northmemorial.com)

*Privacy Officer*

[Privacy@northmemorial.com](mailto:Privacy@northmemorial.com)

*Data Security Officer*

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## Medication Safety 2023

# Medication Safety

2023



## Pharmacy Services

- The Department of Pharmacy Services is committed to providing pharmaceutical care that focuses on ensuring appropriate, effective, and safe drug therapy for our patients.
- The Pharmacy Department supports this mission by assuring optimal use of medications focusing on safe and effective patient care.
- If you have any questions or issues related to medication management, please call Pharmacy to assist. We are here to help!



## Medication Safety

- Look alike/sound alike medications require extra precautions to prevent dangerous mix-ups. North Memorial Health has implemented TALL MAN lettering to distinguish between medication on ordering, documenting, labeling, and storage.
  - An example is: clonazePAM and cloNIDine. The full list can be found here: <https://www.ismp.org/tools/confuseddrugnames.pdf>
- When a medication is removed from the original package and is not going to be administered immediately and completely, it must be labeled.
  - Examples include solution containers, syringes and basins.
  - **If a medication is not labeled, discard it.**



MEDICATION ADDED		
PATIENT	RM #	
DRUG	RATE	ML/HR
AMOUNT	BASE SOL'N.	
ADDED BY	TIME	
DATE	EXP. DATE	
THIS LABEL MUST BE AFFIXED TO ALL INFUSION FLUIDS CONTAINING ADDITIONAL MEDICATION		

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## Medication Safety: High Risk Medications

- High risk medications are those that bear a heightened risk of causing significant patient harm when used.
- To decrease risk, we use an independent double check. The second check should come to their own answer WITHOUT discussing with the first check.
- More information:
  - See the High Risk Medications policy in Compliance 360.



## Medication Safety

- Medication and immunization errors are some of the most common types of error in healthcare and are almost entirely preventable.
- When placing labels, be sure to avoid covering the drug name, strength, NDC, Lot, or manufacture expiration date.
- Multi-Dose Vials
  - Expire 28 days from opening or sooner if indicated based on manufacture expiration date.
  - Must be labeled with the 28-day expiration date as soon as it is opened.
- All medications are to be stored in a secured medication room or locked cabinet until use.

More information regarding handling, administration, inventory and control of medications can be found in C360 Clinic Medications Policy.

More information: Look-Alike/ Sound-Alike (LASA) Medications policy and procedure.



## Medication Safety: High Risk Medications

- High risk medications have a higher risk of harm if not used correctly.
- A medication that requires an independent double check is Depo Testosterone.
- To mitigate this risk, we employ the **independent double check** whereby a second authorized medical professional WITHOUT conferring with the first, verifies the six medication administration rights.
- More information: Clinic Medication Policy.



## Medication Safety: High Risk Medications

### Medications that require an independent double check include:

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



## Medication security

### Medication Security Key Points

- Home medication use is restricted except under specific circumstances. Medications brought in from home should be sent home if possible or inventoried into a secure medication bag and sent to the pharmacy.
- All medications sent through the tube system will be sent using a code.
- Medications need to be always secured. Only take what you need at the time- if a medication is removed from the Omnicell and not opened/ used, return the medication immediately. Unsecured storage in patient rooms is not allowed.

### For more information see:

- Control of Patient's Own Medications policy
- At NMHH: Medication Selection, Procurement, Storage, and Control policy and procedure
- At MGH: Medication Security and Storage policy

More information: Medication Selection, Procurement, Storage, and Control policy and procedure





## Medication Range Orders

- Range orders will only be allowed for the dose field (e.g., morphine 2 - 4 mg IV every 2 hours prn [as needed] 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.



## Medication Range Orders

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

More information: [Medication Range Orders policy and procedure](#) in Compliance 360



## Titratable Medications

- Titratable infusions should follow the order parameters and the administration instructions.
- Components of a titratable infusion order.
  - Starting rate (initiate at)
  - Infusion rate (dose range)
  - Frequency of titration
  - Incremental unit of rate increase or decrease
  - Goal parameter

**x norepinephrine bitartrate (LEVOPHED) 8,000 mcg in dextrose 5 %**  
Dose 0-30 mcg/min : 0-56.3 mL/hr : Intravenous : TITRATE

**SPECIAL DISPOSAL**

Admin Instructions:  
Titrate by 1 mcg/min if MAP is 60-65 and by 2 mcg/min if MAP is less than 60. Notify provider for rate greater than 20 mcg/min

Dispense Location: Central Pharmacy  
Frequency: TITRATE  
Route: Intravenous  
Order Dose: 0-30 mcg/min  
Ordered Infusion Rate: 0-56.3 mL/hr

Order Questions/Answers:  
Initiate at: 8 mcg/min  
Titrate by: 1-2 mcg/min  
Frequency of titration: 5 minutes  
Goal parameter: MAP greater than or equal to 65 mmHg

Action: New Bag  
Route: Intravenous  
Dose: 0-30 mcg/min  
Order Concentration: 32 mcg/mL  
Associated Flowsheet Rows:



## Titratable Medication

- Titrate by [example: 1-2 mcg/min]: *amount that the infusion can be **increased** or **decreased***
  - If this is a range, utilize the lowest effective increment of medication (**within ordered parameters**) that is effective to achieve the ordered goal parameter
- Frequency of titration [example: 5 minutes]: *how soon the infusion can be increased or decreased*
- Goal parameter [example: MAP greater than or equal to 65 mmHg]: *target of the infusion specific to the medication and the patient*



## Time Critical Medication

- Most medication doses are to be given within **1 hour before or after the scheduled due time.**
- Medication doses that must be given as close to the due time as possible include:
  - STAT doses.
  - Doses specifically timed for procedures.
  - Doses timed with serum drug levels.
- **Time Critical Medications** must be given *within 30 minutes* before or after the due time. These include:

Fluoroquinolone oral antibiotics	Itraconazole
Pancrelipase	Oral tacrolimus
Nimodipine	Oral cyclosporine
Oral pyridostigmine and neostigmine	Prandial insulin aspart

More information: See Medication Administration policy  
[Attachment B: Timing of Medication Administration](#)



## Drug Diversion

- “Diversion” means the transfer of a controlled substance from a **lawful to an unlawful channel** of distribution or use.
- North Memorial Health monitors the movement of controlled substances throughout the facility and to provide effective controls to guard against theft and/or diversion.



- It is everyone's responsibility to recognize and report suspected diversion.
- Diversion has **caused patient harm** including infecting them with **hepatitis**.

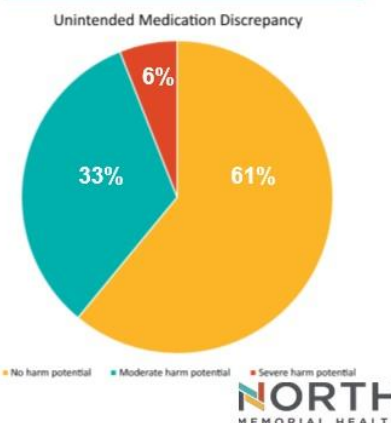


## Medication history and reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders.
- The patient's medication list must be reviewed and corrected for every patient encounter.
- The list needs to be reconciled when the patient is transferred to another level of care within or outside the organization.
- The complete and reconciled list of medications is provided to the customer and explained on discharge.
- Medication Reconciliation is everyone's responsibility. If pharmacy hasn't completed it prior to bed placement it is the expectation that the admitting RN complete it.

More information See  
Medication Reconciliation policy  
in Compliance 360

More than half of patients have > 1 unintended medication discrepancy at hospital admission



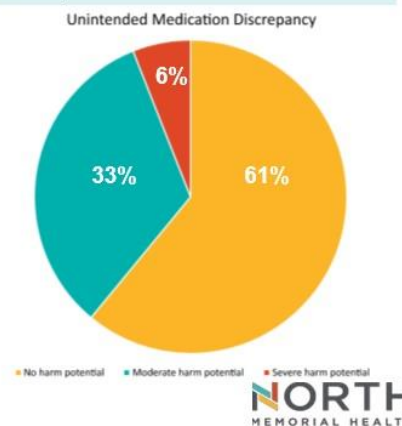
## Medication history and reconciliation

Medication history and reconciliation should occur during each point of care including all transitions in care (admit, transfers, discharge, etc.) and all clinic visits.

- **Step 1:** get the most accurate medication list possible, including drug name, dose, frequency, route, last dose taken, OTC medications, and herbal supplements.
- **Step 2:** providers then determine what will continue or change.
- **Step 3:** the reconciled list is given to the customer and explained in detail during discharge and at the end of visits.
  - **Who:** An accurate list is everyone's responsibility.
  - **Why:** Medication discrepancies can lead to harm.

For more information, refer to the [NMHH Medication Reconciliation Role Responsibilities Procedure](#) in Compliance 360.

More than half of patients have > 1 unintended medication discrepancy at hospital admission





## Antibiotic Stewardship

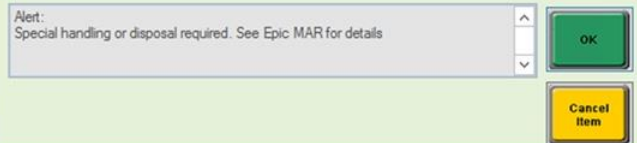
- Centers for Disease Control (CDC) 2013 report, "Antibiotic Resistance Threats in the United States," estimates at least 2 million illnesses and 23,000 deaths annually are caused by antibiotic resistance.
- Just using antibiotics can create resistance and need to only be used for infections.
- However, up to 50% of the time antibiotics are not optimally prescribed (either not needed, incorrect dosing or duration).
- Antibiotic Stewardship** is the effort to measure and improve how antibiotics are used, improve patient outcomes, and decrease resistance to antibiotics.
- North Memorial has an ongoing antibiotic stewardship program that is a partnership between Infectious Disease, Pharmacists, and Providers.



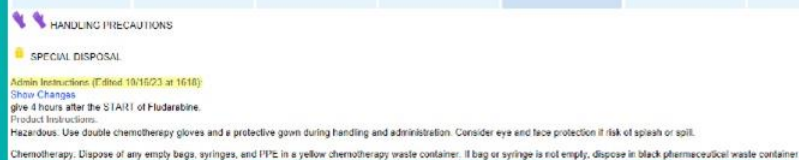
## Hazardous Drugs & Disposal

- As shown in the Waste Stream Management grid, many medications require special disposal. In many instances, these medication also require special handling.
- To further inform team members of hazardous drug handling and disposal requirements, there is an alert in Omnicell and detailed information in the MAR (Medication Administration Record).

Omnicell



MAR





## Patient Care Team Member 2023



### Patient Identification

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

1

2

3 or more

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



## Patient Identification

- 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#).
  - Providing treatments or procedures and services.
- Patient identification includes active involvement of the patient, if able, and/or family. If possible, always ask the patient to state their name and DOB.
- The patient identification (ID) bracelet must be on the patient at all times; it cannot be taped to the bed.
- The patient's room number or physical location is NEVER used as an identifier.
- If the patient's identity is unknown refer to the Patient Identification policy.



## Specimen Labeling for Lab Testing

- All patients must be positively identified, and the samples labeled with 2 unique identifiers – one of them being the patient's full name. **Patient's room number is NOT a valid identifier.**
- The correct labeling of laboratory specimens is critical to patient's care and safety. Any lab sample received will not be processed until all labeling requirements are met.
- Print specimen labels only when you are ready to collect the sample from the patient.
- If any part of the patient identification is missing and/or "cut off" from the label, you must hand write it or print a new label that is accurate. Call IT for any label printer problems.
- Collect all blood samples according to established "Order of Draw" and mix well immediately after collection. Refer to Laboratory section under Clinical Services tab on the Intranet for more information.



## Specimen Labeling for Lab Testing Continued



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

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## Specimen Labeling for Lab Testing Continued

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



## Order of Draw for Common Laboratory Tests

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

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

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

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



## Point of Care Laboratory Testing



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





## Point of Care Laboratory Testing

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

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

Maple Grove Hospital Laboratory supports Point of Care testing:

- Whole blood glucose testing
- EPOC blood gas and chemistry testing in the NICU
- Whole blood creatinine testing in imaging
- AmniSure ROM (rupture of fetal membranes) in Labor and Delivery

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



## Patient Hand Off

Patient 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 patient safe.





## EMS Time Out Report

<b>M</b>  <b>I</b>  <b>S</b>  <b>T</b>	<b>Mechanism or Medical Complaint</b>	<b>Name, Age, Sex</b> <b>Mechanism:</b> Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type <b>Medical:</b> Onset, Duration, History
	<b>Injuries or Illness Identified</b>	<b>Head to Toe</b> Pain, Deformity, Injury Patterns STEMI—12-Lead / Stroke — Cincinnati
	<b>Signs and Symptoms</b>	<b>Symptoms and Vitals</b> Initial, Current, Lowest Confirmed BP HR, BP, SPO <sub>2</sub> , RR, ETCO <sub>2</sub> , BG GCS: Eyes _____ Verbal _____ Motor _____
	<b>Treatments</b>	Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints Defibrillation / Pacing

MIST report can be utilized with any patient care handoffs, communication with OMD, or first responder partners.

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## Step 1: Attention Getter



Identify Team Leader and assure you have their attention

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## Patient Hand Off

NMH procedure for patient hand-off is as follows:

- Use **SBAR** (Situation, Background, Assessment and Recommendation) framework to pass on critical information about the patient and their care.
- Read-back to verify important information.
- SBAR is to be used in the patient's medical record notes as well as in verbal communications between health care professionals.



## Step 2: Mechanism or Medical Complaint

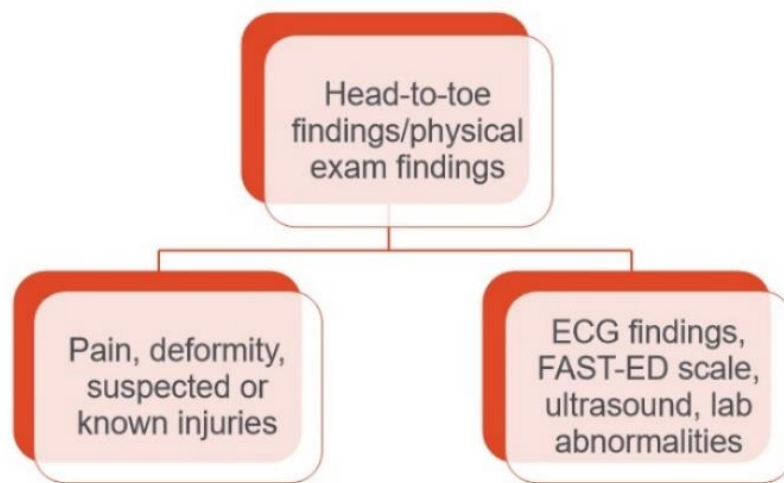
Introduce patient: name, age, gender, pertinent info,  
i.e deaf, blind, ESL, etc.

Trauma: Speed, height of fall, restraints, helmets/  
airbags +/-, damage to vehicle, extrication

Medical: Chief complaint, OPQRST, relevant history



### Step 3: Identified Injuries or Illness



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### Step 4: Signs/Symptoms (Significant PMH/ Medications)



VITAL SIGNS-INCLUDE  
LOWEST BP, LOWEST  
SATS, HIGHEST HR



GCS- INCLUDE  
CHANGES



PUPIL EXAM-  
INCLUDE CHANGES



BLOOD SUGAR



ALLERGIES



HIGH-RISK  
MEDICATIONS

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## Step 5: Treatment & Then Transfer Care

### Describe treatments done

Lines, needles,  
tubes, size and  
location

Fluids and  
medications  
administered

Dressings,  
tourniquets,  
splints

Defibrillation,  
pacing, etc.



Last step is to ask if there are any  
questions



## Pain Management

- We take a holistic approach to pain management and focus especially on making sure our patients are comfortable during their hospitalization.
- In addition to medications and non-pharmacologic treatments (such as 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 patients.



## Improve Recognition & Response to Changes in a Patient's Condition

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



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## Pain Management Best Practices

- Providing patients/family with verbal and written information about pain management, including pharmacologic and non-pharmacologic interventions.
- Teaching patients/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention. (Example pain scales: Numeric, Verbal, N-Pass, FLACC, Faces, Behavior.)
- Developing an individualized pain management plan which includes the patient's goal for pain management, patient preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.
- Perform hourly rounding where pain, elimination, environment, and positioning (PEEP) are managed and reassessed.
- Using the CareBoards for communicating comfort goal, plans and interventions to team members and patient/family.

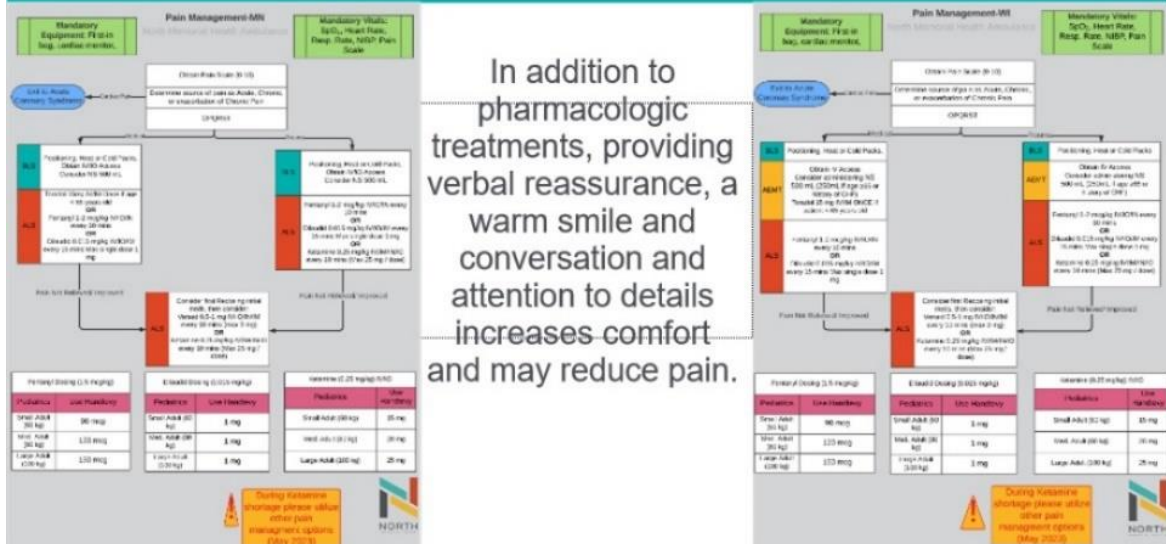
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# Pain Assessment

- **An INITIAL assessment is required prior to pain intervention.** Best practice shows to do this within 30 minutes.
- **A pain REASSESSMENT must be completed within 60 minutes following an intervention.** Best practice is 30 minutes after an IV medication intervention, 60 minutes after a PO/IM pain medication intervention or 15-60 minutes after a non-pharmacological intervention.

## Adult Pain Management Guideline



# Adult Pain Management Guideline

- All patients will receive the best level of pain control that can safely be provided in order to prevent unrelieved pain. Documentation of pain management includes severity of pain, location, intervention, reassessment and appropriate patient/family intervention/education.
- Talk to your regional leadership or contact [ASQuality@northmemorial.com](mailto:ASQuality@northmemorial.com) with any questions or clarification needed.
- The EMS RB monitors how compliant EMS agencies are at documenting pain assessments in trauma patients.

