Welcome to Access Orientation
Appendix E-2 -Nursing: Students, Faculty and Adjuncts 1.26.15

Maine Medical Center
 MMC Locations

Bramhall Campus

MMCRI

Brighton Campus

Falmouth Medical Office

Scarborough Campus

Scarborough Surgery Center
MMC Today...

- 1,357 Medical Staff
- 6,621 Employees
- 800 Volunteers
- 600 Inpatient Beds
- 29,606 Admissions: Adult & Children
- 2,051 Admissions: Newborn
- 2,630 Births
- 41,707 Outpatient Visits
- 27,382 Surgical Procedures
- 917 Cardiac Surgeries
- 84,129 Emergency Visits
Our Mission & Vision

- Caring for the community
- Educating tomorrow’s caregivers
- Researching new ways to provide care
<table>
<thead>
<tr>
<th>COMPASSION</th>
<th>SERVICE</th>
<th>INTEGRITY</th>
<th>RESPECT</th>
<th>STEWARDSHIP</th>
</tr>
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<tbody>
<tr>
<td>Putting the needs of our patients, their families and our community first—Always.</td>
<td>Proactive outreach to others and a commitment to our mission and vision</td>
<td>Inspiring trust through personal leadership, honesty, and accountability</td>
<td>Honoring the dignity and worth of each individual</td>
<td>Ensuring responsible, innovative use of human and material resources</td>
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Our Strategic Priorities

- Quality, Cost, & Value
- Population Health
- Care Models & Services
- People & Culture
- Patient Experience
What Are Our FY15 Goals?

- **People**: We engage and empower our people and community.
- **Service**: We put patients and families first.
- **Quality**: We deliver the highest value of care.
Patient Safety Event Reporting
Risk Management/Patient Safety
Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

- Non punitive approach to reporting errors and near misses
- Feedback to staff regarding improvements
Benefits Of Patient Safety Reporting

- Identify opportunities to improve the way we provide care to our patients
- Correct these systems failures
- Alert the right people who can take action
- Track where safety events are occurring to look for patterns

We can’t “fix” what we don’t know about!
Systems Approach To Error

- Analyze the system for contributing factors that allow errors to occur
  - Vast majority of errors are due to faulty systems
  - Blaming individuals is not going to prevent future errors from occurring
- Goal to streamline and build safeguards into systems
What Should Be Reported?

- Events that risk managers want to track, investigate or correct
- Errors in patient care with or without injury
- Development of unexpected complications
- Hazardous conditions
- Any near miss or “good catch” where you identify a potential safety risk to a patient or staff
- Incidents inconsistent with routine operation, practice, care and treatment
How To Report An Event: Electronic Safety Reporting for non-employees and patients

- From your work station desktop
- A easy-to-use electronic system to enter patient errors, incidents/events, injuries, near misses, and other safety concerns
- Available at MMC and Maine Medical Partners
- Desktop icon:
How To Report An Event: Electronic Reporting System

- Intranet: Employee Tools
Examples Of What To Report
What Happens To The Report?

- The report is automatically routed to managers and subject matter experts for follow up, for example, medication events are routed to medication safety officer
- Risk Management sees all events and helps to resolve the most serious cases
- Improvement teams trend reports for system improvement, for example, the Falls Team
Reporting Reminders

- The person who witnesses or first identifies the event will be the person to complete the report
- Factual information, no personal opinions
- The event report is a legal document and is kept confidential
- The event report is not a part of the medical record
- NEVER document in the patient’s medical record that an event report was completed
- However, do document the facts of the event in the patient record
Sentinel Events

- Defined as unexpected occurrences that results in death or serious injury.
  - These are the most serious adverse events that are reported by Risk Management to the Department of Health and Human Services (DHHS)
  - Call Risk Management at 662-6293 and complete a safety report if you think there has been a serious adverse event
- AERT- Adverse Event Response Team helps determine which events should be reported to the DHHS
Ethics at Maine Medical Center

It is your responsibility to:

• be aware of and understand our
  
  Code of Ethical Conduct

• act legally and ethically

• speak up with our concerns

• report possible legal or ethical breaches

If uncomfortable with speaking out openly, you may report anonymously using the Helpline at 662-4646
Maine Medical Center and MaineHealth share a policy that promotes a workplace “free of sexual harassment”

- Our zero tolerance for harassment including sexual harassment
- MMC/MEH act promptly & thoroughly investigates sexual harassment complaints
- Appropriate actions will be taken, if it is determined sexual harassment did occur
- Sexual Harassment is against the law, both State and Federal law.
What is Sexual Harassment?

- Sexual Harassment includes any ‘unwelcome’ sexual attention
- Sexual Harassment may include an attempt to control, influence or affect the career, wages, or job of an individual in exchange for sexual favors
- Inappropriate conduct that unreasonably interferes with an employee’s work, or creates an intimidating, hostile, humiliating or sexually offensive work environment
Examples Of Sexual Harassment

- Physical contact...touching, hugs, kissing
- Unwanted contact of a sexual nature: e-mailing, stalking, social communications
- Repeated inappropriate requests for dates and socializing of a sexual nature
- Sexually-oriented jokes, stories, questions
- Visual displays of a sexual nature: photos, drawings, books, magazines, phone images

* Each issue is evaluated on its own merits and set of circumstances.
If You Believe You Are Being Harassed...

• Tell the person to STOP the behavior!
• Contact your:
  - Immediate supervisor, any MMC manager, or
  - HR Partner at 662-2350, or
  - MMC Confidential Hotline at 662-4646
• We want to hear your concerns, please bring them forward
• We want to assist in resolving the complaint thoroughly and timely
• If you feel you are not getting the help you need from any of the above you can contact:
• The Maine Human Rights Commission at (207) 624-6050
Centered Around YOU

Customer Service and Respect Standards

- Respectful
- Professional
- Team Players
- Good Communicators

Cancer | Cardiology & Heart Surgery | Diabetes & Endocrinology
Geriatrics | Gynecology | Nephrology | Orthopedics | Urology
Maine Medical Center/MaineHealth value and support diversity with our patients and within our workplace.

