

EMS Student Mandatory Education

Beaumont Hospitals – Grosse Pointe, Royal Oak and Troy

Making Safe Choices

- These modules provide critical information/steps needed to ensure that our patients consistently receive safe care. It is **your responsibility** to notify your supervisor/educator if you have questions about the information in this module, or if you are unable to complete the steps as described.
- Not following these steps may cause harm to our patients, ourselves or others and is called at-risk behavior. You should expect to be coached if you misstep, or drift, from the described procedures.
- Should you choose to not follow this procedure (after being coached on the correct procedure) that may be considered reckless behavior and may result in punitive action.

I. General Compliance

Annual Acknowledge Statement

As approved by Beaumont Board of Directors, all Beaumont health System employees and physicians are responsible for compliance and are required to receive Compliance education/training upon hire and annually thereafter

The Beaumont Health System Corporate Compliance Program

...is based on the document, Compliance Program Guidance for Hospitals, which was released by the Office of the Inspector General (OIG) in 1998. This document describes the seven basic elements of an effective compliance plan.

Beaumont Health System has a decentralized approach to compliance by using Department Compliance Plans (DCP). Each DCP has:

- 7 Basic elements
- Department specific risk areas (areas where regulations apply)

Each department has a Department Compliance Coordinator (DCC) who is responsible for:

- Department specific education and communication, audits, monitors, and process improvement initiatives
- Reviewing and updating the plan, annually at a minimum
- Keeping employees informed and up to date
- The DCC is the link, who supports and acts as a liaison for their department, staff and the Corporate Compliance Office

7 Elements of Beaumont Health System Corporate Compliance Plan

- Written Policies and Procedures; at both the corporate and departmental level
- Official Personnel
- Vice President, Compliance
- Business Ethics & Corporate Compliance Committee
- Compliance Education and Training for all employs
- The corporate Compliance Office provides education on the Corporate Compliance Plan, as well as information regarding regulatory compliance related issues
- Individual departments provide training on specific policies, rules, laws, and regulations that apply by department

Annual compliance education via Beaumont University's Student Learning Center

- Communication of Compliance Information
- Corporate Compliance Web Page
- Brochures, Posters, Bulletin boards
- Phone calls, Outlook (emails)

- Enforce Compliance standards through investigation, education and communication, and if necessary disciplinary actions
- Monitors and Audits allow the Department Compliance Coordinator and Compliance Team to support the Corporate Compliance Plan and the Department Compliance Plans.
- Respond in a timely manner to all reports or suspicious of potential non-compliance

Compliance is?

- Conducting business in a legal and ethical manner
- Following laws, rules and regulations
- Doing our jobs in full compliance with the regulations:
- Following Beaumont's Code of Business and Ethical Conduct Policy #350

Why is Compliance Important?

- It protects patient's rights and their privacy
- It guards the safety of patients and employees
- It protects employees and the community at large
- It prevents possible errors, waste, fraud and abuse that can result in penalties or sanctions enforced upon Beaumont Health System and/or employees

How does this Affect You?

- All employees and physicians shall report compliance concerns internally to management, their department compliance coordinator, department chief, Compliance Line (1-888-495-5100) or Corporate Compliance Office, which can be done anonymously, if preferred
- You have the right, under the law, to report any potential issues of non-compliance at Beaumont Health System to state and federal administrative agencies
- By law, organizations are not allowed to penalize callers for reporting potential compliance issues.
- Every member of the Beaumont Health System Health Care Team is Responsible

What you need to know!

- Know and understand the "core" Compliance Program documents:
 - Corporate Compliance Plan
 - Code of Business & Ethical Conduct Policy #350 and related brochure;
 - Corporate Compliance Program brochure
 - Compliance Line Brochure
- Attend compliance education and training sessions
- Know the laws, rules and regulations that apply to your job
- Ask questions when you are not sure
- Report potential compliance concerns
- Complete annual mandatory Education

Policy #350: Code of Business & Ethical Conduct

The Beaumont Health System Code of Business and Ethical Conduct is a comprehensive policy that strongly addresses industry relations and conflicts of interest to protect patients and Beaumont Health System.

Policy 350 prohibits any business courtesy or other benefit that is understood by either party to be offered or provided as an inducement to refer patients or business. Any relationship with a vendor that could be interpreted as influencing a designee's decision-making on behalf of Beaumont Health System is prohibited.

Beaumont Health System designees are not permitted to receive any form of payment or gift from a vendor for writing articles, speeches, presentations, or attendance at conferences or programs.