Pain Management Page 2  
North Memorial Health - Ambulance

Key Considerations for:		
<b>HPI / MCH</b>	<b>Differential Diagnoses</b>	<b>Be Prepared to:</b>
OPQRST exam Use of NSAIDs History of Liver / Kidney Disease History of bleeding disorders	Consider the HPI / Cause of Pain Consider the content of pain Consider the patient's experience with pain medications Review for any occult processes	Stay ahead of pain Monitor side effects: Nausea Respiratory depression Sedation
<b>Transport Emergent / Consider Air / ALS Intercept if any of these:</b> <ul style="list-style-type: none"> <li>• Patient condition deteriorates</li> <li>• Patient develops anaphylaxis secondary to Fentanyl pain management</li> <li>• Cause of pain threatens life, limb, or organ(s)</li> <li>• EMS unable to control pain due to an underlying process (e.g., immediate surgical need)</li> </ul>		
<b>Treatment Plans / Rationale</b> <ul style="list-style-type: none"> <li>• Fentanyl reduces the patient's pain for pain management in the air or on scene setting. It is used to treat and has few side effects.</li> <li>• Opioids should be considered for longer transports or as an adjunct to fentanyl when longer acting pain control is indicated.</li> <li>• Opioids should be avoided in patients with respiratory depression and require higher doses.</li> <li>• Ketamine is an excellent option for traumatic pain, but needs most effectively as an adjunct.</li> <li>• Titration is absolutely contraindicated in the presence of trauma, in patients older than 65, and in patients with acute Coronary or Liver disease.</li> </ul>		
<b>Devilbox Report</b> When giving bedside report, use the entirety of pain management given as well as the most recent dose, including the time the most recent dose was given by EMS staff.		

**UNIVERSAL PAIN ASSESSMENT TOOL**

0 1 2 3 4 5 6 7 8 9 10

NO PAIN  
MILD PAIN  
MODERATE PAIN  
SEVERE PAIN  
VERY SEVERE PAIN  
WORST PAIN POSSIBLE

Visual analog scale with faces and corresponding pain levels.

Revised: May 2023

## Pain Management

### Fentanyl

Binds to the opioid receptors in the CNS. Thus, reducing the intensity of pain from the sensory nerve endings.

Inhibits ascending pain pathways

#### Best for:

- Rapid pain control
- Acute traumatic pain
- Increases pain threshold

#### Not as good for:

- Long-acting pain control
- Chronic pain

1-2 mcg/kg IV/IO/IN/IM every 10 min

## Pain Management

### Hydromorphone-Dilaudid

Binds to the opioid receptors in the CNS. Thus, reducing the intensity of pain from the sensory nerve endings.

#### Best for:

- Longer periods of care/transport
- Longer onset of action, longer duration
- Adjunct to fentanyl when longer-acting pain control is indicated

#### Not as good for:

- Rapid pain control

#### NOT TO BE USED FOR:

- Hypotensive patients

0.015 mg/kg IV/IO/IM every 15 min

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## Pain Management

### Ketamine

Interacts with NMDA, opioid, monoaminergic, muscarinic receptors and voltage sensitive calcium channels. Producing a potent anesthetic effect.

Ketamine does not interact with GABA receptors.

Works well in conjunctions with other analgesics.

#### Best for:

- Acute traumatic pain
- As an adjunct to opiates if opiate analgesics are ineffective

#### Not as good for:

- Long duration pain control

0.25 mg/kg IV/IM/IN/IO every 10 min, max 25 mg each time

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## Pain Management

### Ketorolac

Non-selective NSAID

Inhibits key pathways in prostaglandin synthesis which mediates inflammation and pain at the site of injury.

Has antipyretic, analgesic & anti-inflammatory properties

#### Best for:

- Suspected renal colic, atraumatic pain, sprains and strains

#### Not as good for:

- Rapid pain control for acute traumatic pain

#### NOT TO BE USED FOR:

- Contraindicated in the presence of trauma
- In patients older than 65
- Patients who take Coumadin or Lovenox
- Pregnant patients or patients with renal failure

15 mg IV/IM ONCE in patients < 65 due to decreased kidney function

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## Benzodiazepine

### Midazolam

Binds to specific benzodiazepine receptors in the GABA neuron.

Short acting hypnotic-sedative with anxiolytic, muscle relaxant, anticonvulsant, hypnotic, & amnesic properties.

#### Best for:

- As an adjunct to other analgesic medications
- Alcohol withdrawal
- Seizures

#### NOT TO BE USED FOR:

- Use as a single analgesic agent

0.5-1 mg IV/IO/IN/IM every 10 min, max cumulative dose of 3 mg

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# Pediatric Pain Management Guideline



**HANDTEVY™**  
Pediatric Emergency Standards

If having trouble logging into HandTevy, uninstall then reinstall the app using your North email address and NMAS2016 as both the login and password. If you are still getting an error after doing that, email [ASTech@Northmemorial.com](mailto:ASTech@Northmemorial.com)



## Pain Scales

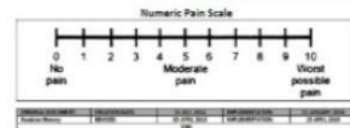
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AMBULANCE & AIR CARE  
Clinical Care Manual

Pain Assessment Scales		
Pain Assessment Scales		
FLACC Pain Scale		
CRITERIA	0	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, discomfort
Legs	Relaxed position or relaxed	Clonus, restless, tense
Activity	Lying quietly, normal posture, normal voice	Agitated, restless, loud and high voice
Cry	No cry (crying or sobbing)	Moans or whimpers
Comfortability	Comfortable, relaxed	Restless or uncomfortable, fidgeting, pulling or being pulled on, distressed

Non-Verbal Pain Scale (NVPS)		
CRITERIA	0	1
Face	No particular expression or smile	Occasional grimace, frowning, occasional withdrawal
Activity (movement)	Lying quietly, normal posture	Restless, restless, tense, or withdrawal
Crying	Lying quietly, no crying or sobbing	Moans or whimpers
Physiology (other signs)	Stable vital signs	HR more than 20 above baseline or HR decrease in 30% within 30 minutes with no intervention
Respiratory	Stable RR (20-30), Comfortable with ventilation	HR more than 20 above baseline or HR decrease in 30% within 30 minutes with no intervention

Page 3 of 12  
APR Pain Assessment Scales APR 2016.docx

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AMBULANCE & AIR CARE  
Clinical Care Manual



Assess Modified Agitation Severity Score	
4	Combative: severely combative or violent, immediate danger to staff
3	Very Agitated: Patient verbal responses hostile or belligerent
2	Agitated: Frequent non-purposeful movement or variable disorientation
1	Fidgetless: Anxious or apprehensive but movements not aggressive
0	Alert and Calm
-1	Grassy: Sleeps Awake 30 seconds, Eyes open to verbal
-2	Light Sedation: Awake more than 30 seconds with eye contact or verbal
-3	Moderate Sedation: Any movement, except eye contact, to verbal commands
-4	Deep Sedation: No response to voice, any movement to physical stimulation
-5	Unresponsive: Response to voice or physical stimulation

APR Pain Assessment Scales APR 2016.docx





## Fall Prevention for Patients

The following are basic actions that should be done for every patient to assist in identifying and preventing falls:

Click each box to learn more

Fall Risk Assessment

Medications

Educate Patient and Family

Rounding

Identify

Interventions



## Fall Prevention for Patients

### Fall Risk Assessment

- Appropriate fall risk assessment should be chosen based on care area. Please see NMH Fall Prevention Policy and Procedure.
- Conduct a fall risk assessment upon arrival, during admission, once every shift and with any change in condition.
- Nurses may implement fall prevention interventions for any patient, including those who are not considered at high risk of falling.
- If a patient has fallen during hospitalization, they are considered at high risk for falls for the remainder of their hospitalization. A history of falls is considered a risk factor for future falls.

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## Fall Prevention for Patients

### Medications

- Assess patient's medication to determine risk for dizziness, lightheadedness, or postural hypotension.
- Consult pharmacy if you have any concerns.

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## Fall Prevention for Patients

### Educate Patient and Family

- Educate and inform the patient and family how to prevent falls at the start of every shift and as needed throughout the shift to ensure awareness.
- Encourage the patient to:
  - Wear non-slip socks when ambulating
  - Call for assistance
  - Use assistive devices
  - Keep items within reach
- If they are a fall risk, instruct them to call for assistance every time they get up.
- Educate regarding alarms; they are intended to keep patient safe.

Back



## Fall Prevention for Patients

### Rounding

- Complete Hourly Rounding including pain, elimination, environment, and positioning on each patient, noting that fall interventions are appropriately in place and activated for those at high risk.
- Most of the hospital falls have been related to a patient needing to toilet. Ask every hour during Hourly Rounds about toileting, and be proactive with scheduled toileting when appropriate for the patient.

[Back](#)



## Fall Prevention for Patients

### Identify

- Use green light indicator outside of room, check fall risk on the care board, place a green wrist band and red gripped socks (Robbinsdale) or gripped socks (Maple Grove) on patient to identify them as a fall risk.

[Back](#)



## Fall Prevention for Patients

### Interventions

- Always stay within arm's reach when a high fall risk patient is ambulating, transferring, or when on the toilet or commode.
- Use bed alarms and chair alarms-ensure they are on and working during Hourly Rounds and after ambulating or transferring. Keep beds at the lowest level and keep wheels locked. Use the Seated Positioning System for patients at risk of sliding out of the chair.
- Keep items within reach. A large number of falls occur because patients 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 patient condition.
- Consistent use of interventions is KEY in preventing falls.

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## Pressure Injury Prevention

- NMH continues to have reportable pressure injuries. **Specifically, device related and bony prominence pressure injuries are of concern.**
- Preventing hospital acquired pressure injuries is imperative for patient safety here at North Memorial Health.
- Pressure injury prevention requires a team approach. Identifying patients at risk for skin breakdown is the initial step.
- Once an at-risk patient 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

Head to toe assessment reminders

Pressure injury prevention interventions

Communication & escalation

Resources

Click the buttons to the left for more information on each topic.

## Pressure Injury Prevention Continued

Head to toe assessment reminders

Pressure injury prevention interventions

Communication & escalation

Resources

### HEAD TO TOE ASSESSMENT REMINDERS

**Admission:** All patients should be assessed from head to toe within 4 hours of admission and transfer to inpatient unit. Assessment includes:

- "Two Sets of Eyes."
- Inspecting and palpating skin and bony prominences.
- Ensure documentation of measurements for wounds that require them.
- Utilize Rover devices to take pictures of any PTA wound/skin issues.

**Ongoing and Change in Condition:**

- Med-Surg every 8 hours.
- ICU every 4 hours.



## Pressure Injury Prevention Continued

Head to toe assessment reminders	
Pressure injury prevention interventions	
Communication & escalation	
Resources	<p><b><u>PRESSURE INJURY PREVENTION INTERVENTIONS</u></b></p> <ul style="list-style-type: none"> <li>• Provide thorough skin care.</li> <li>• Review nutritional status.</li> <li>• Reposition patients with a Braden of 18 or less minimally every 2 hours.</li> <li>• Limit supine positioning.</li> <li>• Look under, remove and reposition mechanical devices, per standard, to decrease pressure related events.</li> <li>• Perform PEEP (Pain, Elimination, Environment, Positioning) rounds each hour to ensure repositioning is being completed and pressure injury prevention measures are in place.</li> <li>• Use tools such as TAPs, Z-Flo, Seated Positioning System, heel boots, etc. to offload and redistribute pressure.</li> </ul>

## Pressure Injury Prevention Continued

Head to toe assessment reminders	
Pressure injury prevention interventions	
Communication & escalation	
Resources	<p><b><u>COMMUNICATION &amp; ESCALATION</u></b></p> <ul style="list-style-type: none"> <li>• Educate patients and family about the risks and how to prevent skin break down.</li> <li>• Discuss pressure injury prevention with managing provider.</li> <li>• Develop and individualize a plan of care that includes pressure injury prevention and skin care.</li> <li>• Communicate findings or concerns to care team, this includes during every patient hand off, report, and interdisciplinary rounds.</li> <li>• If you see something new or of concern, place interventions and escalate through a WOCN consult, safety first and through the charge RN.</li> </ul>

## Pressure Injury Prevention Continued

Head to toe assessment reminders

Pressure injury prevention interventions

Communication & escalation

Resources

### RESOURCES

- Utilize support tools in the electronic health record such as the Skin Accordion to synthesize information related to skin.
- See the Pressure Injury Prevention policy for specific standards and expectations.
- See the Skin care page to see tip sheets and tools available for all team members for pressure injury prevention.
- See Pressure Injury Prevention Refusal and Escalation Algorithm policy in C360.

## Lift Equipment Objectives



The learner will be able to:

- Identify lifting equipment that is available at Robbinsdale Hospital and Maple Grove Hospital.
- Review case studies regarding which piece of equipment to use.

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## We Know That Bedrest is Bad!



Prolonged immobility is correlated with:

- Increased length of stay.
- Increased admission to nursing homes.
- Falls during and after hospitalization.
- Loss of independence after discharge.
- Increased cost of hospitalization.

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## Tips for Mobilizing Patients

Progressing mobility:

- Begin with bed mobility (have patient help to roll, boost, etc.).
- Sit at edge of bed.
- Standing at bedside.
- Transfer to chair (for meals).
- Walk to the bathroom vs. use of commode.
- Walk in the halls.



*At any point, if these activities require a heavy assist of 2 or more people, consider using lift equipment.*

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## Equipment Available at NMHH and MGH



Stand Aid

EZ Stand

Mechanical Lift

Lateral Transfer Assist Device

Click on each piece of equipment to learn more.

### Who?

- Patient must have the strength and stability to lift and support themselves, but who have difficulty walking

### How to Use:

- Assist of 1. (**Recommended to use with assist of 2:** remember if patient loses consciousness, they will let go of equipment and fall).
- Prior to transfer, raise the two split seat units up.
- Position Stand Aid in front of patient and place feet onto the foot tray lining up shins/knees to the pads.
- **Lock both rear casters.**
- Have patient grab cross bar using their own strength to stand.
- Lower both split seat units behind patient, then patient can lower themselves down to seat.
- Unlock wheels, transfer patient to new surface. Align patient with new surface **and lock wheels.**
- Have patient pull up to standing position.
- Raise the two split seat units up.
- Stand by patient as they lower onto the new surface.
- Ensure patient is safely positioned, then unlock the casters.



Back



### Who?

- Patients who can sit with supervision, follow commands well and are a heavy assist of two to transfer to a chair or commode. They also must be able to bear 50% of their weight.

### How to use:

- **Requires 2 team members** (not family or visitors).
- Weight max is labeled on a sticker on the lift.
- Ensure you know the location of the emergency lever or button.
- Safety check should include assessing for holes/rips in sling and ensuring the battery is charged.
- Identify sling/belt size by looking at the tag on the sling.
- **Apply belt 2 inches above the waistline and tighten.**
- Lock wheels.
- Position **patient's feet onto foot tray**, positioning knees into knee pad and Velcro behind legs.
- Hook shortest loops of sling/belt onto the stand arm hooks.
- **Raise patient slightly and re-tighten belt if needed.**
- Transfer with one team member standing with patient and the other controlling the lift.
- When lowering, lock the wheels and guide the patient down to a proper position using the sling/belt.



[Back](#)

### Who?

- Patients who can follow directions, non combative and are a heavy assist of 2 or more. This can be used to transfer from chair, bed or even the floor in certain cases.

### How to use:

- **Requires 2 team members** (not family or visitors).
- Weight max is labeled on a sticker on the lift.
- Ensure you know the location of the **emergency lever or button**.
- Safety check should include assessing for holes/rips in sling and ensuring the battery is charged.
- Identify sling size by looking at the tag on the sling.
- Apply sling:
  - Hook shorter loops by patient's shoulders and longer loops by patient's legs.
  - The **color of hoops should match at each level.**
  - Criss cross the leg loops and loop into each other.
- **Lock the wheels** when raising patient from the floor.
- One team members should stand with patient and other should be using remote and controlling the lift.
- Transfer patient to appropriate position and ensure patient safety prior to removing sling.



[Back](#)



#### Who?

- To be used to transfer any patient from a flat surface to another flat surface, uses appropriate ergonomics for staff and is most comfortable for patients.

#### How to use:

- **Requires assist of 4 team members.**
- 1200 pound weight limit.
- **Lock wheels of bed and stretcher** prior to use.
- Center patient on transfer device prior to inflation.
- Attach safety buckles loosely around patient to **ensure patient is in the center of the transfer device.**
- Attach hose of transfer device to the mat and then power on an inflate mat.
- After transfer, ensure transfer device is centered on desired location before deflating.
- Lateral transfer assist device is not designed to stay underneath patient and is **not skin friendly**. Remove transfer device as soon as patient is back into their bed.



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## Patient Scenarios and Equipment Review

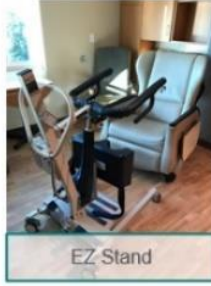
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## Scenario #1

Susan is a 75 year old woman who presents after a fall resulting in a hip fracture. Patient underwent surgery and is now weight bearing as tolerated to her left leg. You were able to assist the patient into a standing position, though once standing she is having trouble with pivoting to the recliner chair. **What piece of equipment could you utilize to assist in this transfer?**



Stand Aid



EZ Stand



Mechanical Lift



Lateral Transfer Assist Device



## Scenario #1



Correct, it's a Stand aid.

Susan is able to stand and bear weight but is having difficulty pivoting. The stand aid is great for patients who can stand and have the strength to hold themselves up.

## Scenario #2

Ray is a 60 year old male who presented to the hospital initially with a lower leg wound. After a prolonged hospital stay, he is now status post below the knee amputation. Overall, Ray is very deconditioned and weak. You attempt to help him sit up at edge of bed, though he has poor sitting balance and requires assist of 2+ people for safety. ***What piece of equipment could you use to assist Ray with getting into the wheelchair to come to his therapy appointment?***



Stand Aid



EZ Stand



Mechanical Lift



Lateral Transfer Assist Device



## Scenario #2



Correct, the safest way to transfer Ray would be to use the Mechanical lift (also known as a Hoyer or Floor lift).

## Scenario #3

Esther is a 75 year old female who presents with urinary tract infection and generalized weakness. During report, you were told Ester was a heavy assist of 3 to get up to the chair during day shift. She is now requesting to use the commode. She is not combative, can follow commands well and has no weight bearing restrictions. You were able to assist her into sitting at edge of bed where she is able to sit with supervision. **How would you complete this transfer to the commode?**



Stand Aid



EZ Stand



Mechanical Lift



Lateral Transfer Assist Device



## Scenario #3



Correct, The EZ stand. Esther meets all the qualifications to be able to use the EZ stand.

Who?

- Patients who can sit with supervision, follow commands well and are a heavy assist of two to transfer to a chair or commode.

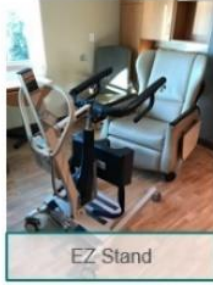


## Scenario #4

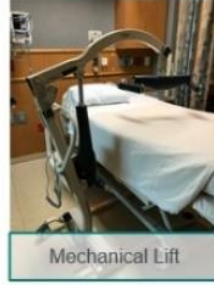
Bobby is a 42 year old who has been complaining of pain in his leg and his arm. He is going to get some x-rays and needs to be transferred from his bed to a stretcher. ***What is the safest, most comfortable way to transfer him to a stretcher?***



Stand Aid



EZ Stand



Mechanical Lift



Lateral Transfer Assist Device

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## Scenario #4



Correct, the lateral transfer assist device. This is the most comfortable way to transfer him.



