



GREATER LANSING

ENVIRONMENT OF CARE

2021 RE-OREINTATION PROGRAM

Inside This Booklet....

Overview & Instructions	1
Environment of Care (EC) Program	2
Environment of Care Management Plans & YOUR ROLE	3
Safety	6
Violence in the Workplace	7
Emergency Codes	8
Code Red	9
Code Pink/Purple	12
Code Silver	13
Code Gray	14
Code Yellow/Suspicious Packages	15
Code Orange/Hazmat	17
Code Triage	19
▪ Weapons of Mass Destruction (WMD)	20
▪ Emergency Management	22
▪ NIMS	23
▪ Compressed Gas Cylinder Safety	25
▪ MRI Safety	27
▪ Radiation Safety	28
▪ System Failures and Basic Staff Response	30
▪ Medical Equipment	31
▪ Clinical Engineering/EVS Issues and Basic Staff Response	33
▪ Infection Control	34
▪ Compliance	43
▪ HIPAA	45
▪ Employee Health	49
▪ Patient Safety & Quality of Care	50
▪ Quality Improvement & Patient Rights	51
▪ Pharmaceutical Waste Handling	52
▪ Bariatric Sensitivity Training	53
▪ Hazard Communication & Safety Data Sheets SDS	54

MGL Re-Orientation Program Contributors

Lisa Rogers, Environment of Care & Emergency Manager

Phyllis McLellan, Risk Management

Kay Morey, Employee Health

Bashir Hajissa, McLaren Clinical Engineering Services

David Walker, Security

Tony Yeo, Environmental Services

Samatha Harris, Infection Control Specialist

MGL designs a safe, accessible, effective and efficient environment of care consistent with its mission, services and law and regulation.

Overview

This Booklet contains information you need to know about the HIPAA, Infection Control, Employee Health, and ***the seven functional areas of the Environment of Care.***

- Safety
- Security
- Emergency Management
- Fire Safety
- Medical Equipment
- Hazardous Materials
- Facilities & Utilities Management

The Environment of Care Committee meets monthly to identify and analyze issues regarding each of the Seven areas of Environment of Care. This committee is dedicated to improving process and systems to make sure the environment we are working in is safe for our patients and employees. Committee members include representatives from:

- Administration
- Clinical Engineering
- Employee Health
- Environment of Care
- Environmental Services
- Infection Control
- Maintenance & Engineering
- Patient Care Services
- Patient Safety/Clinical Risk Management
- Quality Improvement
- Radiology
- Security
- Support Services
- Surgical Services
- Union

INSTRUCTIONS: Complete the acknowledgement and return to your Agency representative.

MCLAREN GREATER LANSING Environment of Care Program

WHAT IS ENVIRONMENT OF CARE?

“Environment of Care” refers to a variety of “key elements and issues” that contribute in creating the way the space feels and works for patients, families, visitors, and staff experiencing the health care delivery system.

Effective management of the Environment of Care consists of activities that:

- Reduce and control environmental hazards and risks.
- Prevent accidents and injuries.
- Maintain safe conditions for patients, visitors, and staff.

There are seven (7) Environment of Care Management Plans that ALL employees should be familiar with:

1. Safety Management Plan (SMP)
2. Fire Safety Management Plan (FSMP)
3. Emergency Management Plan (EMP)
4. Hazardous Materials/Waste Management Plan (HMWMP)
5. Security Management Plan (SCMP)
6. Medical Equipment Management Plan (MEMP)
7. Facilities & Utilities Management Plan (FUMP)

****ALL** employees have a role in each of the seven Environment of Care Management Plans. Refer to the Environment of Care Manual (the “red” book) for details of each plan as well as supporting policies and procedures. The manual is available in hard copy in your department or electronically via the Intranet, MGL Section, [Policies & Procedures](#) link.

ENVIRONMENT OF CARE PROGRAM GOAL

The goal of the Environment of Care is to provide a safe, functional, and effective environment for patients, staff members, and other individuals in the hospital.

The goal of the Environment of Care Program is achieved by performing the following processes:

Planning by hospital leaders for the space, equipment, and resources needed to safely and effectively support the services provided. Planning and designing is consistent with the hospital’s mission and vision.

Educating staff about the role of the environment in safely and effectively supporting patient care.

Developing standards to measure staff and hospital performance in managing and improving the Environment of Care.

ENVIRONMENT OF CARE MANAGEMENT PLANS & YOUR ROLE!



Safety Management Plan. Describes how MGL will provide a physical environment free of hazards and manage staff activities to reduce the risk of injuries. The Environment of Care Manager is responsible for developing this plan.

General Responsibilities of the MGL employee:

Be the eyes and ears for safety and report any unsafe conditions to your departmental Environment of Care Committee representative or the Environment of Care Department.

Use appropriate personal protective equipment.

Use the MGL Incident Report and Occurrence report appropriately.

Follow policies/procedures established by the MGL Environment of Care Committee.



Security Management Plan. Describes how the organization will establish and maintain a program to protect staff, patients, and visitors from harm. The Security Manager is responsible for developing this plan.

General Responsibilities of the MGL employee:

Be the eyes and ears for security.

Report suspicious persons or situations to security.

Report any missing/damaged property to security.

Keep personal valuables locked up and out of sight.

Wear ID badges at all times.

Know the number to call in case of an emergency (**PENN: 2-2-2-2-2;**

GLN: 2-2-2-2-2; OFF-SITE: 9-1-1)



Fire Safety Management Plan. Describes how MGL will establish and maintain a fire-safe environment of care. The Environment of Care Manager and the Maintenance of Engineering Manager are responsible for developing this plan.

General Responsibilities of the MGL employee:

Know the locations 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 (**PENN: 2-2-2-2-2;**
GLN: 2-2-2-2-2; OFF-SITE: 9-1-1))



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.

General Responsibilities of the MGL employee:

Know your role/responsibility for each code.
Participate in all code announcements as if they were real.
Know your department's initial response procedures.
Know your departmental evacuation plan.
Know the number to call in case of an emergency (**PENN: 2-2-2-2-2;**
GLN: 2-2-2-2-2; OFF-SITE: 9-1-1))



Hazardous Materials/Waste Management Plan. Describes how MGL will establish and maintain a program to safely control hazardous material and waste, including incidental spills. The Environmental Services Manager is responsible for developing the plan.

General responsibilities of the MGL employee:

Know how to obtain a Safety Data Sheet. Report chemical spills.
Use appropriate personal protective equipment (PPE) when working with hazardous materials.
Always label secondary containers (Never put ANY chemical into an unlabeled container.)
Know the number to call in case of an emergency (**PENN: 2-2-2-2-2;**
GLN: 2-2-2-2-2; OFF-SITE: 9-1-1))



Medical Equipment Management Plan. Describe how MGL will establish and maintain a program to promote safe and effective use of medical equipment. The Medical Clinical Engineering Services (MCES) site manager is responsible for developing and implementing this plan.

General responsibilities of the MGL employee:

- Know how to respond to medical equipment failure.
- Report medical equipment malfunctions.
- Know your role in the Safe Medical Devices Act reporting process.



Facilities/Utilities Management Plan. Describes how MGL will establish and maintain a program to: 1) Promote a safe, controlled, and comfortable environment of care, 2) Assess and minimize risks of utility failures, and 3) Ensure operational reliability of utility systems. The Maintenance & Engineering Manager, in collaboration with the Facilities Director, is responsible for developing this plan.

General responsibilities of the MGL employee:

- Know how to respond to utility system (e.g., steam, HVAC, electricity, water, medical gases, etc.) failures.
- Know the location of red power receptacles (for emergency power) that are in your work area.
- Notify the Switchboard (**PENN: 2-2-2-2-2; GLN: 2-2-2-2-2**) for emergency utility system failures.
- Report utility system failures to Maintenance & Engineering.

Think Safety!

There are potential hazards located throughout all hospitals. Be aware of the potential hazards in your work area and follow good safety practices to prevent injury/illness.



Electrical Hazards. Damaged electrical cords can lead to possible shocks or electrocutions. A flexible electrical cord may be damaged by door or window edges, by staples and fastenings, by equipment rolling over it, or simply by aging. Report electrical cord/equipment problems to your supervisor, clinical engineering, or the Environment of Care Department.



The potential for fire can occur from many different sources such as: heat-producing equipment, storage of flammable chemicals, and faulty electrical wiring. Remember **R.A.C.E. & P.A.S.S.** Refer to **MGL P/P 500.FS.5** for details about responding to smoke/fire.



Hazardous chemicals can be found throughout the hospital. A few of the more hazardous chemicals found in the hospital include: formaldehyde, glutaraldehyde, and xylene. Refer to the Hazardous Materials section in the Environment of Care Manual Policies/Procedures for details about MGL's Hazardous Communication Program (**500.HM.1**), Safety Data Sheet Access (**500.HM.2**), Spill Response (**500.HM.4**), and more.



OSHA estimates that 8 million workers in the health care industry and related occupations are at risk of occupational **exposure to bloodborne pathogens**. Ensure you use proper work practices, equipment with safety features and personal protective equipment (PPE) to prevent reduce the risk of exposure. **MGL P/P 500.SM.5** provides details about MGL's Sharps Injury Prevention Program.



Wet floors or spills and clutter can lead to **slips/trips/falls** and other possible injuries. Report spills to Environmental Services immediately. Post safety signs around slip hazards (icy sidewalks, wet floors, etc.). Choose slip-resistant shoes with:

Soft rubber soles

A large amount of surface area in contact with the floor (i.e., no high heels)

Patterned soles that increase friction

Secure computer cords away from walk areas.

While utilizing your phone during working hours is prohibited, texting while walking is hazardous.



Hospital work often requires coping with some of the most **stressful situations** found in any workplace. Hospital workers must deal with life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths; all of these contribute to stress. Be aware of signs of stress and get involved in activities that will help to reduce stress.

These are only some of the potential hazards in the hospital. Be aware of hazards in your work area and **report unsafe conditions** to your supervisor or the Environment of Care Department.

REMEMBER... THINK SAFETY!



VIOLENCE IN THE WORKPLACE

WHAT IS VIOLENCE?

Behavior used to frighten, intimidate, injure, damage, or destroy another person, or property. The threat may be direct or indirect.

