Duluth/Superior Area Hospitals and Clinics

2008-2009 Student Education Verification

Name (please print): ________________________________________________

School Affiliation: ________________________________________________

Program:_______________________       Student Level:___________________

Today’s Date:           ________________________________________________

I have received information on these hospital/clinic topics:
Mission statements
HIPPA-Patient Confidentiality
Patient Rights
Hospital Codes/Emergency Numbers
National Patient Safety Goals
Dangerous Abbreviations
SBAR – Communication/Report
Hazardous Substances
Infection Control- Standard Precautions
Corporate Compliance
Radiation Protection
Parking/Security
Harassment
Cultural Awareness
Fire Safety
Safe Patient Handling
Safe Skin Initiative

• I understand the information and will use it to protect myself and others.
I know whom to contact if I have questions/concerns about any of these topics.

Acknowledgement of Confidentiality

Healthcare facilities have legal and ethical responsibilities to safeguard the privacy of all patients and protect the confidentiality of their health information. I understand that in my clinical experiences I may have access to confidential patient information even though I may not be directly involved in providing patient services. I understand that such patient information must be maintained in the strictest confidence. Any violation of patient confidentiality will result in immediate termination of my clinical experience.

Signature _______________________________    Date ________________________

Please send completed form to St. Luke’s, Education Dept, 915 E. First Street, Duluth, MN 55805
(St. Luke’s will make a copy of the form for the SMDC/MMC system)
STUDENT SAFETY EDUCATION QUIZ
2008

Please review with your instructor for accuracy.

1. The most effective method to prevent the spread of infection is___________________________________________________.

2. The three basic principles of radiation protection are: ____________,
________________ and ___________________.

3. What does RACE stand for:
R ____________ A ___________ C ___________ E ___________

4. When performing a patient transfer, make sure everyone is ready and aware of transfer plan
True ___________ False ___________

5. Where do I go to get permission to view my personal or family members’ medical information?
________________________________________

6. Where can I find information on the appropriate hazardous waste Disposal bin to use?  __________________________________

7. What is the emergency number to call 24/7?
St. Luke’s ___________ SMDC ______________

8. We are allowed to accept gifts or gratuities from our patients.
True ___________ False _______________

9. Precautions for safe handling and use of hazardous chemicals and their storage instructions can be found on the
M ___________ S ___________ D ___________ S ___________

10. Which container does an IV antibiotic with fluid remaining in the container get disposed in?
    Regular Garbage       Designated bin
Mission, Vision and Values

The mission, vision and values of SMDC Health System reflecting the heritage and continuing partnership of the Health Care Ministry of the Benedictine Sisters of St. Mary’s Medical Center and the physicians of the Duluth Clinic.

Mission
SMDC Health System brings the soul and science of healing to the people we serve.

Vision
SMDC Health System, as a world-class organization, will be the best place to receive care and the best place to work.

Values
Respect
We regard all persons with dignity and respect.

Innovation and Excellence
We are committed to innovation and excellence in medical care, education and research.

Teamwork
Our strength is in our people, working together.

Stewardship
We wisely and responsibly manage all resources.
Mission Statement

The Patient Above All Else

Organizational Values

These values provide the foundation for our culture as we pursue our Mission and Vision:

- The patient comes first
- Quality is our expectation
- People make it happen
- Everyone is treated with respect
Patient Confidentiality Is Everyone’s Responsibility!

Why is it So Important to Protect Patient Information?
Health care providers have a legal and ethical obligation to protect patients’ confidential health information, including the information in paper patient records, billing records, computer systems, and in the knowledge base of their employees.

Patients will be more comfortable sharing information with their healthcare providers if they are sure that their private medical information will remain confidential and used to provide quality health care.

Failure to comply with law and health care facility policy and in appropriately access, use or disclose health information is not an option. Health care facilities and the law provide a range of penalties for noncompliance depending on the context of the violation and the offender’s intent.

Two Types of Protected Health Information (PHI)
1. Electronic (Computerized) PHI – Medical Records and Business Office Records
   Access to protected health information is audited on a monthly basis.

   When you leave your workstation, remember to not leave patient information visible on your computer screen. **Always log off your computer when leaving your workstation!**

   **Password Reminders**
   - It is each individual’s responsibility to keep his or her system passwords private.
   - Do not share your passwords with others or post where people can see them
   - Direct any password concerns to the IT Department, 249-2447.

2. Paper PHI - Medical Records and Business Office Records
   Securely store all paper PHI. Do not leave records where others could access them inappropriately.

   Do not leave PHI on printers, copiers or fax machines.

   Always use a Shred-It bin to dispose of paper documents or labels that include patient information.

   Always use an interdepartmental courier envelope when sending PHI to another department.

Education
All students are required to sign a confidentiality statement as part of their yearly safety orientation.
Tips to Help You Remember to Keep Patient Information Confidential

R Treat patient information the way you would want your own information treated.

R You may not electronically access information about yourself, your spouse, children (minor or adult), parents, siblings or any other family members or friends. This information must be authorized and processed through the Medical Record Department.

R Do not discuss patient information outside the facility.