## Critical Results and Communications

- Critical tests and critical results are reported and documented as a priority and are timely.
- Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the patient.
- Verification of patient identification and the reported critical value must always be confirmed with a "read back" of the information by the qualified recipient.
- Please see Critical Communications, Results and Findings policy for more information.



## Critical Results and Communications

- Critical tests and critical results are reported and documented as a priority and are timely.
- Results must be communicated to or received by the responsible licensed caregiver (RN or MD) who may take action on behalf of the patient. CMA and LPNs cannot acknowledge or take action on critical results.
- Verification of patient identification and the reported critical value must always be confirmed with a "read back" of the information by the qualified recipient.
- Please see Critical Communications, Results and Findings policy for more information.



## Surgical & Procedural Site Marking

- Surgical and procedural site marking occurs to ensure the correct procedure is completed on the correct patient and on the correct site.
- Patient 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 patient's room.
- Verification occurs at multiple points in the care of the patient and requires coordination between the privileged provider performing the procedure, the patient or legal guardian, and all members of the surgical/procedural team.



## Surgical & Procedural Site Marking



- The privileged provider performing the procedure marks the correct surgical or procedure site. With the patient awake and aware, if possible, the privileged provider will mark the procedure or operative site with their initials.
- The site will be marked with a permanent marker that will be visible when any draping or prepping of the site occurs.
- When unable to mark the site, this is documented on the Alternate Site Marking Tool.



## Surgical & Procedural Site Marking

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



Associated Policy: Time Out



## Time Out

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



## Time Out

All team members will stop their routine duties and focus their attention on the final verification of:

Patient identity using two identifiers;	Informed consent form/source documents;
Correct operative or invasive procedure;	Correct procedure side or site (and level if appropriate);
Necessary imaging, equipment, implants, or other special requirements available, as appropriate;	Correct patient position;
Visualization of the marked site(s), if applicable;	Pre-procedural antibiotic administered, if appropriate
Medication and dosage on field	Allergies

• Associated Policy: Time Out



## Time Out

All team members will stop their routine duties and focus their attention on the final verification of:

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

• Associated Policy: Time Out



## Stop the Line

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

Any team member providing patient care will immediately stop and respond to the request to stop for clarification to reassess the patient's safety. This is a proactive practice to **speak up** in advocating for all our patients receiving care. North Memorial Health leadership supports all personnel to speak up and advocate for patient safety.

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



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## Stop the Line

### Examples of care situations of concern might be:

- A patient 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 patient to the OR.
- A team member enters a patient's room to transport them to another unit for testing and when checking the patient identification, the arm band is missing and you observe the patient transferred to the wheelchair in preparation to leave the room.



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## Stop the Line

**Examples of care situations of concern might be:**

- Wrong site injection being performed.
- Wrong immunization going to be administered.



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## Stop the Line

Team member is to verbalize "Stop the Line, I have a patient 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.

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## Stop the Line Non-Compliance or Retaliation

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

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

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



## Stop the Line

All team members have the responsibility and authority to immediately intervene to protect the safety of a patient.

Any team member providing patient care will immediately stop and respond to the request to stop for clarification to reassess the patient's safety.

Leadership will support all personnel to speak up and advocate for patient safety.

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



## Example 1

You and your partner plan to administer 40mg of Lidocaine via IO for local anesthesia.

Your partner takes the 2% lidocaine pre-fill and attaches it to the IO hub without first wasting 60mg from the 100mg pre-fill, meaning the patient could potentially get a dose 2.5 times larger than indicated.

You should **Stop the line** prior to administration.



## Example 2

You are posted at a hospital when you notice that a Medivan patient is tied to a wheelchair with a transfer belt.

The patient could not reasonably escape from the wheelchair in the event of an emergency, which is a requirement of wheelchair van transport. The driver is trying to keep the patient secured so they do not fall out of the chair.

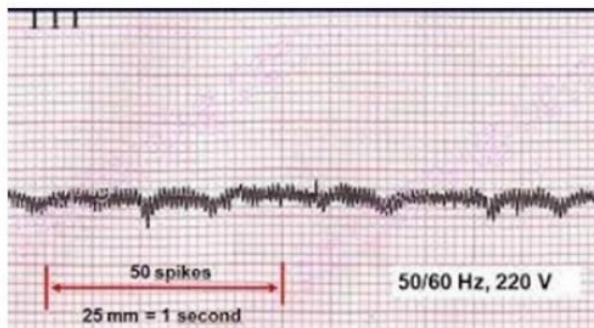
You should stop the line and work with the crew and the on-duty supervisor to find a safe way to transport the patient.



### Example 3

- You are caring for an unconscious patient with your partner. At the rhythm check, your partner calls out "V-fib" and begins the process of charging the monitor. You note the rhythm below, which you believe is due to a loose electrical outlet nearby.

- You should **stop the line and consider changing leads or moving the patient prior to checking the rhythm again.**



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### Example 4

You and your partner are in the process of performing a MAAM. After executing the pre-oxygenation process, the team member performing the laryngoscopy is still in the airway at 31 seconds on their second attempt.

You should **stop the line** and place an iGel.

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## Plan of Care

- An individualized plan of care and patient education is developed and documented within 24 hours of admission and includes goals and interventions, including nursing diagnosis and comorbidities.
- The patient and/or patient representative has the right to be involved in the development and implementation of the plan of care.
- The care plan is reassessed and individualized to the patient every shift and with condition changes, and includes the following:
  - Goals which are consistent with the provider's plan for medical care.
  - Nursing interventions.
  - Evaluation of patient's progress towards the goals.
  - Reflection of findings on assessments, both physiological and psychosocial factors.
  - Discharge planning.
  - Interdisciplinary assessments (as applicable).



## Plan of Care



The care team member documents the patient's progress towards meeting the plan of care goals which have been the focus of care.

The care plan and patient education is resolved when goals are met, teaching completed or patient is discharged or transferred.





## Information for Vocera Users



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

Every attempt should be made to achieve appropriate communication practices to limit disruption to the patient and care teams within NMH and to protect patient information. Inappropriate or vulgar language shall not be used. Be aware of the volume of your device settings and your voice when using Vocera.



## Maintaining Confidentiality During Calls

Team members must always be aware of their surroundings and protect patient information as outlined by HIPAA. The following options will help maintain confidentiality during calls:

- Walk to a private area to take the call.
- Place the call "on hold" and walk to a private area to take the call.
- Transfer the call to a nearby phone and resume the call.
- Return the call at another time.
- Do not leave messages that include patient identifiable data.
- Do not leave messages that include medical verbal orders. Vocera messaging shall not be used to give or receive medical verbal orders.



## Reminders for Vocera Use

- Be courteous and respectful when answering a call on Vocera.
- Set the stage for a caller "Hi this is -----, I am with a patient, how can I help you?"
- If calling someone on Vocera, be mindful that they may not know who is calling and may be busy, say "Hi this is----, is this a good time?" or "Hi this is ---, can you please call me when you are finished?"

More detail about communicating via Vocera can be found in the policy "Appropriate Use of Vocera Communication System" found in C360.



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## Verbal and Telephone Order Safety



- Verbal and Telephone orders are given directly from the ordering physician to the approved care team member taking the order. No third party should be involved.
- Ordering physician will clearly state the order, spelling out any "sound alike" words. No abbreviations should be used.
- The approved care team member who receives the order will repeat it back and the individual that gave the order then must confirm that the read back is correct.

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## Do I call the On-Line Medical Control ED Physician, or do I call system On-Call Medical Director?

If needing immediate assistance, radio ED physician

- Termination of resuscitation (always call North ED)
- Medication/treatment orders on 911 calls

If needing assistance, but less emergent, have dispatch page on-call medical director

- Medication/treatment orders on interfacility transports (IFTs)
- Decisions related to IFT appropriateness or care levels
- Sending/receiving facility asking to speak with medical director
- Conflicting messages or things that don't "feel right"



## How to Contact On-Line Medical Control ED Physician "Radio the ER"

For North Memorial ED:

- In Metro area: Use MRCC-W Talkgroup and ask for med control at NMHH
- Move to North Talkgroup in B bank of radio
- In Outstate: Call MRCC-W (612) 347-2123 and ask for med control at NMHH
- They will patch you through by phone
- When calling medical control, ensure you have a succinct question or request.

For receiving facility, if asking specific questions prior to patient arrival to ED:

- Follow local protocols



## How to Contact On-Call Medical Director

Call dispatch: 763-581-2897

Ask to have the system on-call medical director paged

- You may be asked to stay on the line, or they may take your number and either Dr. Tanghe, Dr. Finn, or Dr. Lilja will call you
- May take 5-10 minutes
- Notify dispatch if no response within 10 minutes
- Radio contact will not be reliable



## Patient Safety 2023



### Patients' Bill of Rights

- Each of us must ensure a health care ethic that respects the patient. Team members must be sensitive to cultural, racial, linguistic, religious, age, gender, gender identity, sexual orientation and other differences, including the needs of persons with disabilities.
- Federal and state government law exists around a "Patients' Bill of Rights". The intent of the Patients' Bill of Rights is to ensure that all activities are conducted with an overriding concern for the values and dignity of patients. Centers for Medicare and Medicaid Services and our accrediting agency (DNV) survey compliance to ensure we are meeting the Patients' Bill of Rights.





## The Patient's Bill of Rights Includes:

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



## Patients' Bill of Rights

- All patients receive a copy of the Patients' Bill of Rights. This includes:
  - Hospital
  - Mental Health (Inpatient & Outpatient Clinic Services)
  - Hospice

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



## Visitation Rights

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

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



## Patient Responsibilities

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

Provide information about health status

Keep appointments

Be honest

Know their medications

Understand their health problems

Know their caregivers

Follow the treatment plan

Be considerate of others

Accept consequences of not following treatment plan

Be tolerant/accepting of those who are different from them

[Click here for more info](#)



## Patient Responsibilities

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

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

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



## Suspected Abuse, Neglect or Financial Exploitation

Patient-facing team members are defined by Minnesota Law as mandated reporters. Minnesota law requires mandated reporters to report suspected maltreatment of vulnerable adults including suspected abuse, neglect or financial exploitation. North Memorial Health has an internal reporting structure through *Safety First*.



## Vulnerable Adult

Mandated reporters are required to report to the Minnesota Adult Abuse Reporting Center (MAARC) if they have reason to believe that a vulnerable adult is being neglected, mistreated, or exploited or have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained.

Who is a vulnerable adult?

- A person 18 years or older
- Who is a resident or inpatient of a facility
- Who receives home care services
- Who possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction - that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision - and because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.



## What is Maltreatment?

Click on each box below for more information.

Abuse

Neglect

Financial Exploitation



**Reporting**  
If you have reason to believe that a vulnerable adult is experiencing abuse, neglect, or financial exploitation, report internally through *Safety First* or to the MAARC at 844-880-1574.



## Child Abuse

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



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## Indicators of Child Abuse & Maltreatment

Physical Injuries

Behavioral Indicators

Infant or Unborn Child Abuse/  
Maltreatment

Physical & Behavioral Indicators  
(Infant)

Click the buttons to the left for more information  
on each topic.



## Indicators of Child Abuse & Maltreatment

Physical Injuries	<ul style="list-style-type: none"> <li>• Injuries inconsistent with explanation given.</li> <li>• Injuries to face, head, chest, abdomen or genitals.</li> <li>• Bruises, welts in various stages of healing, fractures, burns, or abdominal injuries.</li> <li>• Underweight, poor growth pattern, failure to thrive.</li> <li>• Lack of appropriate food, clothing, shelter, medical care or supervision.</li> </ul>
Behavioral Indicators	
Infant or Unborn Child Abuse/ Maltreatment	
Physical & Behavioral Indicators (Infant)	

## Indicators of Child Abuse & Maltreatment

Physical Injuries	<ul style="list-style-type: none"> <li>• Aggressive behavior or delinquency.</li> <li>• Attempted suicide, alcohol or substance abuse.</li> <li>• Family history of violence, alcohol or substance abuse.</li> <li>• Witness to violent or domestic abuse in the home environment.</li> <li>• Reports of sexual assault, exhibits unusual sexual behavior or knowledge.</li> </ul>
Behavioral Indicators	
Infant or Unborn Child Abuse/ Maltreatment	
Physical & Behavioral Indicators (Infant)	

## Indicators of Child Abuse & Maltreatment

Physical Injuries	<b>Physical and behavioral indicators (maternal)</b> <ul style="list-style-type: none"> <li>• Current enrollment in drug/alcohol rehab program or report of substance use.</li> <li>• Previous history prenatal substance-exposed infant.</li> <li>• Inconsistent or inadequate prenatal care.</li> <li>• Violence and substance abuse in the home.</li> <li>• History of incarceration, probation or parole.</li> <li>• History of loss of parental rights/custody.</li> <li>• Unexplained hypertension, vaginal bleeding, abruptio placenta, preterm labor, precipitous delivery.</li> </ul>
Behavioral Indicators	
Infant or Unborn Child Abuse/ Maltreatment	
Physical & Behavioral Indicators (Infant)	

## Indicators of Child Abuse & Maltreatment

Physical Injuries	<ul style="list-style-type: none"> <li>• Positive toxicology screen for un-prescribed medications or drugs.</li> <li>• Excessive jitteriness with normal blood glucose.</li> <li>• Poor feeding or frantic sucking.</li> <li>• High-pitched cry.</li> <li>• Seizure, vomiting, watery stools.</li> </ul>
Behavioral Indicators	
Infant or Unborn Child Abuse/ Maltreatment	
Physical & Behavioral Indicators (Infant)	

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

## Informed Consent

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

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

- Risks, benefits.
- Potential medical consequences.
- Alternatives including no treatment.



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

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## Informed Consent - Minors

- Any patient under the age of 18 is considered a minor. In general, a parent or legal guardian must provide consent on behalf of the minor.
- MN state laws allows minors to consent to certain types of services without parent or guardian permission (Minnesota Statutes Sections 144.341 - 144.344). These laws help young people seek confidential health care for sensitive issues such as pregnancy or pregnancy prevention, sexually transmitted infections, and substance use or abuse. Minnesota Statute 253B.04 subd.1 allows youth who are 16 years of age or older to consent for inpatient mental health services.
- Parents and guardians have access to their minor children's medical records, unless the minor legally consents for services specifically listed under the Consent of Minors for Health Services statutes (Minn. Stat. §§ 144.341 to 144.347). In that case, parents or guardians do not have access to the minor's health care records without the minor's authorization (Minn. Stat. § 144.291, subd. 2, para. (g)).
- However, a health professional may inform a minor's parent or guardian of treatment if, in the professional's judgement, failure to inform the parent or guardian would seriously jeopardize the minor's health (Minn. Stat. § 144.346).



## Informed Consent - Minors

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

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

1

2

3

Click on each  
of the numbered boxes to the left.



## Informed Consent - Minors

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

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

1

2

3

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



## Informed Consent - Minors

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

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

1

2

3

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





## Informed Consent - Minors

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

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

1

2

3

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



## Complaints & Grievances

What is a  
Complaint?

[Click here to learn more](#)

What is a  
Grievance?

[Click here to learn more](#)



## Complaints & Grievances

- Most concerns can be addressed quickly.
  - If a team member cannot resolve a concern at the point of care, it should be referred to management.
  - If management cannot resolve the concern, refer to the Patient Representative Office (After hours M-F, weekends and holidays, contact the Nursing Administrative Manager).
- Grievances (formal complaints) may be filed with state agencies whether or not the patient has used North Memorial's internal grievance process. Instructions for filing a grievance can be found in the Patient Welcome Book and the Patient's Bill of Rights booklet.



## Restraint Use

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



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



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



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

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



## Restraint Use Continued

### Nonviolent or Nonself-destructive Restraint Use

[Click here for more info.](#)

### Violent or Self-destructive Restraint Use

[Click here for more info.](#)



## When to Restrain

01

When verbal de-escalation techniques do not work, it is important to not engage in the behavior the agitated patient has exhibited.

02

Do not be afraid to restrain patients exhibiting any objective sign(s) of aggression with family, first responders, or EMS.

03

Most crew assaults come from patients who showed signs of aggression on scene, yet were never restrained.



## When to Restrain Continued

Pay attention to your instincts

Use tools at your disposal to protect you, your partner and the patient

All seatbelts

Buckle Guard

Spit Hood

Physical  
restraints

Pharmacological  
restraints

If you feel unsafe, please contact law enforcement for assistance.

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## Buckle Guard

- Buckle guards should be placed on all stretcher seatbelts that are on a transport or 72 hour psychiatric hold.
- Please see Restraint CIG for additional information in your guidelines.



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AMBULANCE & AIR CARE  
Clinical Care Manual

Step by Step:  
Buckle Guards:

1. Remove the white cap from the buckle guard by pressing down and turning (just like a "child safe cap" on a pill bottle from a pharmacy).		
2. Open the buckle guard along the hinge point.		
3. Locate the narrow slot on the buckle guard. This is the slot the buckle "blade" will pass through.		
4. Place the buckle guard around the seat belt buckle on the stretcher so the blade of the buckle passes through the narrow slot on the buckle guard and the opening in the buckle guard is over the release button on the stretcher buckle.	<p><b>YES</b></p> <p>Buckle guard has been placed so the blade of the buckle passes through the narrow slot of the buckle guard</p>	<p><b>NO</b></p> <p>Buckle guard has been placed backwards, with the buckle guard surrounding the strap side of the buckle</p>
5. Place the white cap back on the buckle guard and turn it until it is secured.		
6. To release the stretcher buckle, remove the white cap as directed in step 1 and then depress the buckle release button on the stretcher strap.		

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CIG Restraints APR 2019.docx

# Limb Restraint



**NORTH MEMORIAL HEALTH**  
AMBULANCE & AIR CARE  
Clinical Care Manual



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AMBULANCE & AIR CARE  
Clinical Care Manual

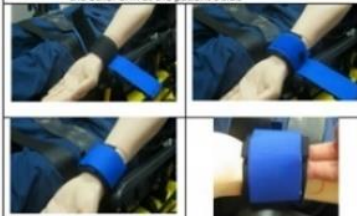
Refer to your guidelines for more information.

## Limb Restraints:

1. Ensure you have enough providers to safely restrain the patient. This is not a two-person procedure.
2. Gather restraints. The blue restraints will be used for the upper extremities and the red restraints for the lower extremities.
3. Attached the unpadding side of the restraint to the stretcher. Attach these to non-moving parts only. Wrist restraints must be attached to "winged" stretchers before placing the patient on the stretcher.



