



GREATER LANSING

Orientation Manual



Effective– April 2021

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mclaren.org/lansing

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New Hire Orientation

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Message from Administration



Dear New Representative of McLaren:

McLaren Greater Lansing has a long-standing tradition of clinically excellent, cost-effective, compassionate health care. One trait all who work at McLaren share is a commitment to service.

At its core, McLaren is a service organization. We are committed to caring for and about those we serve-our neighbors, our friends, our families, and our community. While our services may number in the hundreds, the sole reason we are here at all is singular ... the patient.

Likewise, our practice is that every patient, every family member, at every encounter will remember their experience with us as the “best” it could be. That is my challenge to you: make McLaren memorable.

There is no greater calling than service to another and I commend you for putting another’s needs before your own. In so doing, you bring hope and healing to our community, and share your unique skills and talents on behalf of all we serve at McLaren.

Sincerely,

TERESA VICARY

Director of Human Resources and Volunteer Services

McLaren Mission:

McLaren Health Care, through its subsidiaries, will be the best value in health care, as defined by quality outcomes and cost.

Our Mission:

To improve the health and well-being of the people of the mid-Michigan community.

Our Vision:

To be mid-Michigan's health system of choice, committed to improving the health and well-being of the communities served, through accessible, affordable, and high quality care.

Our Values

T

Trust - Portrays confidence in, and reliance on, good qualities; especially fairness, truth, honor, and accountability.

E

Excellence - Performs overall job responsibilities at a very high quality or standard.

A

Accountability - Is responsible for own actions and ensures that others are held accountable for their actions, as appropriate.

M

Motivation - Displays a feeling of interest and enthusiasm in the work that is performed. Energizes and encourages other staff.

W

Welcoming - Expresses a friendly or courteous greeting to all medical staff, patients, visitors, and staff.

O

Organization - Conducts work in a systematic and efficient manner. Works cooperatively with coworkers to conduct business.

R

Respect - Shows consideration and appreciation to medical staff, patients, visitors, and staff. Maintains patient confidentiality and respects the rights of patients.

K

Kindness - Is considerate and demonstrates a caring and compassionate attitude when interacting with others.

Section 2

Diversity and Cultural Competence



Diversity

When we talk about diversity we talk about differences between people. We are all different, but view some things more differently than others. For example, a brother and sister have a lot of the same memories and because they have been raised together, have many identical opinions and beliefs about things. That makes them similar. However, one is a man, the other a woman and in that regard they are very different. This difference has given them different experiences throughout their lives and these different experiences have helped shape them differently. They are different, feel different and believe to be different.

Some of the factors that influence our differences are: age, religion, language, weight, color, height, technical vs. non-

technical, white collar, blue collar, education, divorces, single, married, non-smoker, smoker, non-Michigander, Michigander, sexual preference.

Diversity is not defined only by race or gender. It extends to all biological and acquired differences (culture).

“Diversity is valuable because it leads to having access to a more broad spectrum of human potential.”

Cultural Competence

As our patient population is becoming more diverse, it is becoming more important to provide culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction.

Health care organizations are encouraged to ensure that patients receive understandable and respectful care that is compatible with their cultural health beliefs, practices, and preferred language. The objective is to ensure that all persons entering the health care system, regardless of race, ethnicity or other diversity aspects, receive fair, and quality treatment.

This includes offering and providing language assistance services, both verbal and written through patient-related materials and posted signs, as well as providing culturally competent care.

Some things to consider:

- Views about health and healthcare
- Family and community relationships
- Language and communication styles
- Ties to another country or part of the US
- Food preferences
- Religion
- Views about death

Resources:

Human Resources:
517-975-6700

For assistance with Translation:
Call Switchboard to request an Interpreter
(517) 975-6000

Points to remember

- ♦ All persons entering our hospital regardless of race, ethnicity or other diversity aspect, deserves to receive fair and quality treatment.
- ♦ You will come in contact with people very different from you.
- ♦ Know your resources.
- ♦ Listen deeply and be sensitive to the needs of others.

Translation Services

Translation services are mandated by the government. Our resources in place are to help you.

If you find yourself in need of translation services, your primary resource is your supervisor.

Interpreter Services

MGL subscribes to a Hearing Impaired and Foreign Language interpretation service. We recommend staff to use this service when translation is required. To get connected, talk to your supervisor, or the Nursing Supervisor after hours.

Many staff people are proficient in other languages and are on a **volunteer translator list** to help. The nursing supervisor can help you identify how to access them.

We discourage the use of family members as translators. Family members used as interpreters may be unable to assist health care providers:

- Because of role conflicts or lack of medical vocabulary
- They may base their messages to both patient and provider on their own perception of the situation
- They may withhold vital information because it may embarrass their family

Did you Know?

- ➔ The face of the nation is changing. By 2050, nearly half of the U.S. population will be composed of members of ethnic and racial minorities.
- ➔ The 2000 census results indicate that one out of every 10 Americans is now foreign born.
- ➔ Over 8,000 refugees from 30 countries live in the Greater Lansing area, and an additional 3,000 live in outlying counties (Lansing is one of the largest ports of entry for refugees).
- ➔ Current research and literature point to overwhelming disparities in health status of minorities when compared to whites. Minorities have higher prevalence and mortality rates of diseases like cancer, diabetes and cardiovascular diseases.



Suggestions for Healthcare Professionals

- If there is a language barrier, assume confusion; watch for tangible signs of understanding, such as taking out a driver's license or social security card to get a required number
- Take your cue from the other person regarding formality, distance, and touch
- Question your assumptions about the other person's behavior; expressions & gestures may not mean what you think; consider what a particular behavior may mean from the other person's point of view
- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties
- Pay attention to body language, facial expressions & other behavioral cues; much information may be found in what is not said
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: "Yes, I heard" rather than "Yes, I understand" or "Yes, I agree"
- Consider that smiles & laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion
- Make formal introductions using titles (Mr., Mrs., Ms., Dr.) & surnames; let the individual take the lead in getting more familiar
- Use a soft, gentle tone and maintain an even temperament
- Spend time cultivating relationships by getting to know patients & coworkers & by establishing comfort before jumping into the task at hand
- Be open to including patients' family members in discussions & meetings with patients
- Consider the best way to show respect, perhaps by addressing the "head" of the family or group first
- Use pictures & diagrams where appropriate; for example give maps for directions or show a picture of a social security card or driver's license
- Pay attention to subtle cues that may tell you an individual's dignity has been wounded
- A response such as "Maybe" or "That would be difficult" is probably a polite no
- Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse. For example, you might ask, "Which of these medications have you taken?" rather than "Did you take this one?"

What Influences Us...

It is human nature to try to make sense of differences people observe in one another. It is natural to try to generalize and put things in categories or groups. Our human intellect has taught us that these shortcuts can be helpful.

When we form opinions about people and groups of people, we will also form a judgment, a judgment that can lead to biases, attitudes, assumptions, stereotypes, and prejudices. For example, if your experience in dealing with blonde people is that they are not very smart, then your conclusion could be that all blondes are dumb. Such a conclusion could be wrong and influence your behavior toward blonde people negatively.

MGL asks staff to have an open mind when we meet someone who is different from us, and that we honestly attempt to understand that other person and learn from him/her. Keep in mind that none of us are free of biases.

**“Don’t judge a man until you
have walked a mile in his
moccasins”
Native American Indian Saying**

**“The foundation of cultural
competence is based on respect,
trust, compassion and caring about
all people.**

**Listen deeply and be sensitive to the
needs of others.”**

Each unit has a “Culture & Nursing Care: A pocket Guide”
Please use it as a resource in providing culturally sensitive care. Remember cultural and diversity issues can exist even if there are no language barriers.

Case Study

A Hmong man comes into the hospital during the night. He is acutely ill and speaks very little English. The hospital staff pages the Hmong interpreter. The interpreter does not respond as quickly as the staff wishes, so they begin to look for another interpreter.

In desperation, they pull-up patient names on the computer to locate another Hmong patient who can help. They find another Hmong patient on a unit and call the unit to see if there is an English speaking relative who can help out.

The hospital staff asks the unit staff to wake the Hmong patient's spouse and ask him to come down to interpret. When the unit staff questions this request, they are told that, "the man would obviously want his family member to have an interpreter, so it is perfectly reasonable to ask him to help out." The unit staff reluctantly wakes the man who graciously consents to help.

Everyday, the patient has lots of visitors. He is not progressing according to plan. The visitors are his immediate family and they speak in their native language. When the family practices their traditional healing, the nurses get together and make snide remarks about "hocus pocus" and "they'll probably be killing a chicken in there soon". The staff is very uncomfortable with this situation.

1. What is your assessment of this situation?
2. What things can the hospital do to insure that language differences are handled properly?
3. What steps could the hospital take to ensure that everyone's cultural and religious practices are valued?

Interactions and Sharing of Information

Although language differences are often cited as the main source of obstacles to multicultural settings, there is much more to communication than language. Variations in cultural "software" are often at the heart of the misunderstanding, frustration, & miscommunication that occurs when people from different backgrounds come together.

Directness

"Spit it out" and "Say what's on your mind" are popular American expressions of the value of getting to the point. In languages that depend on subtle contextual cues and that leave it to the listener to infer meaning, as would be the preference in Arabic or Japanese, information is implied rather than stated.

Distance

American culture generally expects people to stand about an arm's length apart when talking in a business situation. Any closer is reserved for more intimate contact or seen as aggression. In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces. Hispanics typically favor closer proximity than do non-Hispanic whites.

Touch

To touch or not to touch is only part of the question. Cultures also have different rules about who can be touched & where. A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs. In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth.

Facial Expressions-Body Language-Tone of Voice

All play a much greater role in cultures where people prefer indirect communication & talking around the issue. For example, rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem. Use gestures with care, as they can have negative meanings in other cultures.

Section 3

Harassment



Policy

MHC Human Resources Policy HR0130 Harassment and Discrimination address Harassment.

Harassment is a form of discrimination and is defined as unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age disability, veteran status, citizenship status, or other protected group status as set forth by federal, state, or local law.

Harassment generally falls within one of five categories: (1) Sexual harass-

ment, (2) Racial, Ethnic, and Religious harassment, (3) Personal harassment, (4) Lateral Violence, and (5) Retaliation against an individual who reported harassment.

"MCLAREN GREATER LANSING has zero tolerance regarding any forms of harassment."

Harassment Prevention

Harassment is unwelcome and unwanted. Harassment is based on the victim's perception or a 3rd party's

perspective. It is harmful to employees and affects the victim's physical and emotional health and the ability to do a good job.

It is also illegal – the U.S government and courts have clearly stated that harassment is against the law.

Any employee who believes that he or she is or has been harassed should immediately report the alleged charge immediately to a Human Resource Consultant, or any manager, director, or executive.

A complaint may be filed by a victim of harassment or by an employee who was not the target of harassment or retaliation.

Human Resources will have the responsibility of investigating the incident.

The information obtained through the investigation will be handled with discretion and will be disclosed only when necessary to the investigation and resolution of the matter.

If you are the target of unwanted attention or behavior: (1) Respond to the problem. Let them know that it is not welcomed. (2) Report it to your HR Employee Relations Consultant.

Resources:

*Your supervisor or Human Resources:
517-975-6700*

Points to remember

- ◆ *Know the definition of harassment*
- ◆ *Know what zero tolerance means*
- ◆ *Know how to report harassment*
- ◆ *Understand what it means that harassment is in the eye of the beholder*
- ◆ *Understand what your role is in the workplace toward prevention*

Sexual Harassment

Examples of sexual harassment include:

- Physical, verbal, or visual conduct of a sexual nature that has the purpose or effect to be intimidating, hostile, or offensive.
- Unwanted or unwelcome sexual advances or comments.
- Requests for sexual favors.
- Favors requested to remain employed or receive a raise

The victim as well as the harasser can be male or female.

A harasser can be anyone: the victim's supervisor, an-

other supervisor, a colleague, an agent of the company, or a third-party vendor.

A victim does not have to be the target of harassment, but rather affected by the conduct (third party).

Harassment is in the eye of the beholder. Intent is irrelevant. It's the impact on the receiver or those witnessing the event that matters.

Sexual harassment is not always obvious or cut and dry. If you're not sure, don't say or do it.

One isolated joke or incident will probably not constitute sexual harassment; however, taken into combination, it can constitute a hostile work environment.

Racial, Ethnic, Religious Harassment

Examples include: offensive statements, conduct, threats, insinuations, innuendo, demeaning jokes, or slurs that are based on race, ethnicity, or religion directed at an employee, patient, volunteer, visitor or a racial, ethnic or religious class or group.

Personal Harassment

This includes excessive or offensive verbal abuse, touching, mocking, leering, being made the object of jokes or other conduct that is demeaning or intimidating toward a person. Personal harassment includes but is not limited to handicap, personal characteristics, mannerisms, arrest record, or sexual orientation.

“Harassment is in the eye of the beholder. Intent is irrelevant. It is the impact on the receiver or those witnessing the event that matters.”

Lateral Violence-Harassment

Generally lateral violence occurs between peers and includes unintentional, thoughtless acts to purposeful, intentional, destructive acts meant to harm, intimidate or humiliate another group or individual(s). It is also known as “bullying” as in the conscious, willful and deliberate, hostile activity intended to harm, induce fear through threat or further aggression and create an atmosphere of terror.

Examples include: nonverbal innuendo, verbal affront, undermining actions, unavailability, withholding information from a team member, sabotage such as “setting up to fail”, infighting, scapegoating, backstabbing, failure to respect privacy, broken confidences, inequitable assignments, belittling gestures, unwarranted criticism, fault finding, segregation, isolation, and hazing.

Retaliation For Reporting Harassment

Retaliation of any kind against an individual who reported harassment or participated in an investigation regarding an alleged harassment claim is a type of harassment and is strictly prohibited.

You're part of the workplace

- Make sure you're not involved in any "inappropriate behavior"
- Treat all employees, patients, visitors, and guests with dignity and respect.
- Respect your co-workers' rights to their dignity and their jobs.
- Don't jump to conclusions based on someone's dress, actions, or physical appearance.
- Remember that "No" means "NO!"
- Always think about how others may feel before you speak or act.

"Employees should treat others with dignity and respect without offending the sensibilities of others."

Is The Following Examples Harassment?

1. A manager tells his female secretary that her job will be upgraded if she goes along with his demands for sexual favors. **Yes**
2. A male file-clerk is promised a promotion if he agrees to have an affair with the female office manager. **Yes**
3. A female nurse has to listen to remarks about her physical characteristics whenever she enters the room. **Yes**
4. A male nurse is offended and embarrassed by a "beefcake" photo put up by the female workers. **Yes**
5. Co-workers are telling funny jokes using offensive language of a sexual nature in the presence of others. **Yes**
6. A nurse posts pictures and makes demeaning comments about another employee on a website. **Yes**
7. During the lunch hour, a new employee is taken to a strip bar during his first week of employment as a means of initiation to the company. The employee refuses to attend, but is told by his male co-workers that by not doing so he will end up obtaining the worst assignments in the company. Employee attends at first but later refuses to attend these lunch hour meetings at strip bars. The employee later documents a pattern of negative work assignments, poor work performance reviews, and an increase in negative comments. **Yes, definitely. Employee has suffered detrimental effects from his refusal to participate.**
8. A male employee is passed over for promotion because his male supervisor hopes to start dating the less qualified female employee. **Yes, sexual discrimination occurs when sexual content leads to an unfair treatment of the employee due to their sex. In this case, the male employee is treated unfairly due to his sex and the situation involves sexual content.**
9. A male supervisor tells a female subordinate an inappropriate sexual joke; however, there is no prior history or any plans of treating the female employee any differently than any other employee. **Probably not. The situation involves sexual content but not unfair treatment. The supervisor told a rude joke, but did not sexually harass the female. However, if this supervisor told enough sexual jokes, and the employee felt she was required to listen to them, the supervisor could be creating a hostile work environment**
10. During a conversation about weekend activities, a supervisor tells one of his employees that he very much enjoyed Saturday morning synagogue services, that religion is an important part of his life, and that he is planning to invite the employee to his daughter's upcoming bar mitzvah. **No, without more, supervisor's statements could not reasonably be perceived to be coercive and would not violate Title VII.**
11. A supervisor, who is a born-again Christian, tells an employee who is not a born-again Christian that she considers the office to be "a place of God", and that if the employee is unwilling to shape up and "play by God's rules", the employee will be replaced. **Yes, these comments are explicitly coercive and would constitute religious harassment.**
12. A group of employees engage in a pattern of verbal attacks on another employee, ridiculing his Shinto religion. The employees openly and repeatedly refer to their co-worker as a "Godless pagan" and "the heathen", including at staff meetings and in front of their supervisors. After the supervisors fail to stop the attacks, the employee files a charge with the EEOC. **Yes, this pattern of conduct is sufficiently severe and pervasive to alter the co-worker's working conditions, creating a hostile work environment, and constitutes religious harassment.**

Section 4

Quality Management



“Excellent People Provide Excellent Service”

The Quality Department wishes to welcome you to McLaren Greater Lansing! We would like to take a moment during your orientation to provide you with some information that will assist you in providing care and service to our patients, and families.

Here are some suggestions to help improve patients’ perceptions of the quality care they receive:

⇒ **Respond to all patient requests promptly.**

If you are unable to assist immediately, explain this to your patient. Together, agree on a time frame when their request will be fulfilled. Patients are very understanding if they are kept informed.

⇒ **Communicate clearly with patients, do not assume they understand everything they are told.**

Take time to answer their questions and ask if they have others. Often patients do not know what to ask.

⇒ **Patients equate the quality of their care with how well they are treated as a person.**

Clinical and professional excellence is a given. Impressions are based on personal interactions. Treat each patient with the same respect and dignity you expect for yourself.

⇒ **Take a moment each day to truly “talk” with patients.**

Ask about their family, hobbies, occupations, etc. This “small talk” will personalize your care and truly enhances a patient’s impression of both you and the hospital.

⇒ **Before leaving a patient, always ask if there is anything they may need.**

Taking the initiative to provide additional service is paramount in increasing patient satisfaction.

Remember that patients are in a strange and often frightening environment. Before coming into the hospital, they had control of their lives; now that control has been dramatically reduced. This loss of control creates apprehension and a sense of helplessness. It’s everyone’s responsibility to help our patients maintain as much control and involvement in their care as is possible. Take every opportunity to assist our patients, and their families, in a personal and understanding manner. When you do, you will see how a little effort on our part makes a huge impression on the patient’s satisfaction.

Thank you for your commitment to QUALITY CARE!