R Do not discuss patient information in public areas within the health care, such as elevators, hallways, restrooms, cafeteria, waiting rooms or stairways.

R Do not discuss patient information with anyone unless they need it to carry out their job duties.

R Do not copy and distribute confidential information to unauthorized people. Always refer them to the Medical Record Department.

R When release of information by telephone is permitted by policy, verify identity of caller before releasing information.

R It is not acceptable to access anyone’s patient information for any reason that is not in your job description.

R Talk to your supervisor about re-directing work for your family and friends who are patients.

R Do not give patient information when voice paging or leaving telephone messages.

Public Information Hospitals
Information contained in the general patient directory of a hospital is considered public. Unless a patient has requested otherwise, his/her presence and location in the hospital may be disclosed if the patient is requested by name.

If you have further questions about Information privacy:
St. Luke’s contact Diane Larson – Privacy official at ext. 5367
SMDC contact Janet Paavola 786-3027
Patient Rights: A Simplified Overview

Every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed. The health care facility shall encourage and assist in the fullest possible exercise of these rights.

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment.

Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English.

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Patients have the right to appropriate medical and personal care based on individual needs. The right is limited where the service is not reimbursable by public or private resources.

Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care.

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider.

Patients shall be given by their physicians complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician’s legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments, or combinations of treatments, and the risks associated with each of these methods.

Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative.

If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing that they do not want a family member included in treatment planning.
Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Competent patients shall have the right to refuse treatment based on the information given about treatment.

Written, informed consent must be obtained prior to patient’s participation in experimental research. Patients have the right to refuse participation.

Patients shall be free from maltreatment as described in the Vulnerable Adults Protection Act. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient’s physician for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care.

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.

Patients shall be informed, prior to or at the time of admissions and during their stay, of services which are included in the facility’s basic per diem or daily room rate and that other services are available at additional charges.

Patients shall have the right to a prompt and reasonable response to their questions and requests.

Patients shall have the right to every consideration of their privacy, individuality and cultural identity as related to their social, religious and psychological well-being.

Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal.

Patients may associate and communicate privately with persons of their choice and enter and leave the facility as they choose.

Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other patients, and unless medically contraindicated.

Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services.

Upon admission, patients shall be given the opportunity to authorize disclosure of the patient’s presence in the facility, to callers or visitors who may seek to communicate with the patient.
Duluth-Superior Hospitals for Code Comparison

<table>
<thead>
<tr>
<th>Situation</th>
<th>St. Luke’s Duluth</th>
<th>SMDC/MDMC Duluth</th>
<th>St. Mary’s Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>Code Plan 3 (Red)</td>
<td>Code Red</td>
<td>Code Red</td>
</tr>
<tr>
<td>Cardiac/respiratory arrest</td>
<td>Code Blue</td>
<td>Code Blue</td>
<td>Code Blue</td>
</tr>
<tr>
<td>Infant/child abduction</td>
<td>Code Plan 5 (Orange)</td>
<td>Code Purple</td>
<td>Code Purple</td>
</tr>
<tr>
<td>Lockdown</td>
<td>Code Plan 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence threat</td>
<td>Code Plan 9</td>
<td>Code Gray</td>
<td>Code Gray</td>
</tr>
<tr>
<td>Hazardous weather</td>
<td>Code Plan 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous material spill</td>
<td>Code Plan 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bomb threat</td>
<td>Code Plan 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation needed</td>
<td>Code Plan 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIP</td>
<td>Code Plan 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation at VA Clinic</td>
<td></td>
<td>Code Green</td>
<td></td>
</tr>
<tr>
<td>Trauma patient(s)</td>
<td>Code Green</td>
<td>Trauma Alert</td>
<td>Trauma Alert</td>
</tr>
<tr>
<td>Weapon (potential of inflicting serious harm/or person being held against their will)</td>
<td>Code 9</td>
<td>Code Silver</td>
<td>Code Silver</td>
</tr>
<tr>
<td>Emergency phone</td>
<td>5220</td>
<td>7-7777</td>
<td>7-7777</td>
</tr>
</tbody>
</table>

Safety Officers
SMDC/MDMC/Superior St. Luke’s
Rhonda Brooks Mike Marturano
786-4423 249-6013

Education Contacts
SMDC Health System St. Luke’s St. Luke’s
Jean Pessenda Robin Hutchinson Lois Opseth
786-4637 249-5139 249-5522
jpeessenda@smdc.org rhutchinson@slhduluth.com lopseth@slhduluth.com