4. One extremity at a time, place the distal joint of the patient in the padded portion of the restraint, looping the Velcro portion back on to itself once. Ensure two fingers can be slid between the restraint and the patient's limb.
  - a. One arm should be secured above the patient's head with the other arm at the patient's side

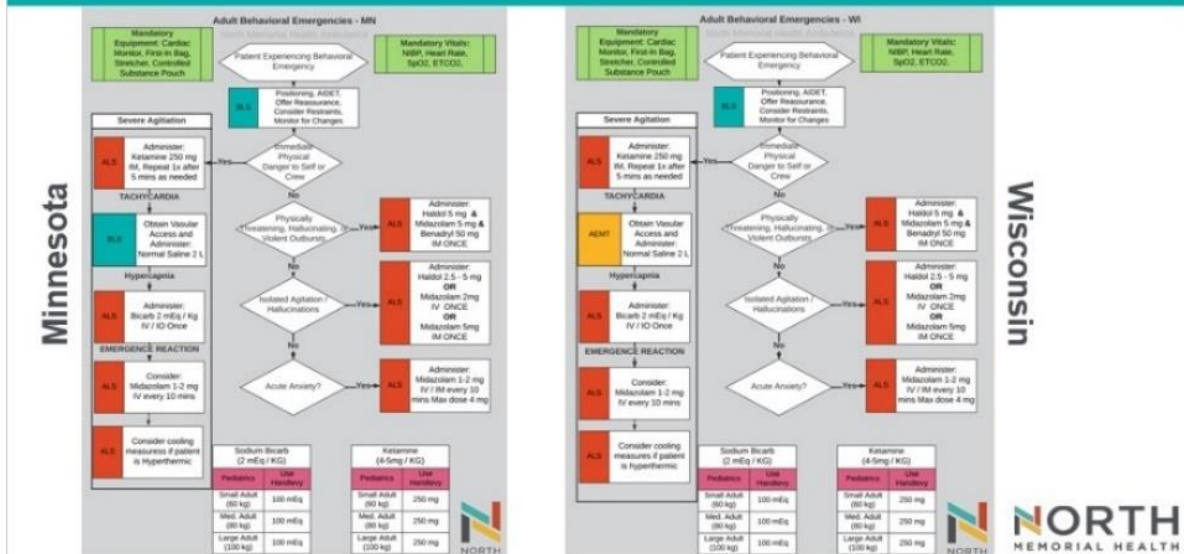


5. Once all restraints are attached, assess circulation, motor, and sensory function in all extremities and document findings.
6. Apply buckle guards (see above) to all EMS gurney "seatbelt" buckles/straps used secure the patient to the gurney prior to transport.
7. Re-check CMS in each extremity every 15 minutes and document your assessment findings. If safe to do so, consider switching the position of the arms (one limb at a time) every 15 minutes to maintain CMS and comfort.
8. On arrival at the ED, ensure enough help is present to safely and securely move the patient.



# Adult Behavioral Emergencies

Refer to your guidelines for more information.





## Adult Behavioral Emergencies Continued

Bedside Report No Specific Care Conversations Identified		
Agitation Level	Title	Descriptor
1	Confused	Obviously Confused or Disoriented
2	Irritable	Easily Annoyed or Angered
3	Boisterous	Behavior Overtly Loud or Noisy
4	Verbally Threatening	A Verbal Outburst With Intent to Intimidate or Threaten
5	Physically Threatening	Definite Intent to Physically Threaten
6	Attacking Objects	An Attack Directed at an Object
7	Attacking People	Any Physical Assault on Another Person



## Emergency Medical Treatment & Active Labor Act

### EMTALA

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



## EMTALA Applies When...

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



## Pregnant Patients and Patients in Labor

- A pregnant patient has an Emergency Medical Condition (EMC) if the Medical Screening Exam (MSE) reveals they are in labor. If after a reasonable period of observation, it is determined that they are in false labor, the patient does not have an EMC.
- A pregnant patient may also seek emergency treatment for conditions related to their pregnancy although they are not in labor and/or for conditions unrelated to the pregnancy.

When EMTALA applies definitive criteria must be met.

Please refer to the  
Emergency Medical Treatment & Active Labor Act (EMTALA) Policy.

## Infant/Fetal Loss

We recognize the life-changing event of baby or fetal loss and the importance of taking meticulous care of the family during this intense time. We have many team members devoted to understanding grief and loss and helping through the process. When an infant/fetal loss occurs, the following departments are notified:

Social Services  
Both hospitals

Chaplains  
Both hospitals

Perinatal Nurse Navigator  
MGH

Guest Services  
MGH



## Butterfly – Symbol for Loss

At Maple Grove, a butterfly is shown on the Epic electronic greaseboard next to the patient's name. Additionally, a butterfly is placed on the door to the patient room for awareness.



At Robbinsdale, a butterfly is shown on the EPIC electronic greaseboard next to the patient's name and in the generic EPIC unit greaseboard next to it for awareness. The butterfly magnet will be placed on the patient's doorframe.



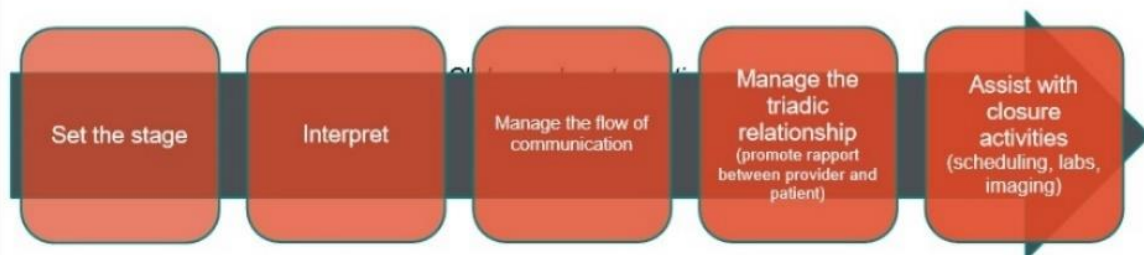
## Emotional Support

- Note any patients with a butterfly.
- Compassionately acknowledge the loss.
- Chaplains, RNs and Perinatal Nurse Navigators (MGH only) are available to provide additional support. They can be contacted through Vocera.
- See Compliance 360 for complete policies related to infant/fetal loss.



## Purpose of the Medical Interpreter

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





## Language Services

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

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



## Working With Medical Interpreters

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





## Language Access Laws

Deaf and Hard of Hearing



Spoken Language



Click on each box above to learn more.



## Language Access Laws

[Back](#)

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

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

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

Click on each box above to learn more.



## Language Access Laws

[Back](#)

### Title VI

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

### Affordable Care Act

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



## Guidelines for Requesting Interpreters

- Please use professional medical interpreters for: admits, provider encounters, family meetings, therapies and discharge and consent form.
- Propio offers 24/7 access to language services. We recommend fully utilizing Propio as your language resource. Should Propio not produce the intended communication results, our main line x10850 remains open round the clock. It's important to remember that any in-person requests must be documented by the Interpreter Services Department and must align with the guidelines outlined in our in-person request guidelines accessible on [NorthNet](#). As such, please ensure you have a legitimate reason prepared when submitting such requests.
- Using interpreters only for as long as they will be needed makes them available to help other patients.



## Language Service Resources

**To contact NMIS, please call ext. 10850**

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

**Information about interpreter services for a given inpatient patient 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 patient has an interpreter scheduled.

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



## Language Service Resources

**To contact NMIS, please call ext. 10850**

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

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

## Guidelines for Requesting Interpreters

- Use Propio for outpatient appointments. We will arrange on-site interpreters following the in-person guidelines, which encompass scenarios like MRIs, American Sign Language (ASL) needs, cardiac rehab, and nuclear medicine in-person requirements. If any questions arise, visit the [Interpreter Service Sharepoint page](#).
- Using interpreters only for as long as they will be needed makes them available to help other patients.



## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

Click on a box above for more info.



## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

An on-demand video interpretation system. Robbinsdale and Maple Grove Hospitals have a Propio unit on every floor, in ED and on L&D. An additional Propio can also be ordered via Epic. Off hospital campus clinics have access to Propio in their facility.



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## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials



CLI a secondary choice in case Propio is unavailable, yet our primary preference should always be to utilize Propio first. To communicate with an LEP patient 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](#).

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## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials



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

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## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

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.

- Robbinsdale: Order by calling 1-2324 or, after 2330, pick it up off of the dispensing cart outside of the Dispensing door on Plaza Level.
- Maple Grove: Order by calling Customer Service at 1-2321.
- Off hospital campus clinics: [Contact Interpreter Services](#).



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## Language Service Resources Continued

Propio

CLI

Pocket Talker

TTY

Printed Materials

Printed materials in various languages available on North Net/Language Services and Interpreters/Language Services/Multilingual Exchange. If you would like help finding printed materials in a non-English language, please contact [NMIS](#).

Hello  
Hola  
Bonjour  
Chao  
Привет

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

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

If an interpreter is needed, the police, Child Services, or Sexual Assault Nurse Examiner (SANE) nurses **MUST** call someone **their agency contracts with**. If the police enter the room, our medical interpreters will need to excuse themselves from the assignment.



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

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



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## Interpreter Services

To ensure effective communication, adherence to care recommendations, and patient satisfaction with our care, team members are required to use only qualified medical interpreters when communicating with customers of Limited English Proficiency (LEP)

Interpreter services are available at no cost to all patients and families who are non-English speaking

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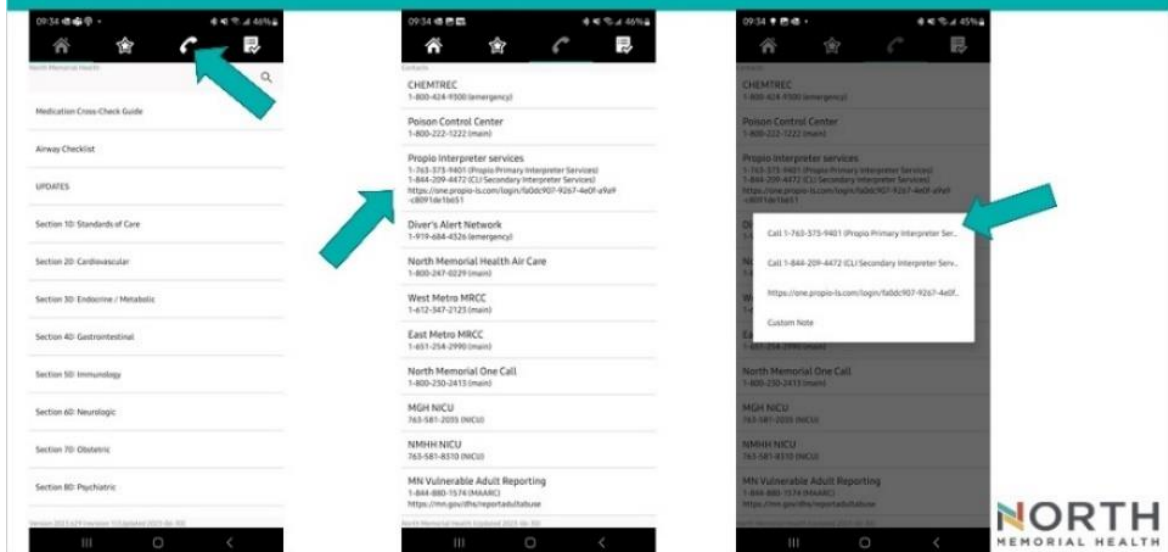
## Requesting an Interpreter

North Memorial Ambulance team members are to use Propio to provide phone and video interpreter services for over 200 languages including ASL and specialty dialects

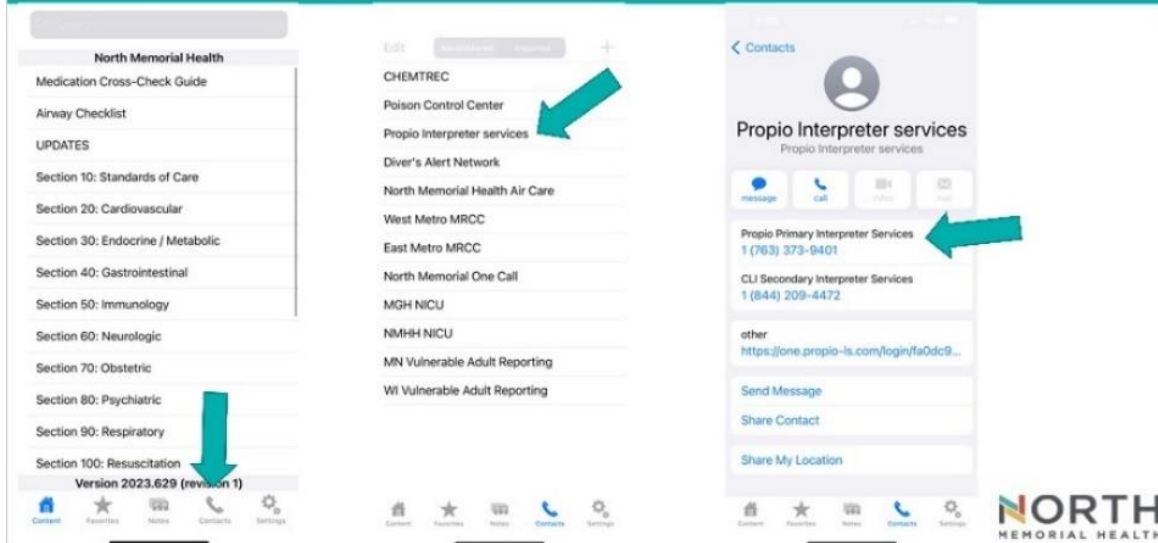
Propio is available 24/7/365. To use Propio, go to the NMAS protocol app, click on the contacts tab, select Propio Interpreter Services, then select call



## Requesting an Interpreter - Android



## Requesting an Interpreter - iOS



## Suicide Prevention

- It is the policy at NMH to take reasonable and prudent actions to appropriately assess an individual who expresses suicidal ideation, exhibits self-harm or suicidal behaviors.
- Patients are assessed for suicide risk in the Emergency Care Center, on admission to the inpatient unit and in Patient Care Center.
- If identified to be at risk, nursing team members have a set procedure to create an environment that is safe for the patient.
- Nursing also provides ongoing assessments for patients deemed at risk for further interventions as needed.
- If a patient 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 C360 provides more information on the above information and describes our risk assessment tools.**





## Non-Clinical Support Ligature Risk

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

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## Ligature Risk

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

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## EVS Cart

- Retain only the absolute necessary equipment/devices in the cleaning cart and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from the cleaning cart:
  - Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords).
  - Items in team member pockets (such as scissors, extra pens or pencils, hemostats).
  - Plastic liner bags.
  - Extra equipment and cleaning solutions should be locked or in a closed cabinet.
  - Anything that the patient could potentially use as a weapon or cause harm.
- EVS Carts cannot be left unattended on E2



## Dietary



- Ensure meals are served with plastic utensils for safety. Metal utensils should be substituted with plastic.
- Do not let patients or visitors through secured entrances/exits in patients care areas with you. Please help them to find a team member who can assist them.



## Contractors

- Ensure tools are kept within line of sight at all times. Tools & equipment cannot be left unattended.
- Do not let patients or visitors through secured entrances/exits in patient care areas with you. Please help them to find a team member to assist them.
- Temporary construction doors should remain locked at all times within the ED & E2.
- Retain only the absolute necessary equipment/devices on any carts you utilize in the area and consider all items as potentially dangerous objects. On an ongoing basis, evaluate the need to remove or secure the following items from your cart or work area.
  - Tools (scissors and razor blades are very quick and quiet to grab)
  - Un-needed cables/cords/tubing (i.e. oxygen tubing and telephone cords)
  - Items in team member pockets (such as scissors, extra pens or pencils, hemostats)
  - Plastic liner bags
  - Extra equipment: anything that the patient could potentially use as a weapon or cause harm



## If you see something, say something.

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



## Safe Place for Newborns

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

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

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

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



## MN Infant Surrender

If a person requests to surrender their baby, the newborn must be 7 or less days old.

- Ensure that the newborn unharmed.
- Attempt to collect as much medical history as possible.
- The person surrendering the baby does not have to provide any information about themselves.
- Please refer to MN Statute 145.902 GIVE LIFE A CHANCE; SAFE PLACE FOR NEWBORNS DUTIES; IMMUNITY for more information.



## WI Infant Surrender

If a person requests to surrender their baby, the newborn must be less than 72 hours old.

- Ensure that the newborn unharmed.
- Attempt to collect as much medical history as possible.
- The person surrendering the baby does not have to provide any information about themselves.
- Please refer to WI law 8.195 Taking a newborn child into custody.



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## Bariatric Sensitivity

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

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

A person who chooses weight loss surgery is:

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

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## Bariatric Sensitivity – What Can You Do?

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



## Bariatric Seating Options for Patients

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

### Seat Fabric Identification



- Soft gold color
- Crosshatch texture
- Moderate metallic finish

### Furniture Labeling Example



### Furniture Example



## Advance Care Planning – A C P

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



**ACP Documents** [Click here for more information about ACP on NorthNet.](#)

Click here for more information about ACP on NorthNet.





**Honoring Choices<sup>SM</sup>**  
MINNESOTA  
LIFE AT THE END

*Powered by*

## Health Care Directive

**Introduction**

I have completed this Health Care Directive voluntarily and thoughtfully. This document, if any, cannot be changed or withdrawn, unless executed as a Health Care Directive by myself. I cannot demonstrate to understand the legal consequences of this Health Care Directive, if signed, made or made without the assistance for any, and change be declared to refuse to make the last will and testament.

**NOTE:** This document does not apply to emergency medical treatment, defined as described herein. It may be necessary to make a Health Care Directive.

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

My name: \_\_\_\_\_

My date of birth: \_\_\_\_\_

My address: \_\_\_\_\_

My telephone or cellular phone: \_\_\_\_\_

☐ My initials: I indicate a professional medical interpreter is present and explains this document.

**Part 1: My Health Care Agent**

If I cannot communicate my wishes and make any decisions about illness or injury, to let my health care team know what I do not want, making my own health care decisions, I choose the following agent to communicate my wishes and make my health care decisions. My Health Care Agent must:

- follow my health care wishes in this document.
- follow my other health care wishes that I have given to others.
- have no financial interest in my care.



ADULT RESIDENTS' DECISIONS ON LIFE-SUSTAINING CARE PROVIDED AS NEEDED AND REQUESTED

INSTRUCTIONS

# Provider Orders for Life-Sustaining Treatment (POLST)

Indicate how you wish to receive life-sustaining care. These medical orders on the reverse side of this form will be used by your health care provider to guide your care. You may want to discuss your wishes with your doctor, nurse, or other health care provider. Your wishes may change over time. You may want to update your orders. You may want to write them down. You may want to discuss your wishes with your doctor, nurse, or other health care provider.

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_ NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

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EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

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DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

PHYSICIAN (LAST, FIRST, MIDDLE) \_\_\_\_\_

NURSE (LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_



## Viewing ACP Documents

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



## Advanced Care Planning Documents: The POLST Form

- **Provider Orders for Life Sustaining Treatment.**
- Appropriate for people who **do not want** CPR or *may also be used for those who ALWAYS want CPR.*
- Medical orders to be followed in the community, and to quickly convey preferences for healthcare to the care team.
- Patient/surrogate's signature is not required.
  - Discussion with the health care provider must occur.
- Is a POLST form required?
  - No, completion of a POLST form is always voluntary.
- Meant for people who are very sick or frail (e.g., advanced heart disease diagnosis, advanced lung disease, cancer that has spread, etc.).
  - Patient must be well informed about health condition, how quickly your condition will worsen, know treatment options.



## FAQ: POLST

### Who Signs a POLST?

- Provider **MUST** sign POLST – it is a medical order.
- Patient/Trusted (recommended):
  - Health care agent - someone who has been chosen in advance to make decisions for someone else and identified in a health care directive. May include spouse, unmarried same-sex partner, life partner, domestic partner, child over the age of 18, or parent,
  - Court-appointed guardian - someone who has been identified by a court to make decisions, including health care decisions, for another person.
  - Proxy decision maker - someone who the health care team believes can make decisions based on their knowledge of patient's known wishes and values, such as a spouse, domestic partner, adult child, sibling, parent of a minor, other relative, or close friend.