Quality Improvement Resources:

517-975-6033

MGL Quality Improvement & Infection Prevention Intranet

Points to Remember

- ◆ *Continuous Improvement is an ongoing effort to improve services or processes. These efforts can be incremental improvement over time or breakthrough improvement all at once. Processes are constantly evaluated and improved related to efficiency, effectiveness, and flexibility*
- ◆ *The MGL Quality Improvement Plan is located in the Leadership Policy and Procedure manual. Ultimately the purpose of this plan is to outline the organizational efforts related to quality*
- ◆ *Each department is expected to develop a QI plan*
- ◆ *We implement QI improvement initiatives through the PDCA process*

Quality at McLaren Greater Lansing

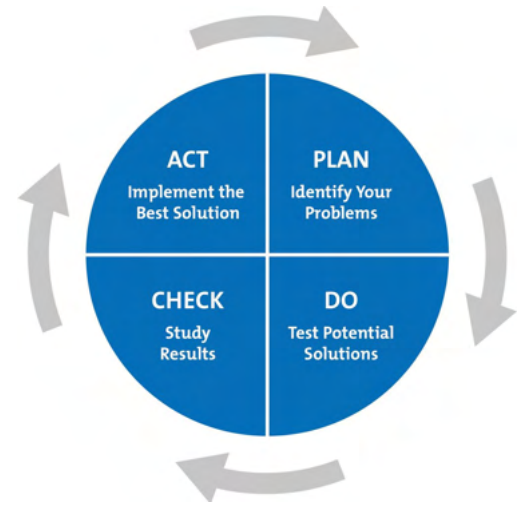
There are many resources and tools available to help us improve. McLaren Greater Lansing uses the PDCA cycle to support quality efforts.

P: PLAN the change

D: DO the change

C: CHECK the change, analyze the results for improvement

A: ACT to hold the gain and adopt the change



Each department identifies quality initiatives specific to the care and processes they provide. A department QI plan is submitted each year. Although your Manager or Supervisor will facilitate the quality initiatives, you should expect to be part of the improvement process and a member of the quality team for your area. You are the expert! Be ready and be involved in the improvement efforts identified for your department.

Departments report to the **Board Quality Improvement Committee (BDQI)** to share results of their quality improvement projects.

MGL's Quality Improvement Plan

To establish continuous improvement, McLaren Greater Lansing follows a Quality Improvement (QI) Plan.

Purpose: The intent of the plan is to identify McLaren Greater Lansing's systematic approach to improving and sustaining its performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement and safety initiatives.

Goal: The primary goal of the plan is to guide the continual improvement of hospital wide key functions and processes relative to patient care.

McLaren Greater Lansing's Board of Directors oversee the QI initiatives through its **Board Quality Improvement Committee (BDQI)**. The BDQI provides input, and guidance for the quality initiatives that occur at the department level.

**Each department at McLaren Greater Lansing
is responsible for developing and implementing a
Quality Improvement Plan.**

How do we know what to work on?

Our Mission states,

“McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by **quality outcomes** and cost.”

Health care is held accountable to deliver high quality, outcomes driven, cost efficient care by many external customers. The Centers for Medicare and Medicaid Services (CMS), Blue Cross Blue Shield of Michigan (BCBSM), The Joint Commission (TJC) and others direct some of the quality indicators we are involved in and are constantly striving to improve.

Examples include:

Colonoscopy
Emergency Care
Hospitalized Medical Care
Inpatient Psychiatric Care
Obstetrics
Sepsis
Stroke
Surgical Care
Venous Thromboembolism (VTE) Prophylaxis

Know what quality improvement initiative is underway in your department.
Be knowledgeable. Be involved.

YOU are Quality!



DOING WHAT'S BEST.

Section 5

Quality Management –

Survey Readiness



What is Survey Readiness?

McLaren Greater Lansing maintains all employees should be performing their job in such a way that we are ready for a survey at any time, at any hour, and on any day.

Why must we be survey ready?

The Centers for Medicare and Medicaid Services (CMS) and Joint Commission surveys are unannounced.

More importantly, we should be meeting regulatory standards all the time. Accreditation is required by insurance carriers and is an indication of a commitment to quality.

Why are health care facilities surveyed so often?

There are many regulations governing health care facilities that require us to be surveyed on a regular basis. We are accredited by the Joint Commission and regulated by the Center for Medicare and Medicaid Services (CMS). Other departments also have accrediting bodies as well (i.e., Lab).

Licensing

⇒ **An organization MUST be licensed by the State of Michigan.**

The Michigan Department of Health and Human Services, Bureau of Health Systems (MDHHS) surveys health care facilities to insure that the minimum necessary licensing requirements are met.

If a hospital or health care facility does not meet these licensing requirements, it cannot continue to operate as a hospital or health care facility.

Certification

⇒ **A health care facility MUST be certified as being in compliance with the federal Conditions of Participation before it can bill the State of Michigan or the Federal Government for Medicare or Medicaid services.**

This certification process involves surveys specifically related to the Conditions of Participation as developed by the Centers for Medicare and Medicaid Services (CMS). CMS contracts with the State of Michigan to perform surveys on behalf of them. Thus the Michigan Department of Consumer and Industry Services (MDCIS) surveys for both licensing and certification.

⇒ **Life Safety Codes are another component of the Medicare / Medicaid Conditions of Participation.**

These regulations define how the building must be constructed and maintained (e.g., proper lighting and ventilation requirements, square footage requirements, fire safety requirements). Hospital facilities are typically surveyed on an annual basis to ensure compliance with the Life Safety Code Standards.

Survey Readiness Resources:

517-975-7712

Quality and Safety Intranet

Points to Remember

- ♦ Know and understand the regulations which guide our practice.
- ♦ Comply with the regulations.
- ♦ Contact your manager or supervisor if you come in contact with a surveyor and let him / her know the details of your interaction.
- ♦ Call the Quality Management Department at 517-975-6033 should you be the first individual aware that a surveyor has entered the building.

What is Survey Readiness, Continued...

Deemed Status

- ⇒ **When an organization seeks the ability to survey health care facilities for the purposes of Medicare and Medicaid certification requirements, but such entities are not government affiliates.**
Deemed Status is a special relationship between the agency and CMS.
Organizations, such as Joint Commission have achieved deemed status with CMS.
- ⇒ **Joint Commission surveys our health care facility on behalf of CMS to insure that we are meeting the Conditions of Participation as established by CMS.**
In addition to surveying for compliance with the Medicare and Medicaid Conditions of Participation, Joint Commission will also survey for compliance with their own unique accreditation standards.

Survey Timing

- ⇒ **Accreditation surveys occur at least every three years.**
All surveys are unannounced
- ⇒ **Certification surveys (by or for CMS) can occur any time.**
These surveys may be announced or unannounced and can be one of the following:
 - ◆ Complaint Investigations
 - ◆ Initial Certification
 - ◆ Validation Survey

****If it is ever determined that a health care facility has violated a Condition of Participation, the health care facility can lose its ability to participate in the Medicare and Medicaid program****

This means that the health care facility cannot bill for services it provides to Medicare and Medicaid recipients. Due to the volume of services provided to Medicare and Medicaid recipients, an inability to participate in Medicare or Medicaid could have a serious impact on the health care facility's financial viability.

Additionally many insurance companies tie their permission to bill for their services to Medicare and Medicaid certification. This could jeopardize a health care facility's ability to bill for some insurances.

It would be very difficult for a hospital to survive without Medicare and Medicaid certification.

If you come in contact with an unaccompanied surveyor:

- ⇒ **Ask the surveyor for identification**
- ⇒ **Contact Quality Management at 517-975-8511**

 **Every patient. Every time.**

Section 6

Patient Safety & Clinical Risk Management



What is Patient Safety & Clinical Risk?

Patient Safety is the prevention of patient harm and adverse outcomes, such as medical errors or patient accidents.

Clinical Risk Management involves clinical and administrative activities to identify, evaluate, prevent and control the risk of injury to patients, staff, visitors, volunteers and others to reduce loss to the organization itself.

At McLaren Greater Lansing, our goal is zero preventable harm.

Zero preventable harm can be accomplished through a robust culture of safety; where everyone is empowered to speak up for safety, and where it is easy to report unsafe conditions, adverse events and near misses.

Leaders are encouraged to facilitate open and honest communication pathways, create safe and reliable process and workflows and facilitate a Just Culture promoting individual accountability and eliminating individual blame

Resources:

Patient Safety & Clinical Risk
517-975-7714

Call for patient safety issues, serious adverse events and assistance with entering a safety first file

What is a McLaren Safety First Report?

McLaren Safety First is the event reporting portal used at our hospital.

The purpose of event reports is to track problems and identify ways to resolve risks and improve the quality of care

You may submit an event file under your name or anonymously (no log in needed) Reporting an event is intended to be a tool for process improvement and not punitive.

Examples of Safety First event reports include:

- ◆ Events that deviate from system policy/procedure or customary practice
- ◆ Events which caused, or could have caused, injury to a patient, employee or visitor (Example: falls)
- ◆ Any event that is inconsistent with the routine care of a patient (Example: medication administration error)
- ◆ Unanticipated/unplanned events that results in an adverse outcome

- ◆ Events involving patient care equipment or medical devices that could or did result in adverse outcome (example: patient burn from equipment)
- ◆ Any patient leaving against medical advice or refusing treatment
- ◆ Employee events where employee is injured from an accident, equipment, or workplace violence

Remember:

- ◆ Report **unsafe conditions** that may lead to patient or employee harm
- ◆ Report **near misses** (any process variation, occurrence, or set of circumstances that had the potential to cause harm but did not through chance or by active intervention)
- ◆ Report **adverse events** (any event not consistent with routine patient care) and the impact it had on the patient (no harm, temporary harm, permanent harm)

- ◆ **Complete a report in McLaren Safety First whenever you experience something related to patients or visitors that is out of the ordinary (including errors and near misses)**

- ◆ **We all have a role in patient safety and advocacy**

Documenting a patient event in the medical record and in McLaren Safety First

The patient event that happened should be documented in the patient's chart and include objective information and all follow-up interventions. However, **the event report in McLaren Safety First should never be mentioned** in the medical record. Michigan law protects event reports from being discovered in a lawsuit unless they are mentioned in the medical record. .

The employee shall notify the attending physician of any event affecting the medical care of the patient and/or patient injuries.

If the event involves property damage or missing articles, notify security and complete a safety report.

If the event involves medical devices or patient care equipment, take the equipment out of service, notify the clinical engineering department and complete a safety first report.

A report file should be submitted into McLaren Safety First within 24 hours of the event. All serious adverse events (involving patient harm) should be brought to the attention of the manager of patient safety & clinical risk immediately.

All Safety First event submissions are reviewed and analyzed for process improvement. Each file is reviewed and signed off by department leaders and the manager of patient safety & clinical risk.

Remember:

- The safety first file should never be referenced in the medical record
- **Always** document objective information in the medical record and safety first event file. Do not include judgment of providers, employees nor the hospital. Just because an adverse event happens does not mean McLaren or its employees were

The Good Catch—Safety Champion Program

Our hospital is committed to reviewing all reported near miss events. When we prevent harm, either through changes or active recovery, we are creating opportunities to focus on improving processes that may stop the safety risk from happening again. Speaking up for safety and reporting these events (unsafe condition, near misses), strengthens our ability to prevent harm.

Everyone involved in a reported Good Catch (entered into McLaren Safety First) receives a thank you certificate, a safety lapel pin and meal pass. These events are then submitted for recognition at the system (corporate) level.

This program started in 2019. At our hospital we recognize over 400 employees yearly for good catches/near misses. In 2020, we had two employees recognized as safety champions at the system level, Macey Ramey UC and Erin Switzer, ST.

Personal Notes Regarding an Event

Many health care professionals assume that making private personal notes after a hospital incident provides "protection". The reality is that such notes can adversely affect the liability risk of not only the health care professional who makes them, but others as well for the following reasons:

- ◆ Notes of this kind are not privileged and may be subpoenaed.
- ◆ When major incidents occur, individually prepared personal notes may contain emotional and erroneous information .
- ◆ Innocent contradictions, which result between personal notes and medical charts or witness perceptions, are used by opposing counsel to create the impression that the note writer and/or others involved are dishonest.

Your Role in Patient Safety

- Follow policies & procedures, standards of practice that support safe patient care
- Situational awareness: be alert for problems and/or safety risks. Notify leaders with any concerns, including potential liability for the hospital.
- Speak up for safety, in the moment to prevent harm and enter an event for follow-up to the event
- Make suggestions to improve the quality of patient care
- Collaborate across disciplines to do what is best for the patient.
- Enter McLaren Safety Firsts—reporting leads to thorough review and process improvement

Speaking up for Safety

“See Something, Say Something” whenever you feel there is a safety risk identified.

Follow these easy steps to stop unsafe actions:

1. Get Attention—call the person by name when possible
2. Express Concern—say, “I need clarity” or “I am concerned and uncomfortable”
3. State the Problem—be brief, clear and objective, describe the safety issue at hand
4. Propose a solution—using words such as “we or let’s” restate the problem and what you think needs to be done to stop the safety risk
5. Use your department chain of command if the safety risk continues.

Remember: We are all responsible for keeping patients and their care environment safe.

Resources for Patient Safety & Clinical Risk

Call the manager of patient safety and clinical risk about safety, liability and risk related concerns:
Office: 517-975-7714

Complete a report in McLaren Safety First whenever you experience something related to patients or visitors that is out of the ordinary (including errors and near misses)

Visit the Patient Safety Page on the McLaren Intranet (no sign in necessary):

- ◆ View a glossary of all McLaren Safety First event types
- ◆ Review how to submit a Good Catch in McLaren Safety First
- ◆ View the high Reliability Dashboard that reflects patient safety & clinical risk goals and metrics
- ◆ Click on links to local, state wide and national patient safety organizations and resources

Guidance on Advance Directives

Advance Directives are a statement about an individual's health care wishes that may be used if the person can no longer speak for themselves. There are two types of advance directives:

1. Living Wills

- Living Wills are not recognized by the state of Michigan

2. Durable Power of Attorney for Health Care

- Durable Power of Attorney (DPOA) for health care is the legal document recognized in Michigan.

Hospitals are required to

- ◆ Ask adult patients if they have an advance directive when the patient is admitted
- ◆ Obtain copies of the document (Durable Power of Attorney for health care) and scan them in to the medical record
- ◆ Respect the patient's health preferences
- ◆ Obtain the name of the person the patient would like as a patient advocate in lieu of not having a legal document and document in the medical record
- ◆ Assist a patient who does not have an advance directive but wishes to complete one by getting a form/brochure for them

“Employees are not allowed to witness a Durable Power of Attorney as it could be a conflict of interest.”

If someone asks you for your help with completion of an advance directive, refer to your supervisor for assistance. You don't want others to perceive you as steering the patient.

The advance directive can be as simple as giving someone else the authority to speak on your behalf, or one can be very specific about certain procedures.

Completion of an advance directive (in Michigan a Durable Power of Attorney) is important for everyone, not just the elderly population or when undergoing a hospital procedure.

Safe Medical Device Act (SMDA) Reporting

“The SMDA mandates that every employee must report every occurrence involving equipment failure causing injury or death to a patient and/or an employee. This includes machine malfunction and operator error. For more information see the Medical Equipment Section in your manual.”

Section 7

Abuse and Neglect



What is Abuse and Neglect?

Patients have a right to be protected from abuse, neglect and harassment of all forms, whether from staff, other patients, family, or visitors. This includes the right to a safe environment.

Abuse and neglect can occur by someone in their living environment before the patient is admitted, but also during a hospital stay by medical staff, consultants, volunteers, family members or visitors.

Definitions:

Abuse:

The willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, pain, or mental anguish.

Neglect:

Neglect is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Immediate Jeopardy:

A situation in which the hospital's non-compliance with one of the requirements

Harm

Serious harm can result from both abuse and neglect. According to the regulations, psychological harm is as serious as physical harm.

Whenever a situation occurs that can be considered a violation of the regulatory requirements, CMS will consider whether the situation is an "Immediate Jeopardy" circumstance. **Therefore any time someone suspects abuse or neglect, a report to their supervisor must be made.** An investigation must follow to determine if any form of harm or potential harm occurred or could occur. See in this section for a listing of triggers CMS has identified as potential "Immediate Jeopardy" situations. Notice how these "triggers" are really broad.

CMS has identified particular steps that healthcare facilities must take to ensure compliance with the patient rights standards associated with preventing abuse and neglect. These steps are: 1) Prevention, 2) Screening, 3) Identification, 4) Training, 5) Protection, 6) Investigation, and 7) Reporting. These seven steps to prevent abuse and neglect are classified into three topics: PREVENTION, INTERVENTION, DETECTION & REPORTING.

Resources:

Manager,
Patient
Experience:
517-975-7504

Points to remember

- ♦ *Understand the definitions of abuse and neglect*
- ♦ *Understand that abuse or neglect can occur prior to or during a hospital stay*
- ♦ *You have to report suspected abuse or neglect immediately to your supervisor*
- ♦ *Make sure you can speak about prevention, detection, and intervention as it relates to your job duties*
- ♦ *If convicted of abuse or neglect health care workers can lose their license or be sent to jail*

Prevention

If the patient's abuse or neglect happened in their private life, it is important that hospital staff know about such incidents as early in their stay as possible. The time the patient spends with us can then be used to help prevent abuse or neglect in the future by means of patient/family education and connection to community resources.

Abuse or neglect during a hospital stay, can be prevented by making sure systems and procedures are in place to protect the patient from all forms of abuse, neglect and harassment, whether from staff, other patients, or visitors.

Preventative systems are numerous throughout our organization. Some examples of how we implement such measures include:

- Checking criminal backgrounds because persons with a record of abuse or neglect should not be hired as

Detection

It is important for all hospital staff to be aware of their surroundings and look out for warning signs of abuse or neglect, whether it occurred prior to admission or during a hospital stay.

It is the responsibility of all staff to immediately report any suspicion of abuse or neglect to your supervisor. *If your supervisor is not available, contact the Patient Care Manager of the unit or the nursing supervisor.*

When confronted with a potential abuse or neglect situation, clinical staff should utilize the physical and psychosocial assessment process to evaluate the signs of abuse or neglect. If you are an employee in this category, make sure you are familiar with McLaren Greater Lansing procedures regarding assessment of patients.

A key component of the assessment process includes ad-

Intervention

Whenever a case is presented to a supervisor as being suspicious of potential abuse or neglect, all staff have a responsibility to appropriately intervene to ensure that the patient is protected and that the occurrence is properly investigated.

Intervention Includes

- Protecting patients from abuse/neglect during the investigation
- Ensuring a proper and thorough investigation of allegations of abuse or neglect
- Analyzing occurrences for determination of trends that may be related to abuse/neglect
- Physical treatment and emotional support as necessary

employees.

- Training staff to report potential or real harmful situations.
- Training staff in abuse and neglect.
- Protect patients from abuse during investigation of allegations of abuse or neglect or harassment.
- Investigating all allegations in a timely and thorough manner.
- Report any incidents, analyze and respond with appropriate corrective, remedial or disciplinary action.
- Following the policy and procedure related to abuse and neglect.
- Knowing how to identify abuse or neglect.
- Ensuring all policies and procedures of the organization are followed.

mission documentation of bruises and ongoing skin assessments, monitoring and reporting of bruises.

CMS has published its guidelines regarding what it expects health care workers to evaluate when looking at abuse/neglect issues. In addition, CMS has published what it considers "potential triggers" when it evaluates allegations of abuse or neglect and how issues become "triggers" for Immediate Jeopardy determinations. If something rises to the level of an Immediate Jeopardy determination by the CMS, serious consequences can result (see Survey Readiness"). Some of the CMS identified "triggers" are listed on the next page.

- Social work consult
- Education for self care and safety
- Referral to community resources

Discharge to a safe environment, which may include commencing guardianship proceedings, if applicable or detaining in protective custody until the next business day of the probate court, or until a safe environment is identified.