FOUR MAJOR SOURCES OF HOSPITAL VIOLENCE

Patients	Families
Employees	Visitors

EXAMPLES

Gestures	Verbal Abuse
Innuendo	Intimidation
Physical Force	Retaliation
Rough Action	Stalking
Negative Behavior	Threats
Coercion	Harassment
Theft	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 that may indicate escalation, such as:

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

AGGRESSION CYCLE

Frustration Stress
High Tension
Release
Calming
Guilt
Short-Term Depression
Apologetic

To defuse a potentially violent situation:



- Check your own emotions
- Be calm
- Be courteous Be respectful Maintain eye contact Be willing to help
- If needed, remove yourself from danger & get help!

If needed, contact the switchboard at 2-2-2-2-2 and initiate a Code Gray.

MGL EMERGENCY PAGING CODES

Take this opportunity to review the MGL Emergency Pages Codes. If you do not have an emergency paging card attached to your badge, please stop by HR and pick one up.

CODE NAME	EVENT
CODE BLUE	CADIAC ARREST-ADULT
CODE WHITE	CARDIAC ARREST- CHILD
CODE LITTLE BLUE	RESPRITORY/CARDIAC ARREST- INFANT
RAPID RESPONSE TEAM	PATIENT DISTRESS
NEURO ALERT	POSSIBLE STROKE
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 (INTERNAL/EXTERNAL)	HAZARDOUS MATERIAL INCIDENT
CODE TRIAGE (INTERNAL/EXTERNAL)	DISASTER INCIDENT
CODE WEATHER (WATCH/WARNING)	SEVERE WEATHER

The red Emergency Response Procedures (ERP) on your floor contains code information and response procedures.

CODE RED

Fire!!!! What do I do?



Call...

2-2-2-2-2 (GLN)

2-2-2-2-2 (PENN)

9-1-1 (Off-Site)

R

Rescue

Never wedge
open doors

P

Pull

A

Activate
Alarm

Keep hallways
clear

A

Aim

C

Contain

S

Squeeze

E

Extinguish

Know your
Evacuation
Route

S

Sweep

For more details, refer to your department evacuation plan or contact your supervisor for more details.

Review the location of your fire pull boxes and fire extinguishers.

Fire Safety:

Prevention

Prevention is the best defense against fire.

To help prevent fires related to the common cause of **electrical malfunction**:

Remove damaged or faulty equipment from service
Report malfunctioning equipment for repair to Biomed

To help prevent fires related to the common cause of **equipment misuse**:

Do not use any piece of equipment that you have not been trained to use

Smoke & Tobacco-Free Environment

MGL Policy 300-1.14, Smoke & Tobacco-Free Environment, "Smoking and tobacco use is not permitted in any MGL owned or leased buildings, or on property that is owned or leased by MGL, including parking lots, parking ramps, and walkways. An exception will be made to allow smoking in personal vehicles on Greenlawn and Pennsylvania Campuses. 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 have assigned parking spaces on site."

Fire Safety:

Safeguards in the Event of Fire

Even with the best efforts at prevention, fires sometimes occur.

MGL facility fire safety features include:

Fire alarm systems
Fire extinguishers
Emergency exit routes and doors
Smoke and fire doors and partitions
Fire plans

Be familiar with the location, use, and operation of each of these features at MGL.

If a fire occurs:

The magnetic door holders will automatically release all magnetically held open doors when activated by the fire alarm. Escape routes are to be free from obstructions at all times. All corridors are to be kept free from obstruction at all times (IE. Carts, patient lifts, chairs, etc.). When instructed by **respiratory**, shut off zone oxygen valve in hallway in fire area. If there are patients on oxygen, take portable oxygen tanks and carts from storeroom for use.

Close doors in patient rooms which will provide initial protection from fire. In most incidents, the safest place for a patient is in his/her room. Patients, staff and visitors should be on alert and defend in place (remain where you are) until further instructions are given, such as to evacuate because of imminent danger.

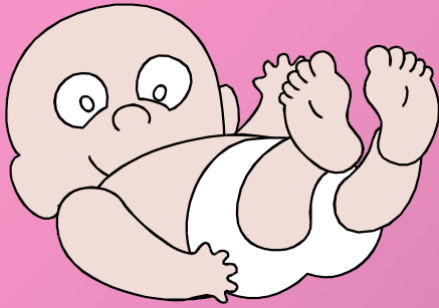
Stop routine activities, and preparations are to be made to enable immediate movement of patients should the incident necessitate patient evacuation.

If the fire is localized or segregated to other parts of the building, it is not necessary to move patients unless instructed. But, NEVER hesitate to relocate because of imminent danger.

If it appears the fire may be out of control, the decision for complete evacuation shall be made by supervisory personnel in the fire area and/or by the fire department. Certain instructions may be given to maintain order and keep everyone informed of the latest status of the incident.

Know your department specific evacuation plan. The escape route will, of course, depend on the location of the actual fire.

EVERYONE HAS A ROLE DURING A CODE PINK & CODE PURPLE!



Know where all entrances and exits are within the facility. Consider possible “escape routes.”

Be alert to unusual behavior, such as people making frequent visits to the nursery or the Pediatrics unit “just to see the babies.”

Report any strange behavior to Security.

Wear your photo ID conspicuously.

If you suspect a child has been abducted, **call 22222** and state **“Code Pink”** or **“Code Purple.”**

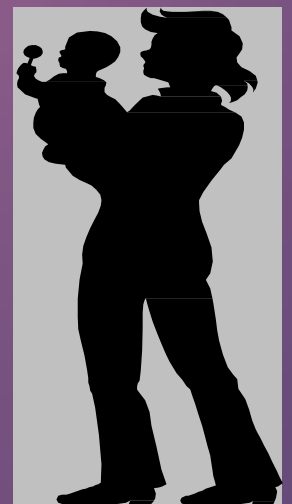
Provide a description of the infant/child and abductor.

ACTIONS UPON HEARING CODE PINK (INFANT ABDUCTION) OR CODE PURPLE (CHILD ABDUCTION) ANNOUNCEMENT

- Proceed to the nearest exit. Monitor area for persons leaving the facility carrying an infant/child or package that might conceal a infant/child.
- If you arrive at an exit that is already secured, proceed to the next nearest exit. **ALL EXITS MUST BE COVERED.**
- 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.
- 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.

DESCRIPTION OF A “TYPICAL” ABDUCTOR

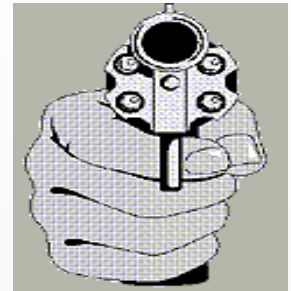
- Female, age 14 - 45, often overweight.
- Most likely compulsive; relies on manipulation, lying, and deception.
- Frequently indicates that she has lost a baby or is incapable of having one.
- Often married or co-habiting. Usually lives in the community where abduction takes place.
- Frequently visits nursery prior to abduction. Asks detailed questions about the layout of the facility.
- Usually plans the abduction, but does not necessarily target a specific infant. Will seize any opportunity.
- Frequently impersonates a nurse or other hospital staff.
- Often becomes familiar with hospital staff and even with the victim’s parents.



Code Silver

(Reference [P/P 500.SC.6](#))

Upon becoming aware of a weapon/hostage situation, employees are to immediately contact the Switchboard. **(Greenlawn 2-2-2-2-2 or Penn 2-2-2-2-2).**



Security will assess the situation and contact local law enforcement as necessary.

Clear the immediate area of all patients, visitors, and staff.

No negotiations will take place until the arrival of local law enforcement.

Facilities not physically located on the Greenlawn Campus or Pennsylvania Campus should call **9-1-1** for any hostage situation.

VIP SITUATIONS

(Reference [MGL P/P 500.SC.9](#))

Upon notification of the imminent arrival of a VIP/special security patient, the following protocols will be put into effect, if deemed necessary:

1. The VIP/special security patient will be entered under the legal name, but will be registered as opting out of the facility directory.
2. Security will inform volunteers and switchboard operators that they are **NOT** to provide information on any VIP/special security patient in the hospital to anyone making such inquiries. All inquiries of this nature are to be forwarded to the Marketing Department.
3. Security will request that Lansing Police Department (LPD) provide 24-hour surveillance outside the VIP/special security patient's room.
4. Security will temporarily secure stairway access to the unit where the VIP/special security patient is located.
5. Security will establish full lockdown of the hospital as needed.

CIVIL DISTURBANCES

(Reference [MGL P/P 500.SC.7](#))

Upon receiving information of an impending or ongoing civil disturbance, both the Security Manager and the Switchboard are to be notified. The Switchboard will then notify the Administrator on Call.



Code Gray

What is a Code Gray: A Code Gray announcement indicates that a combative/violent individual situation is occurring. A violent individual may be a patient, family member, visitor, or even an employee.

Anyone is authorized to activate a Code Gray response by calling the switchboard **(22222)**

For more details, refer to [MGL P/P 500.SC.4 – Response to Violent Individuals](#)
(The policy may be found in the Security section in the Environment of Care Manual on the Intranet.)

ACTIVE SHOOTER

1. Run

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. Hide

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

3. Fight

- As a last resort and only when your life is in immediate danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the shooter

FBI Advisory

If you receive a suspicious letter or package

What should you do?

- 1 Handle with care
Don't shake or bump
- 2 Isolate and look
for indicators
- 3 Don't Open, Smell
or Taste
- 4 Treat it as Suspect!
Call 2 2 2 2 2



- No Return Address
- Restrictive Markings
- Possibly Mailed from a Foreign Country
- Excessive Postage
- Misspelled Words
- Addressed to Title Only or Incorrect Title
- Badly typed or written
- Protruding Wires
- Lopsided or Uneven
- Rigid or Bulky
- Strange Odor
- Wrong Title with Name
- Oily Stains, Discolorations, or Crystallization on Wrapper
- Excessive Tape or String

Note: Off-Campus Sites Dial 9-1-1

For More Details...