30 languages are regularly translated at MMC on an on-going basis; and include:

- 22% Somali
- 14% Vietnamese
- 14% Spanish
- 11% Russian
- 6% Serbo-Croatian (Yugoslavia)
- 6% Arabic (Middle-East & Islamic Africa)

Interpreters are available through the Care Management Department.
Cultural Diversity At MMC

- Sign language interpreters: 662-6230
- TTY technology: 662-6400
- Training and information about policies and procedures are available through our ADA Coordinator: 662-3847
Environment of Care & Safety
Red

Safety

Preparedness

HICS

Hazards

RACE

Response

Codes
Topics to cover:

- Safety philosophy and mission
- Resources for information
- Emergency Codes
- Chemical Hazards & Waste
- Radiation Safety
- Medical Equipment
- Utility Management

Disaster Command Center – Safety Officer position in Board Room
Safety Philosophy & Mission

“The Safety Staff are here not just because we believe safety is an important program, or as a performance measure. We are here because we care about the health and safety of the people we work with in the work environment we all share. All of us play a role in keeping each other safe at work. OSHA requires, and it is our mission to provide a physical environment free of recognized hazards and manage staff activities to reduce the risk of injuries.

Director: Jeff Sanborn, CSP,
Manager: Thomas Hatch, CHEM
Safety Inspector: Wallace Garroway, & Jon Klages
Occupational Safety Ind. Hygienists:
John Swiger, ASP, & Jim Mooney
Beth Darling, Administrative Coordinator
Environment Of Care (EOC) & Committee:

- The EOCC goal is to promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:
  - The building or space, including how it is arranged and special features that protect patients, visitors, and staff
  - Equipment used to support patient care or to safely operate the building or space
  - People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks
MMC Safety Oversight, Guidance & Services

- At MMC the Environment Of Care Committee (EOCC) is a multidisciplinary team reporting to Operation Council and the Quality Committee of the Board comprised of:
  - Safety, Fire Safety, Hazardous Materials & Wastes
  - Emergency Preparedness, Medical Equipment, Security,
  - Utility Management

For Safety Guidance and Services use:
- Student Faculty
- Supervisors & Senior coworkers
- Department Managers or Directors
- Safety, EHS, & Radiation Safety staff
- Intranet homepage and Safety Department website
Emergency Codes and Activation

<table>
<thead>
<tr>
<th>Red</th>
<th>Blue</th>
<th>White*</th>
<th>Pink</th>
<th>Purple</th>
<th>Yellow</th>
<th>Gray</th>
<th>Silver</th>
<th>Orange</th>
<th>Green</th>
<th>Triage</th>
</tr>
</thead>
</table>

Activation numbers:

- **Bramhall** – Code Blue and Code White dial 662-2345 press 1 All other codes press 2.
- **Brighton** – Code Blue dial 911; Code White *2200 repeat 3x or dial 911 for ambulance.
- **All Other Locations** – Dial 911 for all codes.
- **Underlined codes** are not overhead voice paged.

* Exception: Code White at Brighton.
Choose to co-workers “Code Red”

If you think you should initiate an alarm, DO IT!

Act if there is:

- Unfamiliar or hot odor
- Smoke
- Fire
Ongoing Code Red Drills

- Random drills will be initiated in all areas
- Each department has a Fire Safety liaison
- If the Code Red Drill Symbol (Red Fire Hat) appears in your area, you must:
  - Loudly announce “Code Red”
  - Respond as if you have discovered a real fire!
How Do I Respond To A Code Red?

Answer: Loudly announce “Code Red” and Follow R.A.C.E.

• **Rescue** anyone in immediate danger; turn off oxygen or flammable gas in room
• **Alarm**: pull nearest fire alarm; call emergency number for your location; give exact location and type of fire
• **Contain** the fire and smoke, close all doors and windows, focus on containment vs. extinguishment
• **Extinguish** fire; use correct *Extinguisher* or *Evacuate* (in business occupancies or after order is given in hospital setting)
How Do I Use A Fire Extinguisher?

Answer: Follow P.A.S.S.S.

Pull the pin
Aim low at the base of flames
Squeeze the handle
Sweep side to side
Use only 1
Then close
Door!

Kitchenette fire in Richards Wing -1996
• Order given by most senior person at scene
• Evacuate ambulatory first followed by non ambulatory
• Choose safest evacuation routes:
  First: Lateral
  - Move from one smoke compartment to another on the same floor;
  - Move to an adjacent building if available; or
  - Go directly outside
  Second: Vertical
  - Use stairs to evacuate patients/injured to a lower floor
  - Basement levels must evacuate up stairs to a ground floor or directly outside
How Do I Evacuate?
Business Facility

- No command given or needed - evacuate upon hearing alarm
  - Follow fire warden’s instructions if present
- Identify and remember two evacuation routes
- Go to predetermined location
- Senior person (or Fire Warden) in charge gets a headcount and reports if anyone missing to arriving fire department
- Re-enter only with permission of fire department
Code Blue: Individual Emergency

- An emergency response to any person who is:
  - Unresponsive
  - Not breathing
  - Without a pulse

- Call:
  - Bramhall: 662-2345, press 1
  - Brighton: 911
  - Other locations: 911

- State “Adult Code Blue” or “Pediatric Code Blue”

- Give the EXACT location (campus, building, level, room)

- This may be a (life threatening) emergency situation for a patient, employee, visitor, child, or adult
Code White: Medical Assistance