CMS has established guidelines for determining Immediate Jeopardy as it relates to incidents occurring in health care settings. The following are examples of what the government has identified as issues it could investigate for a potential determination of Immediate Jeopardy.

It is important to understand that harm does NOT have to occur before a surveyor can label an incident as an Immediate Jeopardy situation. Potential and actual harm apply. Each of the identified guidelines also has a trigger that assists in identifying what CMS will consider for each guideline.

Failure to protect from abuse

Triggers: Serious or suspicious injuries; staff striking or roughly handling an individual; staff yelling, sexual harassment, or sexual assault.

Failure to prevent neglect

Triggers: lack of timely assessment, lack of supervision for individual with special needs, failure to carry out doctor's orders, access to chemical and physical hazards by individuals at risk, repeat occurrences such as falls, lack of supervision of cognitively impaired individuals, unsupervised smoking of an individual with a known safety risk, and use of restraints without adequate monitoring.

Failure to protect from psychological harm

Triggers: Application of chemical/physical restraints without clinical indications; presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or lack of intervention to prevent individuals from creating an environment of fear.

Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed

Triggers: Administration of medication to an individual with a known history of allergic reaction to that medication; Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions; Administration of contraindicated medications; Pattern of repeated medication errors without intervention; Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or Lack of timely and appropriate monitoring required for drug titration.

Failure to provide adequate nutrition and hydration to support and maintain health

Triggers: Food supply inadequate to meet the nutritional needs of the individual; Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values; Withholding nutrition and hydration without advance directive; or Lack of potable water supply

Failure to protect from widespread nosocomial infections; e.g. failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and /or failure to identify and treat nosocomial infections

Triggers: Pervasive improper handling of body fluids or substances from an individual with an infectious disease; High number of infections or contagious diseases without appropriate reporting, intervention and care; Pattern of ineffective infection control precautions; or High

number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.

Failure to correctly identify individuals.

Triggers: Blood products given to wrong individual; Surgical procedure/treatment performed on wrong individual or wrong body part; Administration of medication or treatments to wrong individual; or Discharge of an infant to the wrong individual.

Failure to safely administer blood products and safety monitor organ transplantation

Triggers: Wrong blood type transfused; Improper storage of blood products; High number of serious blood reactions; Incorrect cross match and utilization of blood products or transplantation organs; or Lack of monitoring for reactions during transfusions.

Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations

Triggers: Nonfunctioning or lack of emergency equipment and/or power source; Smoking in high risk areas; Incidents such as electrical shock, fires; Ungrounded/unsafe electrical equipment; Widespread lack of knowledge of emergency procedures by staff; Widespread infestation by insects/rodents; Lack of functioning ventilation, heating or cooling system placing individuals at risk; Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas; Improper handling/disposal of hazardous materials, chemicals and waste; Locking exit doors in a manner that does not comply with NFPA 101; Obstructed hallways and exits preventing egress; Lack of maintenance of fire or life safety systems; or Unsafe dietary practices resulting in high potential for food borne illnesses.

Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (Emergency Medical Treatment and Active Labor Act).

Triggers: Individuals turned away from ER without medical screening exam; Women with contractions not medically screened for status of labor; Absence of ER and OB medical screening records; Failure to stabilize emergency medical condition; or Failure to appropriately transfer an individual with an unstabilized emergency medical condition.

Section 8

Patient Relations – Customer Service, Patient Complaints, and Patient Rights



Customer Service Tools

As part of the culture change at MGL, workforce members are directed to implement AIDET during exchanges with patients, visitors and each other. AIDET allows the speaker to give a brief introduction to patients and guests that will build confidence and decrease anxiety. The AIDET model includes the “Five Fundamentals of Service”:

AIDET (Sell Yourself!)

1. **Acknowledge the patient.** Smile and make eye contact. Call the patient by his or her name.
2. **Introduce yourself.** Your name, role, and what you’re going to do and why you’re qualified to do it.
3. **Duration of the task at hand.** Provide the patient with the length of time expectancy for processes, procedures, waiting, etc.
4. **Explanation.** Discuss what’s next, what tools you’re using, who’s coming, what you’re doing, and why.
5. **Thank the patient.** Tell the patient you are appreciative of him or her for choosing MGL.

The Five Must Haves

Great People with a purpose.	Always smile and use your AIDET.
Take people where they are going.	Rather than point or give directions take patients/visitors to their destinations.
Use key words at key times.	“Is there anything else I can do for you? I have time.”
Foster an attitude of gratitude.	“Thank you for choosing McLaren Greater Lansing. Have a great day.”
Round with reason.	To better connect with staff, patients, family and other customers round for expectations.

Forbidden Phrases	Use Instead!
“I don’t know.”	“That’s a good question, let me check and find out.”
“We can’t do that.”	“Wow, that’s a tough one. Let me see what we CAN do.” (Find an alternative offer.)
“You’ll have to.”	Soften the request with phrases such as: “You’ll need to...” or “Here’s how we can help you with that”
“Hang on a second, I’ll be right back.”	“It may take a minute or two; may I put you on hold while I check?”
“NO” when used at the beginning of any sentence...	If you think before you speak, you CAN turn a negative into a positive response.

Resources:

**Manager,
Patient
Experience
517-975-7403**

Points to Remember

- ♦ Use the customer service tools to communicate with patients
- ♦ Attempt to resolve complaints before they escalate
- ♦ Anyone can initiate a complaint
- ♦ Contact the Patient Advocate at 517-975-8506 with any questions or concerns regarding patient complaints.
- ♦ Patient rights include issues associated with Civil Rights and the right to receive appropriate and adequate treatment and care
- ♦ Patients have the right to know what is wrong with them and what treatment is being proposed

Patient Complaints and Grievances

Most professionals take pride in the work they do. Dealing with complaints is often challenging and upsetting, since you may be asked to fix many problems that either you did not cause or you simply cannot fix. Although it is sometimes difficult to believe, complaints are a gift; they offer us an opportunity to repair our image, and provide us with important information about what we can improve.

Did you know?

- ⇒ Satisfied customers (patients or families) are more likely to return to our facility.
- ⇒ Research shows that customers who have complaints that are resolved quickly are more loyal to an organization than customers who have not had a complaint.
- ⇒ Patients who go away unhappy tell an average of 10-15 people about their experience!

MGLs Complaint Policy (100-47):

This policy outlines the process for dealing with, and documenting, complaints and resolution attempts. Complaint handling is an important process, not only to ensure satisfied customers, but also to meet regulatory requirements. The Centers for Medicare & Medicaid Services (CMS), as well as our accrediting body, Joint Commission require that we resolve patient complaints, document those resolution attempts, and track, trend, and report patient complaint data.

Complaints and grievances are received by the hospital in many ways, including:

- ⇒ Directly from patients and visitors within the hospital
- ⇒ Phone call
- ⇒ Letter
- ⇒ E-mail
- ⇒ Fax
- ⇒ Patient satisfaction surveys
- ⇒ Regulatory agencies
- ⇒ Website

We should attempt to resolve complaints as soon as they are brought to our attention.

What is the Difference Between a Complaint and a Grievance?

Complaint –

- ⇒ A source of dissatisfaction expressed verbally or in writing by any patient, guardian, family member, friend, or visitor.
- ⇒ This is handled on the spot by staff.

What does this mean to you?

- ⇒ If you have received a complaint from a patient or visitor, it is important that you attempt to address the issue using the 4 A's of Service Recovery—Anticipate, Acknowledge, Apologize, Address.
- ⇒ If you cannot resolve the issue, or you recognize that you feel defensive or are unable to devote the needed attention, involve your director, manager, or supervisor.
- ⇒ Take credit for your resolution attempts! Document the issue and your steps to correct it in McLaren Safety First Feedback.

Patient Complaints Continued

Grievance –

- ⇒ A written or verbal complaint by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to hospital compliance, or a billing complaint related to rights and limitations.
- ⇒ This is a concern that staff are unable to handle on the spot.

What if the patient is not satisfied, or what if the patient complains after he / she leaves the hospital?

- ⇒ CMS mandates any complaint(s) not resolved "immediately, by staff present" become a "grievance."
- ⇒ A grievance is any complaint that we didn't resolve, or any complaint that we receive after the patient has been discharged, or any complaint that a patient or visitor presents to us in writing (including e-mails, faxes, etc.).
- ⇒ Grievances are received in many ways, including phone, letter, fax, e-mail, from our website, from regulatory agencies, and from patient satisfaction surveys.
- ⇒ A grievance requires a written response letter.

What does this mean to you?

- ⇒ Most grievances are received by the patient advocate, who works with the director, manager, or supervisor to resolve the complaint to the patient's satisfaction.
- ⇒ You may be asked about what you recall about the events identified in the grievance.
- ⇒ Investigations and follow-up must be provided to the patient advocate to facilitate a written response to the complainant.
- ⇒ Investigations must be thorough and address each issue that is mentioned by the complainant.

Letters of response to grievances require very specific language to meet CMS guidelines, including the hospital contact person, the steps taken on behalf of the complainant to investigate, the results of the investigation, and the date of completion. In addition, this letter must be written in a language and manner that the complainant will understand.

**The patient advocate is available to
assist all departments with facilitating
complaint resolution and can be reached
at 517-975-8506.**

 **Every patient. Every time.**

Section 9

Parking and Smoking



Parking

Parking rules have been designed to allow for adequate vehicle parking for patients, visitors, handicapped individuals and staff.

Vehicle Registration

- ✓ Any car brought to work needs to be registered
- ✓ Forms available at the Security department
- ✓ Parking Permit stickers shall be displayed on the front windshield, driver's side, lower corner.

Off duty employees visiting may park in the visitor parking areas by displaying a note on their dashboard: "Visiting Patient, Room #", or "Procedure/Test".

Any car driven to work must be registered with Parking Services. Forms are available by contact Sarah Koss at sarah.koss@mclaren.org.

Greenlawn Campus:

Employees may park in the Patient or Visitor Parking Lot to the East of the red-painted line, in the Helo Lot, in the lower/outer portion of the parking ramp (enter through South entrance), in the upper ramp (spaces #445-#499; enter through the North entrance), and/or the Education Center Lot.

Pennsylvania Campus:

Employees can park behind the main hospital. There is no bus.

Violations are monitored and will result in a Written Warning, a City of Lansing Parking Ticket, or Towing at Owner's Expense.

Smoking

Per policy, Smoke and Tobacco-Free Environment 300-1.14:

Smoking, including the use of e-cigarettes, and tobacco use is not permitted in any McLaren Greater Lansing owned or leased buildings or vehicles, or on property that is owned or leased by McLaren Greater Lansing, including parking lots, parking ramps, and walkways. An exception will be made to allow smoking in personal vehicles. Until such time as adequate employee parking is made available on the Greenlawn site on all shifts, an "employee only" smoking hut on the 5th floor parking ramp will be maintained for Greenlawn employees who do not have assigned parking spaces on site. This policy will be communicated and enforced by McLaren Greater Lansing Security and leadership personnel."

Employees, Volunteers, Physicians, and Vendors who choose to smoke or use tobacco products during regular break times and unpaid lunch periods may do so only in personal vehicles or, for those employees who work at Greenlawn site, in the area designated in lieu of personal vehicle access. Employees who choose to smoke during the workday should recognize that others might be sensitive to or even medically compromised by exposure to smoke odors from hair or clothing of smokers, just as they are to heavy applications of perfume, after shave or cologne. Supervisors will be expected to take those steps reasonably necessary to manage this risk and enforce appropriate hygiene standards.

Employees who violate the Smoke and Tobacco-Free Environment policy are subject to disciplinary action.

Resources:

Security Office
GRN:517-975-8000
PENN: 517-975-3100

Smoking:
Safety Policy and Procedure Manual

Parking:
Administrative Policy and Procedure Manual

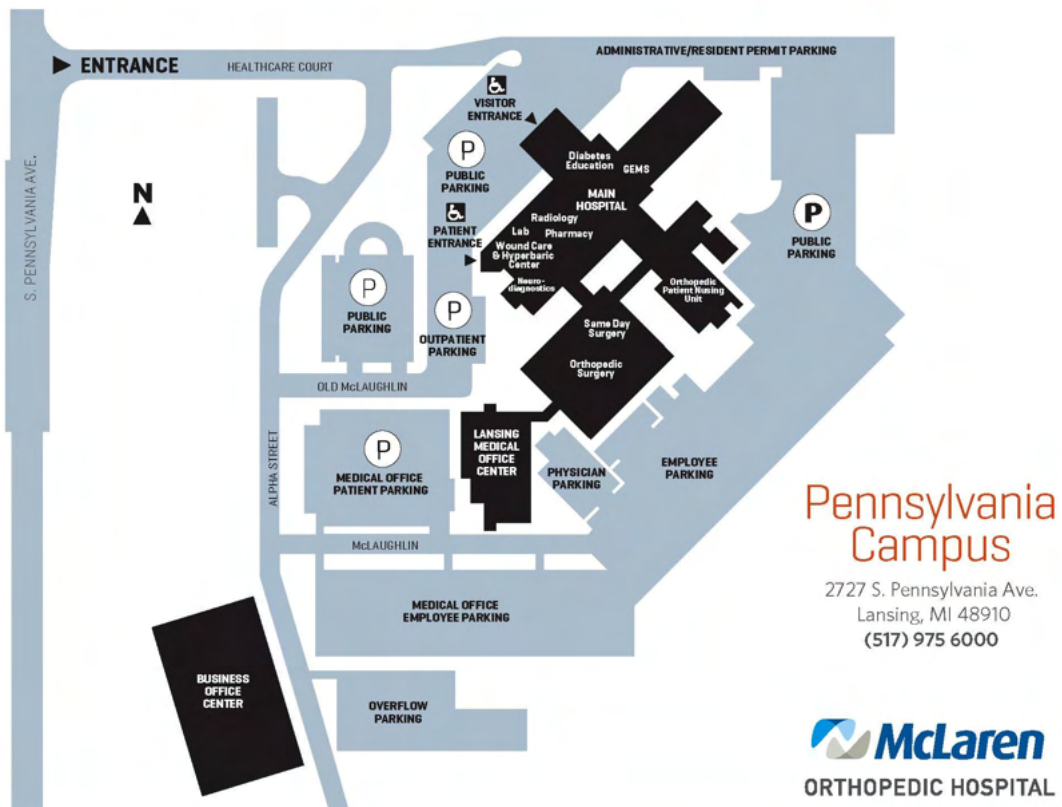


Points to remember

- ♦ Any car brought to work needs to be registered
- ♦ Check with your supervisor where you should park
- ♦ Breaks and lunch times are to be arranged with your supervisor
- ♦ Smoke only in designated areas



mclaren.org/lansing

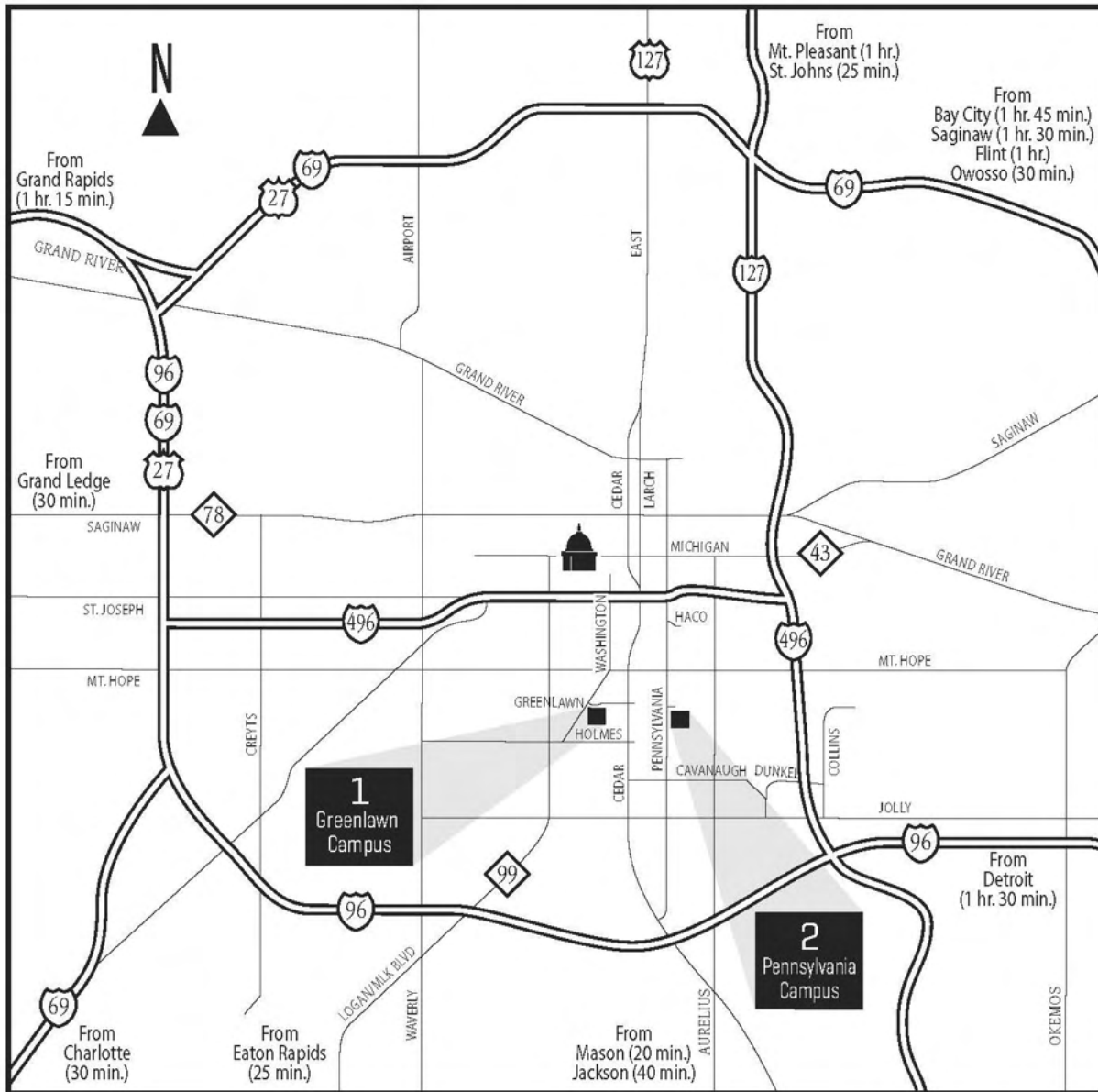


mclaren.org/lansing

DIRECTONS TO



GREATER LANSING



1 McLaren-Greater Lansing
Greenlawn Campus
401 W. Greenlawn Avenue

2 McLaren Orthopedic Hospital
Pennsylvania Campus
2727 S. Pennsylvania Avenue

For general information, call (517) 975 6000

mclaren.org/lansing

Section 10

Security -

Security Management Plan



What All Employees Can Do

- Watch for unusual behavior.
- Familiarize yourself with the staff in your work area so you can easily identify personnel who may not belong there.
- Report suspicious persons immediately.
- Watch for persons in “uniforms”. Even a person in uniform may not belong.
- Discourage patients from wearing jewelry or keeping cash in their room. Offer to secure patient valuables through the Security Department.
- Put equipment and supplies away when not in use.
- Trust your gut. Communicate/report, don’t hesitate to alert security, co-workers, management, or local law enforcement.
- Report any weapons in hospital to Security.
- Be willing to write reports, i.e. Statements, Occurrence/Lost/Found, Security Incidents, and Vehicle Accidents.