About Suspicious Packages – Refer to [MGL P/P 500.SC.8](#)

About Bomb Threats – Refer to [MGL P/P 500.EM.3](#)

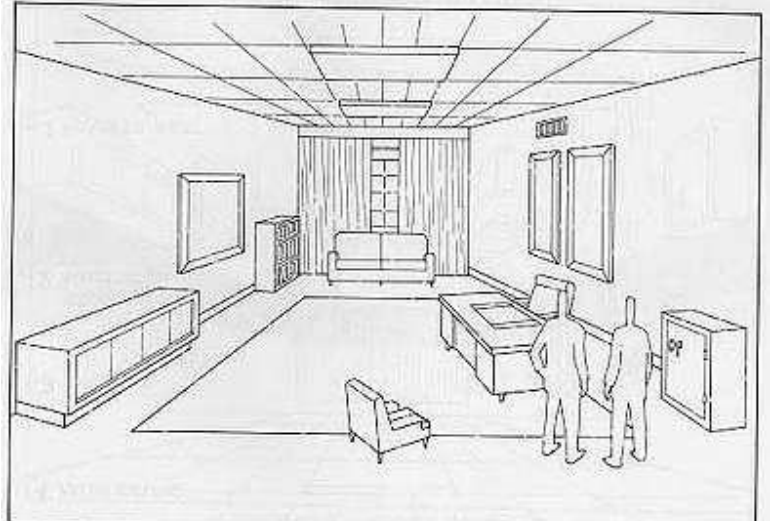
Note: Security and Emergency-Related Policies/ Procedures may be found in the Environment of Care Policies/Procedures via the Intranet.

Review the suspicious package and bomb threat policy today!

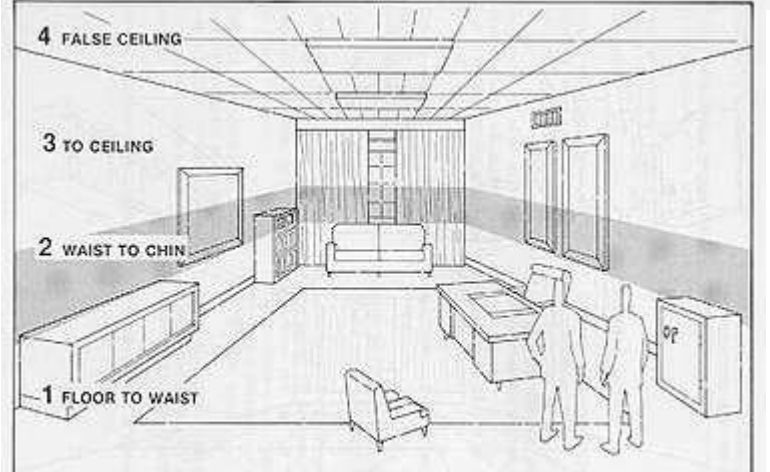
BOMB THREAT SEARCH PROCESS

The following room search technique is based on the use of a two-person searching team. There are many minor variations possible in searching a room. The following contains only the basic techniques.

Step 1. Enter the Room and Listen For Noises that Seem Out of Place.

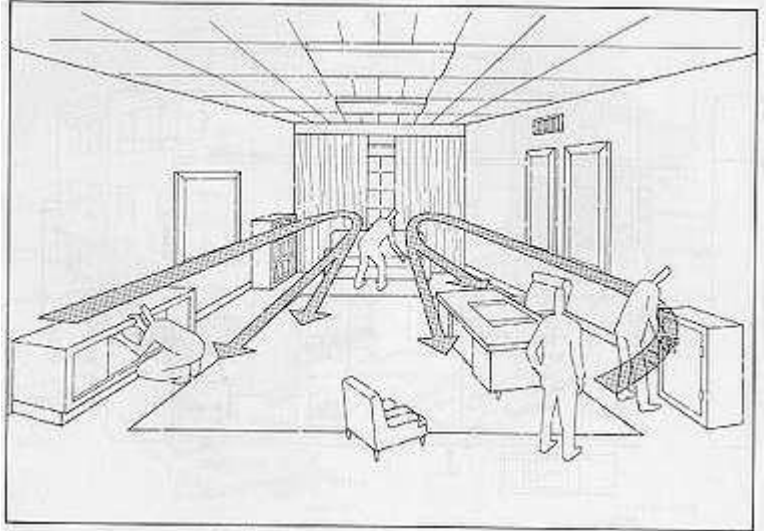


Step 2. Divide the area and select a search height.



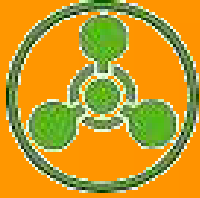
Step 3. Start from the Bottom and Work Up.

Step 4. Start Back-to-Back and Work Toward Each Other.



Step 5. Go Around the Walls and Proceed Toward the Center of the Room.

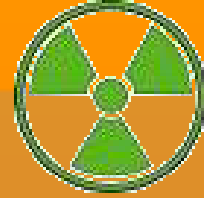
CODE ORANGE - Hazardous Materials



Chemical Hazard



Biological Hazard



Radiological Hazard

Emergency Spill - Requires a HAZMAT team response because of the risk of overexposure to employees. Immediately contact the Switchboard and request a **Code Orange** for your location. For an emergency spill, remember to SIN:

- | | |
|----------------|----------------------------------------------------------------------------------------------------------------------------|
| Safety | Recognize the situation and take actions to protect yourself. |
| Isolate | Contain the spill by taking actions to limit the spill, if safe to do so. For example, close the doors on the area. |
| Notify: | GLN/PENN: 22222 Off-Site: 9-1-1 |

Incidental Spill — A spill that can be cleaned up in first 10-15 minutes without risk of overexposure to employees under normal conditions. **Note: Only individuals who are appropriately trained to work with the specific hazardous material should cleanup the incidental spill.** All users who use hazardous materials should be trained in clean up procedures.

Policies You Should Know!

- MGL P/P 500.HM.1 – Hazard Communication Program**
- MGL P/P 500.HM.2 – Safety Data Sheet (SDS) Access**
- MGL P/P 500.HM.3 – Waste Management Program**
- MGL P/P 500.HM.4 – Hazardous Waste Operations (HAZWOPER)**
- MGL P/P 500.HM.5 – Handling Contaminated Patients**
- MGL P/P 500.HM.6 – Safe Handling of Gas Cylinders**



Do you know where blood spill kits are located? Do you know where chemical spill kits are located?
ASK YOUR SUPERVISOR TODAY!

CODE ORANGE

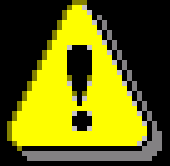
Code Orange, either external or internal, indicates that a hazardous materials incident (i.e., a spill or release) has occurred. The Code Orange announcement activates McLaren-Greater Lansing's decontamination team and lets other key hospital staff that a spill has occurred.

McLaren-Greater Lansing does not have a Hazardous Material Team that responds to hazardous materials spills. Hazardous material users need to be trained on how to properly use the hazardous material they are working with, what type of personal protection equipment is required, and how to clean up an incidental spill. Department managers/supervisors are responsible for ensuring spill kits and appropriate personal protective equipment is available in case a spill occurs.

All Hazardous Materials policies/procedures can be found in your departmental Environment of Care Manual (the "red" manual). They are also available on the [McLaren Intranet](#).



CODE TRIAGE



What does a Code Triage announcement mean?

A Code Triage announcement indicates that McLaren – Greater Lansing is activating its disaster response procedures in response to a disaster. The announcement may include information to let you know whether the disaster has occurred within our facilities (**CODE TRIAGE – INTERNAL**) or in the community (**CODE TRIAGE – EXTERNAL**).



Upon hearing the Code Triage (External/Internal) announcement:

1. Hospital staff will carry out department disaster response activities as identified in **MGL P/P 500.EM.1** or in departmental policies/procedures.
2. Unassigned staff will report to the Central Personnel Pool immediately.
3. Department/unit managers/supervisors will alert staff using departmental/unit recall lists (phone trees).
4. Department/unit managers/supervisors will call in additional staffing, if deemed necessary.
5. The Incident Commander and general staff will assign hospital personnel to “emergency roles” within MGL’s Incident Command System.
6. Disaster response activities will be carried out in accordance procedures outlined in **MGL P/P 500.EM.1** and **MGL’s Emergency Management Manual**.

Note: Only the **Incident Commander** is authorized to activate Code Triage response procedures.

GLN Primary Incident Command Center (ICC): WCC 2203
GLN Primary Public Information Center (PIC): Ingham Ed Ctr.

PENN Primary Incident Command Center (ICC): Administration
PENN Primary Public Information Center (PIC): Classroom D&E

Personnel Staging Unit (old Labor Pool): Cafeteria on each campus



Refer to MGL P/P 500.EM.1 for details!

"Weapons of Mass Destruction"

"Weapons of Mass Destruction"

What are they? Also known as **CBRNE**, for **C**hemical, **B**iological, **R**adiological, **N**uclear, and **E**xplosives, simply defined, "Weapons of Mass Destruction," or "WMD" are:



Destructive Devices

Chemical Weapons/Agents

(Examples: Chlorine, hydrogen cyanide, sarin, VX)



Biological Weapons/Agent

(Examples: Anthrax, botulism, plague, ricin, smallpox)

Nuclear / Radiological Weapons or Sources



MGL has an Emergency Management Subcommittee that plans for all types of disasters, including disasters caused by a "weapon of mass destruction." MGL's planning and preparedness activities are integrated with other local emergency response agencies.