• When medical assistance is needed (non-life threatening), call:
  - Bramhall: 662-2345, press 1
  - Brighton: *2200 repeat Code White and exact location 3X
  - Other locations: 911

• Rapid Response Teams
  - A Rapid Response Team is made up of clinicians who bring critical care expertise to inpatients or anyone with a medical emergency.
  - The Bramhall team is made up of a Special Care Unit RN coordinator and experienced respiratory therapists
  - The Brighton teams are provided by NERH hospital and First Care staff
Code Pink: Infant Abduction

Code Purple: Abduction Of Child (Over 1 Year Old or Walking)

- These Codes indicate an abduction or suspected abduction from an MMC facility.
- If you think an abduction or suspected abduction is happening, call:
  - Bramhall and Brighton: 662-2345, press 2
  - Other locations: 911
- Infants (pink) who are patients must be accompanied by an MMC staff member wearing a special pink stripe on their MMC I.D. badge
- During code pink or purple report suspicious persons to 662-2345, press 2
Code Yellow: Bomb Threat

Bomb Threat Protocol
- All staff shall observe their work area for anything suspicious
- Be familiar with bomb threat protocol (see policies)
- If it doesn’t belong there, or doesn’t look right...
- Don’t touch it! And call...
  - Bramhall and Brighton: 662-2345, press 2
  - Other locations: 911
Code Gray: Agitated/Combative Person

- Code Gray is an emergent situation involving a person who is agitated or combative.
- There may be immediate risk of bodily injury to the patient or staff.
- If you witness a Code Gray, call:
  - Bramhall and Brighton: 662-2345, press 2
  - Other locations: 911
- A multi-disciplinary team will respond to the scene.
Code Silver: Weapon/Violence

- Code Silver is an emergent situation involving a person who has a weapon and is actively violent.
- There may be immediate risk of bodily injury to the patient or staff.
- Move away if possible, warn others, let responding police take control.
  - Bramhall and Brighton: 662-2345, press 2
  - Other locations: 911
Code Orange: Chemical Spill/Release

- Notify supervisor and anyone in immediate area
- Evacuate immediate area of spill; avoid exposure
- If necessary, pull fire alarm to alert and possibly evacuate entire building
- Call:
  - All MMC locations (including offsite): 662-2345 press 2
  - Say Code Orange
  - Give details to Switchboard;
  - Switchboard will notify Safety Dept., who will consult or report to local authorities (F.D. or D.E.P.) as necessary.
Code Green: Patient Elopement

- Patient Elopement: A patient is unable to make safe decisions and has left (or is attempting to leave or “wander off”) out of the medical facility without proper discharge or check out.
  - Not all patients fit the category of elopement if they leave without permission
  - Calling the code to activate this recovery effort is a clinical decision
- Call: 662-2345 press 2
- Give description of missing person
  - Approximate age
  - Male/female
  - Height & weight
  - Other identifying information (example): clothing
Code Triage: Disaster Response

- Activates MMC disaster response system and may be announced two ways:
  - Code Triage Internal - Incident in a MMC facility
  - Code Triage External - Incident in the community

- A Code Triage has two phases:
  - **Phase A:** Alert Limited notification of a potential incident, only certain persons in management get notified.
  - **Phase B:** A disaster event has occurred MMC anticipates that we will activate command center and use Hospital Incident Command System to respond to disaster (Overhead page)

- Check in with supervisor immediately
Chemical Hazards Communication (HAZCOM) OR Right to Know

GHS Safety Data Sheets
Global Harmonization System

- OSHA Changes to the new Hazard Communication Standard (HAZCOM)
- New Pictograms
- MSDS now SDS
MSDS Will Now Be Called SDS

Safety Data Sheet (SDS)

• The format will be straightforward, more user friendly, and will include the pictograms
Nine Pictograms

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9.
# Key to Pictograms

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<th>Carcinogen</th>
<th>Flammables</th>
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<tr>
<td>Mutagenicity</td>
<td>Pyrophorics</td>
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<tr>
<td>Reproductive Toxicity</td>
<td>Self-Heating</td>
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<tr>
<td>Respiratory Sensitizer</td>
<td>Emits Flammable Gas</td>
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<tr>
<td>Target Organ Toxicity</td>
<td>Self-Reactives</td>
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<td>Aspiration Toxicity</td>
<td>Organic Peroxides</td>
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<tr>
<th>Irritant (skin and eye)</th>
<th>Skin Corrosion/Burns</th>
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<tr>
<td>Skin Sensitizer</td>
<td>Eye Damage</td>
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<tr>
<td>Acute Toxicity</td>
<td>Corrosive to Metals</td>
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<tr>
<td>Narcotic Effects</td>
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<tr>
<td>Respiratory Tract Irritant</td>
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<td>Hazardous to Ozone Layer</td>
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<tr>
<th>Explosives</th>
<th>Gases Under Pressure</th>
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<tr>
<td>Self-Reactives</td>
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<td>Organic Peroxides</td>
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<tr>
<th>Oxidizers</th>
<th>Acute Toxicity (fatal or toxic)</th>
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</table>

| Aquatic Toxicity |  |
Exposure To Chemicals Can Occur By:

- Ingestion (eating)
- Inhalation (breathing)
- Absorption (soaking)
- Injection (needle stick)
Using PPE as required will protect yourself from potential exposures to hazards in the workplace.

PPE must:
- be correct for the job and provide appropriate protection
- fit you comfortably
- be available for your use
- be supplied by MMC with training on how to use

You may need a respirator if you work with patients who potentially have an airborne illness, such as TB, SARS.