Personal Safety Tips

- Lock your vehicle. Don’t leave items in plain view. If possible, don’t leave items in the vehicle at all (including cell phones).
- Lock your office door whenever you are away.
- Lock your purse in your desk drawer or employee locker.
- Wear your I.D. Badge at ALL times.
- Walk with a friend or in groups. Use the security escort service if available at your site.

Resources:

Security Office
GRN: 975-8002

Security Office
PENN: 975-3100

*Safety Policy
and Procedure
Manual Section 6*

Emergencies:

PENN: 22222

GRN: 22222

Off Sites: 911

Points to remember

- ♦ *Follow suggested safety tips for your own protection*
- ♦ *Use your common sense; know all threats should be taken seriously*
- ♦ *Report security issues:
Greenlawn: 22222
Pennsylvania: 22222
Off Sites: 911*
- ♦ *Know what a Code pink/purple is and your role is*
- ♦ *A potentially violent situation is best deflected by being aware of your surroundings, being calm and willing to help*

Security Wants To Know About:

- Threats, physical and verbal assaults
- Thefts, missing or vandalized property
- Unauthorized person(s) on MGL property or in the building
- Disturbances
- Any unusual activity or conditions
- Accidents

**For any emergency
And to get a hold of
security:**

**ON CAMPUS:
Greenlawn: call 22222
Pennsylvania: call 22222**

Off site: call 911

Code Gray (Violent/Combative Individual)

Reference: MGL P/P 500.SC.4

Note: Staff will only take measures necessary to protect the individual, self, and others from injury.

Any Staff member confronted with or witnessing a potentially violent situation (I.e., a combative person) should initiate a “Code Gray”. Prior to arrival of Code Gray Response Team members, staff members should also prepare to assist in the following manner:

1. Verbal Abuse Incident

- a.) Assist in attempts to verbally de-escalate the assailant.
- b.) Call in a second person to assist.
- c.) Add distance/barriers between the victim and the assailant.

2. Physical Battery

- a.) Protect self and others by assisting the victim in stopping/deflecting blows from the assailant.
- b.) Create a diversion by putting distance/barriers between the victim and the assailant.
- c.) Get medical assistance, if necessary.

Any employee hearing the request should contact the switchboard (GRN: 1-2-3, PENN: 2-1-2-3), identify that a Code Gray is in progress and provide the location of the incident. Upon hearing the Code Gray overhead page, Code Gray Response Team members will immediately respond.

Code PINK / Code PURPLE

WHAT IS "CODE PINK"?

"Code Pink" is the hospital-wide overhead page used when it is suspected that an infant or has been abducted, or is in the process of being abducted, from the facility.

WHAT IS "CODE PURPLE"?

"Code PURPLE" is the hospital-wide overhead page used when it is suspected that a child has been abducted, or is in the process of being abducted, from the facility.

MGL'S SECURITY MEASURES

Mclaren - Greater Lansing has extensive security measures in place to prevent a child or infant from being abducted. All infants and children wear ID bracelets, as do their parents/legal guardians. Parents/legal guardians receive training when their child is admitted. There is also a security system in place in both the Birthing Center and the Pediatric Unit. Both staff and parents/legal guardians escorting a child from these floors must show special identification permitting them to transport children.

As part of a general measure, all employees will receive Code Pink/Purple training, so they are prepared and know what their responsibilities are on a day to day basis and when a Code Pink/Purple is called.

EVERYONE HAS A ROLE ON A DAY TO DAY BASIS!

In order to be prepared for a Code Pink/Purple, employees need to be knowledgeable and alert. This includes:

- Knowing where all entrances and exits are within the facility to consider possible "escape routes".
- Being alert to unusual behavior, such as people making frequent visits to the nursery or the Pediatric unit "just to see the babies".
- Wearing your photo ID conspicuously.

Please report any strange behavior. If you suspect a child has been abducted, call 123 (GRN) or 2123 (PEN) to report a "CODE PINK/PURPLE" and to provide a description. Call 911 if you are on an off-site campus.

YOUR ROLE WHEN "CODE PINK" or "CODE PURPLE" IS CALLED:

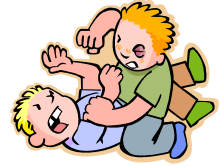
It is very important that you know what your role is when a Code PINK/PURPLE is called. Code responses should be discussed at the department level ahead of time.

These are the general steps that need to be followed:

- Proceed to the nearest exit. Monitor area for persons leaving the facility carrying an infant or package, which might conceal a baby or child.
- If you arrive at an exit that is already secured, proceed to the next nearest exit. **ALL EXITS MUST BE COVERED ASAP.**
- Once all exits are covered, any extra employees should search their work area.
- **DO NOT PLACE YOURSELF IN HARMS WAY!**
- Identify suspicious behavior. Ask for identification. Call for assistance if needed. There is a phone at every exit with a direct line to the operator.
- Be particularly aware of large packages/bags which could hold an infant or child.
- All staff on duty will remain on site until the authorities complete proper questioning.
- A complete search of the facility will be coordinated by Security and local authorities.

It should also be noted that hospital staff will NEVER carry an infant/child. Staff will always transport infants/children through the hospital via cribs, etc. As always, just because someone is wearing scrubs it does not mean they work for the hospital. Therefore someone carrying an infant/child is suspicious.

Violence in the Workplace



Violence is the threat of force or actually using force to cause harm.

Examples of violence:

Gestures, Physical Force, Coercion, Verbal Abuse, Intimidation, Retaliation, Stalking, Threats, Harassment, Vandalism.

What should you do?

Be aware of your surroundings, especially items and people that may be potentially dangerous such as parking lots, isolated areas, patients brought in by the police.

Be aware of behavior cues such as:

- Agitation
- Raised Voice
- Tense Posture
- Unreasonable Demands
- Pacing
- Fist Clenching
- Flushed Face
- Threatening Gestures

To defuse a potentially violent situation:

- Check your own emotions
- Be Calm
- Be Courteous
- Be Respectful
- Maintain Eye Contact
- Be Willing to Help

Major sources of workplace violence are:

- Disgruntled employees
- Domestic violence that spreads into the workplace
- Patients with mental impairments
- Disgruntled family and friends of patients
- Alcohol Abuse patients

There are four phases of the assault cycle. They include:

1. Activation or Trigger
2. Escalation
3. Crisis
4. Recovery

If someone is showing signs of losing control:

NOTIFY SECURITY by calling 22222 (GRN), 22222 (PEN), or 911 (off-sites).

Potentially violent situations may be diffused by controlling your own emotions, speaking in a calm and respectful voice, listening, and showing willingness to help.

Other tips include:

1. Remain calm and alert
2. Keep a safe distance from the person
3. Leave yourself an escape route
4. Listen to the person
5. Be supportive
6. Offer the person choices
7. Avoid touching the person
8. Leave area for help

After notifying Security, you should also:

- **Notify your supervisor**
- **Complete an occurrence report and if applicable an incident report**

All threats should be taken seriously!!

Section 11

Fire Safety



Life Safety – Fire Safety

The Life Safety Management Plan describes how the organization will establish and maintain a life safety management program to provide a fire-safe environment of care.

MGL has designed a program that considers life safety. The plan describes the processes for protecting patients, staff, visitors, and property from fire and the protection addressed in the Life Safety Code.

Fire Prevention

Fire prevention is critical in maintaining a workplace free from fires. ALL employees play a role in fire prevention. The goal of the fire prevention program is to prevent fires before they start.

Employees can help by:

- Knowing how fires are started.
- Knowing how to report fire situations.
- Practicing good housekeeping.
- Knowing what to do if a fire occurs.
- Knowing your department's emergency procedures.

Hospitals are designed and built in smoke compartments or zones. These smoke compartments are called areas of refuge and are separated by fire doors and walls. Fire doors should never be wedged open or obstructed from closing because this prevents the doors from closing and creating an area of refuge.

- Keep corridors clear of obstructions so that a safe exit route is available in the event of a fire.
- Do NOT block or prop open corridor or stairwell doors. The doors are intended to limit the spread of smoke and fire.
- Do NOT use the elevator in the event of a fire.
- Do NOT block sprinklers. Maintain at least 18 inches of clearance around the sprinkler head.
- If you smell a burning odor or see fire/smoke, initiate a Code Red immediately.
- Do NOT wedge fire doors open.
- Touch closed doors before entering. If the door is hot, do NOT open it.
- Obtain a firewall penetration permit from Facilities Management prior to performing/contracting any work that may require penetrations through firewalls, i.e., cabling, running conduits, etc.

RESOURCES:

Emergency Numbers:

Greenlawn Campus: 22222;

Pennsylvania Campus: 22222;

Off Sites: 911

Safety Policy & Procedure Manual Section 3

Points to remember

- ◆ Know the location of fire alarm pull boxes and fire extinguishers
- ◆ Report smoke or suspicious odors immediately
- ◆ Maintain corridors free of clutter
- ◆ Participate in all Code Red announcements as if they were real
- ◆ Know what the acronyms RACE and PASS signify
- ◆ Know the number to call in case of an emergency (GRN: 22222, PEN: 22222; OFF-SITE: 911)

Fire Safety and Evacuation

In the event of a fire, it is important to act quickly and competently to ensure the safety of patients, visitors, and staff. It is your responsibility to know what to do if a fire were to occur (Remember: RACE).

Rescue anyone in immediate danger. Move them to a safe area, such as to another room, or to an adjoining corridor behind fire doors.

Activate the alarm. Do this by pulling the handle on the nearest fire pull station (or blowing the whistle/horn in certain off-site facilities) and by contacting the switchboard at 22222 for the Greenlawn Campus, or 22222 for the Pennsylvania Campus, or 911 for off-site facilities.

Contain the fire if possible with a blanket or sheet (preferably wet) at the base of the door. Close all doors.

Extinguish the fire if it is controllable and after everyone has been safely removed from the area. Extinguish the fire with the proper fire extinguisher. In an electrical fire disconnect the power source. Always keep a clear escape route to your back.

REMEMBER – R.A.C.E.

R Rescue anyone in immediate danger

A Activate the alarm

C Contain the fire

E Extinguish the fire, if safe

EMERGENCY NUMBERS:

GRN: 22222

PEN: 22222

OFF SITE: 911

Evacuation

A decision to evacuate will be made by the person in charge of the scene as identified in MGL P/P #500.FS.5. All employees should be familiar with their department evacuation plan. If you do not know the plan, **Ask Your Supervisor NOW!**

It is the policy of MGL that all employees shall observe the procedural guidelines developed for horizontal, vertical, and full vertical evacuations and shall be knowledgeable of their specific departmental evacuation roles, responsibilities, and procedures as identified in MGL P/P #500.EM.4.

Horizontal Evacuation – Move people horizontally (on the same floor) to a designated area of refuge or through as many fire doors as possible. Most fire doors close automatically when the fire alarm is activated. Fire doors are specifically designed to resist fire. Areas of refuge are beyond the fire doors to the compartment in which the fire is contained.

Vertical Evacuation – Use the nearest available stairwells to evacuate. Patients should be moved two levels below the level of the hazard, if possible. Do NOT evacuate into the basement level. Do NOT evacuate upwards unless the only route is up.

Full Vertical Evacuation/Total Facility Evacuation – Conducted by order of the Chief Operating Officer, or designee, or the Lansing Fire Department. Follow directions from the person in charge at the scene.

Off-Site Facility Evacuation – In the event of a fire, immediately evacuate all staff, patients, and visitors from the building and assemble at the designated meeting area. Follow appropriate notification procedures and obtain an accurate head count for staff and patients.

Code Red – Fire Emergency

The **CODE RED** announcement is used to alert personnel of a fire/smoke emergency situation. The Code Red announcement means that someone has pulled a fire pull station handle, one of the fire detection devices (smoke detectors) has been activated by smoke, or a call was made to the Switchboard that

reported a fire/smoke situation. ALL Code Red announcements should be taken seriously and employees should respond according to procedures outlined in **MGL P/P #500.FS.5** or in departmental policies/procedures.

TYPES OF FIRES

CLASS A – Involves items such as wood, paper, cloth, furniture, rubber, or other similar combustible materials

CLASS B – Involves flammable/combustible liquids, gasses, or grease

CLASS C – Involves electrically energized equipment, computers, patient beds, extension cords, motors, appliances, or other similar electrical items

Fire Extinguishers

Fire extinguishers are located throughout MGL facilities and are identified by locator signs above or near the fire extinguisher. Take time now to locate the extinguishers in your department.

It is important to choose the proper fire extinguisher when confronted with a fire. Used properly, fire extinguishers can save lives and property by putting out a small fire or by containing the fire until the fire department arrives.

REMEMBER that fire extinguishers have a limited range and a limited amount of extinguishing agent. Extinguishers are effective against small fires, but should not be used if ANY of the following is true:

1. You have not been properly trained to use the fire extinguisher.
2. The fire spreads beyond its immediate area.
3. The fire could block your escape route.

You must know how to operate the extinguisher before an actual fire. *There is no time to read the directions in an emergency.*

If you have discharged a fire extinguisher, it is important that you contact Security so that they can have it recharged.

Types of Fire Extinguishers

All fire extinguishers in MGL facilities are labeled as to the type of fire they will extinguish as well as those they cannot be used on.

The ABC-type fire extinguisher is a multipurpose dry chemical extinguisher that may be used on Types A, B, or C fires. Some ABC extinguishers may contain Halon. When Halon reacts with the fire, it produces toxic fumes so it is important to leave the area after discharging a Halon extinguisher. Halon extinguishers are normally located near areas with a lot of electrical items such as the main computer room on the Greenlawn Campus. Most portable fire extinguishers in MGL facilities are the ABC-type.

The BC-type fire extinguisher contains Carbon Dioxide and it may be used on Types B and C fires.

BC-type extinguishers may be located in electrical areas.

Do **YOU** know what to do in case of a fire?

Do **YOU** know where the closest fire extinguisher and fire pull station are located?

When Using a Fire Extinguisher

Remember the **PASS**-word!!

****Watch the fire area. If the fire re-ignites, repeat the process.**

P → **PULL** the pin.

A → **AIM** at the base of the fire and **ALWAYS** keep an escape route to your back.

S → **SQUEEZE** the lever.

S → **SWEEP** from side to side. Move carefully toward the fire and sweep back and forth until the flames appear out.

Section 12 Emergency Preparedness



Emergency Management Plan

The Emergency Management Plan describes how MGL will establish and maintain a program to ensure effective response to disasters or emergencies affecting the Environment of Care. The Environment of Care Manager is responsible for developing this plan.

your role/responsibility for each code; Participate in all code announcements as if they were real; Know your departments initial response procedures; Know your departmental evacuation plan; Know the number to call in case of an emergency (PENN: 22222; GLN: 22222; OFF-SITE: 911)

General Responsibilities of the MGL employee with regards to the EMP: Know

Emergency Paging

How to activate a Code Page:

For emergencies on the **GREENLAWN CAMPUS** call the Switchboard at **22222**.

For emergencies on the **PENNSYLVANIA CAMPUS** call the Switchboard at **22222**.

For emergencies at **off-site facilities** call **911**.

Tell the operator the **TYPE OF CODE** you need paged, the **EXACT LOCATION** (identify which campus), and your **NAME**.

****This verbal communication is EXTREMELY IMPORTANT in facilitating the timely and accurate paging of emergency codes and their locations.**

For emergency action details see the following policies/procedures, which are located in the **Environment of Care Manual**:

- #500.EM.1** – Code Triage (Disaster)
- #500.EM.2** – Code Weather Watch/Warning
- #500.EM.3** – Code Yellow – Bomb Threat
- #500.EM.4** – Evacuation Plan
- #500.EM.5** – Disaster Time Tracking Process

Resources:

For emergencies:

Greenlawn: 22222

Pennsylvania: 22222

Off Site: 911

For non-emergencies:

*Environment of Care
Specialist: 975-7630*

*Environment of Care
Policy and Procedure
Manual*

Points to remember

- ♦ *Respond quickly and effectively to disaster*
- ♦ *Provide first aid to victims and minimize loss of life*
- ♦ *Treat injured and provide temporary food and shelter*
- ♦ *Care for the existing patient load*
- ♦ *Know the disaster plan, especially evacuation routes and alarm signals*
- ♦ *Know your role, where to report, the person to report to, and your specific duties/responsibilities*
- ♦ *Take training and drills seriously*
- ♦ *Know the number to call in emergencies*

Weather Information

Severe Weather Watch – Issued when severe weather (thunderstorm, snowstorm, flood) **may** occur.

Severe Weather Warning – Issued when severe weather is **imminent**.



Tornado Watch – Issued when conditions are such that a *tornado may develop*.

Tornado Warning – Issued when a *tornado has been sighted in the immediate vicinity*.

Severe Snow/Ice Storm Watch – Issued when conditions are such that severe snow/ice storms **may** occur. Refer to MGL P/P 500.EM.2 for response activities.

Severe Snow/Ice Storm Warning – Issued when conditions are such that severe snow/ice storms **will** occur or has occurred. Refer to MGL P/P 500.EM.2 for response activities.

Flood Watch

This advisory is issued when conditions are such that flooding **may** occur. Refer to MGL P/P 500.EM.2 for response activities.

Code Triage

WHAT IS A DISASTER?

Disaster has been defined as any event that overwhelms the facility's ability to operate normally and provide customary patient care.

They may be the result of NATIONAL EMERGENCIES (wars, nuclear/ biological/chemical attacks), or MASS CASUALTIES (fires, civil disturbances, plane crashes). A disaster may be INTERNAL (fire, bomb threat) or EXTERNAL.

The following provides some key information you need to know to appropriately respond to a Code Triage. For further details, see MGL Code Triage P/P 500.EM2 in the Environment of Care Manual.

Code Triage Alert: Indicates that a potential for an external disaster exists, an external disaster is imminent, or an external disaster has occurred and **MAY** result in casualties being transported to MGL's Greenlawn Campus. No actual personnel or equipment movement should occur upon hearing this announcement. However, Incident Command Staff will report to the Chief Nursing Officer's Office, or other designated area, to evaluate the situation. The announcement will be made at both campuses to ensure all employees are aware of the potential disaster situation. Supervisors/managers should evaluate their department's status (personnel and equipment) at this time.

Code Triage External/Internal: Indicates that an external/internal disaster has occurred that **WILL** result in casualties being transported to MGL's Greenlawn Campus. Upon hearing a Code Triage announcement, Code Triage response procedures must be implemented. The announcement will be made on both campuses to ensure all employees are aware of the situation. Hospital personnel will report as indicated in MGL P/P 500.EM.1. The majority of non-clinical personnel will report to the Central Per-

sonnel Pool (CPP) on their respective campus. Department / unit managers / supervisors must submit a resource report to the Incident Command Center. The Switchboard will notify off-site facilities about the situation. Off-site facilities must fax a resource request form to the Incident Command Center and be prepared to provide assistance as requested. All departments must activate their disaster phone tree to determine available personnel in the event more need to be called in to support the disaster response.