### There is a health care directive, is a POLST form needed?

- A health care directive supports the wishes, but a POLST is a medical order.

### Where should POLST form be kept?

- Form is a one page, two sided, easy to recognize bright yellow form.
- Should be kept where it can be found/used in an emergency (front door, refrigerator, etc.); and stored/ scanned into the medical record.
- Should follow patient to the hospital.



## The MN POLST Form: Resuscitation

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

MINNESOTA

### Provider Orders for Life-Sustaining Treatment (POLST)

*Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.*

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME		PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

**A**  
CHECK ONE

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

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

☐ Do Not Attempt Resuscitation / DNR (Allow Natural Death).

*When not in cardiopulmonary arrest, follow orders in B.*





## The MN POLST Form: Medical Treatments

**Full Treatment:** means that all medical treatments and care will be used to try to revive you. This may include the use of CPR, a breathing machine, and transfer to the hospital or intensive care unit (ICU).

**Selective Treatment:** means that medical treatments & care will be used to make sure you do not get sicker or will be used to treat a new problem that occurs. This may include the use of medications, antibiotics for pneumonia, and heart monitors. More intensive care that may be needed to save your life, such as a breathing machine, will not be used.

**Comfort-Focused Treatment:** means that medical treatments and care will be used to relieve your pain and suffering. You will not be taken to the hospital for life-saving care but may be taken to the hospital if comfort cannot be provided in the current location.

<b>B</b> <small>CHECK ONE DO NOT RECORD RECORD</small>	<b>MEDICAL TREATMENTS</b> <i>Patient has pulse and/or is breathing.</i>
	<input type="checkbox"/> <b>Full Treatment.</b> Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments. <b>TREATMENT PLAN:</b> Full treatment including life support measures in the intensive care unit.
	<input type="checkbox"/> <b>Selective Treatment.</b> Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments. <b>TREATMENT PLAN:</b> Provide basic medical treatments aimed at treating new or reversible illness.
	<input type="checkbox"/> <b>Comfort-Focused Treatment (Allow Natural Death).</b> Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. <b>TREATMENT PLAN:</b> Maximize comfort through symptom management.



## The MN POLST Form: Medical Treatments/Preferences

<small>HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT</small>	
<b>E</b> <small>CHECK ONE FROM EACH SECTION</small>	<b>ADDITIONAL PATIENT PREFERENCES (OPTIONAL)</b>
	<b>ARTIFICIALLY ADMINISTERED NUTRITION</b> <i>Offer food by mouth if feasible.</i>
	<input type="checkbox"/> Long-term artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> No artificial nutrition by tube.
	<b>ANTIBIOTICS</b>
	<input type="checkbox"/> Use IV/IM antibiotic treatment. <input type="checkbox"/> Oral antibiotics only (no IV/IM). <input type="checkbox"/> No antibiotics. Use other methods to relieve symptoms when possible.
<b>ADDITIONAL PATIENT PREFERENCES</b> (e.g. dialysis, duration of intubation). <hr/> <hr/>	





## The MN POLST Form: Documentation/Signature

Reminder: A POLST is not VALID if it has not been signed properly. All required sections must be completed by the provider.

<b>C</b> CHECK ALL THAT APPLY	<b>DOCUMENTATION OF DISCUSSION</b>		
	<input type="checkbox"/> Patient (Patient has capacity)	<input type="checkbox"/> Court-Appointed Guardian	<input type="checkbox"/> Other Surrogate
	<input type="checkbox"/> Parent of Minor	<input type="checkbox"/> Health Care Agent	<input type="checkbox"/> Health Care Directive
	<b>SIGNATURE OF PATIENT OR SURROGATE</b>		
	SIGNATURE (STRONGLY RECOMMENDED)		NAME (PRINT)
	RELATIONSHIP IF YOU ARE THE PATIENT, WRITE "SELF"		PHONE (WITH AREA CODE)
	Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.		
→ <b>D</b>	<b>SIGNATURE OF PHYSICIAN / APRN / PA</b>		
	My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
	NAME (PRINT) (REQUIRED)	LICENSE TYPE (REQUIRED)	PHONE (WITH AREA CODE)
	SIGNATURE (REQUIRED)	DATE (REQUIRED)	
	<b>SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FALSIFIED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.</b>		
	Minnesota Provider Orders for Life-Sustaining Treatment (POLST). <a href="http://www.mnpolst.org">www.mnpolst.org</a> PAGE 1 OF 2		



## The MN POLST Form: Documentation/Verification

<b>HEALTH CARE PROVIDER WHO PREPARED DOCUMENT</b>	
PREPARER NAME (REQUIRED)	PREPARER TITLE (REQUIRED)
PREPARER PHONE (WITH AREA CODE) (REQUIRED)	DATE PREPARED (REQUIRED)



## Palliative Care

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



## Palliative Care Continued

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



## End of Life Care

Hospice provides Death and Bereavement Care that demonstrates our commitment to patients/family members. Key steps include providing emotional and spiritual support as family and friends prepare for a death. This includes spiritual support provided by chaplains and the additional support of a bereavement specialist for those whose loved one is enrolled in hospice in the community. Nursing/medical support and a multi-disciplinary team are available for support during this time.



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



## Talking about End of Life Care

- Team members should provide loved ones with a copy of the **Grief and Loss Support Booklet** that is now available to all patient facing staff. This resource provides information on:
  1. physical and emotional aspects of the dying process
  2. funerals, memorial services, or cremation
  3. working through the grief process
  4. helping children cope with loss of loved one
- Team members may understand the dying process and what is normal and what is not, but family/friends may not.



## Talking about End of Life Care

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



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## Organ, Eye and Tissue Donation

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

- Robbinsdale Hospital and Maple Grove Hospital are committed to being advocates for donation to benefit those waiting for a transplant. Our hospitals have an organ, eye, and tissue donation policy that explains the hospital care team's role in the donation process. This policy can be found in C360 under Critical Care: Organ/Eye/Tissue Donation.
- In 2002, a MN law clarified that if a person designates that they are 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.  
***Click anywhere to continue.***
- Every patient and patient's family is given the same opportunity and all are treated with the same discretion and sensitivity. All patient deaths from ages 36 weeks in gestation or older must be referred to the donor referral line for an organ, eye, and tissue donation assessment.

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## Key Points


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

***Click anywhere to view triggers for donation.***



Call LifeSource at: 1-800-247-4273

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

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

Loss of two or more brain stem reflexes

**or**

Prior to ANY end-of-life conversation

**or**

Anticipated withdraw of life-sustaining support

2.  Family mentions donation

**or**

3.  Cardiac death

***Click anywhere to continue.***





## Key Points

- 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 patient and determine what donation opportunities exist.
- Specially trained personnel, always from the donation agency, will discuss donation with the patient's family.
- Organ, tissue and eye recovery is performed by the donation agencies as soon as possible after the time of death.
- Contact LifeSource at 1-800-247-4273 (1-800-24-SHARE). You can serve as an advocate for the patient/family by making the call within one hour.



## Respectful Workplace 2023

# Respectful Workplace, Unlawful Discrimination, Harassment and Retaliation

2023

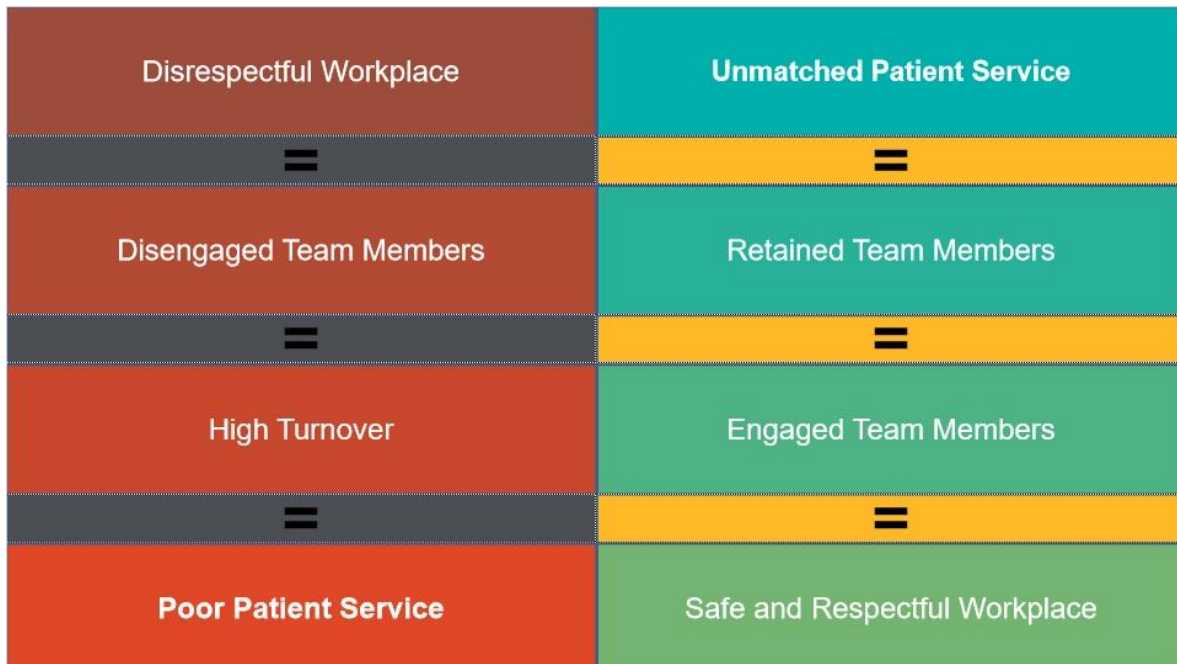


North Memorial Health promotes a **respectful work environment** where people treat each other with **respect, courtesy** and **professionalism** and where the **individual's dimensions of difference are valued.**

The negative impacts of a disrespectful workplace are outlined on the next slide.

The positive impacts of a respectful workplace are also outlined on the next slide.





## Inappropriate Patient Behavior

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

## Getting Your Leader Involved

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

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

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



## Getting Your Leader Involved

You should immediately report inappropriate patient behavior to your leader, the

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

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



## Safe & Therapeutic Environment

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

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

We want you to feel safe and comfortable at work.

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



## Protected Classes

Discrimination is prohibited by State, Federal, and Local Laws

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

Protected classes include:

### Federal Protected Classes

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

### State Protected Classes

- Marital/Familial Status
- Status with Regard to Public Assistance
- Sexual/Affectional Orientation
- Membership on a Local Civil Rights Commission



## EEO Statement & Affirmative Action Overview

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

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



## What is Illegal/Unlawful Harassment

### **Harassment is a form of discrimination.**

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



## What is Unlawful Harassment?

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



## What is Unlawful Harassment?

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

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



## Sexual Harassment – 2 Legal Definitions

Quid Pro Quo

[Click here for more info](#)

Hostile Working  
Environment

[Click here for more info](#)



## Take Action!

**If you see or experience inappropriate behavior,  
report it!**

**You can report it to any leader, Human Resources  
or the Compliance Hotline.**



## Behavior That Is Inconsistent with Company Policy and Potentially Unlawful

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



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

## Additional Examples of Inappropriate Behavior

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

## Reporting Harassing Behavior

### REPORT IT!

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



- Human Resources
  - Your Leader
  - Your Leader's Leader
  - Any Leader
- Compliance Hotline: found on the back of your ID badge



## North's Responsibilities

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





## Retaliation

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



## Respiratory Protection 2023



### Respiratory Protection Program

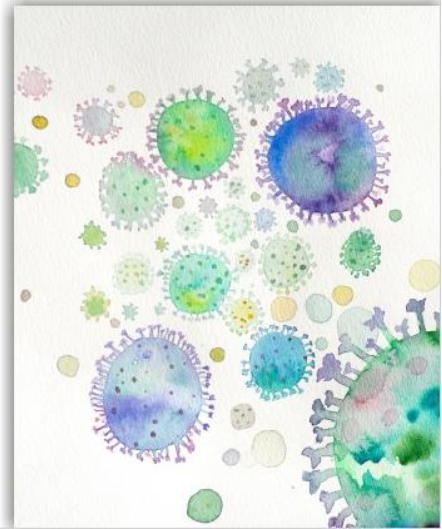
- A respiratory protection program has been developed that establishes the safe use of respirators within our system. It is available for your review in C360.

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



## Why Use a Respirator

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



## Types of Respirators in Healthcare

Filtering Facepiece (N95)



Powered Air Purifying Respirator (PAPR)



The type you use will depend on:

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

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

How do I know when to use a respirator?

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

COVID-19: Positive

Isolation: Full Barrier

VA

Asiago, Vincent

Male, 18 y.o., 8/14/2005

MRN: 5701985

HAR: 98544126

Needs Interpreter: Spanish

Bed: POOL BED CLINDOC

Code: FULL (no ACP docs)

None

Primary Cvg: Self Pay

Search

Infection: Tuberculosis

Isolation: Airborne

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## Door signs

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

### AIRBORNE

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

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

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

### FULL BARRIER

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

Always remember standard precautions:

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

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## Fit Testing

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



## Medical Limitations

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

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

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





## Other Limitations

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



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

## Improper Use Can Limit Effectiveness

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

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

## Emergency Situations

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



Safety First  
Reporting

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## N95



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

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## Inspection Prior to Use of Filtering Facepiece Respirator

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



## Donning and Seal Check

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



## Donning and Doffing a Respirator

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



## Conventional vs Crisis PPE Use

- NMH is currently practicing CONVENTIONAL PPE use, which means N95s are intended to be used one time before being discarded.
- During global pandemic situations (i.e. COVID-19) that influence supply chain, the facility may adopt crisis strategies for optimizing supply of N95 respirators under the guidance of the Centers for Disease Control and Prevention (CDC).
- Do NOT practice re-use of N95s unless further directed by your leader. This is not in effect at this time.



## Powered Air Purifying Respirator (PAPR)

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

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

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



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## Inspection Prior to Use of PAPR

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

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

Full instructions for use can be found in [Versaflo PAPR Instruction Guide](#) in C360.

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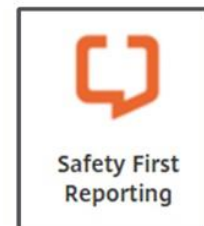


## Team Member Right to Know & Safety 2023

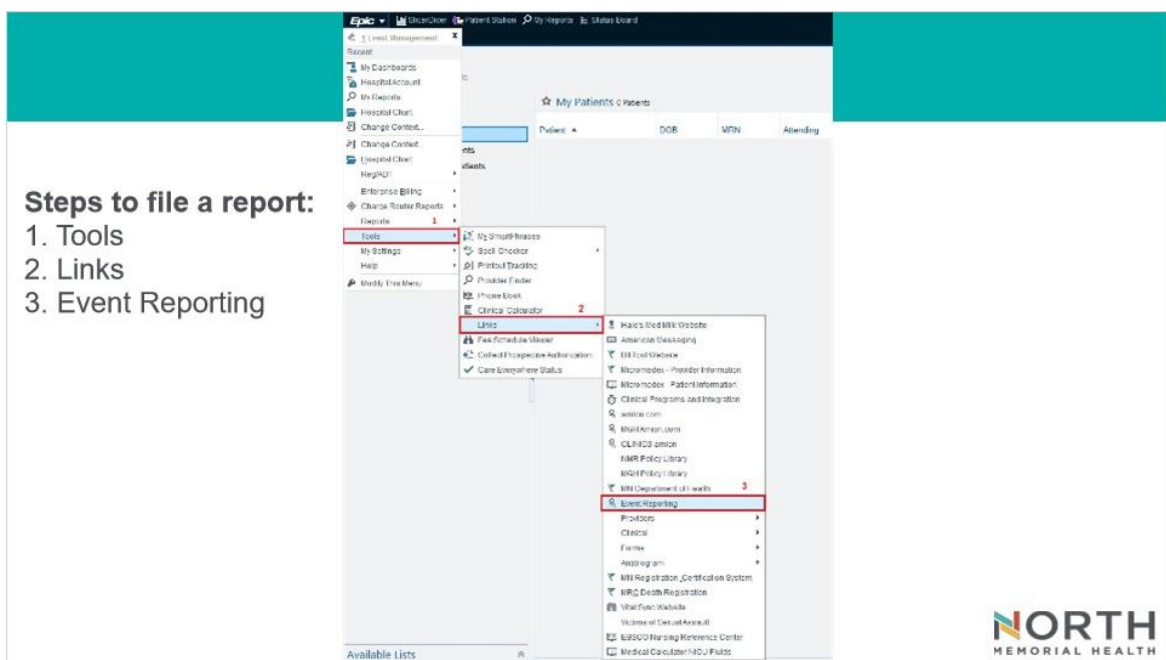
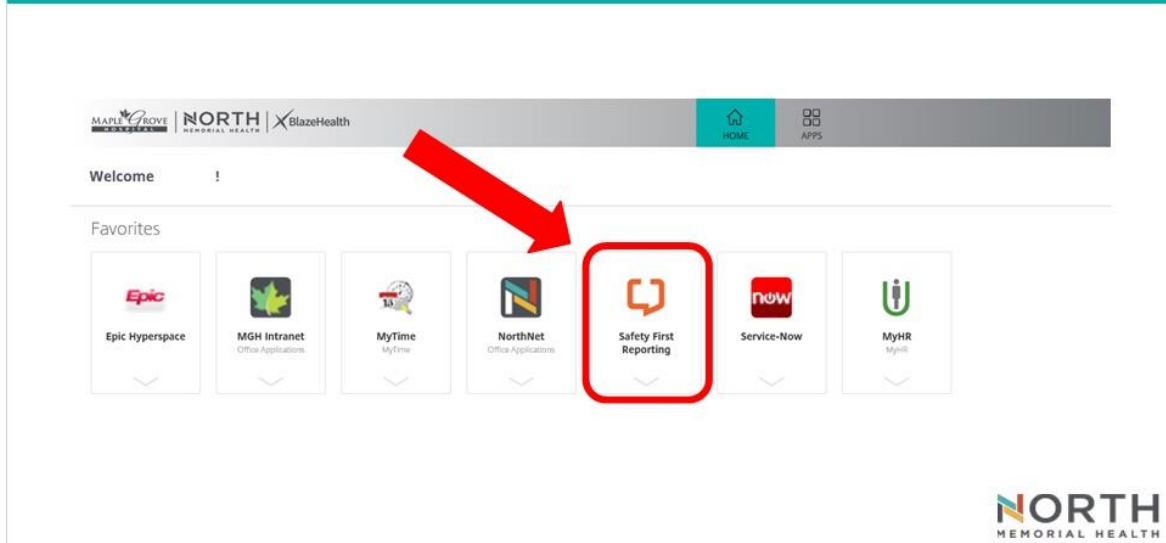


### Safety First Reporting

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



# How to Access Program via Portal



1. Enter your Team Member Number, e.g., E00000, M000000, etc.

2. Enter your portal Password

3. Click "Login"

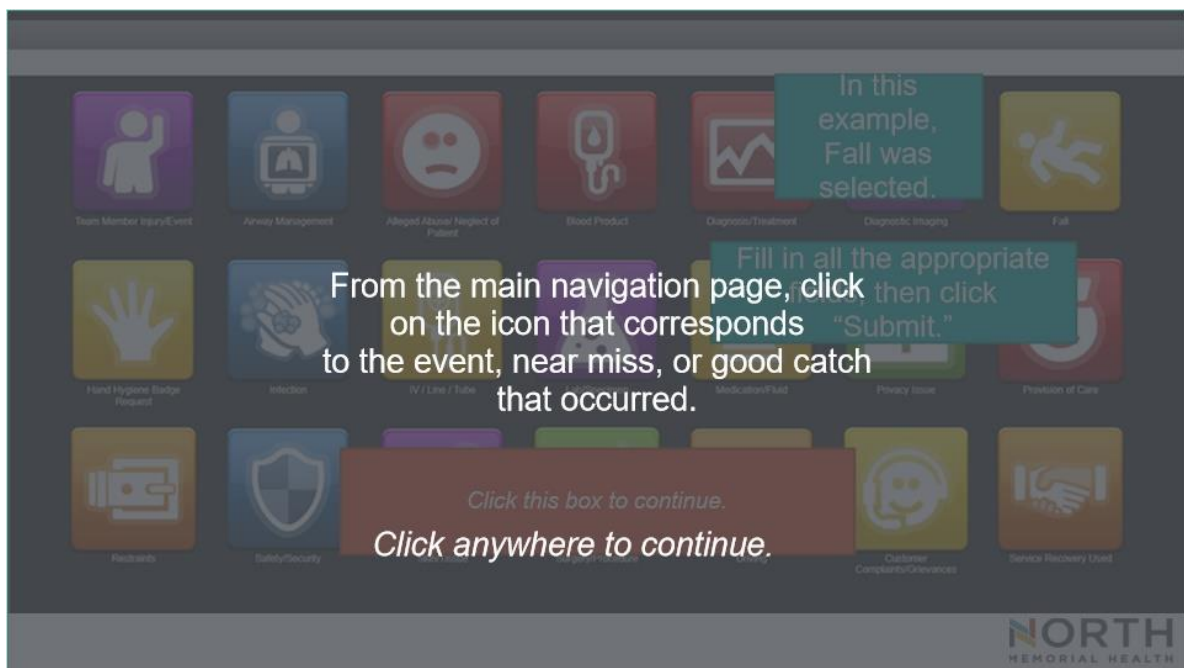
North Memorial Health Care

User Name:

Password:

Login

Powered by JRLDatix



## Safety First Reports Review

**All events are reviewed and followed up on by appropriate leadership.**

- Review done by multidisciplinary team
- Goal to identify root cause and contributing factors
- Implement appropriate actions to prevent reoccurrence
- Adverse Health Event Review
  - Conducted when death or serious injury occurs as a result of an adverse health event (e.g. medication error, fall with injury, wrong surgical procedure, hospital acquired pressure injury, hospital acquired condition).