The Safety Office trains instructors who then offer respirator instruction and fit testing on several types of respirators to their department.
Hazardous Waste Is Regulated

- Pharmaceuticals are hazardous waste
- Regulatory groups include:
  - Resource Conservation and Recovery Act (RCRA)
  - Environmental Protection Agency (EPA)
  - Department of Environmental Protection (DEP)
  - Drug Enforcement Agency (DEA)
MMC Policy Requires All Pharmaceuticals To Be Treated As Hazardous Waste

Examples Include:

- Powders
- Tablets
- Capsules
- Sprays (e.g. throat, nasal)
- Intravenous medications
- Bulk Chemotherapy Waste
- Insulin
- Nitro paste

- Lotions
- Nebulizer containers
- Creams/ointments
- Total Parenteral Nutrition (TPN) with insulin
- Inhalers
- Eye drops

These are only examples and not meant to serve as an all inclusive list.
Pharmaceutical Waste At MMC Is Collected In Black Buckets & Mini-bins

**Mini-bins:** For controlled substances only
- Two licensed staff members must dual witness and document the disposal into the mini-bin
- Controlled substance waste must be removed from original packaging before being placed into mini-bin

**Black buckets:** For all pharmaceutical waste that is not a controlled substance
- Leave items in the original packaging when placing them in a black bucket
- See MMC safety department home page for complete pharmaceutical waste training information
Universal Waste Category

- Batteries (except Alkaline)
- Cathode Ray Tubes
- Flat Panel Displays
- Light Bulbs (except Incandescent)
- Mercury Containing Devices
- Non-Leaking Ballasts
- All Other Electrical Devices

**MMC Hazardous/Universal Waste Management**

- If you have Hazardous or Universal Waste questions, training information is located on the Safety Intranet page or contact the Safety Department at 662-2513
Mission and philosophy: A.L.A.R.A.
- Keep MMC’s workforce ionizing radiation exposure as low as reasonably achievable

Radiation Safety Officer:
Beth Quate: 662-4332

Associate Physicist:
Chet Bradbury: 662-3105

Physics Assistant:
Chad Spickle: 662-4314
How Do I Protect Myself From X-rays & Radioactive Materials?

• **Time:**
  - If you work in an area where radiation is used, keep your time to a minimum

• **Distance**
  - If you must hold a patient hold at an arms length
  - If you must be in the room stand at least 6 feet from the patient

• **Shielding**
  - If you must be in the room, wear a lead apron
  - Stand outside the room or in the control booth
  - All radioactive materials are stored in shielded lead containers
How Will I Know?

Universal Symbol for Radiation

- On Doors
  - “Caution X-Ray”
  - “Caution Radiation Area”
- On X-Ray Units
  - “Caution this unit produces radiation when energized.”
- On Nuclear Medicine Materials
  - “Caution Radioactive Materials”
What About Unusual Occurrences, Contamination Or Spills?

If you believe one has occurred you MUST:
• Notify anyone in the area that a situation has occurred
• Secure the area so that no one will become contaminated or exposed
• Phone your supervisor who will call the Nuclear Medicine Technologist or the Radiation Safety Officer
• Remain outside the “occurrence” area but in the general area until the RSO arrives.
Medical Equipment (M.E.) Management: What is it?
- “portable and/or fixed equipment used to provide patient care by analyzing, diagnosing, monitoring, and/or administering therapy”
- M.E. also includes beds, wheel chairs and stretchers

Clinical Equipment Identifying And Labeling
- Hospital devices scheduled for inspection will have:
  - yellow asset tag; and
  - green inspection label.

  - Always check to be certain that the date on the green tag has not gone by.
  - If so, immediately send the device to Clinical Engineering.
Help Us To Help You...

- When you believe that a piece of medical equipment is not working properly:
  - Complete entire style of repair tags and adhere to equipment
  - Send device immediately to Clinical Engineering
  - Writing “BROKEN” on a paper towel is not sufficient
Any MMC staff member shall immediately report any incident where a medical device caused or may have contributed to the serious injury, illness or death of a patient.

Medical Devices include disposable products such as monitors, infusion pumps, IV sets, syringes, defibrillators, surgical instruments, etc.

Risk Management and Clinical Engineering must be notified ASAP in order to continue with checking suspected equipment and to follow up on the situation.

Immediately report the incident to your manager/director.

Immediately secure the device and all supplies and packaging that may supply additional information.
Security
Violence Prevention

- Maine Medical Center is strongly committed to a safe and secure environment for our patients, staff, visitors and others coming to our facilities
- We do not tolerate threats of violence in the workplace for any reason
- One key to prevention is recognition and proper communication
  • To contact Security at the Bramhall Campus and Brighton Campus:
    - Emergency: 662-2345
    - 24 Hour Service: 662-2124
    - Badging Office: 662-2123
  • For all other Maine Medical Center Locations:
    - Emergency: 911
    - (Non-Emergency: Consult with Senior Site or Area Leader)
What To Report

- Aggressive and Hostile Behaviors.
- Physical Violence
- Missing hospital ID
- Missing property
- Suspicious behavior or people
- Property Damage
- Threats or Threatening Behavior.
- Unusual occurrences
Be Prepared To Communicate When You Report An Emergency

- **Your specific location:** the emergency dispatcher will be in contact with the security staff or police responding to your need via two-way radio.
- **Name:** the person requesting assistance
- **Number:** how we can call you back
- **Need:** what exactly seems to be the problem
Security Services & Resources

- Response, documentation and investigation of security incidents.
- Assists with control of visitors, patients, and unauthorized persons.
- De-escalate crisis situations.
- Assists staff in controlling unruly or violent persons under clinical supervision.
- Response to alarms.
- Coordinates activities with law enforcement.
- Training programs to reduce violence.
- Administer ID and access control program
Your Part

• Always wear your MMC ID above the waist with photo facing out
• Be aware of your surroundings at all times
• Be alert for strangers. If their identity or business is not known, ask if they need help
• Encourage patients to send belongings and valuables home
• When in doubt, report it out. No loss or concern is too small
Safeguard Patient Information
MMC Policies Align With Federal Laws

- Grants privacy rights to patients
- Requires healthcare privacy protections
- Provides security standards, such as: protecting unauthorized access to patient records

HITECH Act (2009)
- Patients are notified if their privacy is breached
- Penalties established for healthcare organizations who fail to protect privacy
Privacy & Security’s Key Terms

“Protected Health Information” (PHI)
- Information that identifies the patient & includes any of the patient’s health information

“Need to Know” basis
- Access is for job-purposes only

“Auditing and Monitoring” is ongoing
- Identifies possible improper access.
Privacy & Security Tips

- HIPAA requires us to use “Reasonable Precautions”, for example:
  - Do I need to be in this patient record, as part of work the work I am doing today
  - Do not discuss patient medical information in public areas (i.e. elevators), outside of work, or with co-workers not involved in direct-care of the patient.