Hospital employees can call into the MGL Employee Disaster Information Line (**517-975-8007**) to get details about MGL disaster response activities.

ID badges **MUST** be worn and visible at ALL TIMES, especially during a disaster response.

Remain calm and follow directions from the Command Center, your supervisor, or the person in charge of the area you are assigned to work in.

Only information approved by the Incident Command Center will be released to families or the public. Refer all media inquiries to the Public Information Center (Education Center; 975-7019)

Disaster Function Areas

GLN Primary ICC: WCC 2203

GLN Secondary ICC: Pro. Bldg., Ste. 30

GLN Public Information Ctr.: Education Center

PENN Primary ICC: Administration

PENN Secondary ICC: Security Office

PENN Public Information Ctr.: Classroom D&E

Priority 1 (Red) Treatment Area: ED

Priority 2 (Yellow) Treatment Area: ED/PACU

Priority 3 (Green) Treatment Area: Urgent Care Center

Code Triage, Continued

Priority 4 (Black) Treatment Area: Morgue
GLN Triage: Ambulance Bay
PENN Triage: Main Parking Lot by UCC
Decon Area: Decon Room/Ambulance Bay
Central Personnel Pool: Cafeteria

Emergency Contact Information

Emergency Contact Information may be found in the orange emergency response guides that are located in each department/unit.

Emergency Management Manual is available on the McLaren Intranet at:
<http://employeeenet.mclaren.org/MHCCPolicy/MenuTree.aspx>

ANY PROBLEMS DURING A DISASTER SHOULD BE COMMUNICATED TO THE COMMAND CENTER.

INCIDENT COMMAND CENTER

Located in the Women's & Children Conference Rooms 2203 A & B on the Greenlawn Campus. Coordinates all areas and functions during a disaster

CENTRAL PERSONNEL POOL (CPP)

Established only after Code Triage has been activated. Located in the cafeteria on each campus unless otherwise announced. All available hospital personnel must report to the CPP upon the Code Triage External/Internal announcement

Bomb Threats – Code Yellow

Are you prepared?

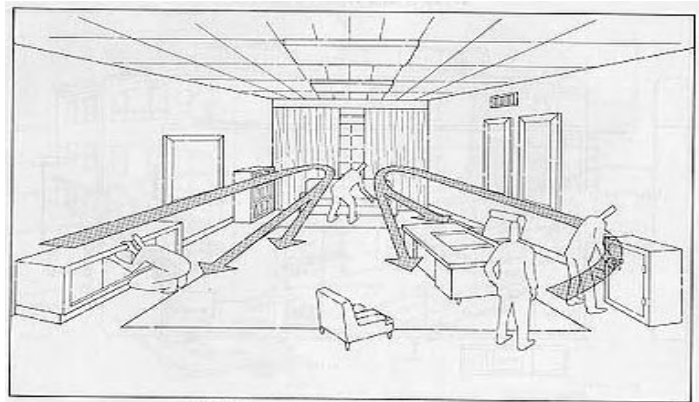
What to do....

If you receive a telephone bomb threat:

- Remain Calm
- Quietly signal another employee to report the bomb threat (GLN: 22222, PENN: 22222, or Off-Site: 911). Provide exact department/location and campus when reporting to the switchboard.
- Record, in writing, every word spoken by the caller.
- Use the Phone Log for Bomb Threats form to gather and document data on the caller.
- Keep the caller on line as long as possible.
- Inform the caller that the building is occupied and that detonation could result in death and injury to many persons.

If you hear the Code Yellow announcement:

- Remain CALM
- Follow department search guidelines as outlined in the Code Yellow Policy and department policies/procedures.
- Report "All Clear" or "Not All Clear" to the Command Center.



REMEMBER:

- **Do NOT touch/move any suspicious object.**
- **Eliminate all radio traffic and cellular phone use.**
- **Be patient and thorough during the search.**
- **Carry out search in a calm and confident manner so as not to worry patients.**

National Incident Management System (NIMS)

Incident Command Staff Module 1



Incident Command
/Management System
(ICS/IMS)

Overview

- NIMS
- What is ICS/IMS?
- Who uses ICS/IMS?
- Why use ICS/IMS?
- When is ICS/IMS used?
- ICS/IMS Concepts/Principles
- Command & General Staff

National Incident Management System (NIMS)

- A consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

National Incident Management System (NIMS)

- Components
 - Command and management
 - Preparedness
 - Resource management
 - Communications and information management
 - Supporting technologies
 - Ongoing management and maintenance.

What is ICS/IMS ?

- Model tool for command, control, and coordination
- Provides a means to coordinate the efforts of individual agencies as they work toward the common goal of stabilizing an incident.

What is ICS/IMS ?

- A component of the National Incident Management System
 - Comprehensive
 - National
 - All Levels
 - All Disciplines

Who Uses ICS/IMS?

- Fire Departments
- Police Departments
- Sheriff's Departments
- Emergency Management Agencies
- Michigan State University
- Emergency Medical Services (EMS)
- State/Federal Government
- Other Hospitals



Why Do We Need ICS/IMS?

JCAHO Standard (EC.4.10)

2. The hospital establishes the following with the community:
 - hospital's role
 - An "all hazards" command structure within the hospital



More From JCAHO ...

JCAHO says (E.C. 4.10)

19. Alternate roles and responsibilities of personnel during emergencies, including who they report to within a command structure and... the community's command structure.



NFPA 11-4.3

- "The Disaster Committee shall model the disaster plan on ICS."

American College of Surgeons

- Predetermine Who is in Charge
- Patient Triage & Flow
- Who is in Charge of What Area
- How to Handle
 - Media
 - Security
 - Communications
- Designate an Operations Center

Federal Regulations

- 29 CFR 1910.120 (OSHA)

"The Incident Command System shall be established by those employers for the incidents that will be under their control and shall be interfaced with the other organizations or agencies who may respond to such an incident."

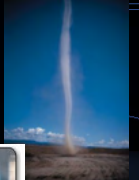


HSPD-5

- Homeland Security Presidential Directive – 5
 - “Requires... adoption of NIMS [National Incident Management System] by State and local organizations [as] a condition for Federal preparedness assistance (grants, contacts, and other activities)...”

When is ICS/IMS used?

- Hazardous Materials Incidents
- Planned Events
- Natural Disasters
- Multiple Casualty Incidents
- Air, rail, water, or ground transportation incidents
- Acts of terrorism



Incident Command/Management System (ICS/IMS)

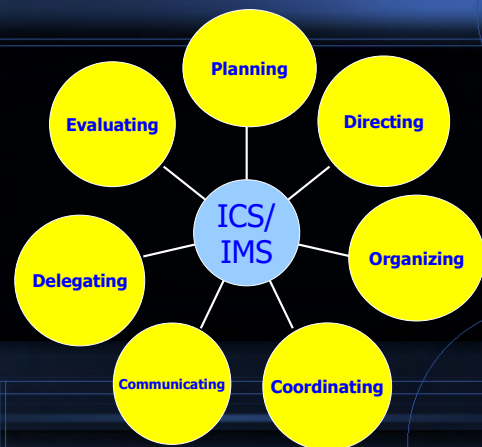
- Result of wild land fires in Southern California during the 1970's
- Multiple agencies involved
- Identification of organizational problems
- Resulted in development of the original ICS/IMS for effective incident management

ICS/IMS

(cont.)

- Evolved into an all hazard/all-agency system
- Suitable for use regardless of jurisdiction or agency involvement
- Ability of organizational structure to adapt to any incident
- Applicable and acceptable to users throughout community or region

The Incident Command System Compares to Common Business Management Concepts



Factors That Affect Disaster Management

- Dynamics
- Complexities
- Confusion

DYNAMIC

- Constantly changing situations
- Incident priorities change
- Negative impact on organization
- Readiness for any type incident
- The situation must be controlled or the situation will control you

COMPLEXITIES

- Many responsibilities
- Incidents with major problems
- Requirement of interagency cooperation

Confusion

- Time constraints
- Persons calling for assistance
- Command officers
- Communication networking

Principles of ICS/IMS

- ▣ Common Terminology
- ▣ Modular Organization
- ▣ Integrated Communications
- ▣ Single vs Unified Command
- ▣ Manageable Span of Control
- ▣ Designated Incident Facilities
- ▣ Comprehensive Resource Management

Common Terminology

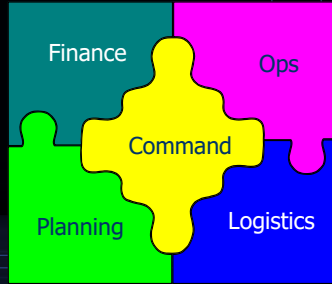
There is an essential need for common terminology in any emergency system

Avoid use of all acronyms, slang and abbreviations

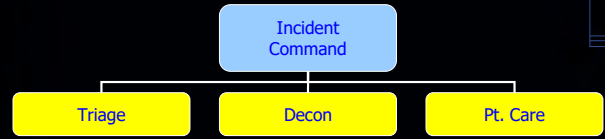
Use "clear text" communication

Modular Organization

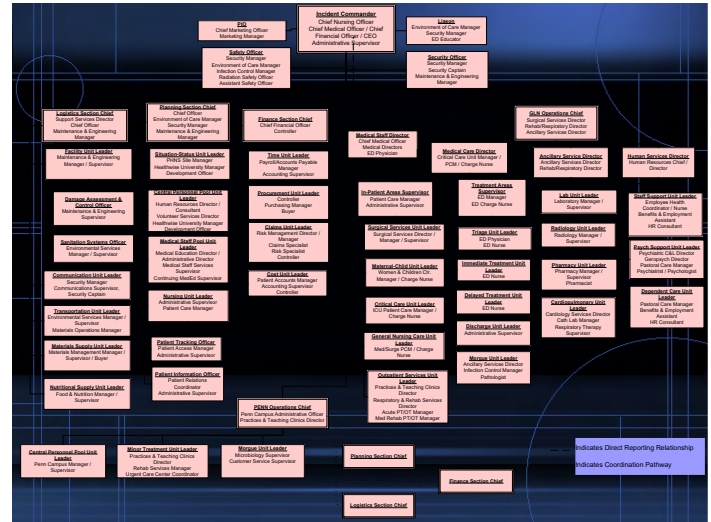
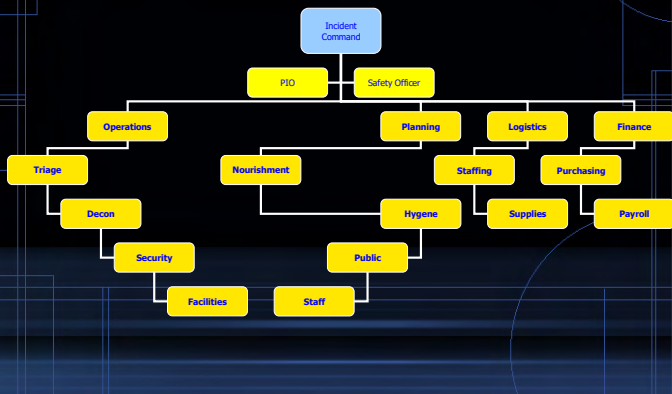
- ICS/IMS organizational structure develops in modular fashion at any incident
- Top-down development
- Command is always staffed
- ICS/IMS organizational structure is based on the management needs of the incident



Modular Organization (Simple Incident)

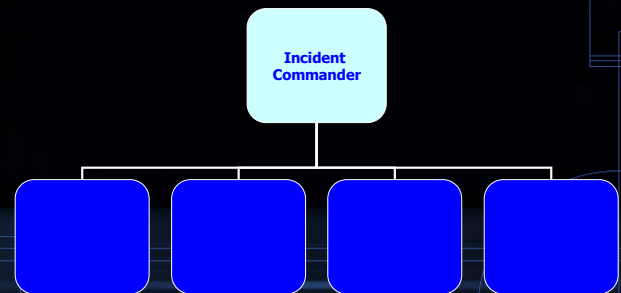


Modular Organization [Complex Incidents]



Incident Command Staff

Incident Commander



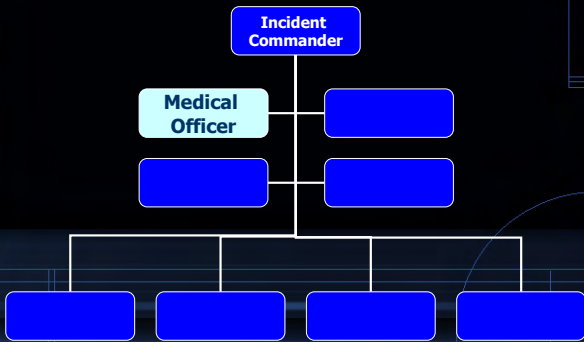
IC Responsibilities

- Assess incident priorities
- Determine strategic goals
- Determine tactical objectives
- Develop incident action plan
- Develop appropriate organizational structure

IC Responsibilities (cont.)

- Manage incident resources
- Coordinate overall emergency activities
- Ensure employee safety
- Coordinate activities of outside agencies
- Authorize release of information to media

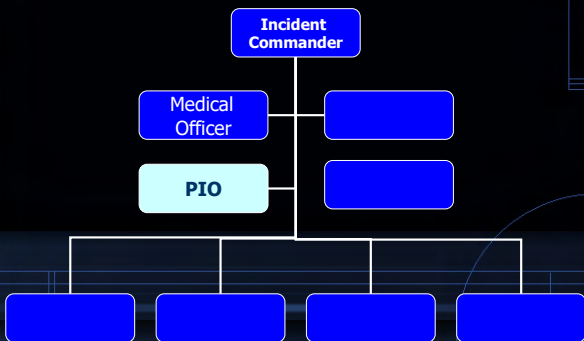
Medical Officer



Medical Officer (Medical Staff Director) Responsibilities

- Facilitate Medical Staff Recruitment & Staffing
- Plan & Project Patient Care Needs
- Monitor Deliver of Medical Care
- Provide Technical Support to the IC

Public Information Officer (PIO)



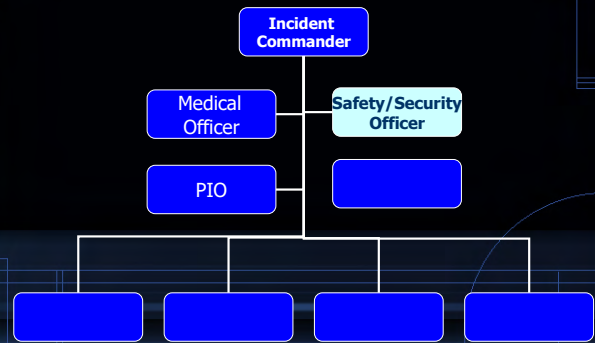
PIO Responsibilities

- Interface with other media sources
- Establish press area
- Provide and control tours and photo opportunities

PIO Responsibilities (cont.)

- ❑ Provides central point for dissemination of information
- ❑ Reduces risk of conflicting information from multiple sources
- ❑ Coordinates with IC on what information to release ie... cause, names, injuries

Safety/Security Officer



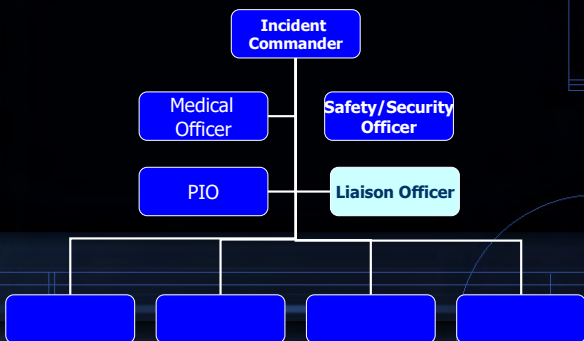
Safety/Security Officer Responsibilities

- ❑ Role may be separated:
 - ❑ Security Officer
 - ❑ Safety Officer
- ❑ Monitors and assesses safety hazards or unsafe situations and **develops plans** for ensuring personnel safety
- ❑ Offers IC suggestions about how to minimize present and potential risk

Safety/Security Officer Responsibilities (cont.)

The Safety Officer has the authority to bypass the chain of command to correct unsafe acts and remove persons from imminent danger

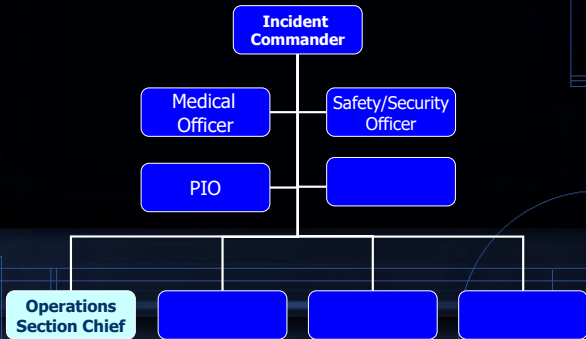
Liaison Officer



Liaison Officer Responsibilities

- Represent IRMC at the community Emergency Operations Center
- Coordinate hospital operations with external agencies
- Ensure IRMC's capabilities/limitations/needs are addressed at the EOC

Operations Section Chief



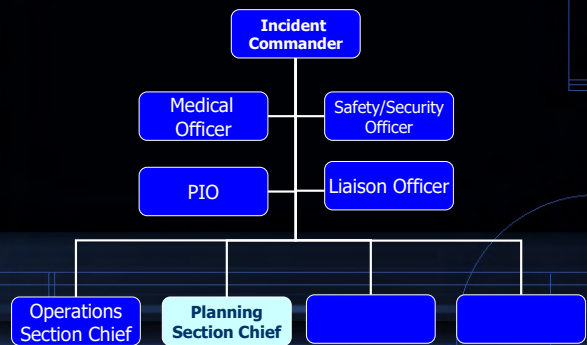
Operations Section Chief Responsibilities

Responsible for management of all tactical operations

Operations Section Chief Responsibilities (cont.)

- ❑ Direct and coordinate all tactical operations
- ❑ Develop operational plans
- ❑ Request or release resources through the Logistics Section
- ❑ Consult with IC about the overall incident action plan

Planning Section Chief



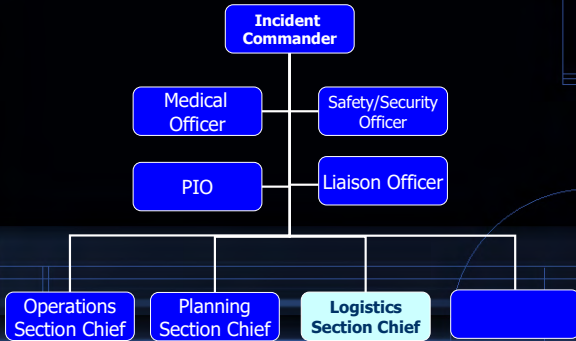
Planning Section Chief Responsibilities

Responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and the status of resources

Primary Planning Functions

- ❑ Situation status – past, current, predicted
- ❑ Resource status – current, predicted
- ❑ Use of this information – Knowing what has and is happening creates for accurate prediction model.