## Disclosing the Occurrence of an Adverse Event

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

1. Complete the Safety First Reporting.

2. Connect with your unit supervisor or administrative manager to develop a plan for communication.

3. Connect with risk management as needed.



## Recognize, Respond to, and Disclose Adverse Events

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

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



## Key Work Expectations or Competencies

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

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

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





## Team members need to:

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



## Safety Data Sheets (SDS)

- [AACN Nursing Manual](#)
- [Agility](#)
- [Asum](#)
- [BDELaunchPad](#)
- [Cisco Unified Intelligence Center User Data](#)
- [CobbleStone Contract Insight](#) (*new contract management software*)
- [Compliance 360](#) (*policy and document search ONLY*)
- [Concur](#)
- [Dragon Medical One](#)
- [Dynamic Health](#)
- [EBSCO - Nursing Reference Center Plus](#)
- [Epic Training Information](#)
- [Everbridge](#)
- [ESMB](#)
- [HealthStream](#)
- [IDEA](#)
- [Sonifi \(iNvision\)](#)
- [Interqual / Interqual Admin](#)
- [MedApproved](#) (New Product Evaluation)
- [MedSpeed Courier Service](#)
- [MyChart](#)
- [MyHR](#)
- [MyTime](#)
- [PageUp Applicant Tracking System](#)
- [Password reset](#)
- [Privilege inquiry](#)
- [Recognition Central](#)
- [Report adult abuse](#)
- [Safety Data Sheets](#)
  - *Main contact: Mike Sumption*
- [Safety First Reporting](#)
  - [Report an event](#) (*accessible when onsite or through the portal*)
  - [Training and education](#)
- [ServiceNow](#)
  - [HR training module](#)
  - [HR job aide](#)
  - [IT job aide](#) (*accessible when logged in to ServiceNow*)
- [Sg2](#)
- [SMARTworks Converge](#)
- [Staples Advantage](#) - office supplies
- [Team Member Service Center](#)
- [Vendormate](#) (*credentialing*)



## Safety Data Sheets (SDS)

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

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



## MN & WI Employee Right to Know

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

Hazardous Substances

Infectious Agents

Harmful Physical Agents

Click on each of the buttons above to learn more.



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Hazardous Substances

Infectious Agents

Harmful Physical Agents

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



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Hazardous Substances

Infectious Agents

Harmful Physical Agents

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



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Hazardous Substances

Infectious Agents

Harmful Physical Agents

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



## MN & WI Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

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



## MN & WI Employee Right to Know

### Team Member's Role

### North Memorial Health's Role

### Team Member Rights

Team members are required to:

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



## MN & WI Employee Right to Know

### Team Member's Role

### North Memorial Health's Role

### Team Member Rights

Employers are required to:

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

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





## MN & WI Employee Right to Know

Team Member's Role

North Memorial Health's Role

Team Member Rights

Team members have the right to:

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



## Individual Factors that Can Affect Performance

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

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

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



## Individual Factors that Can Affect Performance

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

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



## Concerns?

**For ANY concern with Hazardous Substances, Infectious Agents or Harmful Physical Agents, contact:**

- Manager/supervisor
- Safety and Security (# on back of ID badge)
- Compliance Hotline (# on back of ID badge); or via email at [compliance@northmemorial.com](mailto:compliance@northmemorial.com)

**For more information on Hazardous Substances**

- Electronic Safety Data Sheets (SDS) on North Net

**Preventive Measures**

- Recognize hazards communicated by signs/symbols
- Identify hazards and potential hazards before you start the task
- Know where to find information
- Learn what to do to protect yourself
- Report any unsafe situation to your manager/supervisor or Safety and Security
- Never use products from an unlabeled container. Contact Environmental Services (contact numbers found on NorthNet)



## Signage

### Biohazard Sign

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



### Radiation Caution

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

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



## Radiation Safety

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

**Equipment**  
[Click here to learn more](#)

**Radioactive Materials**  
[Click here to learn more](#)



## Radiation Safety

Radiation protection involves effective measures employed by radiation workers to safeguard patients, team members, and the general public from unnecessary exposure to ionizing radiation. To do this our organization uses the radiation safety guiding principle of ALARA. ALARA stands for "as low as reasonably achievable". This means avoiding exposure to radiation that does not have a direct benefit to you, even if the dose is small.



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## Radiation Safety

In order to follow ALARA principles these three basic protective measures in radiation safety: Time, Distance, Shielding

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. If assigned a dosimetry badge, consistent and proper use is required.

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## 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 by an MRI Technologist and deemed to be MRI safe before they are brought into the MRI area.
- **The magnet is always on**, whether a patient is being scanned or not.



Strong MAGNETIC FIELD  
Magnet is **Always** On



## Radiation Safety

Radiation is a harmful physical agent. Radiation exposures can occur by unprotected exposure to radioactive materials or an x-ray machine.

- Radioactive materials are used for both diagnosis and treatment.
- For example, temporary or permanent patient implants of sealed radioactive sources are placed in surgery.
- All rooms where radioactive materials are stored and/or used are posted with a "Radioactive Materials" sign.





## Radiation Safety


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



## MRI Safety Zones

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



Click on each zone to  
view warning label

**Zone 1 - General Public**

**Zone 2 – MRI Patient screening &  
Preparation Personnel**

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

**Zone 4: DANGER: Restricted Access -  
Scanner Location, Screened MRI  
Patients under the direct supervision of  
trained MRI personnel only.**



## MRI Safety Zones

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

MRI	
<b>MRI ZONE I</b>	MRI Access Area

<b>Zone 1 - General Public</b>
<b>Zone 2 – MRI Patient screening &amp; Preparation Personnel</b>
<b>Zone 3 - CAUTION: Restricted Access - Control room area, supervised/screened Personnel</b>
<b>Zone 4: DANGER: Restricted Access - Scanner Location, Screened MRI Patients under the direct supervision of trained MRI personnel only.</b>



## MRI Safety Zones

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

NOTICE	
<b>MRI ZONE II</b>	MRI Patient Screening and Preparation

<b>Zone 1 - General Public</b>
<b>Zone 2 – MRI Patient screening &amp; Preparation Personnel</b>
<b>Zone 3 - CAUTION: Restricted Access - Control room area, supervised/screened Personnel</b>
<b>Zone 4: DANGER: Restricted Access - Scanner Location, Screened MRI Patients under the direct supervision of trained MRI personnel only.</b>



## MRI Safety Zones

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



**Zone 1 - General Public**

**Zone 2 – MRI Patient screening & Preparation Personnel**

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

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## MRI Safety Zones

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



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## Indoor Air Quality (IAQ)

### Hazardous Vapors and other Contaminants

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

The main contaminants include:

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



## Indoor Air Quality (IAQ) Continued

- 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.



## Fragrance Free Facility

Perfume, cologne, scented soap, hair products and lotions are NOT to be worn by hospital team members within the hospital (scented deodorant is permissible).

- Recognizing that sensitivity to fragrance is not limited to patient care areas; this policy applies to all team members, including employees, volunteers, physicians, students and contracted patient care providers.

**We share  
the air.**

Please keep it  
fragrance-free.



## Hazardous Material Handling

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

- Before handling any chemical container for the first time, read the label. Warnings may be in words, pictures or symbols. Report any torn or illegible label to your manager/supervisor. Always carry and store chemicals in approved, properly labeled containers.
- A Safety Data Sheet (SDS) gives information about ingredients, what protective equipment to use, how it can enter your body, and signs of over exposure. SDS information is found on NorthNet. If needed, ask your manager/supervisor for help.
- Hazardous Material Spills/Leaks: People in the area are the first line of defense. If they have been trained to clean it up, they should take care of it.
  - Remove people to a safe area as needed (e.g. overcoming fumes)
  - Secure the area to prevent persons from coming in contact with the spill
  - Tell your manager/supervisor (off hospital campus clinics: escalate to your leader)
  - Call \*99 at Robbinsdale or \*77 at Maple Grove
  - Give Safety and Security a copy of the chemical's SDS





## Hazardous Substances: Purpose & Storage

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

### Original Containers

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

### Transfer Containers

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

## Hazardous Waste Disposal



Click on each of the images above for more information. Click Next button to continue.

## Hazardous Waste Disposal

Place in used battery containers in your area. For hospital campuses, contact Environmental Services for pick up when your bucket needs to be emptied.



Batteries

## Hazardous Waste Disposal

Return empty cartridges to Materials Management for recycling.



Toner cartridges (copier, fax, printer)



## Hazardous Waste Disposal



If empty, place in regular waste/trash. If unable to use/get all of product out because of a damaged or expired container, call Environmental Services to pick up for disposal.

Aerosol Cans

## Hazardous Waste Disposal



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

Pharmaceutical Waste

## Hazardous Waste Disposal



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

Laboratory and Other Waste

## Labeling Containers

Anytime a chemical is transferred from one container/bottle to a different one, the secondary bottle/container must be labeled with the following;

- Identify the chemical or product in the bottle.
- Appropriate hazard warnings.
- Expiration date.

**Labeling Containers Example:**  
Taking a cleaning solution and putting it into another spray bottle. The spray bottle must be labeled with the name and any appropriate warnings.



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

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## Pharmaceutical Waste

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



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## Pharmaceutical Waste

- Exception: Controlled substances should NEVER be put into the **BLUE** or **BLACK** pharmaceutical waste or **RED** Sharps containers
- Controlled substances should be disposed of as follows:
  - All controlled substance waste will be disposed of in the CSRx bin near the Omnicell
  - Includes liquids, solids and patches
  - NMHH only: Anesthesia waste is collected and audited by pharmacy
  - All controlled substance waste needs to be documented with a witness in Omnicell



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## Chemical Hazards/Risks

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

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



## Chemical Hazards/Risks

### Physical Hazard

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

[Back](#)



## Chemical Hazards/Risks

### Health Hazard

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

[Back](#)



## Chemical Hazards/Risks Continued

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

### Contact

Splashing a chemical on your skin or in your eyes.

### Inhalation

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

### Ingestion

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

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

***Click anywhere to continue.***

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



## Cleaning Up and Identified Chemical Leak/Spill

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



## Unknown/Unidentified Chemical Spills

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

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

## Unknown/Unidentified Chemical Spills

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

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

## Small Spills of Blood/Body Fluids

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

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





## Large Spills of Blood/Body Fluids

### Larger spills that cannot be contained:

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



## Sharps Safety

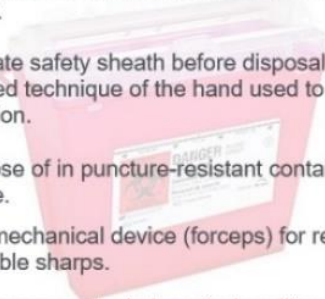
### Sharps include:

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



### Safety Best Practices:

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



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## Sharps Safety

### Sharps include:

- needles,

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



### Safety Best Practices:

- Use only the approved safety mechanism to cover a used needle. Never use the disposable needle.
- Dispose of in puncture-resistant container at point of use.
- Use mechanical device (forceps) for removal of reusable sharps.
- Use a no-pass technique for handling sharps during surgical procedures.

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## Infectious/Chemo/Pathological Waste Handling Disposal

Drag each type of waste to the appropriate color container.

Trace  
Chemo

Bulk  
Chemo

Pathological  
Waste

Sharps

Incineration

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## Red Biohazard Bag

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

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

Use standard precautions

- Contracted services manages pick up due to special handling needs

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

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

#### Contaminated:

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

Special handling and marking may be required:  
• Certain Pathological Waste  
• Trace-Chemotherapy Waste

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



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## Safe Patient Handling

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

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

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## Providing a Safe Lifting Environment

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

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

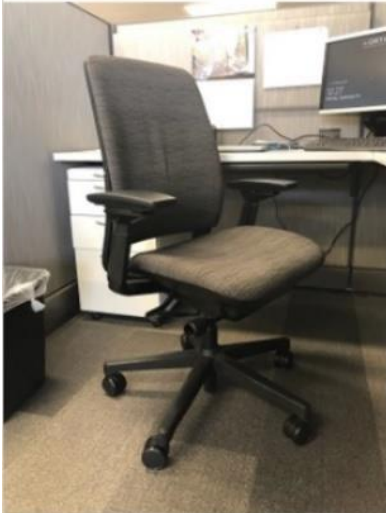


## Providing a Safe Lifting Environment Continued

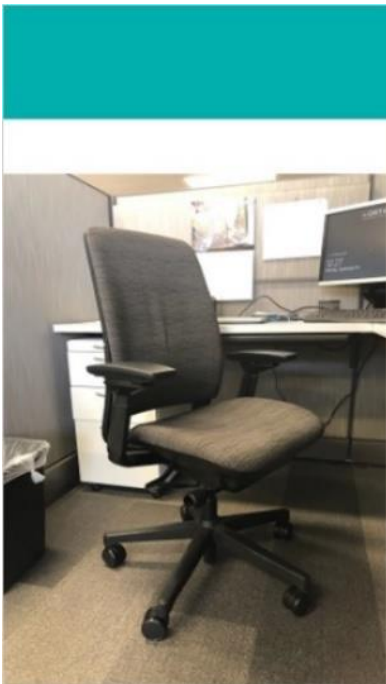
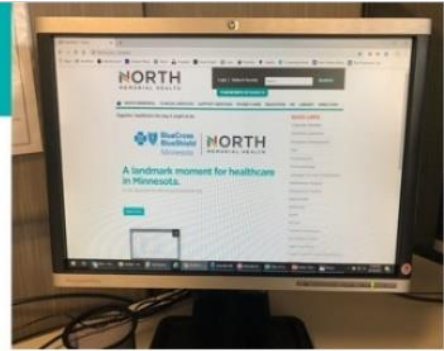
- Patients are at risk of being injured (such as falling or pulling on their arms) during a transfer if necessary equipment is not being used.
- Research shows that team members should not be lifting more than 35 lbs. of a patient's weight during any transfer or repositioning task.
- Research shows that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



## Ergonomics/Back Injury Prevention



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



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

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

[Back](#)



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

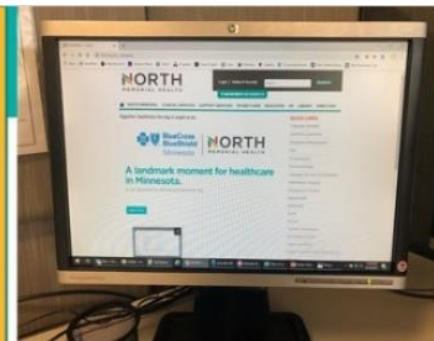
TIP: Incorporating short cut keys will help minimize mousing.

Back



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

Back



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## Other Considerations

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



Questions? Contact Team Member Health



## Use Proper Lifting Techniques

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



## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
<b>Use proper lifting techniques</b> <ul style="list-style-type: none"> <li>• Test the weight of the load before lifting</li> <li>• Keep the load close</li> <li>• Assume a wide base of support and bend your knees</li> <li>• Pivot your feet - don't twist</li> <li>• Use smooth, controlled movements. Avoid rapid or jerking motions</li> <li>• Keep your head up and tighten your stomach muscles as you lift</li> <li>• Keep items within a safe lifting zone-between shoulders and waist</li> </ul>				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
<b>Use equipment when possible</b> <ul style="list-style-type: none"> <li>• Patient lifting devices (EZ stand, mobile lifts, lateral transfer assist device, etc), carts, etc</li> </ul>				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
Ask for assistance when lifting heavy objects.				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
<b>Maintain Good Posture</b> <ul style="list-style-type: none"><li>• Keep the natural curve of the spine. Don't slouch!</li></ul>				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
<p><b>Avoid prolonged postures</b> - Change positions frequently throughout the day.</p> <div> <div> <b>STANDING</b> <ul style="list-style-type: none"> <li>• Stand on an anti-fatigue mat</li> <li>• Wear comfortable footwear</li> <li>• Prop your foot up on a stool or elevated surface</li> <li>• Keep a slight bend in your knees - don't lock your knees</li> </ul> </div> <div> <b>SITTING</b> <ul style="list-style-type: none"> <li>• Sit as far back in the chair as possible</li> <li>• Adjust the chair for proper posture and comfort</li> <li>• Ensure that your feet are comfortably resting on the floor and your thighs are level or parallel to the floor while sitting back in the chair. A footrest should be used if your feet are not comfortably resting on the floor.</li> <li>• Adjust the seat height so your shoulders are down and relaxed and your elbows are at a comfortable right-angle position with your wrists and hands straight</li> <li>• Keep work close - don't reach</li> </ul> </div> </div>				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
<p><b>Stretch frequently throughout the day.</b></p>				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
Maintain a healthy diet.				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
Maintain an adequate level of physical fitness/exercise.				
6	7	8	9	10



## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
Maintain good sleeping posture. Sleep on a firm mattress on your back or side rather than your stomach whenever possible.				
6	7	8	9	10

## Ten Easy Tips to Maintaining A Healthy Back

1	2	3	4	5
Maintain a healthy lifestyle.				
6	7	8	9	10

## Back Injury Reporting

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

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



## Work Related Injury/Illness Reporting

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



## Work Related Injury/Illness Reporting

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

### Team Member Responsibilities

[Click here for more info](#)

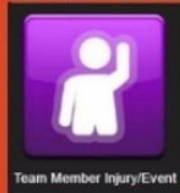
### Manager/Supervisor Responsibilities

[Click here for more info](#)

## Work Related Injury/Illness Reporting

### Team Member Responsibilities

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



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

### Manager/Supervisor Responsibilities

[Click here for more info](#)

[Back](#)

## Work Related Injury/Illness Reporting

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Click on the buttons below to view your responsibilities.