- Your electronic access permission is not allowed for:
  - Viewing your medical record, your family’s medical records, or medical records of co-workers

- Medical information is available via the Medical Records Department for all patients
Information Security Safeguards

- Make it a priority to ensure patient information is safe
- Never share your password
  - Log off the computer, whenever you leave an area
  - Log out of applications you no longer need
Keep The Patients’ Trust By Respecting Their Privacy

- Report suspected privacy or security breaches to the Privacy and Security Office:
  - 662-5434
- Patient Privacy breaches that are confirmed through an extensive investigation will include corrective-action up to final-written warnings and job separations.
- MMC’s Privacy and Security Sanction Policy is included in Section #11 of your Binder.
Bloodborne pathogens (BBP’s) are germs that can be present in blood or other infectious materials, including:

- Fluid around the brain and spinal cord
- Fluid in the lungs, abdomen or joints
- Semen or vaginal fluids
- Breast milk
- Saliva
Body Fluids and Substances that are NOT Automatically Considered BBP’s

• Urine
• Feces
• Sweat
• Tears

These are considered BBP’s ONLY if you see blood in these substances
Bloodborne Pathogen Risks

- BBPs can be transmitted through non-intact skin, mucous membranes, or via skin penetration (e.g., needle puncture)

- Approximate risk of contracting disease after exposure:
  
<table>
<thead>
<tr>
<th>Disease</th>
<th>Risk</th>
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<tbody>
<tr>
<td>Hepatitis B</td>
<td>30 %</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>3 %</td>
</tr>
<tr>
<td>HIV</td>
<td>0.3 %</td>
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What if YOU are exposed to a BBP?

- **Self care first:** If you experienced a needlestick, remove yourself from the clinical area and wash your hands with soap and water. If you were splashed in the face with a BBP, you can utilize one of the eyewash stations.

- **Identify the Source** (the person whose blood you were exposed to)

- **Notify your supervisor** and tell them who the “source” is. Include the name, date of birth and location. This is **VERY** important so that the source is not discharged too soon.

- Go directly to the Emergency Department at MMC (with source information) or Brighton First Care.
How Do We Prevent Needlestick Injuries at MMC?

- **We Utilize Safety Needles**
  - You should ALWAYS use a safety needle, if available
  - There are many types available: you should take the time to learn to use each one
  - Clinical staff should talk to their preceptors and/or Clinical Nurse Leaders about what they have used in the past and compare to what we have here
  - Always activate with the same hand; NEVER go toward an uncapped needle with your opposite hand. Use the “scoop” method if you must recap a clean needle. NEVER recap a dirty needle.
How Do We Prevent Splash Injuries at MMC?

• We utilize Personal Protective Equipment (PPE)
• This includes: masks, gowns, gloves, face shields and goggles
• You must **wear it** to benefit from it
  - keep PPE handy, put goggles in your pocket
• Don’t put **yourself or your patients** at unnecessary risk
Safe Patient Handling Tools

- Ceiling and Hoyer lifts
- Hover-mats and Hover-Jacks
- Slide boards
- Trapeze
Apply the Principles
Safe Lifting Practices

- Get assistance when lifting anyone/anything greater than 40 pounds
- Lower the head-of-bed for patient boosts
- The bed should be at the correct height
- Count, so the team is ready
- Plan! Use common sense
Our Team

- Hospital Epidemiologist: August Valenti, M.D.
- Director of Department: Gwen Rogers, RN, MS, CIC
- Administrative Associate II: Nancy Powers
- Nurse Epidemiologists
  - Sheri Dirrgl, RN, CIC (Women/Children)
  - Carole DuPerre, RN, BS, CIC (Adult Medicine)
  - Dennis Nasto, RN, BA, CIC (Adult Medicine)
  - Eileen Shanahan, RN, MSN (Cardiology)
  - Debra Strout, RN, MLT, ASCP (Neuro/Surgical)
  - Char Bouley, RN (Oncology)
- 2 Nurse Epidemiologists on call at all times
What We Do

- MMC system-wide staff resource
- Monitor for infection in staff, patients, visitors
- Manage the use of infection precautions
- Assess construction projects and issue permits (ICRA)
- Investigate clusters of infection
- Visit each location at least annually
What You Need To Do:

- CLEAN
- COMPLY
- CHOOSE
- CALL
General Environmental Infection Prevention

- Maintain a clean, uncluttered environment
- Disinfect/clean shared phones, computer keyboards frequently
- Always allow surfaces to “air dry,” **never** wipe surfaces dry
- Disinfectant wipes
  - Purple top (SUPER SANI CLOT)
    - General purpose wipe for equipment
    - 2 minute “kill” time
  - Green top (SANI CLOTH HB)
    - “Green for the screen”
    - 10 minute kill time
- Generally, one wipe per item or surface
- Never ever flush or dispose of any wipes or disposable washcloths down the toilet!
Keep Your Work Area Clean

- Prevents transmission of illness between coworkers, worker to patient, patient to worker, etc.
- If a spill is potentially blood or body fluids or not known, don’t risk exposure, ask for EVS assistance

Construction/Renovation activity
- If work area is negatively impacted or something doesn’t seem “quite right” Check with supervisor, then call Safety Dept or Infection Prevention
- All construction locations should have “permit” from Infection Prevention and workers should follow the guidelines on the permits
Clean Hands

Soap & Water
- Scrub vigorously for 15-20 seconds covering all surfaces; fingertips to wrists & between all fingers
- Pat dry with paper towel
- Use new towel to turn off faucet

Alcohol hand rinse
- When hands not visibly soiled
- For routine cleaning between activities
- Apply enough to cover all surfaces of hands; fingertips to wrists, and in between
- Rub hands together until dry
When Do I Clean My Hands?