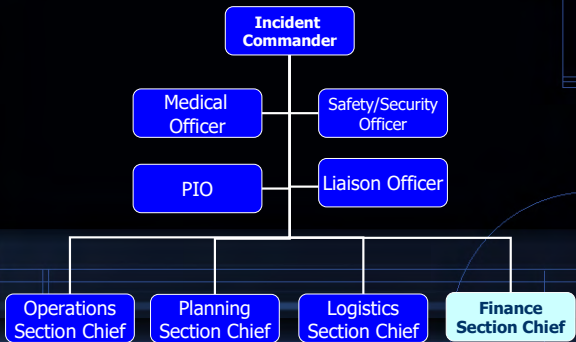
Logistics Section Chief



Logistics Section Chief Responsibilities

- ❑ Responsible for providing facilities, services, and materials for the incident
- ❑ Manages service and support resources

Finance Section Chief



Finance Section Chief Responsibilities

Responsible for all cost and financial considerations of the incident

Finance Section Chief Responsibilities [cont.]

- ❑ Future Payments
- ❑ Future Budgeting
- ❑ Payment of Personnel Cost
- ❑ Cost Recovery

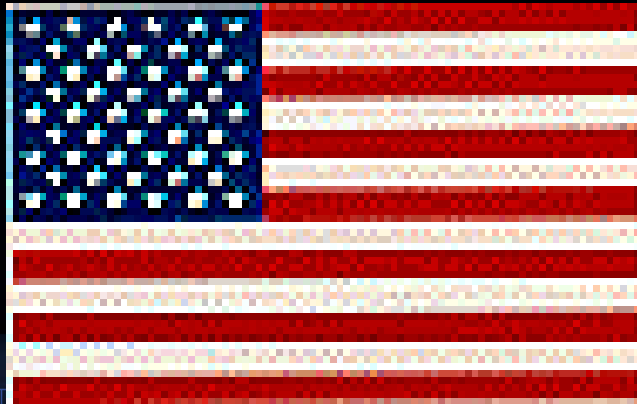
Designated Incident Facilities

- ❑ Command Post(s)
- ❑ Incident Command Center
- ❑ Priority Treatment Areas
- ❑ Labor Pool
- ❑ Triage & Receiving
- ❑ Decon Room/Area

Summary

- NIMS
- What is ICS/IMS?
- Who uses ICS/IMS?
- Why use ICS/IMS?
- When is ICS/IMS used?
- ICS/IMS Concepts/Principles
- Command & General Staff

Any Questions?



WMD – Weapons of Mass Destruction

The federal government has recognized that the potential for the use (and the knowledge about, and availability of) weapons of mass destruction (WMD) to terrorist groups and individuals has increased and threatens society. To that end, Presidential Decision Directive 39 “United States Policy on Counterterrorism” was issued in June 1995 to help the U.S. prevent, investigate and manage the consequences of terrorist use of weapons of mass destruction. In 1996, Public Law 104-201 (commonly called the Nunn-Lugar-Domenici bill) directed the Department of Defense to develop a domestic preparedness program to improve federal, state and local emergency responses to WMD incidents.

Since hospitals are an essential part of the emergency response system, it is essential that hospital staff become more knowledgeable about WMD events. Experts advise that local communities should be prepared to deal with the consequences of a terrorist event for the first 12-36 hours before federal agencies will be completely able to augment local response and provide specialized support.

Definition of terrorism: the unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in the furtherance of political or social objectives.

Domestic terrorism: terrorist acts that are directed at elements of the U.S. government or population without foreign direction.



International terrorism: terrorist activities that are foreign based and/or directed by countries or groups outside the United States.

Terrorist acts using weapons of mass destruction can be conducted by an individual or a group. Some examples of terrorist groups can include ethnic separatist groups, left or right-wing radical organizations, racist groups or issue-oriented groups.

The motivation of terrorists can be to protest government policies, further nationalist or separatist agendas, or for retaliation, revenge or extortion. The act may occur as a covert event in which people are unknowingly exposed, or as an announced event in which persons are warned that an exposure has occurred. This is often done to get immediate publicity for a cause. Terrorists do not always want to kill people; sometimes just making a large group of people ill will meet their goals of disrupting services (i.e. diversion of public safety and EMS resources from other community needs), creating chaos and inflicting long-term psychological stress.

Acts of terrorism are usually directed at “key assets” or an organization, system or physical plant, the loss of which could have economic or social impact. Potential targets of terrorist acts can be civilian or military government facilities, industries (especially those that are part of the “military-industrial complex” or that have high economic impact), financial institutions, infrastructure systems (mass transit, tele-communications, ener-

gy, etc.), storage installations for explosive devices, sports/special event venues, schools, hospitals/clinics, shopping centers (or places with large groups of people) and places with historical or symbolic significance.

CBRNE

CBRNE is the acronym used for identifying five categories of terrorist weapons of mass destruction:

- C**hemical
- B**iological
- R**adioactive
- N**uclear
- E**xplosives

1. Chemical Agents (CBRNE)

Chemical agents act within minutes and people exposed will develop symptoms right away. The primary route of exposure for chemical agents is inhalation. The toxicity of the agent depends largely on the size of the particles and/or water solubility of the gas. Large particles and highly water soluble gases will be trapped in the nasopharynx and small particles and gases with low solubility will enter more deeply into the lungs. Quick decontamination is essential and antidotes are available for some chemical agents.

2. Biological Agents (CBRNE)

Biological agents are living organisms, that when in the form of liquid droplets, aerosols or dry powders cause harm or disease. The use of biological agents is attractive to terrorists because most of them are relatively inexpensive and do not require sophisticated technology to produce or deliver. Fortunately, however, most biological agents are difficult to effectively disperse via aerosol devices. Many agents are extremely sensitive to things like temperature, humidity and ultra-violet light; wind speed and direction may determine the extent of biological agent release.



The signs and symptoms of diseases produced by biological agents can take days to weeks to develop. The signs and symptoms are usually non-specific and may mimic natural infections/epidemics, like the flu. This is why a high index of suspicion is so important. This delay in onset of symptoms is one of the reasons the use of

bi-
al-



biological agents is attractive to terrorists, because it allows the terrorist to escape the area before detection. Hospital personnel may be the first people to recognize whether patient presentation is “typical” of an infectious disease or “unusual”. The epidemiological pattern will probably be the main sign that a bioterrorism attack has occurred so healthcare providers need to have a high index of suspicion. This is especially true because the symptoms are non-specific.

WMD – Weapons of Mass Destruction

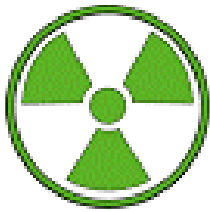
3. Radioactive Agents (CBRNE)

A radiation dispersal device (RDD) is any device that causes purposeful dissemination of radioactive material across an area without a nuclear detonation. The material dispersed can originate from any location that uses radioactive sources. The radioactive source is blown up using conventional explosives and is scattered across the targeted area as debris.

Radiation cannot be seen, smelled, felt, or tasted by humans. If an event occurs where radioactive materials were released, people will be told where to report for radiation monitoring and blood tests to determine whether they were exposed to radiation as well as what steps to take to protect their health.

4. Nuclear Devices (CBRNE)

A nuclear incident is an event in which a nuclear agent is used as a weapon of terrorism. It can involve the detonation (or threatened detonation) of a nuclear bomb or the detonation (or threatened detonation) of an explosive device that includes nuclear materials. Nuclear agents are the least likely weapon of mass destruction to be used by terrorists because of the difficulty of acquiring,

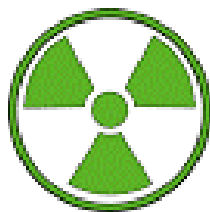


building and using nuclear weapons. However, terrorists could cause a nuclear incident by detonating an explosive device (like a truck bomb) near a nuclear power plant or attacking nuclear cargo during transport. Food or other products could be contaminated with radioactive materials.

5. Explosive Devices (CBRNE)

An explosive device is any substance or article designed to explode, either by a rapid release of gas and heat or by a chemical reaction. Examples of explosive devices include homemade bombs, pipe bombs, letter bombs, dynamite and military ordinances, and fertilizer bombs.

The FBI reports that 70% of all terrorist attacks in the world involve explosives (usually bombs) and that 3,163



bombing incidents occurred in the U.S. in 1994. The FBI also states that: (1) public safety agencies have only a 20% chance of finding an explosive device; (2) only 4% of bombings are preceded by a warning or threat; (3) hundreds of “hoax” bomb incidents are reported each year; and (4) residential properties

are the most common targets for bombers.

The dissemination of nuclear, biological, and chemical agents as aerosols may often be attempted through the use of bombs or explosives.

Early activation of the Emergency Response Plans are critical. In the case of a chemical or biological situation, activation will need to occur with the first patient that

arrives. Early response can keep a situation from getting out of control. Plans need to be utilized and followed as close as possible.

MGL has disaster response plans in place to respond to all hazards including terrorist events. Refer to the Emergency Preparedness section of the EC manual for specific policies/procedures. Familiarize yourself with response activities that pertain to you.



Being aware and having adequate preparation are crucial to combat terrorism and deal with the medical consequences of a WMD terrorist incident. The purpose of this information is not to scare you, but rather to alert you to the issues and complexities associated with a community wide WMD terrorist event. Hopefully, increased awareness by hospital staff will enable our facility to respond more effectively in the event that terrorism does strike.

Contact the MGL Environment of Care Manager for more details at 975-7705.

If you are interested in learning more about “weapons of mass destruction,” the following internet sites provide useful information:

Chemical Agents: <http://ccc.apgea.army.mil>
Biological Agents: <http://www.bt.cdc.gov>

EMERGENCY CODES

Call a Code: **22222**

Disaster Hotline: **58007**

CODE NAME	EVENT
CODE LITTLE BLUE	CARDIAC ARREST - ADULT
CODE WHITE	CARDIAC ARREST - CHILD
CODE LITTLE BLUE	RESPIRATORY/CARDIAC ARREST - INFANT
TRAUMA ALERT	INCOMING TRAUMA
RAPID RESPONSE TEAM	PATIENT DISTRESS
NEURO ALERT	POSSIBLE STROKE
CODE WALKER	PATIENT ELOPEMENT
CODE PINK	INFANT ABDUCTION
CODE PURPLE	CHILD ABDUCTION
CODE RED	FIRE
CODE GRAY	VIOLENT/COMBATIVE INDIVIDUAL
CODE SILVER	WEAPON OR HOSTAGE INCIDENT
CODE YELLOW	BOMB THREAT
CODE ORANGE	HAZARDOUS MATERIAL INCIDENT
CODE TRIAGE (INTERNAL/EXTERNAL)	DISASTER INCIDENT
CODE WEATHER (WATCH/WARNING)	SEVERE WEATHER

Section 13

Medical Equipment



Medical Equipment Safety

Clinical Engineering is the hospital department responsible for all Patient Care Equipment.

will have a bar code control number placed on it by Clinical Engineering.

Patient Care Equipment: any electrical equipment used to treat, monitor, diagnose, and care for patients. This includes medical equipment owned by Ingham, loaners and rental equipment and items brought in by patients or employees from home.

ANY electrical or battery-operated equipment used within 6 feet of a patient MUST:

- Be inspected PRIOR to use.
- Have an “approved for use” inspection sticker.
- Have a grounded power cord with a three prong plug (if electrical).

Patient care equipment that is owned by or permanently resides at IRMC facilities

RESOURCES:

Clinical Engineering:
517-975-6277

Safety Policy and Procedure Manual:
Section 7

Medical Equipment User’s Responsibilities

ALL operators of electrical equipment are responsible for:

neering sticker, if the equipment is used in a patient care area.

- Inspecting the power cords and plugs on the equipment BEFORE plugging into an outlet.
- Knowing how to safely operate the equipment prior to using it.
- Ensuring there is a Clinical Engi-

If a piece of equipment fails any checks, DO NOT USE IT!

Report any failures or repairs needed on patient care equipment to Clinical Engineering (x56277).

Points to remember

- ♦ Know how to operate the equipment before you do
- ♦ Make sure inspection sticker is up to date
- ♦ Report all electrical hazards or medical equipment failures to Biomed
- ♦ Have control number available when placing a service request
- ♦ Portable heaters & heating pads are not allowed

Tags and Stickers

Every piece of medical equipment that is inventoried has a unique control #. This is the number used to track the unit for inspection/service history and location. If there is not a tag on an item it has not been added to the inventory.

This number is required when calling for service to open a Work Order (**Please have it available**).



Control #

You will also find the following sticker on every piece of medical equipment:

Approved by MCES for patient use.
For service or information call
517-975-6277

Medical Equipment Failure

National legislation now regulates that medical device failures related to deaths must be reported to the FDA and serious injury or illness to the manufacturer. This reporting must occur within 10 days of the event. This includes machine malfunction and operator error.

Under the Safe Medical Device Act is stated that if medical equipment FAILS while it is being used on a patient and contributes to or causes injury or death, you MUST:

- 1 Stabilize patient, if applicable.
- 2 Notify PCM or Nursing Supervisor immediately.
- 3 Notify Patient Safety Department immediately.
- 4 Complete an Occurrence Report.
- 5 **Impound equipment and notify Clinical Engineering that the equipment is under investigation.**
- 6 **Tell Clinical Engineering you are completing an occurrence report.**
- 7 **Do NOT touch or change the settings on the equipment.**
- 8 **Collect any disposable and accessories and forward them to Patient Safety Department.**
- 9 Do not release any equipment to a vendor/manufacturer that is involved in an occurrence until Patient Safety Department releases the equipment.

Prohibited Items

Items NOT permitted in patient care areas:

1. Portable Heaters (not allowed anywhere in the facility)
2. Heating Pads
3. Electric Razors (unless battery-operated)
4. Extension Cords
5. 2-prong Power Cords or Plugs

In patient care areas, multiple outlet strips are allowed ONLY if they are permanently attached to a wall/cart.

Cellular phone use is NOT permitted in the hospital as they can interfere with medical equipment and cause patient injury or death. Please instruct patients and visitors to turn their phones OFF if they carry them. The phones continue to transmit even in standby or "waiting" mode.

Cellular phones are only permitted in the lobbies.

Critical Alarms

Any alarm that is intended to protect the individual receiving care or alert the staff that the individual is at risk and needs immediate assistance.

It is YOUR RESPONSIBILITY to know:

1. Which devices you use in your work area that have critical alarms
2. How to set and check the operation of alarms
3. What the appropriate response should be when an alarm occurs.

NEVER ignore or turn off critical alarms unless clinical protocol requires it. Critical alarm examples include:

- EKG leads off alarms
- Heart rate limit violations
- Arrhythmia alarms
- Ventilation (respiration rate, air flow, pressure) alarms
- Emergency bath station nurse call alarms

Section 14

Infection Control



How Infection Control Can help you...

The purpose of the Infection Prevention and Control prevent the transmission of agents of infections among patients, visitors, employees, volunteers and professional staff.

Licensing and accrediting agencies prescribe standards, which the Infection Control department implements in our hospital through policies, surveillance, prevention and reporting.

Infection Control Policy and procedure related content is available on the McLaren intranet.

Introduction

Throughout time we have learned more about infectious diseases, prevention and treatment. Safety precautions have improved over the years, but the risk to healthcare workers is still great if workers fail to follow the safety guidelines.

Find out during your orientation, which policies and procedures are pertinent to your job and become familiar with them.

If you have questions, the Infection Control department can be reached at 517-975-8509 or 517-975-6026.

Hand washing is your best protection against infection and

Hand Hygiene includes both hand washing with soap and water and hand rubbing with alcohol-based products that do not require the use of water.

Hands are to be washed with soap and water at the following times:

- At the start and end of each shift
- Before and after eating, drinking and smoking
- Before and after using the toilet
- After blowing/wiping your nose or coughing into your hands
- Whenever hands are obviously soiled
- When caring for a *Clostridiodes difficile* (CDIFF) patient

In the **absence** of the above conditions, hospital approved alcohol-based products are preferred because of their microbiocidal activity, reduced skin drying and convenience.

Hand washing Guidelines:

- Remove hand and wrist jewelry
- Wet hands with warm running water; obtain hospital approved soap
- Clean under nails and between fingers
- Wash and/or scrub with cleansing agent for at least 15 seconds using friction.
- Wash 2 or 3 inches above wrist
- Direct hands downward into sink to keep contaminated water from running onto your forearms
- Rinse thoroughly with warm water
- Dry hands with paper towel and discard
- Turn off faucet with a dry paper towel and discard in regular waste
- May apply hospital approved lotion

Points to remember

- ♦ *Know your policies and procedures needed for your job*
- ♦ *This includes McLaren Greater Lansing's Exposure to Blood-borne Pathogens, Standard Precautions and Isolation Management of Patients.*
- ♦ *Know your isolation signs*

Individual sessions are available for all employees who would like to receive more information about the above topics. This can include hands on practice and instruction on using PPE, engineering controls, and work practices as well as answering various infection control questions.

Resources:
- Your Supervisor
- Infection Prevention Specialist:
517-975-8509 or 517-975-6026
Or
Employee Health Services: 517-975-6780
(see also the Employee Health Section in this handout)

Section 14

Infection Control

How to handrub? WITH AN ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a capped hand and cover all surfaces.



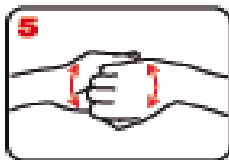
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



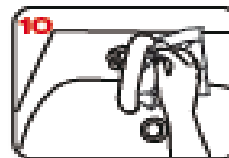
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



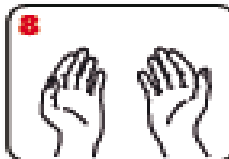
dry thoroughly with a single use towel



use towel to turn off faucet



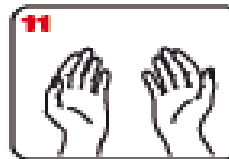
20-30 sec



...once dry, your hands are safe.



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpital Universitaire de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2009, version 1.

Personal Protective Equipment (PPE)

Personal protective equipment will be worn when performing all tasks and procedures where exposure to blood and body fluids can be reasonably anticipated.

- **Location** – Clean utility room, Isolation Carts, AIIR Ante rooms, gloves also in patient rooms
- **Gloves** – Do hand hygiene prior to putting on gloves. Wear clean gloves when touching blood, body fluids, mucous membranes and non-intact skin. Wear clean gloves for performing venipuncture and other vascular access procedures. Perform hand hygiene. Remove gloves without touching the outside of the gloves. Remove gloves promptly after use, before touching non-contaminated surfaces and before providing care to another patient. Immediately wash hands after removing gloves. Utility gloves can be cleaned and reused if undamaged.
- **Masks/Respiratory Protection, Eye Protection, Face Protection** – Various types of masks, goggles and face shields are worn alone or in combination to provide barrier protection during tasks, procedures and patient care activities that are apt to generate splashes or sprays of blood or body fluids. When resuscitating a patient, use the ambu bag that can be found in each patient room.
- **Gowns** – Impermeable gowns are worn to protect skin and

prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood or body fluids. Remove soiled gown before leaving patient's room.

Make sure PPE is available and that it fits properly. Check it for flaws or damage and remove promptly if soiled. Remove before leaving the work area and dispose of according to guidelines. Then practice hand hygiene.

“Touching is a human need, don't stay away from patients. Use your PPE”

Standard Precautions

A group of infection prevention practices that apply to all patients. Assume that every patient is potentially infected or colonized with an organism that could be transmitted to others.

Standard Precautions are the use of barriers such as personal protective equipment that isolate blood and body fluids from other patients and from you.

Be familiar with Standard Precaution policy.