8/26/08
<table>
<thead>
<tr>
<th>Safety Goals</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Patients Correctly</td>
<td>Use patient’s <strong>full name and birth date</strong> before: Giving meds, taking blood or specimens, or doing treatments/procedures.</td>
</tr>
<tr>
<td>Improve Communication</td>
<td>Don’t accept verbal orders if MD is present.</td>
</tr>
<tr>
<td></td>
<td><strong>Listen. Write</strong> down, and then <strong>Read back</strong> verbal orders (VRB).</td>
</tr>
<tr>
<td></td>
<td>Don’t use dangerous abbreviations.</td>
</tr>
<tr>
<td></td>
<td>Promptly communicate a critical test result to a physician.</td>
</tr>
<tr>
<td></td>
<td>Promote clear and complete “hand off communication” among caregivers and when transferring or transporting a patient. Use the blue transport form when transporting patients. Ask and respond to questions.</td>
</tr>
<tr>
<td>Use Medications Safely</td>
<td>Label all medications, medication containers or other solutions, and filled syringes.</td>
</tr>
<tr>
<td></td>
<td>If in doubt about a med, look it up or call the Pharmacy before giving it.</td>
</tr>
<tr>
<td></td>
<td>List brand and generic names on med list.</td>
</tr>
<tr>
<td>Anticoagulation Therapy safety <strong>New for 2008</strong></td>
<td>Watch for safety measures on monitoring and dosing of warfarin, heparin and other anticoagulants that will be implemented by the Anticoagulation committee during 2008.</td>
</tr>
<tr>
<td>Prevent Infections</td>
<td>Wash hands with alcohol-based gel or soap and water. Wash hands prior to entering and after leaving patient’s room. Wash hands before and after glove use. Do not wear artificial fingernails (care providers)</td>
</tr>
<tr>
<td>Reconcile Patient Medications</td>
<td>Complete Medication Reconciliation Form (MRF) by asking patient and family for a complete list of the patient’s current medications.</td>
</tr>
<tr>
<td></td>
<td>When a patient is transferred, referred or discharged, send the MRF with the patient or fax it to the next department or facility.</td>
</tr>
<tr>
<td>Changes in Patient’s Conditions</td>
<td><strong>Call the Rapid Response Team</strong> to assist nursing staff with the critical assessment of patients experiencing a change in condition who may require immediate assessment/intervention.</td>
</tr>
<tr>
<td></td>
<td>Dial # 5220 and state, “Rapid Response Team to Room______.”</td>
</tr>
<tr>
<td>Involve Patients in Their Care &amp; Safety</td>
<td>Encourage patients and families to report any concerns to manager, staff or patient advocate. Patient Advocate # 5400.</td>
</tr>
<tr>
<td></td>
<td><strong>Prevent falls.</strong> Refer patient to Fall Prevention Program (249-5519)</td>
</tr>
<tr>
<td>Identify Suicide Risks</td>
<td>Complete the Suicide Risk Assessment for patients who have a primary diagnosis of emotional or behavioral disorders.</td>
</tr>
</tbody>
</table>
Avoid dangerous abbreviations:

<table>
<thead>
<tr>
<th>Do not use these abbreviations</th>
<th>Write out these words</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>units</td>
</tr>
<tr>
<td>IU</td>
<td>International units</td>
</tr>
<tr>
<td>QD, qd</td>
<td>Daily or every day</td>
</tr>
<tr>
<td>QD, qd</td>
<td>Daily or every day</td>
</tr>
<tr>
<td>MS, MS04</td>
<td>Morphine, Morphine sulfate</td>
</tr>
<tr>
<td>X. mg</td>
<td>X.0</td>
</tr>
<tr>
<td></td>
<td>Never write a zero by itself</td>
</tr>
<tr>
<td>.x</td>
<td>0.X mg</td>
</tr>
<tr>
<td></td>
<td>Always use a zero before</td>
</tr>
<tr>
<td>MgSO4</td>
<td>Magnesium Sulfate</td>
</tr>
</tbody>
</table>

SBAR
A structural communication technique designed to convey a great deal of information in a brief manner. This is important as we all have different styles of communicating, varying by profession, culture and gender

S  Situation
A concise statement of the problem
What is going on now

B  Background
Pertinent and brief information related to the situation
What has happened

A  Assessment
Analysis and considerations of options
What you found/think is going on

R  Recommendation
Request/recommend action
What you want done
What Students Need to Know About Infection Control in Hospitals & Clinics

Purpose
The purpose of an organizational Infection Prevention & Control Program is to prevent healthcare-associated infections (HAIs) among patients, visitors, volunteers, and students. This is accomplished through the implementation of a system-wide infection control program based on evidence-based practice and regulatory requirements, and applies to all hospital and clinic settings.

All individuals involved in patient care activities are expected to be familiar with basic information about infectious disease transmission and recommended measures to prevent and/or reduce its spread. This information includes the following:

The Spread of Infection (aka Chain of Infection)
The spread of infection requires the presence of three (3) “main ingredients”:

1. An Infectious Agent (germ). This can be a bacterium, virus, parasite, or other microorganism. Humans encounter infectious agents on a daily basis. Many infectious agents normally live in or on our bodies and in our environment but will not result in an infection unless the right conditions are present.

2. A Means of Transmission. This is a way for an infectious agent to spread from one individual to another. The most common means of transmission is by hands! Certain infectious agents can also be spread through the air, in food or water, or by hand contact with contaminated equipment/supplies.

3. A Susceptible Host. This is an individual who is more likely to become infected if they come in contact with an infectious agent. This can include persons who have not had recommended immunizations (shots), individuals whose immune systems do not work properly (such as people who have HIV, are receiving medications or treatments that alter the body’s immune system, or are elderly) or individuals who have a surgical/open wound or an invasive device - like an IV catheter, ventilator, urinary catheter.