Millennium Crisis
1999-2000 holiday season



September 11, 2001

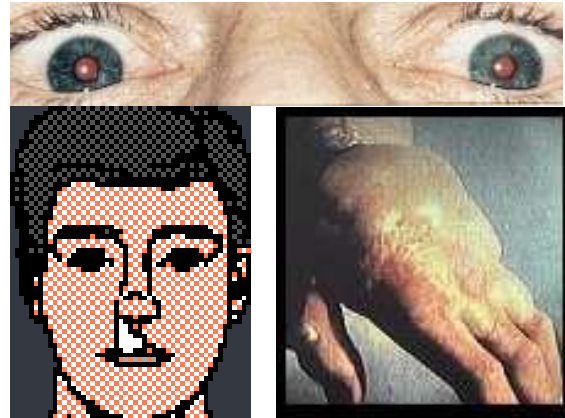


Anthrax mailings

Common Symptoms for Chemical Agent Exposure

Salivation
Lacrimation with Pinpointed Pupils
Urination
Defecation
Gastric Upset
Emesis (Vomiting)

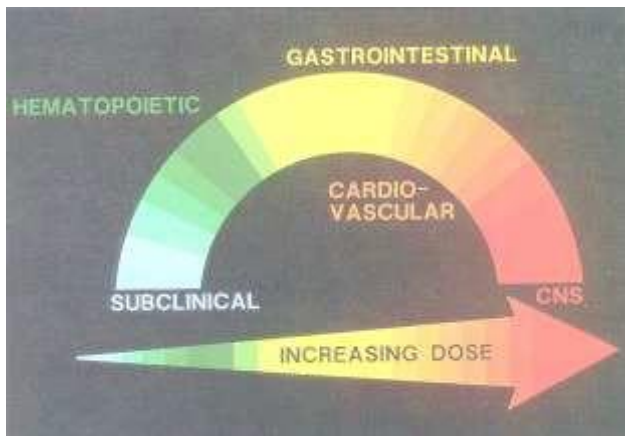
Skin Redness/Blisters



Common Symptoms for Biological Agent Exposure

Flu-like Symptoms (worsen within days)
High Fever
Headache
Exhaustion

Respiratory Failure
Rash that progresses to pustule vesicles



Signs & Symptoms Increase with Increased Exposure

Common Symptoms for Radiological Agent Exposure

Nausea
Fatigue
Non-healing Burns

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/>

Radiological Agents: <http://www.afri.usuhs.mil>

National Incident Management System (NIMS)

Homeland Security Presidential Directive – 5

Requires...adoption of NIMS by State and local organizations [as] a condition for Federal preparedness assistance (grants, contracts, and other activities)...”

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

Components of NIMS include:

- Command & Management (through ICS/IMS)
- Preparedness
- Resource Management
- Communications & Information Management
- Supporting Technologies
- Ongoing management and maintenance

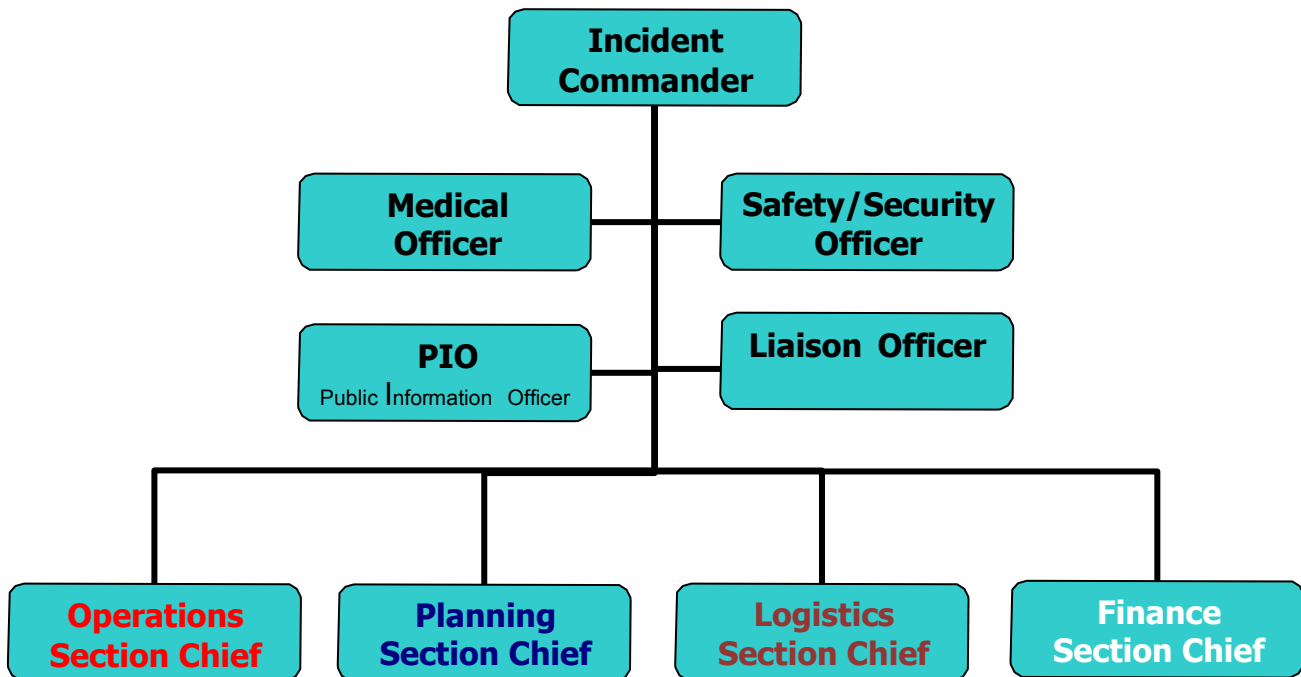
What is ICS/IMS (Incident Command System/Incident Management System)?

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.

Principles of ICS/IMS:

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

Basic Incident Command/Management System Chart



Incident Commander: Responsible for the coordination of emergency responses within the facility and with outside community emergency-relief agencies. The Incident Commander has the authority to requisition supplies, materials and support in order to respond to events caused by man-made or natural disasters, both external and internal to the facility.

Operations Section Chief: Responsible for management of all tactical (clinical and non-clinical) operations.

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

Logistics Section Chief: Responsible for providing facilities, services, and materials for the incident. Manages service and support resources.

Finance Section Chief: Responsible for all cost and financial considerations of the incident.

Compressed Gas Cylinder Safety

- Compressed gas containers must be handled with care and should be stored taking into account the property of the gases contained.
- Employees should know the hazards of the gases they work with.
- Empty cylinders are to be stored in the cabinet labeled "empty".



The Right Way...

- ✓ **Assure compressed gas cylinders are properly secured at all times** →
- ✓ **Make sure cylinder is secured against tipping or rolling, even when empty**

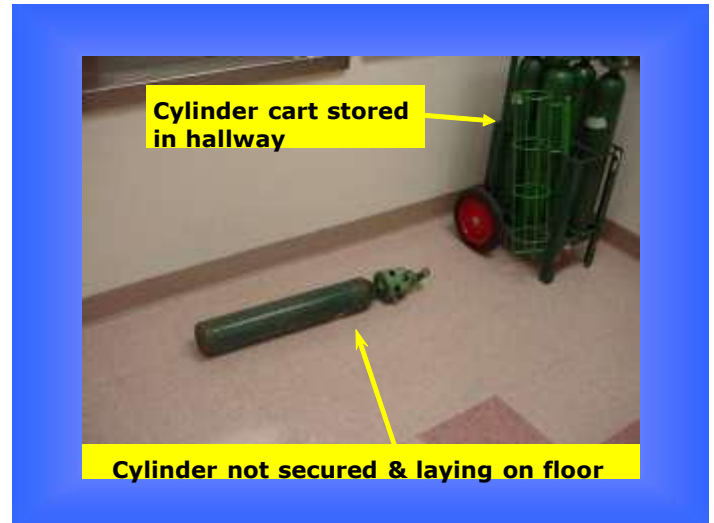


- ✓ **Always transport cylinders in approved carts or carriers.** →
- ✓ **Return cylinder to storage cabinet on completion of patient transport**
- ✓ **Tag or Mark all empty cylinders as "EMPTY"** →
- ✓ **Segregate empty and full cylinders in storage cabinet**





The Wrong Way...





MRI SAFETY

This information is intended to highlight important safety issues that should be considered when working in, or in close proximity to, a magnetic resonance imaging (MRI) department. **It is important for all personnel who may work around the MRI environment be trained in MRI safety.** This includes technologists, physicians, nurses, respiratory therapists, clerical staff, environmental service staff, biomedical staff, and maintenance staff.



The MRI scanner is a super-conducting magnet that **is always “on”**. It generates a magnetic field many times stronger than the strength of the earth’s magnetic field. The magnetic field is stronger closer to the magnet. Metal objects are strongly attracted to the magnet. In fact, **if a metal object gets close enough to the magnet, it can become an airborne missile**, that could cause **serious injury or death**. This strong magnetic field can also damage electronic medication pumps, beepers, cell phones, and watches. Also, the magnetic field will erase electronic information such as magnetic strips on credit cards, audiocassettes, and CD’s.

The MRI scan room access is limited to **authorized personnel only**. Authorized personnel are the MRI technologists. No other staff may enter the scan room without prior screening and direct supervision by a MRI technologist. If there is a need to provide emergent medical assistance to a patient, the patient will be brought out of the scan room for care. **No emergency equipment** (ie. EKG monitor, crash cart, oxygen tanks, etc.) may be taken into the scan room.

There are FIVE TYPES OF MRI HAZARDS

1. **Projectile effect** (magnetic items that are pulled to the magnet bore).
These include, Oxygen tanks, scissors, pens, IV poles, traction weights, sand bags, stethoscopes, hair pins, hair clips, hair barrettes, jewelry, belts, money, keys, lipstick, etc.
2. **Twisting** (magnetic objects aligning parallel to the magnetic field-torque).
Items that this would apply to include, magnetic cochlear implants, cerebral aneurysm clips, pacemakers, metal fragments in eyes, shrapnel, BB or bullet fragments, prosthetic or implanted devices, neurostimulator devices, medication pumps (insulin, pain meds, etc.), and implanted cardiac or other electrode devices.
3. **Burns** (generally caused by the use of electrically conductive material).
This can be caused by the following items, ECG leads, pulse oximeter devices, tattoos, tattooed eye-liner, and medication patches.
4. **Image Artifacts** (subtle changes in the MRI image).
This can be caused from any metal objects.
5. **Device Malfunction** (electronic or mechanics affected).
These include, PCA pumps, pacemakers, EKG waveforms, implants that are electrically, magnetically, or mechanically activated can be affected by the static magnetic field.



The unique MRI safety precautions are designed to keep magnetic items out of the scan room and to provide safety. If you have any questions regarding MRI procedures or safety you may call extension 57729.