Standard Precautions include:

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory Hygiene/Cough Etiquette
- Patient Placement
- Patient Care Equipment
- Care of the Environment
- Linen/Laundry
- Safe Injection Practices
- Worker Safety

Other Infectious Diseases

Bloodborne Infectious Diseases are one type of Infectious Disease. Other types require spread through contact with the organism or inhalation of infectious droplets or particles.

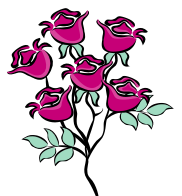
Read on for a summary:

Contact Isolation Precautions

Pathogens that are primarily transmitted through contact are *Methicillin-Resistant Staphylococcus Aureus (MRSA)*, *Vancomycin-Resistant Enterococcus species (VRE)*, *Extended Spectrum Beta Lactamase (ESBL)*, *Carbapenem Resistant Enterobacteriaceae (CRE)* and other multi-drug resistant organisms.

Contact Isolation Precautions include placing patients in a private room with a Contact Precaution sign on the door to alert staff to put on a gown and gloves before entering.

Contact Precautions are used in addition to Standard Precautions.



Contact Isolation PLUS Precautions

Pathogens that transmit primarily through contact with contaminated surfaces but require enhanced cleaning with special disinfectants and require only hand washing with soap and water are placed in contact precautions PLUS.

Clostridioides difficile, Norovirus and Hepatitis A Virus are examples of pathogens that require hand washing only with soap and water and cleaning with a bleach based cleaner.

Contact Precautions Plus are to be used in addition to Standard Precautions.

GLOVES **GOWN**

STOP

GLOVE & GOWN UPON ENTERING ROOM

****CLEAN HANDS WITH SOAP AND
WATER****

**CONTACT
PRECAUTIONS PLUS**

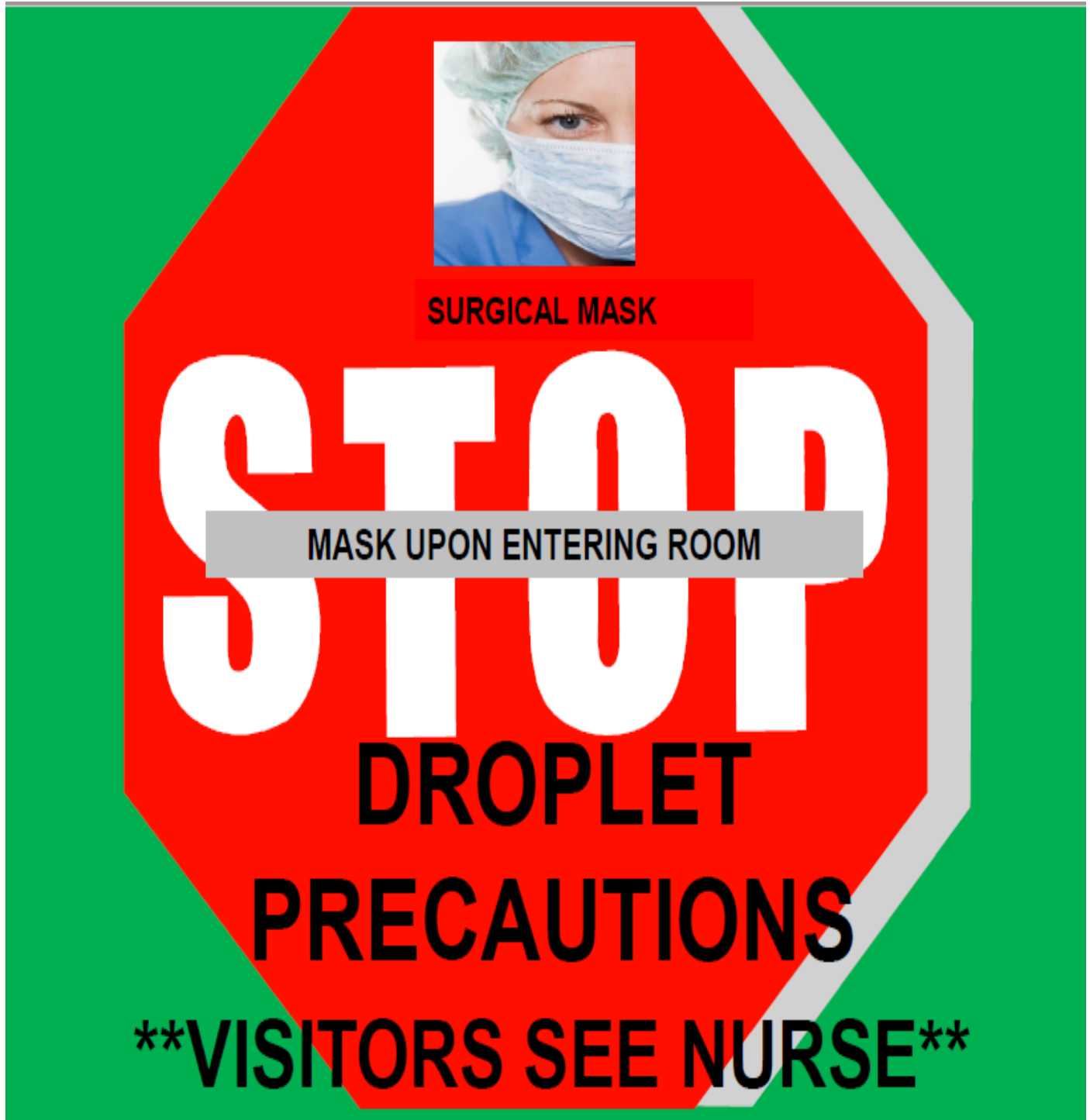
****VISITORS SEE NURSE****

Droplet Precautions

The droplets we refer to here are the kind that are created by coughing or sneezing. Droplets can carry microorganisms that carry diseases such as *Influenza*, *Mumps*, *Rubella*, *Pertussis*, *Diphtheria*, *Streptococcal Pharyngitis (strep throat)*, *Neisseria Meningitis*, and several types of *Pneumonia*. Patients with any of these diseases need to be isolated.

When a patient is in droplet precautions a sign is placed on the door and the staff put on a facemask to protect them exposure to the droplets.

Droplet Precautions are to be used in addition to Standard Precautions.

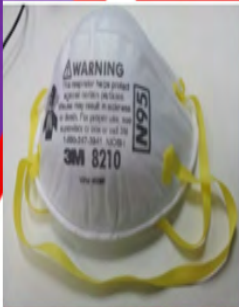


Droplet/Contact/Eye Protection with N95

Pathogens that are new are often called *emerging pathogens* or *novel*. An example is COVID-19

SARS CoV-2 is a newer pathogen that primarily transmits through droplets and contact with contaminated surfaces. When a patient may be undergoing a procedure that could generate aerosols, additional precautions are needed. Like a negative pressure room and a N95 mask. COVID-19 isolation needs gown, gloves, mask and eye protection.

COVID-19 Precautions are to be used in addition to Standard Precautions.



STOP

Precautions REQUIRED

Droplet & Contact precautions: PLUS eyewear AND an N-95 mask or PAPR hood.

N-95 respirator mask or PAPR - Eye Protection - Gown - Gloves

Airborne Precautions

Airborne diseases are transmitted by small microorganisms that float in the air. Such diseases are Measles, chickenpox (Varicella (including Disseminated Zoster), and Tuberculosis.

Isolation precautions include placing the patient in a private room that has negative air pressure relative to the corridor. Room air is exhausted to the outside of the building. When the patient's room door is opened the air inside the room will not go into the hallway.

The Airborne Precautions are to be used in addition to Standard Precautions.



A large red octagonal sign with a white border, set against a blue background. The sign contains the following text and images:

- Top left: A blue N95 respirator mask.
- Top right: A close-up of a person wearing a surgical mask and a green hairnet.
- Below the N95 mask: **STAFF**
- Below the surgical mask: **VISITORS**
- Below the N95 mask: **N 95 MASK OR P APR**
- Below the surgical mask: **SURGICAL MASK**
- Center: **STOP** (in large white letters)
- Below STOP: **AIRBORNE PRECAUTIONS**
- Bottom: ****VISITORS SEE NURSE****

Neutropenic Precautions

Neutropenic precautions protect the patient who's immune system is down or who is for other reasons more likely to be affected by infectious diseases.

Do not enter a patient room where Neutropenic precautions are in effect if you are ill or if you have been recently vaccinated unless authorized by a nurse or physician.

Always perform hand hygiene upon entering the room.

Neutropenic Precautions to Protect the Patient

DO NOT ENTER IF...

- You are ill
- You have been recently vaccinated

UNLESS AUTHORIZED BY A NURSE



Always wash hands upon
entering room



Fresh flowers and live plants
are NOT permitted in the room

Information about Bloodborne Pathogens

The Hepatitis B and the Hepatitis C viruses can cause serious liver disease. Many infected people have no symptoms at all for many years but in the meantime the liver is being damaged. Symptoms that may be experienced include jaundice, fatigue, abdominal pain and loss of appetite.

Hepatitis B is more easily transmitted than Hepatitis C but can be prevented with a vaccine, where there is no vaccine for Hepatitis C.

HIV attacks the immune system. Some people with the virus have no symptoms at all. Recent treatments are resulting in people staying healthy longer. The infection can eventually lead to AIDS. There is no vaccine for HIV.

Hepatitis B, Hepatitis C and HIV are spread most easily through blood. However they can also be spread through many other body fluids including semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid and saliva in dental procedures. The most common ways are by sharing needles, from having unprotected sex, or from mother to child.

Any body fluid that is visibly contaminated with blood could also be infected. In situations where it is difficult to differentiate between fluids, all body fluids should be considered potentially infected.

Hepatitis B, Hepatitis C and HIV can be spread through blood, and other body fluids.

Unfixed tissue or organs (other than intact skin) from a living or dead human, cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or Hepatitis B virus can all considered to be potentially infective.

At work exposure can occur when:

- * **Your skin is punctured with a contaminated needle or a sharp object**
- * **Blood or OPIM is splashed on a break in your skin, or in your eyes, nose or mouth.**

Bloodborne Pathogens: Protect Yourself! Know the Plan

Your job is helping others, but sometimes your job may put your own health at risk. You may come in contact with blood and body fluids that may be infected. MCLAREN GREATER LANSING will provide you with the equipment, procedures and training for you to work safely. Your job is to use these tools to protect yourself.

Your tool chest includes:

- The Exposure Control Prevention Plan which can be found on the MGL intranet
- MIOSHA's standard for Bloodborne Infectious diseases including appendices is attached to the Bloodborne Pathogen (Exposure Control) Plan
- Sharps Injury Prevention Plan which can be found in the Safety Manual

The Exposure Control Prevention Plan was developed to provide you with the safest possible environment and includes information about:

Standard Precautions	Engineering Controls
Work Practices	Personal Protective Equipment
Environmental Services	Regulated Waste Disposal
Laundry	Vaccinations
Post Exposure Follow-up	Communication of Hazards

Use the plan to protect yourself. Immunize against Hepatitis B. Contact Employee Health for more information. Safety measures must still be followed to protect yourself against other diseases such as Hepatitis C and HIV/AIDS.

When giving direct patient care you may be exposed to blood and body fluids. The handling of patients' materials, supplies, laundry, etc. can result in contact with blood or body fluids.

Many blood and body fluid samples are also obtained from patients and then processed by staff. When performing any task where you may be exposed to a patient's blood or body fluids always STOP.

STOP



S – Safety First

T – Think it Through

O – Organize your Supplies

P – Plan and use your Personal Protective Equipment

Biohazardous Waste Management

Biohazardous waste includes:

- Liquid or semi-liquid blood or other body fluids.
 - Items contaminated or caked with blood or body fluids which release these substances if compressed or handled.
 - Contaminated sharps (needles, scalpel blades, trocars, etc.)
- Pathological and microbiological waste containing blood or body fluids.

All biohazardous waste is to be bagged in either red bags or receptacles labeled as biohazardous waste. (See red/orange fluorescent biohazard label) Everything in a red bag or designated receptacle is to be considered biohazardous and treated as such in a manner consistent with Standard Precautions. Sharps: all needles, scalpel blades, razor blades and discarded broken glassware must be placed in puncture proof containers. Careful precautions must be observed to prevent injury or infection to personnel. Linens are disposed in the blue or clear containers identified for linens. If they are soggy with blood/body fluids, linens need to be treated as biohazardous waste. Wear gloves to handle contaminated laundry. Be careful to prevent exposure to your

skin and clothing. Place the laundry in appropriate container (if wet in leak resistant container). Trash may contain sharps. Do not push it down with hands. Carefully shake it down and carry it holding by the top, away from your body. Put hazardous waste in specially labeled containers. All biohazardous waste is incinerated in compliance with government regulations.



At no time should you open or sort through biohazardous trash.

Sharps Injury Prevention

Do not shear/break contaminated needles of other contaminated sharps

- Do not bend, recap or remove needles from devices.
- Do not reuse disposable sharps.
- Do not pick up by hand broken glassware that may be contaminated.
- Do not open, empty or manually clean sharps containers.
- Do not handle sharps or sharps containers in such a manner that would expose employees to the risk of sharps injuries.
- Do not mouth pipette/suction blood or body fluids.
- Do not use surgical blades to remove sutures.

More than a half million sharps injuries occur each year. Safety procedures now include needles systems or safe needle devices. The Exposure Control Prevention Plan has guidelines and discusses the different systems available at MCLAREN GREATER LANSING. You will be trained in the proper use. Always follow safety handling procedures. Never reuse discardable sharps. Place sharps containers within reach and slightly below eye level.

Other Recommendations

- Do not reinsert used needles into a multiple-dose vial or solution container.
- Do not use a single needled/syringe to administer I.V. medication to multiple patients.
- Minimize splashing, spraying or splattering.
- Transport blood or body fluids in closed containers and wear gloves.
- Keep contaminated patient equipment away from everything else and make sure it is cleaned properly before it is used again.
- Clean spills according to guidelines.
- Keep work surfaces and protective coverings clean.

Section 15

Employee Health and Back Safety



Employee Health...

Vaccinations and post exposure follow up is handled at MCLAREN GREATER LANSING through Employee Health. Any questions in this regard can be directed to them.

MCLAREN GREATER LANSING is required to have a medical record for each employee. This confidential file is kept by Employee Health. Employee Health and the employee are the only ones with access to the file.

Contact EHS if you have been exposed to a communicable disease; e.g. if you're staying home because a child has chicken pox, you need to call your supervisor and EHS

Incident Reports

- Incident Reports are used to report all employee injuries that occur during working hours. Reports are completed electronically using McLaren Safety First
- **Employee incidents need to be reported to Employee Health Services and your supervisor immediately**
- **Bloodborne Pathogen exposures need to be reported to the Administrative Nursing Supervisor immediately!**

Exposure to Blood and Body Fluids – What to do

DO NOT DELAY, REPORT AND TREAT EXPOSURES IMMEDIATELY

You must be evaluated for exposure to blood-borne pathogens. The Center for Disease Control recommends HIV post-exposure prophylaxis within 2 hours of the exposure.

Exposures include:

- * Needle sticks from used needles
- * Cuts from sharps contaminated with blood
- * Splashes of blood or body fluid in to eyes, noses or mouth
- * Contact with blood or body fluid into chapped or broken skin

Treat an exposure as an emergency. Immediately wash or flush area and contact your supervisor or the Nursing Administrative Supervisor (Call the operator and ask to speak with the Nursing Supervisor for an emergency situation). You will be treated in the Emergency Department. All labs, medications (if needed), and counseling will be provided free of charge.

Urine and saliva must contain visual blood to be an exposure risk.

Complete an Incident Report and forward the original to Employee Health Services immediately.

Resources:

Employee Health Services:
517-975-6780
FAX: 517-975-6747

Points to remember

1. Questions about vaccinations or post exposure follow up? Call Employee Health (EHS)
2. Report all Blood and Body fluid exposures immediately using Safety First
3. Report all other incidents within 24 hours.
4. Prevent potential back injury or pain by lifting, pushing, sitting and walking according to the guidelines set for your job.
5. Exercise will strengthen your back and prevent injuries.
6. Report work related injuries electronically through Safety First.

Prevention

Hepatitis B Vaccination

The Hepatitis B vaccine is a safe and effective method of preventing Hepatitis B.

At the time of hire all employees, at risk for exposures, are offered the vaccine free of charge.

Both Hepatitis C and HIV infections are life threatening diseases with no cure. **Prevention by following safety guidelines, and always using personal protective equipment when at risk, is your best protection.**

Tuberculosis

Tuberculosis is caused by a bacterium, spread from person to person through the air (inhaled). **All employees receive regular screening to see if they have been infected.** The hospital has isolation rooms specifically for patients with TB. **Employees who come in contact with TB patients will be fitted with a special respirator to wear when in contact with patients to prevent disease transmission.**

Contact borne pathogens such as MRSA and VRE are spread by touch and **can be prevented by proper hand washing and use of gloves.** Learn the isolation precautions needed for your job! Always practice universal precautions.

Lifting and Proper Body Mechanics

Proper posture and body mechanics can help to protect your body, especially your back, from pain and injury. Back pain is usually the result of a number of contributory factors. Poor posture and faulty body mechanics are generally involved. Below are some instructions on how to lift properly and protect you back from injury.



Proper Lifting Techniques

- Squat to lift and lower. Do not bend at the waist.
- Keep you low back bowed in while bending over.
- Keep the weight as close to you as possible.
- Bow your back in and raise up with your head first.
- If you must turn, turn with your feet, not you body.
- Never jerk or twist!
- Put the weight down by keeping your low back bowed in.
- Keep you feet apart, staggered if possible.
- Wear shoes with non-slip soles.
- Always use PATRANS or patient sliders for the lateral transfer of patients.
- Use lift equipment whenever possible.

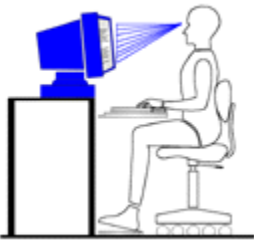
Risk Factors for Back Injury

- Lifting with your back bowed out
- Bending and reaching with your back bowed out
- Slouched sitting
- Jerking or twisting
- Lack of proper rest
- Obesity
- Loss of strength and flexibility
- Stressful living and working habits
- Smoking
- Poor Nutrition

Exercise is good!

WORK SAFELY AT YOUR COMPUTER

Viewing Angles and Distance



- Position monitor, keyboard, and chair in straight line
- Top of monitor screen at or slightly below the eye horizon
- Comfortable, non-straining distance to read monitor (typically 15-30 inches)
- Adjust brightness, contrast, and color to comfortable levels
- Avoid glare by positioning away from windows and direct lights
- Keep written work materials propped up near monitor screen

Neutral Typing Position



- Use an adjustable chair, keyboard tray, or desk/table to achieve the "neutral position" of a straight hand: wrist: forearm
- Keep upper and lower arms at a 90 degree angle to each other
- Position mouse as closely to keyboard as possible to minimize reaching and twisting

Lower Back Support



- Use a chair that provides lumbar (lower back) support - if adjustable, adjust to maintain an erect sitting posture
- Ideal chairs can be easily raised or lowered, and have 5 wheel legs for safety
- Keep feet planted firmly on floor or footstool to counterbalance forces on lower back

Legs and Feet

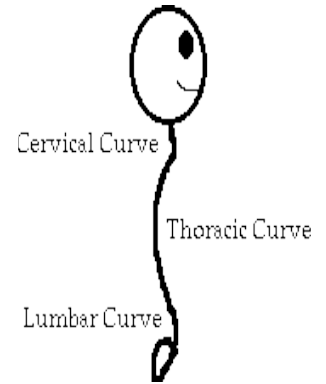


- Plant feet firmly on floor or - if not possible - use a footstool
- Keep thighs parallel to floor
- Ensure leg clearance from table or keyboard tray to avoid bumps, scratches, pinches, and torn clothing

Proper Posture

Some people habitually adopt poor spinal alignment throughout their various postures. This can predispose the spine to injury and pain. The following is some information about how to maintain proper posture and protect your spine.