INFECTION PREVENTION BASICS
YOU play a major part in preventing the spread of infections to patients, visitors and other patient care workers. Most work-related infections can be prevented by following facility-specific infection prevention & control policies:

HAND HYGIENE
Hand hygiene is the single most important procedure of interrupting transmission of infections to patients and employees.

Wash (Sanitize) Hands
✓ Before and after handling food  
✓ After using the washroom  
✓ UPON ENTERING AND EXITING PATIENT OR EXAM ROOM  
✓ Before and after patient contact  
✓ Before inserting or accessing an invasive device (e.g. IV or urinary catheters or tubing)  
✓ Between dirty & clean cares involving same patient  
✓ When visibly soiled  
✓ After removing exam or surgical gloves  
✓ 8/26/08
With

- Alcohol-based (waterless) hand rubs (recommended in patient care areas)
- OR
- Soap and Water (always use when hands are visibly soiled or when gloves hands have been in contact with feces).

How

<table>
<thead>
<tr>
<th>Alcohol-based (&quot;water-less&quot;) hand sanitizers</th>
<th>Soap &amp; Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply 1 “squirt” of hand sanitizer.</td>
<td>1. Wet hands.</td>
</tr>
<tr>
<td>2. Spread thoroughly over all hand surfaces.</td>
<td>2. Apply soap.</td>
</tr>
<tr>
<td>3. Rub hands together until dry (about 15</td>
<td></td>
</tr>
<tr>
<td>seconds).</td>
<td>3. Rub hands together for at</td>
</tr>
<tr>
<td></td>
<td>least 15 seconds</td>
</tr>
<tr>
<td></td>
<td>(sing Happy Birthday song!)</td>
</tr>
<tr>
<td></td>
<td>4. Dry hands and turn water</td>
</tr>
<tr>
<td></td>
<td>off with paper towel.</td>
</tr>
</tbody>
</table>

Fingernails

- Fingernails must be kept clean and well-groomed
- Fingernails are to be trimmed to ¼ inch
- Nail polish, if worn, should be fresh and free of chips

Artificial Nails

- Artificial nails have been associated with healthcare associated infections and ARE NOT ALLOWED to be worn by direct patient care providers who work in the following locations:
  - SLH: All patient care areas
  - SMDC: High-risk patient care areas:
    - Intensive Care Units
    - Burn Units
    - Oncology
    - Invasive Procedure Areas (e.g., Surgery/Anesthesia, Cardiac Cath Lab, Special Procedures)

Jewelry

- IN Patient Care Areas, hand jewelry must be kept to a minimum (i.e., wedding/engagement bands).

Other

Small cuts/abrasions on hands are to be covered with a clean band-aid or transparent dressing.

RESPIRATORY HYGIENE/ETIQUETTE

To prevent the spread of respiratory illnesses, in addition to hand hygiene, everyone must practice good respiratory hygiene practices:

- ALWAYS cough and sneeze into your sleeve or upper arm
- OR
- Cough and sneeze into a tissue and discard immediately.
- DO NOT cough or sneeze into your hand because the germs on your hands can be spread to anything you touch!

IMMUNIZATIONS

Healthcare facilities are committed to reducing the risk of transmission of vaccine-preventable diseases by following Centers for Disease Control and Prevention (CDC) and Occupational Health and Safety (OSHA) guidelines.

Routine Immunizations

Healthcare students are required to provide evidence of protection (vaccine or blood test) against the following vaccine-preventable diseases prior to the start of clinical rotations:

- Chickenpox
- Measles, mumps, rubella
- Pertussis (whooping cough)
PERSONAL PROTECTIVE EQUIPMENT (PPE) REMOVAL
PPE must be removed and discarded, and hands sanitized, before touching non-contaminated items and environmental surfaces, when exiting a patient/exam room, and between patients. PPE must be removed in the correct order and using the correct method to prevent contamination of skin and clothing:

Step 1: Remove GLOVES by grasping the outside of one glove with your opposite hand and peeling it away from hand, turning the glove inside out. Holding the removed glove in your gloved hand, slide 2 fingers of your un gloved hand under the cuff of the remaining glove. Peel the second glove away from hand, turning it inside out to cover the other glove. Discard in trash receptacle.

Note: Gloves ARE ONE-TIME USE.

Step 2: Remove GOGGLES/FACE SHIELD Use clean hand to remove by band or earpiece. Discard in trash receptacle.

Note: Goggles / face shields ARE ONE-TIME USE.

Step 3: Remove GOWN: by unfastening ties and peeling it off turning it inside out and holding it away from body. Discard cloth gowns in linen hamper/paper gowns in trash receptacle.

Note: GOWNS ARE ONE-TIME USE.

Step 4: Remove MASK by grasping elastic band (or untying) from the back of your head and bringing the band up and overhead to remove. DO NOT REMOVE BY TOUCHING FRONT OF MASK. Discard in trash receptacle.

Note: All masks except TB (N95) respirators ARE ONE-TIME USE.