Clinical:
• Before/as entering a room
• Before touching each patient
• After touching each patient
• As leaving the room

Non-Clinical:
• Before preparing food and eating
• Before touching eyes, nose, mouth
• After using the bathroom
• When cleanliness is in doubt
• After touching money
Comply: Standard Precautions

- Used for all patients, regardless of diagnosis
- Assumes all body fluids potentially infectious
- Series of infection prevention practices
  - Hand hygiene
  - Use of barriers or PPE (personal protective equipment)
  - Cleaning
Transmission Based Precautions

- Always used in addition to Standard Precautions
- For patients with documented or suspected colonization or infection with
  - Highly transmissible or
  - Epidemiologically important pathogens
- Protocol order entered into EPIC by nurse at bedside
Choose

Respiratory Etiquette
- Cover or muffle your cough/sneeze into the bend of your elbow or shoulder.
- If you use a tissue, dispose of it directly into trash
- Clean your hands after coughing or sneezing

Stay home if you are sick or have a fever over 100 degrees
- Report your illness to department manager
- Check with your manager or Employee Health if you have questions about returning to work
- Get a flu shot every year.
Call On Us

Located: MGB4 Rm. Room: 4637
Phone: 662-2550
Days/Hours: M-F: 8am - 4:30pm
Epidemiology & Infection Prevention
For Clinical Staff
Role Of The Clinical Care Provider

- Care of the patient
- Documentation of that care
- Role model appropriate behavior
- Education of patient and family
Care Of Patient

Hand-off communication regarding infection precautions
Infection Prevention:

All Infection Prevention efforts are aimed at disrupting or breaking the links in the chain of infection.

**Diagram:**
- **Germ/Causative Agent**
- **Susceptible Host**
- **Reservoir**
- **Portal of Entry**
- **Portal of Exit**
- **Mode of Transmission**
Standard Precautions: Does Not Mean “No Precautions”!

- Used to prevent transmission from:
  - HCW to patient
  - Patient to HCW
  - Patient to Patient
- Used to prevent exposure to:
  - Blood
  - Body fluids
    - Secretions
    - Excretions
  - Non-intact skin
  - Mucous membranes
Standard Precaution Components

- Hand hygiene
- Barriers (PPE)
- Work Practice Controls
  - HCW behaviors, institutional policies & procedures
- Employee Injury Protection
  - Using safety engineered sharps
  - Disposing of sharps properly
- Environmental Control
  - Environment & shared equipment cleaning
Standard Precautions Continued

• Cover or muffle your cough/sneeze into the bend of your elbow or shoulder.
• If you use a tissue, dispose of it directly into trash.
• Clean your hands after coughing or sneezing.
• Stay home if you are sick or have a fever over 100 degrees.
• Report your illness to department manager.
• Check with your manager or Employee Health if you have questions about returning to work.
• Get a flu shot every year.
Standard Precaution Components

Hand Hygiene Review
- Why: to prevent spread
- With what: soap & water or alcohol based rub
- When: before entering and as exiting, every patient, every time

Hand Hygiene Observations
- Staff, patients, visitors
- By unit, worker type
Hand Hygiene

• Keep nails short
  - Should not see your nails when you look straight at the palm of your hand
• No artificial nails/nail enhancements including:
  - Gels
  - Shellac polishes
  - Overlays/Tips/Decals
  - Acrylic
Barriers - Personal Protective Equipment (PPE)

- Standard precautions:
  - Gloves
  - Gowns
  - Masks, Surgical, N95
  - Face shields, goggles, “combo-masks”
- PPE selected based on anticipation of task or interaction
- Requires critical thinking skills
- Should protect against the expected exposure and likelihood of contamination
  - Secretions, excretions, wound drainage
- Worn in patient environment
- Removed before exiting the immediate area of use
Gloves

Worn when:
• anticipated contact with body fluids, non-intact skin, mucous membranes
• entering certain precaution rooms
• to avoid contamination, open boxes correctly

Change:
• ASAP when contaminated
• between body sites (dirty to clean)

Take care to avoid contamination of:
• clean equipment with dirty gloves
• public surfaces
Gowns

- Tied shut - opening in the back
- Protects skin and clothing from anticipated contact with blood, body fluids, non-intact skin, mucous membranes
- Must be worn to enter certain precaution rooms
Face Protection

- **Goggles, mask, face shields:** Worn to protect eyes, nose, and mouth from anticipated contact from procedures or care activities where body fluids can be sprayed or splashed.
Environmental Controls - Supplies

- Maintain integrity of clean storage and supplies
- Keep dirty, clean, and sterile supplies separated
- Keep supplies in patient room to a minimum
- Keep window sills free of supplies and linen (potential moisture contamination)
- Keep SCDs/Venodynes, Foley catheters & tubing off the floor
Transmission Based Precautions

- Always used in addition to Standard Precautions
- For patients with documented or suspected colonization or infection with
  - Highly transmissible or
  - Epidemiologically important pathogens
- Protocol order entered into EPIC by nurse at bedside
MMC Transmission-Based Precautions* 

- Airborne
- Droplet
- Drug Resistant Organism (DRO)
- Contact
- Enteric
  - * Based on known or suspected diagnosis
  - * May need a combination of precautions
Standard Precautions

Gowns, gloves, mask, hand hygiene

Protection Care

Visitors: wash hands, check with nurse before entering, & no fresh plants

Gowns & gloves

Transmission based

Masks

Touch

Breathing

DRO

Enteric

Contact

Droplet

Airborne

No choice: Gowns & gloves required

No choice: Gowns & gloves required

Choice: If in contact with Patient or environment, gowns & gloves required

Large particles: Within 3 ft of patient, Standard mask & Eye protection

Small particles: Special mask to enter room

To prevent bringing germs out from the room

To protect worker
Airborne Precautions

Visitors: Check-in at Nurses Station before entering room.