RAD SAFETY

TYPES OF RADIATION

Alpha Ray

- Particle ray consisting of helium nuclei
- Nuclear decay product
- Large mass and positive charge
- Usually pass only a short distance (< 1 mm in water)
- Health effects appear only when ingested



Beta Ray

- Particle ray consisting of a fast electrons
- Can traverse varying distances in water from less than 1 mm to nearly 1 cm depending on energy
- Range of about ~0.5 cm per MeV

Gamma Ray

- Electromagnetic wave
 - Similar to ordinary visible light but differs in energy or wavelength
 - Monoenergetic
- Produced following spontaneous decay of radioactive materials
 - High energy photon originating from nucleus
- Can penetrate deeply into the human body
 - Widely used for cancer radiotherapy

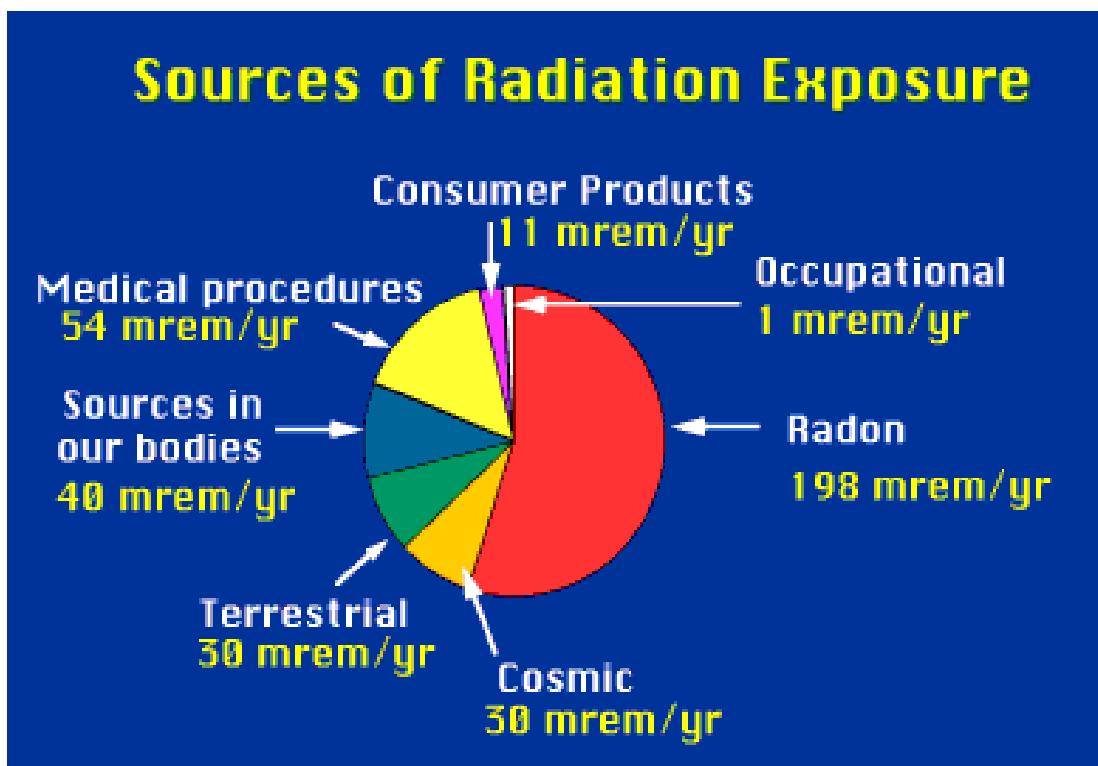
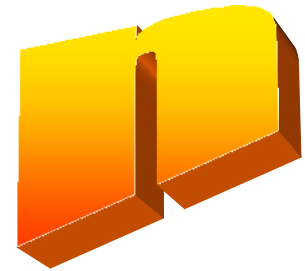


X Ray

- X rays have the same characteristics as gamma rays
- Produced when high-speed electrons hit metals
Electrons are stopped and release energy in the form of an electromagnetic wave
- Consist of a mixture of different wave lengths
Polyenergetic

Neutrons

- Released following nuclear fission of uranium or plutonium
 - Splitting of an atomic nucleus producing large amounts of energy
- When neutrons hit the nucleus of hydrogen, a proton is set into motion
 - Causes ionizations in the body
 - Various types of damage
- At equivalent absorbed doses, neutrons can cause more severe damage to the body than gamma rays.



MINIMIZING EXPOSURE

TIME: Reduce the time you spend around radiation source

DISTANCE: Increase distance between yourself and the radiation source

SHIELDING: Increase the shielding between you and the radiation source



SYSTEM FAILURES & BASIC STAFF RESPONSE

Failure Of	What to Expect	Who to Contact	Responsibility of User
Computer Systems	System Shutdown	Information Systems Help Desk (x-44357)	Use backup manual/paper systems.
Electrical Power Failure - Emergency Generators Work	Many Lights are Out Only RED Plug Outlets Work	Contact the switchboard for emergencies	Ensure that life support systems are on Emergency Power outlets. Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights.
Electrical Power Failure - Total	Failure of all Electrical Systems	Contact the switchboard for emergencies. Respiratory Services (x-56653)	Use flashlights/lanterns; hand ventilate patients; manually regulate IVs; do NOT start new cases.
Elevators Out of Service	Vertical Movement Restricted to Elevators Still in Service	Security (x-58000/53100) Contact the switchboard for emergencies	Use alternate elevators still in service.
Elevator Stopped Between Floors	Elevator Alarm Bell Sounding	Security (x-58000/53100) Contact the switchboard for emergencies	Maintain verbal contact with personnel still in elevator and let them know help is on the way.
Fire Alarm System	No Fire Alarms or Sprinklers	Security (x-58000/53100) Contact the switchboard for emergencies	Institute ILSM (IRMC P/P #500.FS.3); minimize fire hazards; use phone or runners to report fires.
Medical Gases	Gas Alarms; No Oxygen, Medical Air or Nitrous Oxide.	Respiratory Services (x-56653) Contact the switchboard for emergencies	Hand ventilate patients; transfer patients if necessary; use portable oxygen and other gases; call for additional portable cylinders.
Medical Vacuum	No Vacuum; Vacuum Systems Fail and in Alarm	Contact the switchboard for emergencies Respiratory Services (x-56653)	Call Respiratory Services for portable vacuum; obtain portable vacuum from crash cart; finish cases in progress; do NOT start new cases.
Natural Gas Failure/Leak	Odor; No flames on burners, etc.	Contact the switchboard for emergencies Food & Nutrition Svcs (x-57907)	Open windows to ventilate; turn off gas equipment; do NOT use any spark producing devices, electric motors, switches, etc.
Nurse Call System	No Patient Calls From Bedside	Clinical Engineering Hotline (x-24300) or After Hours Pager (794-5544)	Use bedside patient telephone if available; move patients; use bells; assign a rover to check patients.
Sewer Stoppage	Drains Backing-Up	Contact the switchboard for emergencies	Do NOT flush toilets; do NOT use water.
Steam System Failure	No Building Heat, Hot Water; Sterilizers Inoperative; Limited Cooking	Contact the switchboard for emergencies Food & Nutrition Svcs (x-57915)	Conserve sterile materials; provide extra blankets; prepare cold meals.
Telephone	No Phone Service	Switchboard Red Phone (346-4711)	Use Emergency Telephones (red); see directory for phone numbers.
Water	Sinks and Toilets Inoperative	Contact the switchboard for emergencies Materials Mgmt. (794-2713)	Institute fire watch; conserve water; use bottled water for drinking.
Water Non-Potable	Tap Water Unsafe to Drink	Contact the switchboard for emergencies Food & Nutrition Svcs (x-57915) Materials Mgmt. (794-2713)	Place "Non Potable Water - Do Not Drink" signs at all drinking fountains and wash basins.
Ventilation (HVAC)	No Ventilation; No Heating or Cooling	Contact the switchboard for emergencies	Obtain blankets and sheets if needed; restrict use of odorous/hazardous materials.

Medical Equipment Safety

All electrical equipment in MGL facilities must be checked for safety **PRIOR** to initial use.

Safety inspections of electrical equipment in *non-patient care areas* in MGL facilities is the operator's/user's responsibility.

McLaren Clinical Engineering Services (MCES) is responsible for managing and maintaining *patient care equipment*.

**Dial Extension
24300**

PATIENT CARE EQUIPMENT is defined as *any* equipment used to treat, monitor, diagnose, and care for patients in the healthcare system. Patient care equipment includes:

1. Medical equipment owned by or permanently residing at MGL facilities.
2. Loaner and rental equipment.
3. Items brought in by patients or employees from home.

Patient care equipment that is owned by or permanently resides at MGL facilities will:

1. Have a bar code control number placed on it by Biomed.
2. Have an inspection sticker on it.

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

1. Be inspected **PRIOR** to use.

2. Have an inspection sticker.
3. Have a grounded power cord with a three-prong plug (if electrical).

Medical Equipment User's Responsibilities

ALL operators of electrical equipment are responsible for:

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 Biomed inspection sticker, if the equipment is used in a patient care area.
Understanding proper operation of equipment being used for patient care.

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

Report any failures or repairs needed on patient care equipment to MCES ext. 24300).

Medical Equipment Failure

If medical equipment **FAILS** while it is being used on a patient and contributes to or causes injury or death, you **MUST**:

1. File a Safety First Report and notify the Safety and Risk Department.
2. Do **NOT** touch or change the settings on the equipment.
3. Collect *any* disposable materials and save it.
4. Contact Biomed (975-6277)
5. Do **NOT** release *any* equipment to a vendor/manufacturer that is involved in an occurrence.

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
6. Box Fans.

Cellular Phones

Cellular phones must be turned off when you are within three feet of patient medical devices that are in use. (Refer to [MGL Policy #500.ME.4](#))

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

Biomedical Technology Services Tags & Stickers

Control Number Tag



Every piece of medical equipment that is inventoried has a unique control number. The control number is 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**).

Inspection Sticker

Approved by MCES for patient use.
For service or information call
1-810-342-4300

The inspection sticker is used to identify that the device has been previously tested and approved for use by Biomedical Technology Services.