OTHER: All linen, trash, and eating utensils are handled the same way -- using the same precautions.

SHARPS SAFETY
Needlesticks and injuries caused by scalpels or other sharp instruments account for the majority of blood and body fluid exposures in healthcare settings. Precautions must be taken to prevent injuries:

• NEVER recap or break or bend needles.
• Do not remove needles from syringes. Approved exceptions are removal of activated safety needles from syringes:
  ➢ used for administration of IV medications
  ➢ for the purpose of "sharper" injection needle for IM or Subcut injections
  ➢ containing Laboratory specimens (A mechanical device must be used for removal)
• Place disposable needles and syringes, scalpel blades, and other sharp items in puncture-proof containers immediately after use.
• Locate sharps containers as close as possible to the point of use.
• Secure sharps container in an upright position to prevent contents from spilling.
• REPLACE SHARPS CONTAINERS WHEN ¾ FULL. SEAL container and place in designated biohazard area for pick-up.
• Never enter a sharps container. In the unlikely event that a valuable item (i.e. jewelry, medical equipment) is accidentally disposed of in a sharps container:
  ➢ label the container with a “DO NOT DISCARD” label
  ➢ notify your immediate supervisor and the Environmental Services Supervisor on duty to coordinate retrieval following facility-approved procedures
• Check all linen and trash for sharps before placing into receptacle.
• Discard items that are capable of puncturing a trash bag into a Sharps container.
• Never compact trash or enter trash bags to retrieve items.
• Always handle trash bags by holding them away from your body to prevent puncture injuries.
• Place reusable needles and sharps in a puncture-proof container for transport to reprocessing areas.
• USE SHARP SAFETY DEVICES when available.
  ➢ Do not alter safety mechanisms
  ➢ Use a ONE-HANDED technique and a hard surface to activate safety devices – DO NOT activate safety devices with 2 hands or by using other body parts (e.g. leg, arm).
  ➢ The following sharp safety devices are commonly available:
    ▪ Blood transfer devices
    ▪ IV catheters
    ▪ IV tubing
    ▪ Lancets (e.g. for blood glucose testing)
    ▪ Needles and syringes
    ▪ Needle-less, prefilled medication syringes
    ▪ Phlebotomy devices
    ▪ Scalpels

Waste Management and Proper Disposal
Waste management and disposal is in accordance with the Minnesota Infectious Waste Control Act of 1989 and regulations from the Western Lake Superior Sanitary District (WLSSD). All waste is designated as infectious waste, pathological waste, objectionable waste, sharps or general waste, and is separated at the point of generation.

Standard Precautions are to be used for waste handling activities. Always wear gloves for any trash handling activities in patient care areas. Discard trash and other waste in the appropriate waste container as follows:

<table>
<thead>
<tr>
<th>Infectious (RED BAG) Waste</th>
<th>Regular Trash</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blood, blood products, or other body fluids (pleural, pericardial, cerebrospinal, synovial, amniotic, peritoneal) in containers/lab instruments</td>
<td>• IV tubing and solution containers</td>
</tr>
<tr>
<td>• Items that are dripping and saturated with the above fluids</td>
<td>• Urinary catheter tubings and drainage bags</td>
</tr>
<tr>
<td>• Blood bags and administration tubing</td>
<td>• Ventilator tubing</td>
</tr>
<tr>
<td>• Tubing and drainage collection devices (i.e. hemovacs, JP bulbs, pleurovacs) that cannot be emptied and rinsed of all visible blood OR contaminated with blood that can “flake” off</td>
<td>• Cast padding with serous drainage</td>
</tr>
<tr>
<td>• Wound dressings that are soiled with an areas of blood greater than 2 inches in diameter</td>
<td>• Diapers, Tripads, etc</td>
</tr>
<tr>
<td>• Any regular trash that is grossly contaminated with blood</td>
<td>• Respiratory suction canisters</td>
</tr>
<tr>
<td></td>
<td>• Items soaked with urine, vomitus, saliva, sweat or feces</td>
</tr>
<tr>
<td></td>
<td>• Regular trash from isolation rooms</td>
</tr>
</tbody>
</table>

To prevent contamination of the environment and exposure to waste handlers:
• Clamp or tie off tubing on drainage collection devices (e.g. chest tubes, hemovacs, JP bulbs) that cannot be emptied.
• Securely cap all ports on suction canisters that cannot be emptied.
• Replace infectious waste bags when ¾ full. Do not compact. Close by grasping and tying top corners of trash bag.
BLOOD SPILL CLEAN-UP
To clean up blood or body substance spills - Always wear gloves!
• Use paper towels and dispose in infectious waste container.
• Remove and discard soiled gloves and perform hand hygiene.
• Put on clean gloves.
• Disinfect the soiled area with disinfectant solution
• If a blood spill kit is used, follow directions in kit.