Clean hands when entering and leaving room.

Private room. Keep door closed. Negative pressure required.

- Tuberculosis:
  - All staff to wear N95 respirator or PAPR.
- Chicken pox and measles:
  - Immune healthcare workers, no respiratory protection required.
  - Nonimmune health care workers, not to enter room if immune healthcare workers are available.

Wear PAPR or fit-tested N95 mask

Limit the transport of patients to necessary activities only.
  - Patient to wear surgical mask during transport.
Airborne Precautions

Tuberculosis
- Suspected
- Known prior to treatment

Measles

Varicella Zoster (Chicken Pox)
- Disseminated

New or Novel Virus/Bacteria (initially)
Airborne Precautions

For Staff - fit/train
N95 Respirator
PAPR Hood

Visitors
Moldex mask 2200N95
Do not need to be fit-tested
Airborne Precaution Discontinuation

- May be discontinued when the diagnosis of airborne disease is ruled out or patient is determined to be no longer infectious
- For TB
  - Only after discussion with Department of Epidemiology.
  - Three (3) negative AFB smears taken on three separate days
  - Anti-tuberculosis therapy has been instituted for a sufficient period of time
Droplet Precautions

Stop

Droplet Precautions
(In addition to Standard Precautions)

Visitors: Check-in at Nurses Station before entering room.

- Clean hands when entering and leaving room.
- Private room for patient. If no private room available, only group with patient(s) who has the same germ(s).
- Wear a surgical mask and eye protection for patient care.
- Limit the transport of patients to necessary activities only.
  - Patient to wear surgical mask during transport.
Droplet Precautions

- Seasonal Influenza
- Pertussis (whooping cough)
- Bacterial (Neisseria) meningitis, pneumonia or sepsis
- Streptococcal pharyngitis
- Mumps (parotitis)
Droplet Precaution Discontinuation

- May be discontinued after appropriate antibiotic treatment
- For flu
  - If negative influenza PCR, pt symptom free
  - If positive - can be dc’d after symptoms resolve (fever free for 24 hours off antipyretics) or 7 days after start of symptoms, whichever is longer
DRO Precautions

**DRO Precautions**
(In addition to Standard Precautions)

**Visitors: Check-in at Nurses Station before entering room.**

- **Clean hands** when entering and leaving room.
- **Private room** for patient. If no private room available, only group with patient(s) who has the same germ(s).
- **Staff must wear gown and gloves** before entering room.
  - Clean hands before and after wearing gloves.
- **Limit the transport** of patients to necessary activities only.
- **Use dedicated or disposable equipment** when possible.
  - Clean and disinfect shared equipment.
Drug Resistant Organism (DRO) Precautions

- Used for patients colonized or infected with organisms that may have serious infection prevention implications
- Difficult to treat
  - Limited effective antibiotics
  - Organism can be easily spread
Drug Resistant Organisms (DRO)

- Methicillin resistant Staph aureus (MRSA)
- Vanco resistant Enterococcus (VRE)
  - Enterococcus faecium, faecalis, raffinosus
- Extended spectrum β-lactamase (ESBL)
  - Klebsiella pneumoniae, E. coli
- Carbapenem resistant Enterobacteriaceae (CRE)*
- Middle East Respiratory Syndrome (MERS)*

*new
Drug Resistant Organism (DRO)

Clarification

- MRSA - Yes
- MRSE or MSSA - No
- VRE - E. faecalis, faecium, raffinosus - Yes
- VRE - E. casseliflavus, gallinarum - No
<table>
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<th>Susceptibility</th>
<th></th>
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<th>Susceptibility</th>
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<td>Ciprofloxacin</td>
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<tr>
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<td></td>
<td>Gentamicin</td>
<td>&gt;8 R</td>
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<tr>
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<td>Levofloxacin</td>
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<td>Nitrofurantoin</td>
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<td>Trimeth/Sulfa</td>
<td>&gt;2/38 R</td>
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* Isolated from a urine specimen
Drug Resistant Organism (DRO) Precautions Discontinuation

- Rarely discontinued - once DRO usually always a DRO
- Strict discontinuation policy - must discuss with Epidemiology
- Policy IC 703.31 lists criteria for removal of DRO precautions
MMC DRO Screening

- All patients who have not previously tested positive for MRSA or VRE are tested on admission, weekly, and on discharge
- ASC (Active Surveillance Culturing)
Controlling DRO Transmission

- Perform ASC per protocol
  - Identifies the presence of a drug resistant organism
  - Allows database flagging for future visits
  - Allows prompt isolation
- Place patient in a private room or cohort
- Wear gowns & gloves when entering DRO room
- Remove gown & gloves prior to exiting room
- Wash/disinfect hands prior to donning & removing gloves
- Dedicate non-critical equipment and items to single patient
Controlling DRO Transmission