### Team Member Responsibilities

[Click here for more info](#)

[Back](#)

### Manager/Supervisor Responsibilities

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

## Team Member Health Center Responsibilities

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

## MN AWAIR

Click each letter of the acronym

A

W

A

I

R

### Why does North Memorial have the AWAIR Plan?

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



## What Are Team Member Responsibilities?

**All team members 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.
- Footwear appropriate for the job is required per hospital policy.





## What Are Team Member Responsibilities?

Additional responsibilities of the team member include:

- Don't remove safety guards from any equipment. Don't operate any equipment if a safety guard is missing.
- When entering hallways from offices look both ways.
- Notice mirrors at "T" intersections and check for people around the corner.
- 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 posted throughout the facility or affixed to equipment.
- Complete timely health protection, training or testing (e.g. FIT test, Mantoux).



## AWAIR Plan and Corrective Action

Corrective action procedures are established to address any disregard of North Memorial Health'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 Health cannot and will not permit negligent team member to repeatedly injure themselves and/or put their fellow team members at risk.

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



## Vendor Certification Program

Vendor representatives are the people that enter Maple Grove Hospital to sell their products and services. The business partner is the company they work for. All vendor representatives and business partners must complete the Vendor Certification Program before selling products and providing services inside our hospital. Please complete Certification program through VendorMate



## Vendor Certification Program Continued

We have many reasons for the vendor representatives to complete the Vendor Certification Program:

- The program helps us meet regulatory requirements.
- Promote the safest environment of care for our patients.
- Attain the best business practice to control cost and maintain contracts.
- Products purchased meet patient needs as specified by clinicians.
- So they can obtain a visible ID badge.

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



## As a system, we want to send a clear message to the vendor

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



## Quality Standards and Regulation

- In order to care for patients under state and federal programs, all facilities must adhere to the Centers for Medicare and Medicaid's Conditions of Participation and prove compliance through accreditation processes facilitated by agencies with deeming authority.
- Det Norske Veritas (DNV) is one of these agencies through which North Memorial Robbinsdale Hospital, North Memorial Maple Grove Hospital, our hospital-based specialty clinics and our Comprehensive Stroke Program are accredited.
- Accreditation with DNV also requires additional certification to the ISO 9001:2015 Quality Management Systems Requirements, which provide a framework by which we monitor and continually improve our processes and ensure consistent experiences and care for our patients. We have adopted these standards in all areas of the organization, not just those accredited by DNV.



## Quality Management System

- Quality Management System (QMS) is the framework by which we monitor and continually improve our processes within the organization.
- At a department or unit level you will see your QMS reflected in your quality board/quality scorecard.
  - Know where your quality board/quality scorecard is located.
  - Understand the work you are focused on to improve the care you give to our patients.
  - Know how this work reflects the overall QMS of the organization (strategic priorities).
    - For example; a lower Hand Hygiene rate of 80% at a department level affects the overall Hand Hygiene rate of the hospital – 89%. Therefore, an incremental improvement in Hand Hygiene will help to improve the overall hospital rate.



## Quality Management System Continued

- 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.



## Participating in Care that Conflicts with Cultural Values, Ethics, or Religious Beliefs

Talk to your manager/supervisor if you are unable to participate in care that you feel is in conflict with your cultural values, ethics, or religious beliefs. Every effort will be made to meet the needs of team members without jeopardizing patient care.



## Resolving Ethical Questions or Concerns

NMH Biomedical Ethics Committee is here as a consult service to review ethical situations while using the principles of biomedical ethics.

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



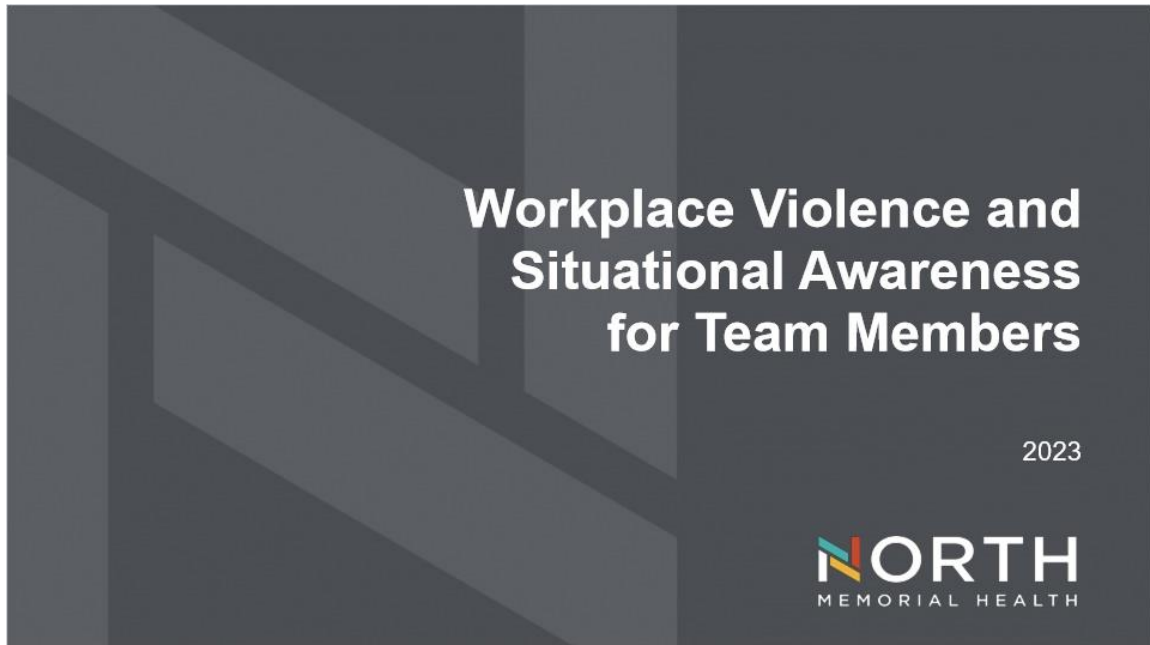


## Resolving Ethical Questions or Concerns

### To arrange an Ethics Consult:

- Contact the administrative manager and explain the patient situation as well as the need and urgency of the ethics consultation. Off hospital campus clinics, contact your leader.
- The administrative manager will discuss the case with the ethics facilitator to determine if an ethics consultation is appropriate (available during business hours M-F).
- If appropriate, the ethics facilitator will (in coordination with requester, care team, and patient/family as appropriate) arrange a date, time, and location for the ethics consult.
- Refer to "Ethical Issues in Patient Care" attachments A and B in C360 for additional details, tools and procedures.
- The Medical Staff Coordinator at North Memorial will send out an Everbridge message to all ethics committee members, notifying them of the ethics consult and meeting details.





### What is Workplace Violence?

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

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



## What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Patient/Client  
Violence

Worker-on-worker  
Violence

Personal Relationship  
Violence

Click on each box above for more information.



## What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Patient/Client  
Violence

Worker-on-worker  
Violence

Personal Relationship  
Violence

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



## What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Patient/Client  
Violence

Worker-on-worker  
Violence

Personal Relationship  
Violence

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

## What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Patient/Client  
Violence

Worker-on-worker  
Violence

Personal Relationship  
Violence

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



## What is Workplace Violence?

There are four types of workplace violence.

Criminal Intent

Patient/Client  
Violence

Worker-on-worker  
Violence

Personal Relationship  
Violence



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

## NMH's policy regarding workplace violence

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



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## Did You Know?

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



## Awareness

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

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

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

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



## Situational Awareness

- Our hospitals adopted the “FROG” magnet shown here as a visual for all team members upon entering a room with a patient to do the following if appropriate.
  - Ask team members that are providing care for the patient if there is anything you should know for your safety and the patient’s safety before your interaction with the patient.
- Be aware of your surroundings when you enter a room or begin interacting with a patient.
  - Be vigilant throughout the encounter.
  - Watch for signs of escalating behavior or violence.
  - Maintain behavior that helps defuse anger.
  - Have an escape plan, discuss with team members ahead of time.
  - If it is part of the plan for the patient, call Security ahead of time and have them wait outside the patient door or come in with you.



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## Three Kinds of Awareness

Self

Others

Surroundings

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

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## Three Kinds of Awareness

Self

Others

Surroundings



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## Three Kinds of Awareness

Self

Others

Surroundings



- Do they have a visible badge?
- Are they in a restricted area?
- Do they need help finding their destination?
- Are they displaying comfortable or uncomfortable behavior?

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## Three Kinds of Awareness

Self

- Identify Entry and Exit Points
- Stay Vigilant
- Identify Objects Around You

Others

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

Surroundings

Facility doors are open to the public, so it should be a best practice for all individuals working to keep an eye out for suspicious behavior. If something doesn't feel right, it probably isn't.

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## Two Asks of Every Encounter

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



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## Two Asks of Every Encounter

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

### Make Eye Contact

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

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



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## Two Asks of Every Encounter

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



### Verbally Acknowledge

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

"Good Morning."  
"What can I help you find?"



## Prohibited Behavior

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

**Examples of prohibited behavior:**

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



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## When Verbal Abuse Occurs

**Lead with empathy**

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

**Set boundaries**

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

**Set clear expectations**

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

**Example Phrases:**

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

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## Responses to Prohibited Behavior

Politely and safely exit the situation if you feel uncomfortable, threatened, or unsafe for any reason. If you are unable to move to a safe location, call for help.



## How to Report It

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

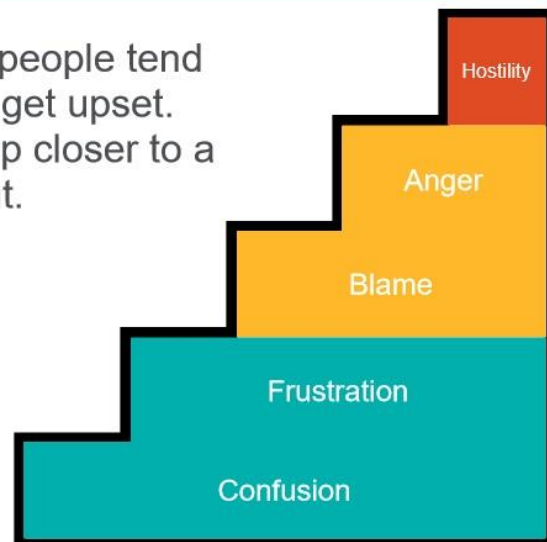
Off hospital campus clinics and ambulance services: call 911

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



## Five Warning Signs of Escalating Behavior

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



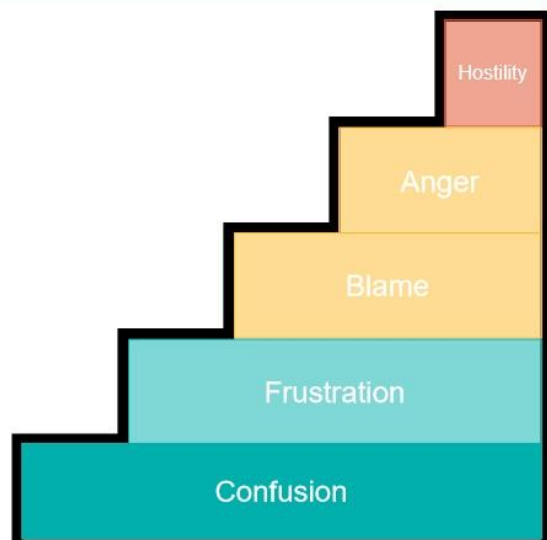
## Confusion

### Warning Signs of Confusion

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

### Responses to Confusion

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



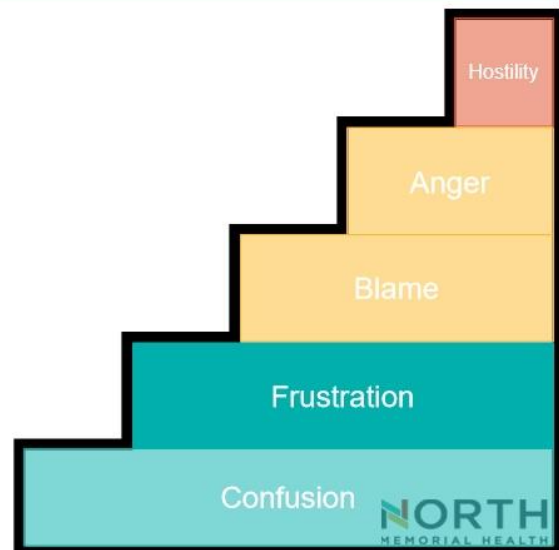
# Frustration

## Warning Signs of Frustration

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

## Responses to Frustration

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



# De-Escalation in Person

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



## De-Escalation Over the Phone

### Do's

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

### Don'ts

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



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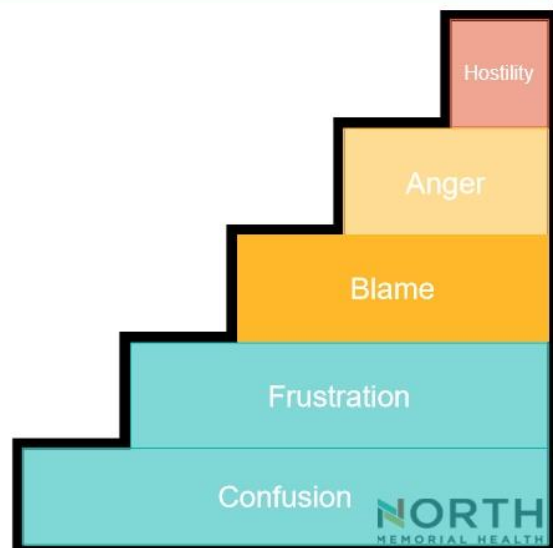
## Blame

### Warning Signs of Blame

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

### Responses to Blame

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





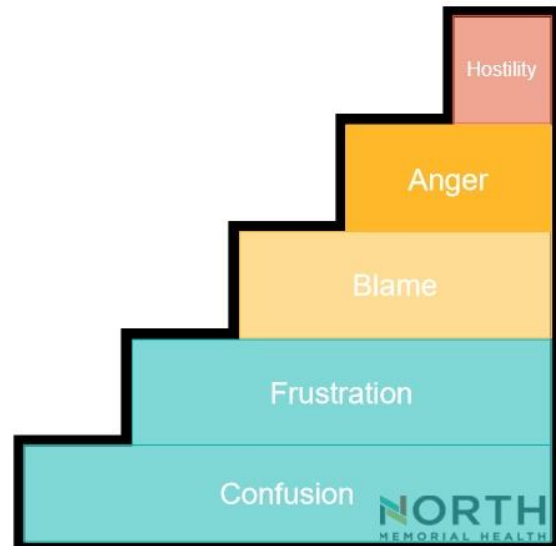
# Anger

## Warning Signs of Anger

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

## Responses to Anger

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



# Code Green

If you called for a Code Green:

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



## Code Green Team Tactics



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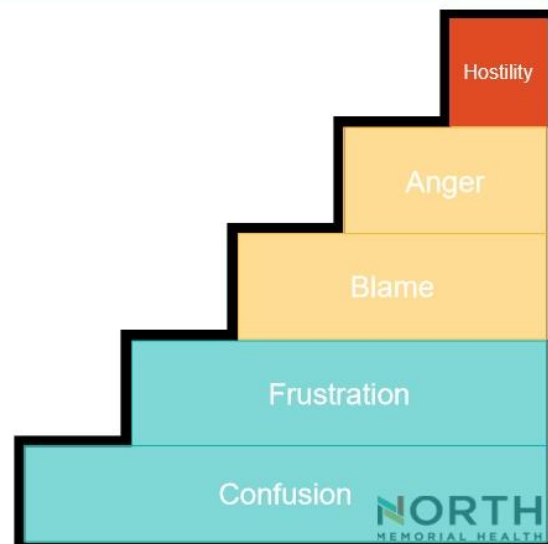
## Hostility

### Warning Signs of Hostility

1. Physical actions or threats appear imminent
2. There is immediate danger of physical harm or property damage
3. Out-of-control behavior signals the person has crossed the line

### Responses to Hostility

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



## Early Detection

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

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



## Violence Risk Assessment

Risk Factors	<p>The Broset tool is a licensed tool created to help identify patients who have risk factors for violence. This tool has been built into EPIC. Screening questions in EPIC: Two or more risk factors equals high risk; screens out low risk patients.</p> <p>Click on each of the boxes to the left for more information.</p>
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	



## Violence Risk Assessment

Risk Factors	<p><b><u>Risk factors that contribute to a positive screening:</u></b></p> <ul style="list-style-type: none"> <li>• Verbal aggression in past 24 hours.</li> <li>• Past episode of violence/aggression.</li> <li>• Alcohol or drug influence.</li> <li>• Dementia or delirium.</li> <li>• Psychotic symptoms.</li> <li>• Hostility.</li> <li>• Impulsivity.</li> </ul> <p><b><u>Screening questions in Epic:</u></b></p> <ul style="list-style-type: none"> <li>• 2 or more risk factors in EPIC = High Risk.</li> <li>• Screens out low risk patients.</li> </ul>
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

## Violence Risk Assessment

Risk Factors	<p><b><u>In order to access the Broset tool, an initial assessment called the “Violence Risk Assessment” is used. This tool will be found in the:</u></b></p> <ul style="list-style-type: none"> <li>• Cares and safety flowsheet (previously known as the Patient cares/ADL flow sheet).</li> <li>• Admission navigators.</li> <li>• Area specific navigators (ED/ECC, PCC PACU, Etc).</li> </ul>
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

## Violence Risk Assessment

Risk Factors	<ul style="list-style-type: none"> <li>• Care team conference.</li> <li>• Patient Care Facilitator informed.</li> <li>• De-escalation techniques.</li> <li>• Emergency behavioral medicine consulted.</li> <li>• Environment adapted.</li> <li>• Excess stimulation removed.</li> <li>• Individualized treatment plan.</li> <li>• PRN medication.</li> <li>• Provider notified.</li> <li>• Security informed.</li> <li>• Sitter observation.</li> <li>• Threat assessment team notified via administrative manager.</li> <li>• Unique treatment plan - introduced 4th quarter 2018.</li> </ul>
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

## Violence Risk Assessment

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

This tool will be found in the:

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

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





Violence Assessment

Time taken:

9/17/2020

0810

Responsible

Create Note

⌚

Violence Risk Assessment (BVC)

2 Or More Risk Factors? See List

No

Yes

Verbal aggression in last 24 hours

Past episode of violence/aggression

Alcohol / Drug influence

Dementia or delirium

Psychotic symptoms (i.e. Delusioins)

Hostility

Impulsivity

Create Note

Restore

Close

Cancel

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

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Violence Assessment

Time taken:

9/17/2020

0810

Responsible

Create Note

⌚

Violence Risk Assessment (BVC)

2 Or More Risk Factors? See List

No

Yes

Verbal aggression in last 24 hours

Past episode of violence/aggression

Alcohol / Drug influence

Dementia or delirium

Psychotic symptoms (i.e. Delusioins)

Hostility

Impulsivity

Create Note

Restore

Close

Cancel

If No, Select No and proceed to next section

If yes, Select yes and the question will cascade

Risk Factors Listed Here

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316 | Page

**Violence Assessment**

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

**Violence Risk Assessment (BVC®)**

2 Or More Risk Factors? See List

No Yes

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

Identify Risk Factors

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

☐ Hostility ☐ Impulsivity ☐ None

2 or more risk factors indicates High Risk for violence.