OTHER SAFE WORK PRACTICES
• Handle all blood and body fluid specimens as BIOHAZARD (infectious).
• Do not eat or drink beverages in areas where blood and body fluid exposure is likely.
• Do not handle contact lenses or apply lip balm in areas where blood and body fluid exposure is likely.
• Do not store blood and body fluids in areas/refrigerators where food or medications are stored.
• Clean ALL patient rooms/environmental surfaces the same way, making sure to disinfect high-touch surfaces (bedrails, bedside tables, etc.,) on a daily basis to prevent the spread of contact-transmitted organisms.
• Clean/Disinfect/Sterilize all patient equipment and instruments according to hospital policies.

Report exposures to blood or body fluids

1. Wash the exposed area thoroughly with soap and water.
   - Rinse mucus membranes with normal saline or tap water.
2. Report the incident promptly to your instructor and the clinical area.

Prompt reporting will assure evaluation of preventive medication needs.

IN ADDITION TO STANDARD PRECAUTIONS
Some diseases, because of the mode of transmission (e.g., droplet, airborne), require precautions in addition to Standard Precautions. These precautions are referred to as Transmission-based Precautions (or ISOLATION) and consist of the following categories:
• AFB (TB precautions)
• Airborne/Contact
• Contact
• Droplet
• Full Barrier

On the following page is a list of several common diagnoses/conditions that require isolation. Please check with clinical staff regarding appropriate isolation protocols.

Diagnoses/Conditions that require Isolation
Abscess (Open/draining or requires frequent drsg.changes)
Adenovirus, pneumonia in infants and Young Children
Abscess (Open/draining or requires frequent drsg.changes)
Adenovirus, pneumonia in infants and Young Children
Avian Influenza
Chickenpox (varicella)
C. Difficile diarrhea
Cough/Fever/Pulmonary Infiltrate in patient with hx recent travel
   (10-21 days) to countries with active outbreaks of SARS, Avian Inf
Decubitus Ulcer, Pressure sore, (open/draining)
Diarrhea Illnesses in diapered or incontinent persons
Diphtheria,
Erythema infectiosum (Fifth’s Disease)
Hand, Foot, Mouth Disease (in diapered children)
Haemophilus Influenza (Blood or spinal fluid)
Hemorrhagic fevers, Ebola, Lassa Fever
Herpes Zoster/Shingles-disseminated lesions
Impetigo
Influenza A or B
Lice, head and body
Measles (rubeola)
Meningitis, viral in infants and young children
Meningococcal disease
Multi-drug resistant organisms such as MRSA & VRE
   (Methicillin-Resistant Staphylococcus Aureus &
   Vancomycin-Resistant Enterococci)
Mumps (infectious parotitis)
Mycoplasma Pneumonia, lab confirmed
Necrotizing Fasciitis, Group A Strep
Pertussis (whooping cough)
Plague, Pneumonic
Polio myelitis
Rubella (German measles)
RSV (Respiratory Syncytial Virus), Parainfluenza
SARS (Severe Acute Respiratory Syndrome)
Scabies
Scalded Skin Syndrome (Ritters Disease, staphylococcal)
Smallpox
Tuberculosis, pulmonary

Contact an Infection Prevention/Control Expert!

St. Luke’s
Jane Gilbert-Howard, RN, MS, CIC
Beeper 870-693

SMDC
Cindi Welch, RN, CIC, Manager - Phone: 786-1163
Rennae Houle-Burn, RN, CIC
Cami Rossiter, MT, CIC Pager: 786-1185

8/26/08
Hazardous Medication Waste Handling/Disposal
What is it? What do we do with it?

At each facility you will need to find what type container is being used for each category of hazardous medical waste!

All facilities have

- Red containers for
- Recycling for paper etc.
- Garbage for paper, plastic, etc.
- Shredder for patient information documents
Corporate Compliance

Patients have the right to confidentiality and privacy
A patient’s medical records are confidential. Copies of medical records can be released to a person or organization outside the hospital/clinic only with the written permission of the patient or an authorized representative. We all need to remember that keeping patient information confidential is a full time job. Do not talk about a patient, the patient’s care or condition away from the hospital or clinic. At work, when you need to discuss a patient, only talk with employees who are responsible for the patient. Be careful about where your conversations take place. Never discuss a patient in a public place such as the cafeteria, hallway, or elevator. Be careful to maintain confidentiality when copying, printing, faxing, or viewing records on a computer. Only people who are directly involved in patient care, coding or managing patient records, or processing financial information are allowed access to patient information from computer systems.

We will provide emergency medical care to any patient who comes to the hospital and requests care, regardless of ability to pay.
Treatment is not delayed to collect financial or insurance information. Patients are transferred to another facility only if they request a transfer or if another hospital can provide services not available at this facility.

Patients have the right and responsibility to participate in decisions about their care and treatment.
Patients are provided with information about their rights. Patients are informed of the risks, alternatives to, and benefits of their treatment or procedure. Services are provided within our capabilities and we seek to avoid unnecessary or non-effective care. Patients have the right to personal, communication and treatment privacy. They have the right to file a Health Care Directive. If a patient is unable to represent him or herself, a designated representative will be involved in care decisions. If a patient is hearing impaired or has difficulty with the English language, an interpreter or translator will be provided.