- Use plastic sheaths and appropriately clean Veriscan and Glucoscan devices
  - does not replace cleaning
- Clean all shared equipment and patient care items immediately after use prior to removing from the room
- Consistent Standard Precaution usage remains crucial to prevent spread of any organism
  - Today’s patient on Standard Precautions could be tomorrow’s patient on DRO Precaution
  - Both colonized and infected patients are potential reservoirs for transmission
Cohorting Of DRO Patients

- Patients with same DRO(s)
  - MRSA with MRSA = Yes
  - VRE with VRE = Yes
  - MRSA & VRE with MRSA & VRE = Yes
- Keep Patients with different DRO(s) apart
  - MRSA pt with a VRE pat = No
  - MRSA & VRE pt with MRSA only pt = No
  - VRE & ESBL pt with ESBL only pt = No
- Patients with an ESBL or CPE looked at individually due to differing organisms
  - Usually not cohorted
Contact Precautions

**Visitors: Check-in at Nurses Station before entering room.**

- **Clean hands** when entering and leaving room.
- **Private room** for patient. If no private room available, only group with patient(s) who has the same germ(s).
- **Staff must wear gown and gloves** for any contact with the patient or the patient’s environment.
  - Clean hands before and after wearing gloves.
- **Limit the transport** of patients to necessary activities only.
- **Use dedicated or disposable equipment** when possible.
  - Clean and disinfect shared equipment.
Contact Precautions

- Not in addition to DRO, unless for listed conditions
- Respiratory, skin or wound infections that cannot be contained or kept covered
- Respiratory Syncytial Virus (RSV) for infants or incontinent adults
- Skin issues
  - Scabies, lice, bedbugs
- Viral/hemorrhagic conjunctivitis
- May be discontinued when condition responsible for precautions no longer exists
Enteric Precautions

(In addition to Standard Precautions)

Visitors: Check-in at Nurses Station before entering room.

- **Clean hands** when entering,
  Wash with **soap and water** before leaving room.

- **Staff must wear gown and gloves** before entering room.
  - Remove gloves and gown before leaving room.
  - Clean hands before and after wearing gloves.

- **Private room** for patient. If no private room available, only group with patient(s) who has the same germ(s) but no other infection.

- **Limit the transport** of patients to necessary activities only.

- Use dedicated or **disposable equipment** when possible.
  - Clean and disinfect shared equipment with 1:10 bleach solution.
Enteric Precautions

- Used for gastrointestinal or diarrheal illness
  - Highly contagious (low infectious dose)
    » Norovirus
- Prolonged environmental survival including:
  - Clostridium difficile (c. diff)
  - Shigella (shiga-toxin producing bacteria)
- Rotavirus
- Hepatitis A
- Cleaning
  - Hand hygiene with soap and water before exiting room (may use hand sanitizer on entry into room)
  - Bleach solution used for cleaning surfaces and equipment
  - Anything in room or bathroom has potential to be contaminated including linen
Specimen Collection
- Liquid stool specimen (takes shape of container)
- No more frequently then every 7 days
- No Test for Cure (Do not test after treatment)
- Patient can shed spores for several weeks contaminating environment

Specimen Rejection
- < 7 days
- Formed stool
- Interfering substance
- Barium or calcium

Spectrum Of Illness For C. difficile

<table>
<thead>
<tr>
<th>asymptomatic</th>
<th>Ileus or Toxic megacolon</th>
<th>Pseudomembranous colitis (PMC)</th>
<th>Colon perforation</th>
<th>Sepsis</th>
<th>Death</th>
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asymptomatic
Ileus or Toxic megacolon
Pseudomembranous colitis (PMC)
Colon perforation
Sepsis
Death
Discontinuing Precautions

• Patient no longer having diarrhea (i.e. returned to normal bowel pattern x 24 hrs or stopped stooling > 48 hrs)
• Patient without symptoms of fever or abdominal pain/distention.
• Must meet the 3C’s (Clean/Competent/Compliant)

If all above are met:
• Bathe patient or have patient shower, don clean clothing and place in new or cleaned room.
• Call Environmental Services to clean room before discontinuing enteric precautions.
• Patient must be clean and room cleaned (preferably patient should be moved to a new room with a new bed, etc.)
Transporting Precaution Patients

- Don PPE on entry to room
  - Provide patient with a clean gown and a means of hand hygiene
  - Patients on airborne/droplet precautions for respiratory illness should wear surgical mask
- Transfer patient to clean stretcher covered with a clean sheet
- Wipe rails, handles/footboard, and head board
- Gowns/gloves not necessary for actual transport
  - Remove PPE & clean hands prior to traveling in corridor
- Avoid contaminating public surfaces
Joint Commission NPSG # 7

• Reduce the risk of acquiring healthcare associated infections (HAI)
  - Drug resistant organism infections
  - Device associated infections
    » Central Line (Epic checklist, line necessity)
    » Urinary catheters (daily necessity)
  - SSI (Surgical Site Infections)

Required components
• Following established best practice (bundles) to prevent CLABSI, CAUTI, SSI
• Hand Hygiene for care givers and patients
• Management/reporting of sentinel events
• Education of care givers and patients
• Documentation by nursing of patient education
  - Education booklets/brochures available
Approximately 254 People Die Of HAIs Per Day In The U.S.

This is equivalent to one plane crash per day!
Be A Role Model

- Practice good Standard Precautions including hand hygiene
  - Assume every patient has the potential to have a DRO
- Practice good Respiratory Etiquette
- Consistently clean shared patient equipment
- Comply with all infection prevention practices
- Don’t undo all your efforts and good intentions by accidentally harming your patients!
Test Your Knowledge

C difficile

- Bed bug

Enteric

Contact
Test Your Knowledge

Shingles or Chicken pox

- MRSA

Airborne & Contact

DRO
Test Your Knowledge

Salmonella

Lice

Standard

Contact
Test Your Knowledge

Influenza (Flu)

Cat Scratch Fever

Droplet

Standard