**Broset - Violence Assessment (BVC®)**

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

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2 Or More Risk Factors? See List

No Yes

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

Identify Risk Factors

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

☐ Hostility ☐ Impulsivity ☐ None

2 or more risk factors indicates High Risk for violence.

**Broset - Violence Assessment (BVC®)**

**Confused**

0=No 1=Yes

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

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[riskassessment.no](http://riskassessment.no)

**Irritable**

0=No 1=Yes

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

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**Boisterous**

Selecting Yes will cascade open 2 more groups below the identified risk factors.  
1: The Broset Violence Assessment  
2: Interventions the nurse is to implement.

2 or more risk factors indicates High Risk for violence.

**Broset - Violence Assessment (BVCA)**

**Confused** ☐ No ☐ Yes  
 Confused - Appears obviously confused and disoriented. Maybe unaware of time, place, or person.  
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**Intable** ☐ No ☐ Yes  
 Intable - Easily annoyed or angered. Unable to tolerate the presence of others.  
 Boisterous - Behavior if overly "loud" or noisy. For example slams doors, shouts out when talking, etc.  
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**Boisterous** ☐ No ☐ Yes  
 Boisterous-Behavior is overly "loud" or noisy. For example slams doors, shouts out when talking, etc.  
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**Physically Threatening** ☐ No ☐ Yes  
 Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of head-butt directed at another.  
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[riskassessment.no](http://riskassessment.no)

**Verbally Threatening** ☐ No ☐ Yes  
 Verbally threatening - A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.  
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[riskassessment.no](http://riskassessment.no)

**Attacking Objects** ☐ No ☐ Yes  
 Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.  
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**Total Score**   
 Score 0 = The risk of violence is small.  
 Score 1-2 = The risk of violence is moderate. Preventive measures should be taken.  
 Score >2 = The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.  
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**Violence Interventions**

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

Information:   11:00 AM

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

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

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**Violence Interventions – User will select interventions that were implemented.**

**Physically Threatening** ☐ No ☐ Yes  
 Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of head-butt directed at another.  
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[riskassessment.no](http://riskassessment.no)

**Verbally Threatening** ☐ No ☐ Yes  
 Verbally threatening - A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.  
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**Attacking Objects** ☐ No ☐ Yes  
 Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.  
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[riskassessment.no](http://riskassessment.no)

**Total Score**   
 Score 0 = The risk of violence is small.  
 Score 1-2 = The risk of violence is moderate. Preventive measures should be taken.  
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**Violence Interventions**

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

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

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## Interventions

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



## Violence Risk Assessment Continued


This assessment:

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

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



## FYI Flag




ADT  
Charlie  
982

FYI

New Flag

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

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



## After the Broset

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

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

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



## Threat Assessment Team

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

NOTE: If there is an active emergency activate your emergency response procedures by calling \*99 at Robbinsdale, \*77 at Maple Grove, or call 911. Ambulance service team members should utilize their E help button or request law enforcement to their location. Call MD control and refer to restraint/behavioral guidelines. Off hospital campus clinics should call 911.

### Possible triggers:

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



## Challenge your thinking...

This is NOT part of your job!

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

According to the Bureau of Labor Statistics, 20,050 workers in the private industry experienced trauma from nonfatal workplace violence in 2020. These incidents required days away from work. 76% worked in the healthcare and social assistance industry." (2022)



## Threat Assessment Team

To pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to NMH patients, team members, NMH property or facilities.



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



## When is the Threat Assessment Team Called?

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


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

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



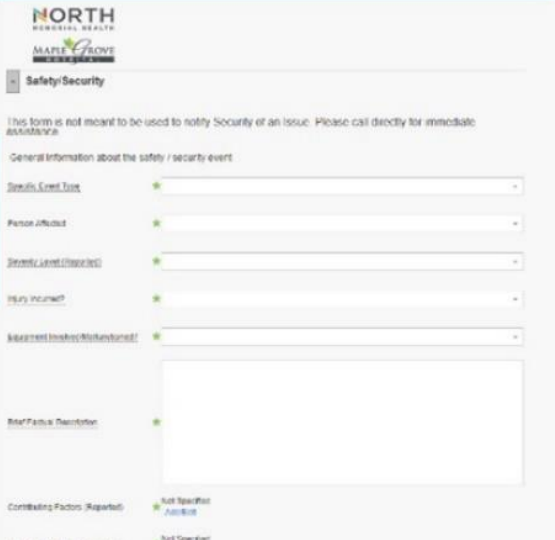
## Reporting in Safety First

Use the Safety/  
Security Form:

  
Safety First  
Reporting

Located in the  
portal!

The need to report any  
verbal threat/abuse or  
physical threat/assault is so  
that we can look for  
opportunities to improve.



The screenshot shows the 'Safety/Security' form on the North Memorial Health portal. The form includes fields for 'Specific Event Type', 'Person Affected', 'Injury Incurred?', and 'Equipment Broken/Nonfunctional?'. It also has a 'Brief/Factual Description' text area and checkboxes for 'Contributing Factors (Reported)' and 'Immediate Action (Required)'. The North Memorial Health logo is at the top left of the form.

## Active Threat

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

Recognize Threat:

### Immediate Threat

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

**Potential Threat:** if you see something, say something.

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

## Active Threat Response

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

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

### Report It!

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

- Call 911 or Dial 9-911.
  - Switchboard operator will broadcast "Active Threat" and the location will be broadcast at the hospital.
  - Off hospital campus clinics and ambulance services: 911 operator will dispatch emergency services to your location.



## Plain Language

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

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



## How Do I Identify an Active Threat?

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

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



## Lock Down

Security will institute a lock down mode through overhead page when a situation has the immediate potential to jeopardize the safety and security of patients, visitors, team members or property.



***Maple Grove Hospital is  
initiating lock down procedures  
due to: 'issue' and 'location'***





## Lock Down All Clear

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

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

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



## Preparing for an Active Threat

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



## Run



### RUN

The first – and best – option is to get out if you possibly can. Encourage others to leave with you, but don't let their indecision keep you from going.

## Run Tactics

### Choose a route carefully

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

### Think unconventionally

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

### Look down

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

### Be quiet and stealthy

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

Click on each of the images above to learn more.

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## Hide



### HIDE

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



## Hide Tactics

### Block doors

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

### Turn off lights, silence phones

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

### Choose a hiding place

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

### Make a plan

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

Click on each of the images above to learn more.



## Fight



### FIGHT

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

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## Fight Tactics

### Create chaos

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

### Swarm

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

### Move the weapon away

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

### Attack

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

Click on each of the images above to learn more.

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## Run, Hide, Fight – What About Patients?

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

Things you can do:

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

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



## After an Event of WPV

Huddle for safety:

- Anyone injured should be evaluated.
- Assess for necessary resources.

Document and notify:

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

Request a Defusing from your unit leader or the Administrative Manager:

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





## Team Member Health and More

We offer:

- Workplace Injury Treatment
- **Employee Assistance Program support with *SupportLinc***
  - Call line managed 24/7, (888) 881-LINC (5462) or visit [supportlinc.com](https://supportlinc.com), username: northmemorial
  - Available to ALL team members and adults living in their home.
  - Can be used for home or work stressors. Support topics include, but are not limited to, marriage, divorce, depression, stress, managing emotions, substance use, parenting, identity theft, dependent care resources, and financial planning.

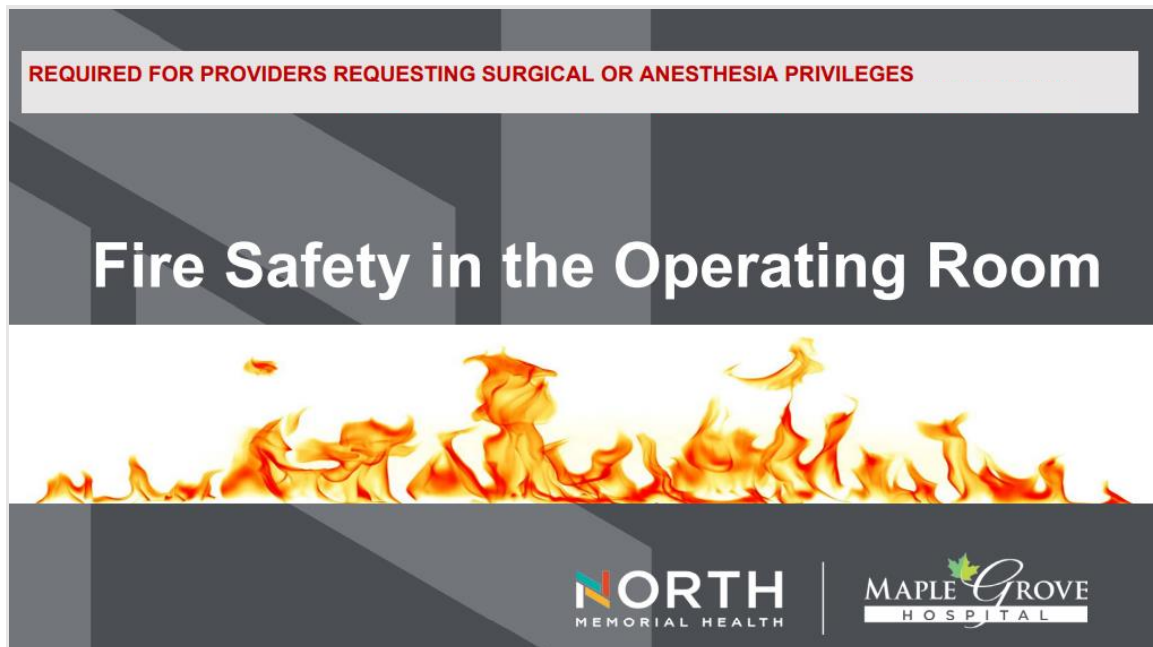


## Closing Thoughts

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



# Fire Safety in the Operating Room



Other providers not requesting surgical, or anesthesia privileges may skip to the last page and complete the attestation.

## Objectives

- The goal of this learning activity is to educate the surgical team about fire safety in the perioperative practice setting. Practice tools to promote fire prevention, the fire triangle and the roles and responsibilities of perioperative staff in managing a fire in the Operating Room will be discussed.
- Optimal outcomes depend on **all** perioperative personnel to be familiar with their roles in fire prevention and management.

## Fact or Fiction?

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

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

## Fact or Fiction?

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

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

## Fire Facts:



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

• The Emergency Care Research Institute (2018)

## The Fire Triangle



## The Fire Triangle

- For a fire to occur, three components need to be present: **Fuel**, **Ignition Source**, and an **Oxidizer**.
- Whenever these 3 components are in close contact under the appropriate conditions and proportions, a fire **will** occur.
- Fire is a risk in the Operating Room since all 3 sides of the triangle are usually present during the procedure and can be under the influence of 3 different people.



## The Fire Triangle – Ignition Source

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

### Ignition Source

Surgeons—ESUs, lasers, etc.



Anything that provides enough energy to start a fire.



## The Fire Triangle - Oxidizer

- Present in every perioperative setting
- Usually controlled by Anesthesia
  - Oxygen
  - Oxygen-Enriched environment (O<sub>2</sub> % is greater than 21%)
  - Nitrous Oxide

Defined as gases that can support combustion.



## The Fire Triangle - Fuel

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

Defined as anything that will burn.





## The Fire Triangle

- The key to fire prevention is altering one or more of components of the fire triangle so combustion is not possible thus mitigating the risk.

## What is a Fire Risk Assessment?

- Before beginning any procedure, an assessment must be completed to identify each aspect of the fire triangle and communicated to the entire surgical team in conjunction with the Time Out.
- The Fire Risk Assessment is collaboratively completed by Anesthesia providers and the Circulating Nurse with prevention protocols put in place prior to incision.
- All member of the team must participate to ensure they are prepared should an emergency occur.

## What is a Fire Risk Assessment?

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

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score:	

## What is the Fire Score?

The customer is having a left carotid endarterectomy under general anesthesia. The RN has prepped the surgical skin site using 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		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 2	

## What is the Fire Score?

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

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 0	

## What is the Fire Score?

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

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol SCORE 3: Initiate High Risk Fire Protocol	Total Score: 2	

## What is the Fire Score?

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

FIRE RISK ASSESSMENT		
Procedure site or incision above the xyphoid	1 (Yes)	0 (No)
Open oxygen source (face mask/nasal cannula)	1 (Yes)	0 (No)
Ignition source (Cautery, laser, fiberoptic light source)	1 (Yes)	0 (No)
SCORE 1 or 2: Initiate Routine Protocol		
SCORE 3: Initiate High Risk Fire Protocol		Total Score: 3

## What is Routine Protocol?

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

- Controlling Ignition sources
- Controlling Fuel Sources
- Controlling Oxidizers







## Routine Protocol: Controlling Ignition

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



## Routine Protocol: Controlling Ignition

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

## Routine Protocol: Controlling Fuel



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

## Routine Protocol: Controlling Oxidizers



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

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

# High Risk Protocol

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

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

## High Risk: Controlling Oxidizers



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

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

## High Risk: Controlling Oxidizers



### Shared Airway Procedures

- Cautery
  - Anesthesia will not utilize nitrous oxide
  - Anesthesia will maintain patients SaO<sub>2</sub> above 90% with delivery of oxygen and air at or below a FiO<sub>2</sub> of 33%
  - Anesthesia will notify the surgeon if higher oxygen levels are required to maintain an adequate SaO<sub>2</sub> 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 FiO<sub>2</sub> 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 laser's use
    - Nitrous Oxide shall not be used
    - Evacuate surgical smoke from enclosed spaces as smoke can be flammable.



## What do I do if there is a Fire?



## What do I do if there is a Fire in the OR?

- **Anyone in the immediate area:** (ex: Surgeon, CST, PA, NP, RN)
  - Pat out the fire. Water or saline may be used when appropriate.
  - If the fire is fueled by an alcohol solution, **DO NOT** use water or saline, since this may spread the flames.
  - DO NOT use water or saline on electrical equipment. If drapes are burning, remove them from the patient and smother them, if possible.
- **Anesthesia provider:**
  - Turn off oxygen and nitrous oxide on the anesthesia gas machine when the fire is in the immediate area or an oxygen enriched atmosphere is contributing to the fire.
  - Ventilate patient with air and use IV agents to maintain anesthesia.
- **Circulating RN:**
  - At Maple Grove, initiate a Code Red by calling \*77 on vocera or phone, and call OR control to activate the fire pull station.
  - At North Memorial, initiate a Code Red by activating the fire pull station or by calling \*99 on a phone or vocera. Then contact the OR control desk.

## What do I do if there is a Fire in the OR?

- **OR Team:**
  - Upon hearing the alarms in the hallway indicating a Code Red, update/notify the staff in the other OR rooms as necessary until Code Red All Clear is announced.
- **PCC/PIR Team:**
  - Upon hearing Code Red, hold all patients going to surgery until the All Clear is sounded.
- **PACU team:**
  - Upon hearing Code Red, prepare to receive patient from the affected OR suites, as necessary.



## What do I do if the fire is *NOT* controlled?

- **OR Control Desk/Additional OR and Anesthesia Staff:**
  - Document the time the fire started.
  - Determine how many people are in the department and account for everyone.
  - Set up a communication point (inside of affected core) and identify two staff to communicate personally to the ORs affected.
  - Determine the state of surgical cases in each area.
  - Consult with Anesthesia care provider in charge and surgeon on how to handle each patient.
  - Assign personnel to assist with transport of patients to evacuation site.
  - Direct and control traffic as necessary.
  - Notify surrounding rooms for possible evacuation. Because of the air flow from the rooms, evacuation to the halls should be done only in extreme situations.
- **Anesthesia Provider:**
  - Give direction for the shut off of the supply of oxygen and nitrous oxide to the affected OR room, if not already done. Because all rooms function independently with shut off valves located outside each room
  - Give a re-dose of antibiotics to the patient as soon as possible.
  - Maintain patient's anesthetic state, take ambu and collect anesthetic drugs to carry on during transport. Disconnect leads, take IVs off poles and place on OR table with patient.

## What do I do if the fire is *NOT* controlled?

- **Surgical Support Staff:**
  - Assist in securing necessary equipment and supplies for continuation of the surgery.
  - Secure equipment for transporting the patient as directed by the staff in the affected OR suite.
  - Follow instructions for evacuating the patient if needed.
  - Assist as directed and hold doors open.
  - Check to see that all Fire Exits are free from obstructions.
  - See that all hall lights are on.
- **Surgical Team:**
  - Disconnect any cords, leads, etc. On the field, assist anesthesia.
  - Communicate to the OR control desk.
  - Gather minimal instruments in basin or towel, and place with patient.
  - Meet in evacuation site and assist anesthesia and surgeon in proceeding with patient care.

## What do I do if the fire is *NOT* controlled?

- **Surgeon:**
  - Control and maintain surgical wound and give final instructions for evacuation to surgical team.
- **Everyone:**
  - Move patient on OR table from the OR room to the evacuation site.
  - Close all room doors and place saturated wet blankets at the base of the OR door. This will indicate to the First Responders that the room has been evacuated.
  - Assist with the evacuation of adjoining areas as necessary.
  - Prepare to evacuate patients and families, as necessary.

## What do I do if the fire is *NOT* controlled?

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

Follow RCA

- **R**escue the individual involved in the fire
- **C**onfine the fire
- **A**larm sounded as soon as possible
  - Initiate a Code Red by calling \*77 at Maple Grove and \*99 at North Memorial on Vocera or phone, or call the OR Control Desk, Labor and Delivery Desk, or team member in your area to pull the nearest fire alarm

## How do I use a fire extinguisher?

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



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**P:** Pull the pin

**A:** Aim the nozzle at the base of the fire

**S:** Squeeze the handle

**S:** Sweep at the base of the fire from side to side

## What happens when the fire is out?

Pat yourself on the back!! 😊

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

## Anesthesia Patient Safety Foundation Video

- Interested in watching how to prevent and manage fire in the OR in live action???
- This video, *Prevention and Management of Operating Room Fires*, which was released in February 2010, is intended for everyone who works in the OR during surgery.

APSF Operating Room Fire Safety - YouTube

<https://www.youtube.com/watch?v=oxjF4ctFD>

## Summary

- In summary, to be able to effectively prevent surgical fires, perioperative team members should be aware of the components of the fire triangle and how they interact to generate a fire.
- The second portion of fire prevention is communication and active participation in mitigating risk.
- If a fire were to start, it is essential that the perioperative team understand their roles and responsibilities during this emergency situation to minimize harm to both the customer and surgical team members.

## References:

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

MGH Policy and Procedures:

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

NMH Policy and Procedures:

- Fire Prevention and Plan for Surgical Services
- Emergency Evacuation Procedure
- Laser Safety
- Fire Plan

AORN Standards, Recommended Practices and Guidelines.

- Current edition located on Surgical Services Intranet Page.

The Emergency Care Research Institute (2018)

Rothrock, J.C. (2018) Alexander's Care of the Patient in Surgery. Elsevier Inc. New York, NY.