All patient care services and supplies are accurately billed according to applicable federal and state laws.
We bill only for those medically necessary services provided to the patient. Employees or contractors are prohibited from knowingly preparing claims that are incorrect or false, and employees are responsible for reporting illegal or unethical conduct to the appropriate authorities.

Medical facilities have a document retention policy, which specifies that important documents are maintained in a safe and orderly manner for an appropriate period of time.
Only those individuals in the organization with the appropriate authority can review confidential documents. Documents that have outlived their useful life or the time period we are legally required to keep them are appropriately destroyed. The exception would be documents connected with an investigation or legal action. These documents would not be destroyed according to schedule, but would be retained until any investigation is completed.

Antitrust laws were written to assure that there is fair competition between health care providers that serve the same population and geographic area.
Discussing various business practices with representatives from other health care providers could inadvertently violate these laws. Topics that should not be discussed in-
Hospitals are accredited by several agencies, including the Joint Commission on Accreditation of Health Care Organizations. During the accrediting surveys, we provide complete and truthful information about our procedures and practices.

We use different forms of advertising in newspapers, on radio and television, and on billboards, to educate the public on various health and safety issues and to provide information about our programs and services. Services and capabilities are represented accurately and fairly to the public.

**Corporate Compliance Program**

Corporate compliance programs ensure compliance with all ethical and legal standards, including the Code of Ethics, policies and procedures and safety program. Compliance is also concerned with making sure we follow all federal, state and local laws and regulations relating to safety, hazardous waste management, correct billing and coding, and the federally funded health care programs (Medicare and Medicaid).

Compliance program objectives must be consistent with the corporate mission. A Compliance Committee works with the Compliance Officer to develop and implement the program, evaluate education programs, monitor the success of the program, and develop corrective action.

You contribute to the compliance program by carrying out your job responsibilities in an ethical, effective and professional manner, by following the Code of Ethics, and by reporting potential compliance problems or concerns.

You should report any practice that does not agree with policies and procedures or any procedure that you think is an improper billing or coding practice. If something doesn’t feel right or look right, or if you have any doubts, ask anyway. Sometimes all that is needed is an explanation, but it’s better to know what is correct than to keep wondering. If the question is not a compliance issue, you will be assisted in contacting the appropriate person or department. There will never be any retaliation against anyone who reports a compliance concern.

Sometimes, you hear the words “fraud” and “abuse” used when you hear about corporate compliance. “Fraud” is defined as the intentional deception or misrepresentation made by an individual or company who knows the claim to be false, and has the intent of receiving something of value. An example of fraud would be billing insurance companies for services or supplies that the patient never received. “Abuse” is defined as an incident or practice by a health care provider that is inconsistent with accepted medical, business, or fiscal practices. An example of abuse would be furnishing supplies or services that are not medically necessary.

If you report a compliance concern, you can expect to be asked for specific information about the incident or practice. You will not be subject to retribution or retaliation for reporting a concern. The Compliance Officer is responsible for ensuring that an independent investigation is completed, and will notify you of the results of the investigation. Requests for anonymity will be honored up to the limits of the law and to the extent reasonably possible.

**If you have concerns about practices, working conditions, or procedures you have observed, be sure to talk to your supervisor and let them know about your concerns.** You may also talk directly to Compliance officers: St. Luke’s 249-5357 Mary Gabrys
SMDC 786-3027 Janet Paavola

There are also Compliance Hotlines, which can be used as an anonymous reporting method if you so choose. St. Luke’s Hotline number is 725-6025. SMDC Hotline number is 1-800-711-5146.
Radiation Safety

Types of radiation devices
- X-ray machines
- Mammography
- Fluoroscopy
- Laser
- Nuclear Medicine
- Radiation Therapy

All other healthcare personnel should follow these three basic precautions to minimize their exposure to radiation:

TIME
Limit the amount of time you spend near sources of radiation

DISTANCE
Maximize the distance between yourself and any radiation. Maintain a safe distance of at least 6 feet.

SHIELDING
Place shielding such as a lead apron between yourself and the radiation source to prevent exposure.

Unborn babies are especially sensitive to radiation. Notify your supervisor immediately if you think you are pregnant.

Always use STANDARD PRECAUTIONS!

Questions or Concerns?
Call Lynn Daoust (St. Luke’s 249-5637) or Doug Bennett (SMDC/Miller Dwan 786-1321)
**SECURITY**

We encourage everyone at the hospitals and clinics to use the buddy system. Walk with someone to your car. If no one is available, you may ask hospital Security to escort you.

Be aware of your surroundings at all times.

Bring only essential personal items and a minimal amount of cash with you.

Keep valuables in a safe place.

Please alert your supervisor or hospital Security of any suspicious activity or persons.

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**PARKING**

Please consider car-pooling with your fellow students. Parking is at a premium in the hospital district. Patient parking is our first priority.

Hospital employees pay to park in designated lots and have special identification stickers in their cars. If your car is parked in a lot without proper parking identification, it will be towed at your expense. (The bill is about $100.00)

Parking meters on the streets surrounding the hospitals are frequently monitored and tickets are common. There is free parking on the streets and avenues within 2-3 blocks walking distance of the hospitals. Plan an extra 10 minutes for parking and walking in to your clinical setting.
Harassment in the Workplace

Your work environment should be free from harassment in all forms including offensive language and behavior regarding an individual’s race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, or sex. Workers are cautioned to consider their behavior and comments from the perspective of anyone who might be offended by them.