Critical Alarms

Many devices, such as physiological monitors, nurse call systems and fire alarms, fall within the definition of having 'critical alarms.' These types of alarms consist of audible and perhaps visual indications that there is a potentially serious (life threatening) event occurring, or that the patient condition may be compromised. It is your responsibility to know which devices you use in your work area have critical alarms; how to set and check the operation of alarms; and 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/nurse call alarms

Check the inspection sticker you have on equipment in YOUR area today! Do NOT use the equipment if there is no sticker. Report it to Biomed.

CLINICAL ENGINEERING/ENVIRONMENTAL ISSUES & BASIC STAFF RESPONSE

What	What to Expect	Who to Contact	Responsibility of User
T.V.	T.V. doesn't function	Send AIMS work order to Maintenance and Engineering Department	Be prepared to move patients to make room for T.V. replacement if needed.
Medical Equipment	Biomedical Equipment doesn't function properly, frayed electrical cords, or past due date on inspection sticker.	Between 0700-1630 M-F contact Biomed (975-6277); Between 1630-0700, weekends and holidays contact the switchboard to page the on-call technician	Do not use equipment until repaired; Tag equipment as defective; Store outside of work area.
Patient Room Turnover Cleaning	Patient Discharged or Transferred	Unit Coordinator (enters information into the Bed Tracking System). Bed Tracking notifies the unit housekeeper and EVS supervisor.	Unit Coordinator notifies Bed Tracking. Remove patient's belongings; Remove/empty Biowaste containers (urine cups, hats), IV lines, suction containers.
Linens	Running low on clean linens; Soiled linen bins full.	Between 0600-1430 contact linen room (975-6278) for clean linens. Contact EVS pager (Greenlawn 794-0774, Penn 794-4256) to remove soiled linens.	Store full soiled linen bags in appropriate bins or place in laundry chute if you have one. Change the linen bags when they are half full. Contact linens prior to running out of clean linen.
Pest Control	Critters running/flying around	Contact EVS pager (Greenlawn 794-0774, Penn 794-4256)	Report what, where, and specifics; Capture for identification, if possible.
Body Fluid Spills	Blood/Body Fluids on the floor	Per MGL P/P 500.HM.4 or departmental policy. After initial cleanup, contact EVS pager (Greenlawn 794-0774, Penn 794-4256)	Clean up spill with Wexcide, spill kit, or per departmental protocol. Contact EVS to sanitize/disinfect surfaces.
Regulated Medical Waste/Biohazard Waste	Full Biohazard Containers	Contact EVS pager (Greenlawn 794-0774, Penn 794-4256)	Place waste in appropriate container on units.
General Waste & Recycling	Full containers, empty cardboard boxes	Contact EVS pager (Greenlawn 794-0774, Penn 794-4256)	Place waste in designated containers; Breakdown cardboard boxes.

Infection Control

Last Updated: 11/2016



How Infection Control Can help you...

The purpose of the Infection Control department is to control and prevent infections of 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.

The Infection Control Policy and Procedure manual contains all information pertaining to Infection Control topics.

Introduction

Throughout time we have learned more about infectious diseases, prevention and treatment. Safety precautions have improved over the last 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.

Hand washing is your best protection against infection and also protects others

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 *Clostridium difficile* 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 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

RESOURCES:

Infection Control:
517-975-8509

Infection Control Policy
and Procedure Manual

Safety Policy and Pro-
cedure Manual: Sec-
tion 2

Points to remember

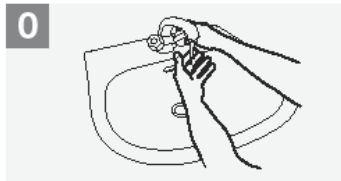
- ♦ *Know your policies and procedures needed for your job*
- ♦ *This includes Ingham's Bloodborne Pathogen Exposure Control Plan, Contract Borne Pathogens, Droplet Pathogens, Airborne Pathogens, and Neutropenic Precautions*
- ♦ *Know your isolation signs*

Infection Control

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



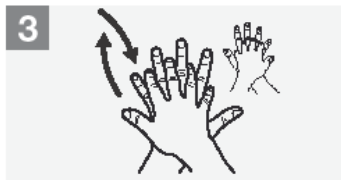
0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



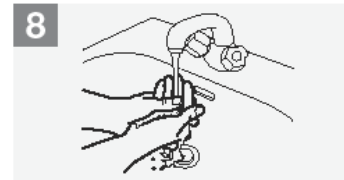
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



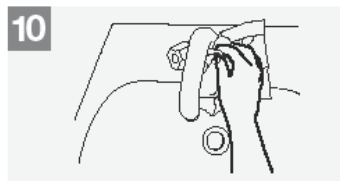
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



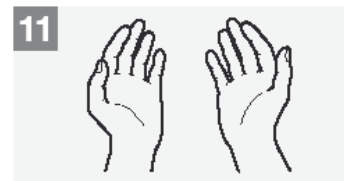
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

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

Become familiar with the Standard Precautions Policy. You can find it in the Infection Control Manual.

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 Pathogens

Contact Pathogens are transmitted through contact/touch. Microorganisms move from hands or objects to others thereby spreading diseases including *Methicillin-Resistant Staphylococcus Aureus (MRSA)*, *Vancomycin-Resistant Enterococcus species (VRE)*, *Extended Spectrum Beta Lactamase (ESBL)* and *Clostridium difficile*.

Contact Isolation Precautions include placing patients in a private room.

There are special guidelines for patient care and room cleaning (see policy).

Contact Precautions are used in addition to Standard Precautions.

“Contact diseases can be prevented by proper hand hygiene and use of gloves”

Droplet Pathogens

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 from others.

See the Droplet Isolation Precautions Policy for isolation procedure and patient care.

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

Airborne Pathogens

Airborne diseases are transmitted by small microorganisms that include *Varicella* (including *Disseminated Zoster*), and *Tuberculosis*. A private room that has negative air pressure relative to the corridor must be used when treating these patients. Room air is exhausted to the outside of the building. When the patient's room door is opened the air

Become familiar with the Airborne Precautions policy if you come in contact with patients of this nature.

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

“Tuberculosis patients and their care is very important. Employees who deal with TB patients will be Fit Tested (size mask) and all employees get annual TB screens.

TB patients are always in a negative air pressure room.

Tuberculosis is caused by a bacterium, spread from person to person through the air (inhaled).”

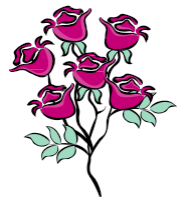
Neutropenic Precautions

Neutropenic precautions protect the patient who's immune system is compromised 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.

Fresh flowers and live plants are NOT permitted in the room.



Isolation Signs

To help prevent the transmission of microorganisms among patients, visitors and healthcare workers, isolation precautions are used.

Guidelines are in place for the correct use of these precautions. The following posters are copies of actual posters you may find on the patient's door.

If you have any questions or are unsure, **DO NOT ENTER** until you speak with the attending medical staff.

The RN responsible for the care of the patient shall initiate isolation based on the patient diagnosis in consult with the patient's physician and/or Infectious Disease Director. Only the patient's RN, physician and/or Infectious Disease Director can initiate or terminate patient isolation.

DROPLET PRECAUTIONS

(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.



Patient Placement

Private room, if possible. Cohort or maintain spatial separation of **3 feet** from other patients or visitors if private room is not available.



Mask

Wear mask when working within **3 feet** of patient (or upon entering room).



Patient Transport

Limit transport of patient from room to essential purposes only. Use **surgical mask** on patient during transport.

CONTACT PRECAUTIONS

(in addition to Standard Precautions)



VISITORS: Report to nurse before entering.



Gloves

Don gloves upon entry into the room or cubicle.
Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient.
Remove gloves before leaving patient room.



Hand Hygiene

Hand Hygiene according to Standard Precautions.



Gowns

Don gown upon entry into the room or cubicle.
Remove gown and observe hand hygiene before leaving the patient-care environment.



Patient Transport

Limit transport of patients to medically necessary purposes.
Ensure that infected or colonized areas of the patient's body are contained and covered.
Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.
Don clean PPE to handle the patient at the transport destination.



Patient-Care Equipment

Use disposable noncritical patient-care equipment or implement patient-dedicated use of such equipment.

AIRBORNE PRECAUTIONS

(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.



Patient Placement

Use **private room** that has:

Monitored negative air pressure,

6 to 12 air changes per hour,

Discharge of air outdoors or HEPA filtration if recirculated.

Keep room door closed and patient in room.



Respiratory Protection

Wear an **N95 respirator** when entering the room of a patient with known or suspected infectious pulmonary **tuberculosis**.

Susceptible persons should not enter the room of patients known or suspected to have **measles** (rubeola) or **varicella** (chickenpox) if other immune caregivers are available. If susceptible persons must enter, they should wear an **N95 respirator**. (Respirator or surgical mask not required if immune to measles and varicella.)



Patient Transport

Limit transport of patient from room to essential purposes only.

Use **surgical mask** on patient during transport.

Form No. **APR**

BREVIS CORP., 3310 S 2700 E, SLC, UT 84109

© 1996 Brevis Corp.

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 Control:**

517-975-8509

Or

Employee Health Services: 517-975-6780

(see also the Employee Health Section in this handout)

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. 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.

Unfixed tissue or organs (other than intact skin) from a living or dead human, cell or

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

tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or Hepatitis B virus can all be 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 Bloodborne Pathogen (Exposure Control) Plan which can be found in the Infection Control Manual

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 Bloodborne Pathogen (Exposure Control) 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.

STOP

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.



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 Blood-borne Infectious (Exposure Control) 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 discard- able 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.
-

COMPLIANCE

You are a member of the McLaren Greater Lansing (MGL) workforce. MGL has designated all 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), as workforce members. All workforce members have specified duties and responsibilities, and when performed accurately and completely supports MGL's Compliance Program.

The success of the Compliance Program requires that all workforce members be fully engaged and actively participate. Each workforce member demonstrates their commitment by completing annual education, asking of questions for clarification, and embracing necessary changes. The health care industry is a highly regulated business with numerous laws and regulations. With the laws and regulations constantly changing, maintaining compliance can be challenging and requires the contributions of all workforce members.

Your actions matter – no matter your role in the organization!