There are three natural curves to your spine. It is important that you try to maintain these curves during activity and rest. Students should pay particular attention to how their books and bags affect the spinal curves, especially if you carry everything over one shoulder. It is better to distribute the load over both shoulders.



Sleeping Posture

- Sleep on a mattress that is firm but not extremely hard.
- Do not sleep in one position too long, especially if sleeping more than 7-9 hours.
- Getting out of bed, roll to one side, sit up sideways, using your arms.

Sitting Posture

- Do not slump-sit.
- Sit close to your work.
- Use a chair that supports you back in a slightly arched position.
- Sit with your feet flat on the floor and your knees below your hips.

Standing Posture

- Do not wear high-heeled or platform shoes for long periods of time.
- Do not stand in one position too long. Put one foot up and change positions.
- Do not lock your knees.
- Keep your stomach muscles tight
- Do not stand bent forward at the waist or neck with your work in a low position.
- Keep work at a comfortable height.

Section 16

Compliance



Doing the Right Things for the Right Reasons

Healthcare is a highly regulated business and the laws and regulations that govern the industry are becoming more numerous and complex. All workforce members of McLaren Greater Lansing (MGL) are required to follow the federal, state and local laws, regulations and requirements and conduct business with a high degree of integrity and honesty.

The term “Workforce Member” refers to employees, contracted workers, physicians, volunteers, residents, interns, students, agents and other individuals authorized to act on behalf of MGL, whether inside or outside of our facilities.

Throughout this Section of the *Basic Orientation Handbook* references will be made to confidential and/or proprietary information, whether it pertains to a patient or to MGL’s business activities. As a workforce member, you should know that MGL has taken the position that the protecting and securing of information that you encounter is to be treated equally. Whether the information is considered proprietary business information or a patient’s personal medical information, the standards will be the same. Protections that are described regarding patient information will be expected to be in place for business or Human Resource information.

This introductory educational guide will help you understand MGL’s Compliance Program, Standards of Conduct and your responsibility to perform your duties in an ethical manner. You will receive additional information and training, at least annually, to educate you about new and existing laws, regulations and standards that govern your behavior.

The Standards of Conduct and the Employee Handbook are strategic elements of the Compliance Program and were developed to clearly define MGL’s position regarding matters of integrity, ethical standards and federal, state and local laws and regulations. These documents and MGL policies and procedures, provide direction of personal judgment needed to complete your duties in an ethical and lawful manner. The principles contained in these documents apply to relationships with patients, physicians, third-party payers, subcontractors, independent contractors, suppliers, consultants or other agencies.

Your signature on the Standards of Conduct Acknowledgement and the Access and Confidentiality Agreement forms indicate that you have received initial education, supplemental materials that you understand you are responsible for, and agree to comply with the Standards of Conduct and related policies and procedures. Deliberate noncompliance with these requirements is unacceptable and can subject you to disciplinary action, up to and including termination of employment or your relationship with MGL.

*Compliance
Hotline*
517-975-8333

COMPLIANCE PROGRAM

Elements of a Compliance Program

- Written standards of conduct and policies and procedures that promote compliance and detect inappropriate conduct
- Designation of a compliance officer and compliance committee
- Open lines of communication are available to workforce members and others, providing effective methods for reporting violations or seeking guidance regarding potential violations
- Compliance education and training be provided to all members of the healthcare provider's workforce
- Auditing and monitoring to evaluate the healthcare provider's compliance with laws and policies, and to assess risk
- Enforcing standards through well-publicized disciplinary guidelines
- Responding to detected offenses and developing corrective action initiatives

Responsibilities and Expectations

Compliance Officer

The Compliance Officer is a resource for providing education, answering questions or investigating any known or suspected violation.

HIPAA Privacy and Security Officer

The HIPAA Officer is a resource for providing HIPAA education, answering questions or investigating any known or suspected violation.

Compliance Committee

The Compliance Committee is responsible for assisting the Compliance Officer and the Board of Trustees in overseeing and evaluating the effectiveness of the Compliance Program. They review reports of investigations, auditing and monitoring activities and implement policies to reduce MGL's risk of compliance-related violations.

Directors, Managers and Supervisors

Directors, Managers and Supervisors are responsible for supporting the Compliance Program, enforcing policies and procedures, taking action to promptly correct known or suspected compliance issues, and ensuring that workforce members receive appropriate orientation and ongoing training. They serve as role models for demonstrating high ethical standards and compliance with laws and regulations.

Workforce Members

As a member of the workforce, you are expected to behave ethically, follow policies and procedures and to meet all legal and regulatory requirements. Furthermore, you share responsibility for assuring that MGL's Compliance Program is a success. This includes the obligation to identify any internal problems and report them to the right person so that they may be corrected. You should be familiar with MGL's Standards of Conduct, policies and procedures, and your job duties.

All new workforce members are required to complete initial training on Compliance, which occurs as part of the Orientation process you are participating in at this time. The initial Compliance training includes, but is not limited to education on HIPAA, the False Claims Act, Standards of Conduct and the other regulations that govern healthcare, and subsequently its workforce. Completion of the initial orientation process will include demonstration of knowledge and understanding.

Other workforce member responsibilities include, but are not limited to:

- Delivering care designed to meet the needs of the patient
- Accurately, legibly and completely documenting the care that has been provided to the patient
- Charging only for necessary services provided to the patient
- Asking questions if you are uncertain about an issue
- Encouraging other workforce members to ask questions
- Being alert to situations that may be unethical or illegal
- Reporting all known or suspected violations
- Supporting workforce members who report known or suspected violations
- Not conditioning a patient's treatment based on their ability to pay for the services
- Ensuring that all documentation is accurate, legible and complete.
- Assigning diagnoses, procedure and other billing codes in accordance with all coding guidelines based on the information in the medical record

STANDARDS OF CONDUCT

Responsibilities and Expectations

As an employee of MGL it is your responsibility to behave in an honest and fair manner, maintaining your integrity and respect for others. It is expected that you will be truthful and not participate in deception or fraud. The complete Standards of Conduct are included as an attachment to the Basic Orientation Manual. You are responsible, and will be held accountable, for the information contained in the Standards of Conduct booklet.

The rules and regulations change and new requirements are enacted that impact MGL. MGL will provide all workforce members with an updated version of the Standards of Conduct. You will be held responsible for the updated information.

As a responsible workforce member, you have a duty and obligation to report all known or suspected violations. Do not assume that because others have knowledge of the issue, that they will make the report so you do not have to.

There are several options available for reporting known or suspected violations, you may:

- Contact a member of the Compliance Department via telephone, email or interoffice mail
- Inform your supervisor, who will then forward the report to the Compliance Department
- Leave a message on the Compliance HotLine – 517-975-8333

All reports made to the Compliance Department will be investigated. Any report that you make may be made anonymously; however questions may arise during the investigation so having your name and contact information may be helpful. The information and your identity will be maintained in a confidential manner. Remember, retaliation against you by any workforce member for reporting any issue is strictly prohibited.

You are encouraged to discuss any questions or possible improper conduct with your supervisor or department director. If you feel uncomfortable discussing questions or concerns with your supervisor or director, or do not believe that he/she has adequately addressed your concerns, the Compliance Department should be notified.

Red Flag Rule

The Red Flag Rule was enacted by the federal government in response to the increase in matters of identity theft. Mandated in the Red Flag Rule is that any entity that extends credit must comply with the Rule. As MGL allows for patients to be billed for services rendered and to make payments on the balance, MGL meets the creditor definition.

MGL works diligently to protect the confidential/proprietary information and/or PHI that is appealing to individuals who want to be able to successfully impersonate another. There are any number of reasons that a person may participate in identity theft.

If you suspect that there may be a situation involving identity theft immediately contact the Compliance Department.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Act, which is commonly referred to as HIPAA, was enacted to:

- Protect and enhance the rights of consumers by providing access to their Protected Health Information (PHI) and provide consumers with opportunities to control access to their PHI.
- Improve the quality of healthcare by restoring consumer trust in the industry.
- Improve efficiency and effectiveness of the delivery of healthcare to consumers with the creation of a national guide for protecting personal health information.
- Provide expectations to healthcare providers for preventing inappropriate use and/or disclosure of PHI and the penalties for failing to do so.

All workforce members are impacted by the HIPAA Regulations. It is important and expected that all workforce members have an understanding of the Regulations and how their roles are impacted by the Regulations. It is also expected that all workforce members will actively participate in HIPAA education.

The HIPAA Regulations dictate how MGL, as a covered entity, can and cannot use and/or disclose PHI. Also outlined in the Regulations is the expectation that MGL will provide and maintain the security of PHI, including during the electronic transmission of information.

While the Security Regulations apply only to electronic Protected Health Information (ePHI), MGL expects that all workforce members will apply these concepts to all information deemed to be confidential, including but not limited to financial, proprietary or Human Resources data.

All workforce members should understand that violations of any of these rules/requirements might be subject to disciplinary action, up to and including, immediate termination. (Additional references: Administrative Policies and Procedures; Human Resources Policies and Procedures; and the Employee Handbook.)

Some examples of violations include, but are not limited to:

- Utilizing business resources for personal gain
- Utilizing business resources to harass or intimidate other individuals
- Releasing confidential/proprietary information without the authority/permission to do so
- Accessing websites containing inappropriate, non-business related material
- Failing to report a known or suspected violation

Definitions – as defined in the HIPAA Regulations

Authorization

Is the document that provides direction from the patient, or their acknowledged substitute consent provider, to use and/or disclose their Protected Health Information. A trained workforce member will confirm the validity of this document prior to any PHI being released.

Covered Entity

Is a health plan, healthcare clearinghouse and healthcare provider that transmits any health information in an electronic format. A covered entity is required to comply with the HIPAA Regulations. MGL meets the definition of a covered entity.

Disclosure of Protected Health Information

When PHI is released, transferred or divulged in any manner outside of MGL. If PHI is released appropriately there is no violation of the HIPAA Regulations. However, if PHI is released inappropriately (example – PHI is faxed to an unintended recipient) a violation has occurred and is to be reported.

Incidental Use or Disclosure of Protected Health Information

When PHI (most commonly a patient's name) is disclosed during the completion of treatment or healthcare operations. This category of a use or disclosure is not avoidable by the healthcare provider and workforce members that do not need the information to complete their job duties are going to encounter the information. Any workforce member that encounters PHI incidentally is to ignore the information and take no action after the encounter.

Minimum Necessary Rule

The rule states that access to PHI must be on a need-to-know basis. The Rule requires that healthcare providers:

- Limit access of PHI to the workforce members that need the information to complete their job duties
- Release just the PHI that is necessary to fulfill the request/need
- Request just the PHI that is necessary to fulfill the request/need

Notice of Privacy Practices

MGL is required to provide to the patient with an accurate and thorough explanation of how the covered entity may use and/or disclose the patient's PHI. This document, commonly referred to as the Privacy Notice, is provided to the patient during the admission process. MGL is also required to provide the Privacy Notice to anyone that requests a copy. The Privacy Notice is available on MGL's webpage.

Protected Health Information (PHI)

PHI is all individually identifiable health information used, disclosed, transmitted and/or maintained by a covered entity regardless of its format. Individually identifiable health information is any information:

In any form or medium, oral or recorded, that includes demographic information collected from an individual; or

That identifies the individual; or

For which there is a reasonable basis to believe that the information can be used to identify the individual. PHI is anything that identifies, in any way, something about a patient

Treatment, Payment of Healthcare Operations (TPO)

Treatment is defined to include the provision, coordination or management of healthcare and related services by one or more healthcare providers. Treatment includes direct treatment relationships with the patient as well as consultations between healthcare providers and referrals of patients for the purpose of healthcare.

Payment is defined to include most activities associated with seeking or approving payment for healthcare services.

Healthcare Operations has a sweeping definition that includes the operational and administrative tasks of healthcare entities (example - conducting audits, reviews and evaluations for competencies or qualifications; Quality Improvement activities; and legal services).

Use of Protected Health Information

When PHI is shared, utilized or examined in any manner inside of MGL to complete activities of treatment (example - a physician reviews the chart prior to a consult), payment (example - Patient Accounts reviews the chart to address a billing concern) or healthcare operations (example - Quality Improvement reviews a medical record during a complaint investigation).

Workforce Members

Is defined as any person whose conduct, in the performance of work for a covered entity is under the direct control of such entity, whether or not they are paid by the covered entity. MGL has identified employees, contracted workers, physicians, volunteers, residents, interns, students and agents as members of the workforce.

Privacy

The purpose of the HIPAA Privacy Regulations is to outline the expected actions of a covered entity in regards to Protected Health Information. As healthcare providers, we acknowledge that we are charged with keeping patient information safe. Healthcare providers also acknowledge the importance of having access to a patient's history. With the granting of the access, the patient expects that the healthcare provider will maintain their PHI in a confidential manner.

While the HIPAA Regulations provide direction as to what is expected of healthcare providers to demonstrate maintaining privacy of PHI, the Regulations also provide specific rights to patients. The patient has the right to:

- Request a restriction limiting access to his/her PHI
- Access his/her PHI for inspection and copying
- Request an amendment to his/her PHI
- Receive an accounting of the disclosures of his/her PHI made by MGL without an Authorization
- Be provided with MGL's Notice of Privacy of Practices

The patient has the right to access, inspect and obtain a copy of their PHI. MGL has the responsibility to ensure the integrity of the PHI it maintains. Many of the policies and procedures that MGL has adopted are in response to protecting the integrity of the PHI by limiting access of workforce members to those that need the information to complete their job duties.

The Authorization form is the document that provides permission from the patient to MGL to release his/her PHI. Except in specific circumstances, receipt of an authorization is required before PHI can be used or disclosed. A valid Authorization is necessary for requests to access PHI made by the patient, the patient's spouse, the parent of an adult patient (even if the parent remains financially responsible) or a minor child. If you wish to access or obtain a copy of your medical information, you are required to complete an authorization. MGL employees are not permitted to access their medical information on any of the computer systems to which they have access.

The Minimum Necessary Rule always applies to every situation that a workforce member encounters. If you are ever asked to use or disclose PHI in the completion of your specific job duties, you have an obligation to make sure that whatever you use or disclose is only the minimum amount of PHI necessary to fulfill the request/task.

Incidental Use or Disclosure of Protected Health Information is permitted as long as reasonable safeguards are in place and minimum necessary standards are followed. There are times when it is necessary to expose patient PHI. In those circumstances, it is important that consideration be given to how much information to disclose.

Security

The purpose of the HIPAA Security Regulations is to outline the expected actions of a covered entity in regards to securing Protected Health Information. The government requires that MGL protect the **confidentiality** and **integrity** of PHI, and maintain the **availability** of PHI for internal and external users.

The HIPAA Security Regulations require that MGL conduct audits of systems to confirm that authorized workforce members are accessing records appropriately and for valid reasons. It is also expected that parameters will be established and monitored related to granting access to information to ensure that adequate provisions are established so that the improper use or disclosure of PHI does not occur. Thus protections concerning computer terminals, medical records, access to the building, etc. must be considered when implementing policies and procedures to be compliant with the requirements.

All workforce members, when using computers/workstations to access electronic PHI are expected to:

- Use a unique sign-on which has been assigned by PHNS or the System Administrator
- Immediately change any temporary password assigned

-
- Not share your password with anyone
 - Logout of the system when you no longer need access
 - Not logon to a system and leave it accessible for other staff

Any MGL-related information that is maintained on a portable device (including but not limited to a laptop, personal data assistant, thumb drive) will be password protected. If utilizing this type of device, back-up the data in the event of loss or malfunction. You will be expected to provide an inventory of the information maintained on the device in the event that the device is lost or compromised by inappropriate access. If the device is lost or compromised by inappropriate access, immediately contact your supervisor and the Compliance Department. All MGL-related information maintained on any device remains the property of MGL and will immediately be deleted when no longer needed or your employment status changes.

The use of passwords is an integral part of MGL's security practices. If a workforce member has initially been provided with a default password, it must be changed immediately. When selecting a password:

- Choose something that is easy to remember
- For increased security use letters, numbers and special characters
- Avoid using familiar names and/or dates
- Do not share your password with anyone, for any reason
- Avoid writing down the password
- Change the password at least semi-annually (some systems may prompt changes more frequently)

When using e-mail, all workforce members will take all appropriate precautions to ensure that confidential/proprietary information is not improperly disclosed or otherwise compromised by transmission. MGL has the capability to audit e-mail transmissions. Any workforce member transmitting information via e-mail is responsible for:

- Clearly labeling the subject line
- Including in the body of the message appropriate designations to include: confidential, proprietary, confidential – unauthorized use or disclosure is strictly prohibited, and/or privileged – attorney-client communication
- Making all recipients aware of the obligation to maintain the confidentiality of the information contained in the message
- Ensuring e-mail is only transferred/stored to hard-drive storage when there is an appropriate business need for retaining the e-mail

MGL has the capability to audit Internet use. Inappropriate use can result in disciplinary action, up to and including termination. Some examples of inappropriate Internet use include, but are not limited to:

- Accessing websites that contain material that is sexually explicit, profane, obscene or defamatory
- Participating in chat groups, newsgroups and/or list-serves that are not business-related

The use of camera/video features of wireless/cellular phones is expressly prohibited throughout MGL properties. If you see a patient, visitor or workforce member taking pictures, you should request that the individual discontinue the practice immediately and delete any photographs or recordings already taken. Contact Security to assist if necessary.

CONCLUSION

It cannot be stressed enough that all workforce members have a duty and an obligation to report known or suspected violations to your supervisor or the Compliance Department. The reporting of concerns provides MGL with the opportunity to determine whether or not a problem is an isolated event or issue that requires corrective action. Reporting of known or suspected violations should not be considered punitive, nor grounds for retaliation.

Examples of compliance violations that you should report include, but are not limited to:

- Someone taking drugs from the hospital for personal use or sale
- Possible system problem that may result in duplicate billing
- Someone stealing equipment, money or supplies
- A supplier of goods or services trying to influence you or another workforce member with gifts or favors
- Inappropriate use and/or disclosure of a patient's PHI
- Someone accessing a patient's PHI when they do not have a work-related reason to do so
- Failing to protect information by sharing your password
- Documentation in the medical record, which does not support the services being billed
- A provider requesting payment in return for referring patients to MGL

Do not forget your reporting options:

- Contact a member of the Compliance Department via telephone, email or interoffice mail.
- Inform your supervisor, who will then forward the report to the Compliance Department.
- Leave a message on the Compliance HotLine – 517-975-8333