Forms of harassment include, but are not limited to:

Sexual harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature

Verbal harassment: Epithets (nick names and slang terms), derogatory comments or slurs

Remarks about a person’s body or sexual activities

Unnecessary touching, patting, pinching, hugging, inappropriate closeness

Rudeness or refusal to cooperate with an employee because of his or her gender

Retaliation against an employee for making a complaint about sexual harassment

Visual harassment: derogatory posters, cartoons, or drawings

Both Federal and Minnesota statutes prohibit harassment in the workplace. All reports of harassment by co-workers, supervisors or third parties will be promptly and thoroughly investigated. Any complaints of harassment and actions taken to resolve such complaints will be treated as confidentially as possible consistent with identifying the problem. If the investigation confirms the complaints regarding the alleged offender, it will result in disciplinary action against that individual.

Any person who experiences/is witness to harassment or inappropriate behavior should report it to their supervisor, the Director of Human Resources or other supervisory employee. No one who reports what he/she believes to be an incident of harassment may be subjected to retaliation of any kind for making the report.
Code Red
(If fire, visible smoke or flame is discovered)

Rescue
All persons in danger

Alarm/Alert
Pull fire alarm
Call emergency number to report fire, type, location

Contain/Confine
Close all doors
Inform patients/visitors of situation

Extinguish
Consider own safety
Use the fire extinguisher
Evacuate if unable to extinguish

Pull the pin
Aim the hose
Squeeze the trigger
Sweep at base of fire

Movement during a Code Red
Elevator use is not allowed; use stairs for essential travel. Do not go through closed doors.

SMDC/MMC or St. Mary’s Superior Emergency Number 7-7777

St. Luke’s Emergency Number 5220
Safe Patient Handling

What is it?
- It is a process to minimize the likelihood of a patient, student or staff being injured during patient lifting, transferring and handling related activities.
- Patient handling, manual lifting and transferring should be minimized as much as reasonably achievable.

Risks to patients and staff
- Manual lifting poses a high risk of musculoskeletal injury to caregivers. Patient handling tasks that place caregivers at a high risk for injury are repositioning tasks, bathing patients in bed, making occupied beds, turning patients in bed, tasks with long duration, transferring and lifting tasks.
- Patient transferring and patient handling can cause patient’s discomfort and increase the likelihood of skin shear.

Prevention Measures
- If a patient is non weight bearing, use available equipment to transfer or move the patient.
- Allow the patient to move themselves as able.
- Use proper body mechanics.
- When moving a patient, make a plan and initiate the plan when equipment and staff are ready. Take your time.
- You must be educated on the equipment prior to using.
- Find out what the hospital’s policy/plan is for safe patient handling. FOLLOW the policy.

SMDC Safety Officer:  
Rhonda Brooks  
786-4423  
rbrooks@smdc.org

SMDC Education Contact  
Jean Pessenda  
786-4637  
jpessenda@smdc.org

St. Luke’s Safety Officer:  
Mike Marturano  
249-6013  
mmarturano@slhduluth.com

St. Luke’s Education Contacts:  
Lois Opseth  
249-5522  
loseth@slhduluth.com

Robin Hutchinson  
249-5139  
rhutchinson@slhduluth.com
A program to reduce the number of pressure ulcers

What is an ulcer?
Ulcers can result from several causes such as trauma, arterial or venous stasis, diabetic neuropathy or pressure?

The Safe skin initiative focus is pressure Ulcers? What is a Pressure Ulcer?
A pressure ulcer is an area of skin that breaks down when a patient stays in one position for too long without shifting their weight. Patients who are using wheelchair or bed ridden this often happens if you use a wheelchair or you are bedridden, even for a short period of time (for example, after surgery or an injury). The constant pressure against the skin reduces the blood supply to that area, and the affected tissue dies

- Characteristics of Pressure Ulcers:
  - Due to Pressure
  - Over Boney Prominences
  - Exudate present
  - May be painful
  - Varying in Depth
  - Associated with malnutrition friction, shear and incontinence

Where are the most common sites for pressure ulcers?

| Occipital, Sacrum, Shoulders, Elbows, Back, Malleolus, Calcaneum, Hipsbones |

Elderly, COPD, Hip fractures, Incontinent, Spinal Cord Injuries, Poor nutrition, CVA, Parkinson

What patient populations are at risk for pressure ulcers?

- A head to toe assessment on every patient on admission
- Skin assessment every shift
- Braden Score
- Remove restraints, TED socks, and splints to inspect skin
- Pay attention to areas that have decrease sensation
- Reposition of immobile patients every two hours
- If patient able, have them reposition themselves frequently
- Reduce pressure on prominent areas by use of relief devices such as wheelchair cushion, heel boots, pillows,
- Frequent cleansing of incontinent patients
- WOC nurse as a resource