Compliance Education

For you to successfully support the Compliance Program you must maintain your knowledge base and are required to participate in compliance education each year. MGL's Compliance Department provides resources to assist workforce members in meeting this requirement; providing compliance-related education and encouraging the asking of questions for clarification and understanding.

Compliance education is provided during initial orientations and throughout the year. Examples of the various education formats available include: articles in MGL newsletters; auditing and monitoring of departmental activities; *Compliance Clips*, the MGL Compliance Department newsletter; *Compliance and Regulatory News*, the MHC Compliance Department newsletter; Compliance Week; annual Environment of Care; departmental in-services; education forums; and leadership development classes.

Confidentiality of Information

All workforce members come into contact with information pertaining to MGL and/or its patients. It is expected that all workforce members will maintain all information, whether confidential, proprietary or patient-related, in a confidential manner. Information should not be shared with another individual unless that individual has a job-related reason or is authorized to receive it. Information deemed to be confidential and/or proprietary, includes, but is not limited to: financial information, business records, Human Resources data, etc.

A significant component of maintaining the confidentiality of information is ensuring its proper disposal when it is no longer needed. Information in paper format should be placed in locked shredding bins that are located throughout the facility. Some media used for storing information may also be placed in the shredding bins. If you are uncertain of a proper disposal method for the information, consult your supervisor or the Compliance Department. Information should never be disposed of in regular trash receptacles.

All information maintained on portable devices will be password protected and erased immediately when no longer needed. You will obtain permission from your supervisor to maintain information on a portable device. You must immediately report when any portable device, whether personally-owned or provided by MGL, is lost or stolen. You will be expected to provide an inventory of the information that was on the device.

Any information that is being sent electronically, outside of MGL's firewall, is to be encrypted. You should not be sending information outside of MGL's firewall without permission from your supervisor.

Any information that is being transmitted via facsimile requires workforce members to double check fax numbers. If a number is provided verbally, the number should be verified and when the number is entered into the fax machine the number entered should be checked prior to transmitting the information.

Documentation Requirements

All workforce members are required to meet documentation requirements. Documentation must be **Accurate**, **Complete** and **Legible**. The federal government has directed that failure to meet the documentation requirements will impact payment, up to and including receiving no payment for the services provided. The federal government is including a reminder with correspondence that is being sent to health care providers.

To fully comply with for the documentation requirement, workforce members must:

Be **Accurate** in content;

Be **Complete**, which includes signing, dating and timing; and

Be **Legible**, meaning everything must be easily discernable; signatures must also be printed.

Accessing and Releasing Information

It is the policy of MGL that workforce members not use any systems to access information for any reason other than related to specific responsibilities. This includes accessing personal information of yourself or another individual. The HIPAA Privacy Regulations provide that patient information should only be accessed when care is being provided to the patient or the information is necessary to complete a legitimate job duty. MGL has expanded that expectation to include all MGL information. If you would like to obtain information that pertains to you or another individual for a reason unrelated to your responsibilities, a valid authorization is required.

The release of any information maintained by MGL must be handled carefully. There are many federal and state laws that establish guidelines that must be complied with. MGL has adopted specific policies and procedures to address how information is released. You should consult your supervisor or the Compliance Officer if you receive a request for information and it is not part of your routine job duties to release information.

Fraud and Abuse

When the US population expressed concerns about waste, fraudulent and abusive practices, the federal government responded with rules and regulations for the health care industry. Anti-Kickback, addresses rewards paid to a health care provider for referrals; EMTALA, addresses selecting patients based on their insurance or ability to pay; False Claims Act, addresses submitting payment request for services that were unnecessary or not provided; and Stark, addresses referring patients to other providers where a financial relationship exists.

It is important that you have an awareness of possible fraud and abuse situations. If you have concerns regarding a situation that could involve fraud and/or abuse, you should consult the Compliance Department.

Red Flag Rule

The Red Flag Rule was enacted by the federal government in response to the increase in matters of identity theft. The Rule requires that MGL have an identity theft program in place, to protect information gathered in the course of conducting business.

Prior to the enactment of the Red Flag Rule, MGL was proactive in responding to concerns of identity theft, cooperating with law enforcement in the prosecution of individuals that obtained services fraudulently. If – for any reason – you suspect that there may be a situation involving identity theft immediately contact the Compliance Department.

HIPAA

INTRODUCTION

The Health Insurance Portability and Accountability Act, commonly referred to as HIPAA, was signed into law in 1996. The Act contains three major sets of rules:

Privacy Rules - compliance date of April 2003

Transaction and Code Sets - compliance date of October 2003

Security Rules - compliance date of April 2005

The HIPAA Regulations impact all individuals within the organization and require that its Workforce Members have an understanding of the Regulations and their role. MGL has designated all employees, contracted workers, physicians, volunteers, residents, interns, students, and agents as Workforce Members.

All Workforce Members should understand that violations of any of these rules/requirements may be subject to disciplinary action, up to and including immediate termination. 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.
- Accessing records without a specific job-related reason to do so. Sharing passwords.
- Discussing Protected Health Information without patient permission or a job-related reason to do so.

PRIVACY

As a Workforce Member, you must respect the privacy of those we serve. To this end, you must maintain the confidentiality of a patient's Protected Health Information. Remember that our patients may also be our co-workers. Because we know someone does not mean that we have a right or reason to access their Protected Health Information.



It is important to remember that while the patient controls access to their Protected Health Information, MGL has a responsibility to maintain the integrity of the record. So, if you receive a request from an individual for information and you are unsure of the appropriate manner in which to provide that information, consult your supervisor or the Compliance Department.

Under the HIPAA Regulations, information concerning the patient may only be used or disclosed in specific circumstances. The Minimum Necessary Rule applies to Protected Health Information that is to be used or disclosed. This rule states that access to Protected Health Information is on a need-to-know basis - meaning that you should only access Protected Health Information when necessary for you to complete your specific job duties.

Proper disposal of Protected Health Information is also very important. Protected Health Information does not lose protection under the HIPAA Regulations once a Workforce Member no longer has a need for the information. All Workforce Members have a responsibility to make certain that Protected Health Information is placed in an approved recycling bin or is shred to prevent an unauthorized individual from being exposed to that information.

It is important to be cognizant of the area where you are having conversations that involve Protected Health Information. On the elevator, in the cafeteria or the Chi Library are not appropriate locations for discussions.

Before discussing a patient's medical information, in front of any visitors, obtain the patient's permission. **DO NOT ASSUME** that the patient was their information shared with anyone present.

It is McLaren Greater Lansing's policy that all Workforce Members will not use any systems to access personal Protected Health Information or the Protected Health Information of any family member or friends. Protected Health Information can be obtained by providing a valid Authorization to the Medical Records Department.

SECURITY

The Security Rule applies only to Electronic Protected Health Information, commonly referred to as ePHI. ePHI is defined as individually identifiable health information that is maintained or transmitted by MGL in an electronic format that identifies an individual. However, MGL expects Workforce Members to apply these concepts to all information deemed to be confidential and/or proprietary, including but not limited to financial, proprietary, or Human Resources data.



MGL, as a covered entity, is required to:

- Protect the **confidentiality**, **integrity** and **availability** of ePHI.
- To maintain **confidentiality**, MGL limits access to ePHI to authorized individuals.
- To maintain **integrity**, MGL ensures that the data is accurate and unaltered.
- To maintain **availability**, MGL ensures that information is available to internal users and outside entities when needed, as appropriate.
- Protect against reasonably anticipated disclosure and/or use of ePHI, which is not permitted.

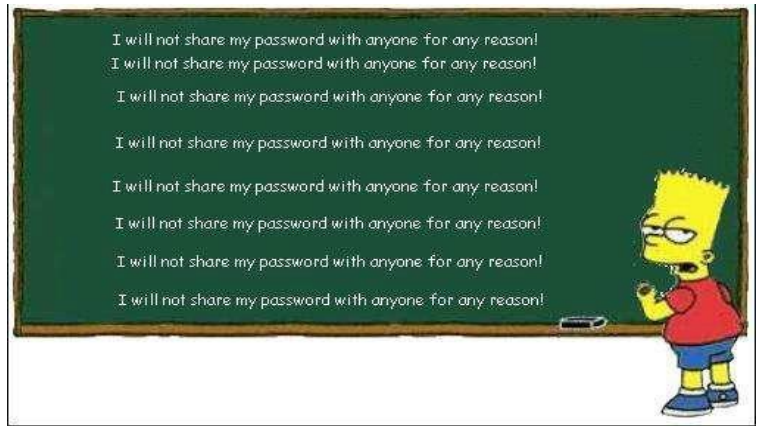
Appropriate precautions **will** be taken by Workforce Members to insure that confidential and/or proprietary information is not improperly disclosed or otherwise compromised by transmission via e-mail. Workforce Members should remember that e-mail sent to or from computers is not considered private and may be accessed or monitored.

You should know that MGL has the capability to audit Internet use. Workforce Members should not expect privacy when using computers to access the Internet.

If you are provided with a default password, you will change it immediately. When selecting a password:

- Choose something that is easy to remember. For increased security, the password should contain letters, numbers and special characters.
- Avoid using familiar names and/or dates.
- Do not share our password with anyone,

- for any reason.
- **Avoid writing down the password.**
 - **Change the password at least semi-annually (or more frequently if prompted by a system to do so).**



What Does This Mean To Me?

Our patients have the right to expect that we will keep their information confidential. This information includes anything that could identify or be used to find out the identity of the patient or their medical condition.

Follow the “need-to-know” Minimum Necessary Rule. Ask yourself, “Do I need to see patient information to perform my job?” If the answer is “Yes,” you have nothing to worry about. If the answer is “No,” STOP!

The cafeteria or elevator is not the place to discuss the medical condition or other aspects of a patient’s care. Information you have access to must not be the subject of conversation with family, friends or neighbors. Keeping all information about our patients confidential is a serious matter. As a Workforce Member, MGL expects that you will:

- **Appropriately use computers/workstations and other technology devices that have the capability to access electronic Protected Health Information (ePHI) and other confidential/proprietary information.**
- **Appropriately store and dispose of all Protected Health Information.**
- **Abide by MGL policies and procedures.**
- **Not share your password(s).**

Violations of confidentiality and privacy policies can result in disciplinary action up to and including discharge.

If you know of any violation of our existing policies, it is your obligation to bring the violation to the attention of your supervisor, the HIPAA Officer or Compliance Officer, or the Compliance Hotline (367-5100).

EMPLOYEE HEALTH

Vaccinations, TB tests, and post-exposure and injury follow up is handled at MGL through Employee Health.

Incident Reports

Incident Reports are used to report all employee injuries that occur during working hours and must be submitted promptly.

Incident Reports are available in your department.

EMPLOYEE INJURIES NEED TO BE REPORTED TO EHS AND YOUR SUPERVISOR WITHIN 24 HOURS.
BLOODBORNE PATHOGEN EXPOSURES NEED TO BE TREATED IN THE EMERGENCY ROOM IMMEDIATELY!

EXPOSURE TO BLOOD AND BODILY FLUIDS

DO NOT DELAY, REPORT EXPOSURES IMMEDIATELY!

Hepatitis B, Hepatitis C, and HIV can be spread by:

Blood
Semen
Vaginal Secretions
Amniotic Fluid
Cerebrospinal Fluid
Peritoneal Fluid
Pleural Fluid
Pericardial Fluid
Synovial Fluid
Saliva

Hepatitis B can be prevented with a vaccine. There is no vaccine for Hepatitis C or HIV. All unprotected body fluid exposures (needle stick, splash, etc.) are to be reported to your supervisor.

You MUST be evaluated within 2 hours of the exposure, which includes:

Needle sticks from used needles.
Cuts from sharps contaminated with blood.

Splashes of blood or body fluid into eyes, nose or mouth.

Contact with blood or body fluid into chapped or broken skin.

Intact skin is NOT an exposure.

A Healthy Back

Whenever possible, let your legs do your heavy work, not your back.

Lifting

1. Lift objects while holding them close to your body.
2. Avoid lifting while twisting, turning, reaching, or bending forward.
3. Use knees to help lift by bending and using force of leg to help; don't bend over at the waist.
4. Don't lift objects more than chest high.

Lateral Transfer Devices and Lift Equipment

1. ALWAYS use a PATRAN or patient slider when doing a lateral transfer.
2. Use lift equipment whenever possible.
3. Use gait belts when ambulating patients.

PREVENTING INFLUENZA

Vaccination – get your annual flu shot!

Stay home when you are sick.

Always practice good hand hygiene. Avoid touching your eyes, nose or mouth.

Cover your mouth when your arm/tissue when you cough or sneeze.

Avoid crowded places and large gatherings as much as possible.

Make sure your family is prepared.

QUALITY OF CARE

MGL is committed to providing safe, high quality care. Patient safety is a prime concern and employees are expected to report all concerns about safety, quality of care, and unanticipated adverse events.

GUIDELINES FOR REPORTING CONCERNS OR UNANTICIPATED ADVERSE EVENTS:

1. Discuss the concern with your immediate supervisor or department manager, **and**
2. Report the concern/safety issue in McLaren Safety First, which will notify your immediate supervisor or department manager.
 - a. You may also discuss this with them at the time of submission
3. If you are uncomfortable disclosing your identity, call the Compliance and Risk Department at 517-975-8952 to maintain your anonymity.
 - a. Contact our Patient Advocate at 517-975-8506 if the issue relates to quality of care.

McLaren Safety First

Additionally, McLaren Health Care rolled out a system-wide patient safety reporting program: McLaren Safety First.

Since its inception, this electronic reporting mechanism has proven to be an extremely valuable tool in promoting a culture of transparency and patient safety throughout our hospital system. We are able to share this information system-wide, implement process improvements, and help ensure that our patients are receiving the best possible care in the safest environment. We want to make it clear that we are promoting a just culture and not a punitive one. It is important to report all events, including near misses, so we have the opportunity to help minimize risk and harm in the future. We encourage everyone to report and think McLaren Safety First at McLaren Greater Lansing Hospital.

Please contact the Compliance and Risk Department at 517-975-8952 with additional questions.

QUALITY IMPROVEMENT (QI)

Every year, departments identify what quality initiatives they will work on. Each QI plan can be viewed as a project for change. Usually, these plans are managed by the department supervisor, but you should expect to be part of the improvement team!

Improvement teams use the PDCA (Plan, Do, Check, Act) model of improvement to guide their efforts.



How do we know what to work on? First, we need to know how we are doing. In other words, we need to look at the processes involved in delivering care or services and find opportunities for improvements. Once we have established our initiatives, teams report their progress on a quarterly basis to the Board Quality Improvement Committee.

You should be aware of the QI initiative happening in your department. Ask your supervisor for more information, and to be included in the effort!

PATIENT RIGHTS

Anyone who enters our health care system and becomes a patient is entitled to particular rights, as defined by various laws, regulations and accreditation standards. These rights include:

- The Right to Access to Care
- The Right to Make Decisions Involving Your Care
- The Right to Information
- The Right to Communication
- The Right to Personal Safety
- The Right to Personal Privacy and Confidentiality of Medical Treatment/Records
- The Right to Formulate Advance Directives and to Appoint a Representative to Make Health Care Decisions on the Patient's Behalf
- The Right to Transfer and Continuity of Care
- The Right to be Informed of Any Experimentation or Other Research Projects Affecting Your Care
- The Right to be Informed of Hospital Charges
- The Right to Visitation

Access to the full information about these rights is located in the "Patient's Rights and Responsibilities" brochure, available in all informational brochure racks throughout the hospital.

Pharmaceutical Waste Handling and Disposal

It is the Policy of MGL to manage Resource Conservation and Recovery Act's (RCRA) regulated hazardous and non-hazardous pharmaceutical waste in accordance with state and federal laws. Pharmaceutical waste is any portion of drug that remains after preparation and/or administration to the patient.

The Pharmacy Department will be responsible for identifying and characterizing medications that require special handling for disposal, as well as developing mechanisms to ensure proper disposal of these medications by patient care staff. The mechanisms include reminders on labels; medication administration records (MAR), and/or automated dispensing cabinet clinical alerts.

All Nursing/ patient care staff will dispose of pharmaceutical waste in the proper container.

- a. All pharmaceutical waste designated with [BK] or [BK + PKG] on the label will be placed in the Black Waste Containers.
- b. Non-hazardous pharmaceutical waste will be placed in a Blue Waste Containers. All medications that have no designation on the labels are considered non-hazardous.
- c. Incompatible waste, designated with [TO RX], is to be placed in black zip-lock bags and returned to the Pharmacy for disposal.
- d. Bulk Chemotherapy medications will be placed in Black Chemo Waste Containers.
- e. Trace Chemotherapy, which includes empty chemo drug containers and personal

Pharmaceutical waste disposal containers will be located in patient care areas. Each container will be identified as to type of waste it should contain. Only containers with controlled access lids will be located in public areas.

Environmental Services is responsible for removal of pharmaceutical waste from the patient care areas, and proper storage of the waste pending removal from the facility.

Refer to the Pharmacy Waste Management Policy # 19-11 for further information.

Bariatric Sensitivity Training

Obesity is a rapidly expanding problem with two-thirds of adult Americans either overweight or obese. 28.8% of Michigan adults are obese and the medical costs keep increasing for this population. Obesity is defined as “a life long, progressive, life threatening, genetically related multi-factorial disease of excess fat storage with multiple co morbidities.” Medical implications of obesity range from diabetes, hypertension, heart disease, and asthma to depression.

MGL is pursuing Center of Excellence “COE” status for its Bariatric program. These candidates are individuals seeking weight loss surgery that have routinely participated in physician supervised, supervised, and non-supervised weight loss programs and have attempted weight loss in the past without long-term success. All individuals are carefully evaluated in order to assess their opportunity for successful completion of the program. There are multiple classes, testing, diet and exercise guidelines that are a requirement before they can have surgery. There are 10 requirements that must be in place prior to applying for COE. One of the requirements is Sensitivity Training for hospital employees.

American society places great emphasis on physical appearance. Many people wrongly stereo-type obese people as lazy or non-compliant. Several patients have heard hurtful comments like “How can I tell if you are pregnant” or “Overweight individuals are unattractive”. How would you feel if you heard those comments about you? Evaluate your own feelings and biases regarding obesity and take a walk in their shoes. Don’t make assumptions based only on weight regarding a person’s character or intelligence. Improve empathy by providing the same care to obese individuals as to non-obese patients.

We all need to create a user- friendly environment whether it’s in radiology, surgical lounge, patient’s room, or in the lab. Examine work environment and be prepared before the patient arrives to your area. Determine the weight limit/ width of equipment the patient is likely to need before the patient arrives. Look at operating room tables, wheelchairs, radiology equipment, walkers, blood pressure cuffs, and toilets (toilets must be floor-mounted or larger size commodes). Do not yell out “I need the big boy bed or big girl gown”.

Healthcare workers can make a difference by becoming aware of their own biases, developing empathy, and working to address the needs and concerns of obese patients. Promote a positive and supportive environment.

Hazard Communication Standard

- The intent of Michigan's "Right-to-Know" law was designed to provide information to employer and employees exposed to hazardous chemicals in the workplace.
- Changes have been made to the standard by OSHA to align with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) adopted by 67 nations to provide a common and coherent approach to classifying chemicals.

Chemical Classifications

Chemicals will be classified using a harmonized system that provides standardized language for:

- Health Hazard Categories
- Physical Hazard Categories
- Environmental Hazard Categories*



Labels: Pictograms – Health Hazards



Acute toxicity
(Severe)



Acute toxicity (Less Severe):
Irritant
Dermal sensitizer
Acute toxicity (harmful)
Narcotic effects
Respiratory tract irritation

Labels: Pictograms – Health Hazards (continued)



Skin corrosion
Serious eye damage/
Eye irritation



Carcinogen
Respiratory sensitizer
Reproductive toxicity
Target organ toxicity
Mutagenicity
Aspiration Hazard

Labels: Pictograms – Physical Hazards (continued)



Corrosive to Metals



Oxidizer



Gases under Pressure

Safety Data Sheets

- Under the new Haz Com Standard, Material Safety Data Sheets (MSDS) are now called Safety Data Sheets (SDS).
- Employees must be familiar with both MSDS and SDS .
- SDS contain the same information as MSDS, but use pictograms.