Adherence to Policy

Adherence to all provisions of Policy #350 by all Beaumont employees and physicians is expected when dealing with patients, families, the public, the business community, payors, vendors, and governmental and regulatory authorities

For additional information, refer to Beaumont Health System Code of Business and Ethical Conduct on the Corporate Compliance web page or call the Corporate Compliance Office at (248) 551-0224

Reasons to Comply

- Criminal and Civil Penalties, Imprisonment or loss of License
- Monetary penalties
- Corporate Integrity Agreement (Government's Compliance Program)
- Excluded from participation in Government programs
- Loss of public trust

Doing the Right Thing...The Right Way...For the Right Reason...!

Prevention & Detection of Fraud, Waste, and Abuse

- Beaumont promotes and conducts training programs for all employees to ensure awareness of ethical and legal standards
- Promote internal reporting of potential concerns
- Investigates and resolves all reports of potential non-compliance

False Claims Act

- Imposes civil Liability on any individual or entity that knowingly submits or conspires to submit a false claim to the federal government
- Prohibits a person from making or presenting or causing to be made or presented a claim for payment of health care services knowing the claim to be false.

Examples of False Claims

Claims that:

- Are based on services that were not actually rendered or costs that were not actually incurred
- Contain information that is not accurate or is misleading about the quality or type of services or products supplied
- Payments made, which by law, the claimant was not allowed to receive
- Contain false or misleading pricing information

Electronic Health Record (EHR)

- Beaumont Adopted the use of the HER systems to improve the accuracy, functionality, and accessibility of patient medical records.
- All health care providers entering patient data into a Beaumont EHR is responsible for adhering to the Electronic Health Report Copy/Paste and Template Use Policy #481.
- Any individual entering documentation into the EHR is responsible for the entire content and accuracy of the data.
- Plagiarism- the act of including content of a note authored by another into the note without proper reference is prohibited.
- The CMS (Centers for Medicare and Medicaid Services) and the OIG (Office of the Inspector General) have identified an increased frequency in records with identical documentation across services.

Conflict of Interest

A need to disclose a potential conflict of interest may exist if a Beaumont designee, or any member of their immediate family, receives compensation in any form for services rendered in any capacity to any organization or individual that has any part, present, or prospective business dealings with Beaumont, if such compensation might be reasonably construed as tending to prevent the Beaumont designee from acting solely and wholly in the best interest of Beaumont

At any time when a Beaumont designee or their immediate family member becomes involved in a relationship that is perceived to be a conflict or interest, the Beaumont designee must complete the Conflict of Interest/Disclosure of Remuneration Questionnaire.

Conflict of Interest

If you believe you may have a potential conflict of interest, call the Corporate Compliance Office, at (248) 551-0224

Fraud Risk Management Program

Definition:

Fraud is defined as a false representation of a matter of fact whether by words or conduct, by false or misleading allegations, or by concealment of what should have been disclosed; that deceives and is intended to deceive another so that the individual will act upon it to his or her legal injury. Fraud is a crime and also a civil law violation.

Responsibility

The avoidance of fraudulent activity is the responsibility of everyone at Beaumont. Beaumont policies and procedures are designed to prevent and detect fraud in internal business practices. Any actual or potential instances of fraudulent behavior are dealt with swiftly and decisively. The corporate Compliance Office, with the support of senior management, is responsible to oversee the Fraud Risk Management Program and the Fraud Risk Management Policy 351. Other departments having involvement/ responsibility include Legal Affairs, Security, Internal Audit and Human Resources.

Compliance Policies can be found on the Corporate Compliance web page

Questions regarding a policy can be directed to the Corporate Compliance Office via the website or by calling (248) 551-0224

Compliance Questions? Call...

- Your Supervisor, Manager or Department Chief
- Your Department Compliance Coordinator

The Compliance Line 1-888-495-5100 (24 hours)

Vice President, Compliance
Edward R. Grima
(248) 551-5004

Privacy Officer
Doug Clarkston
(248) 551-5006

Information Security Officer
Doug Copley
(248) 733-7337
ITSecurity@beaumont.edu

Director, Education, & Coding Compliance
Rochelle Cooper
(248) 551-5120

All reports remain confidential and will be investigated

II. Cultural Diversity

Creating a Welcoming Environment Where Everyone Matters

A Diverse World

The world in which we live has brought together people of various cultures, ethnicities and spiritual backgrounds. Our values come from our own background, and these values drive our behavior. It is important that we respect the differences among our staff and our patients.

No matter what our role - nurse, doctor, student, technician, administrator - promoting inclusion requires us to be flexible and creative in determining our approach to different situations.

Introduction

This course is about being sensitive to and respectful of our differences whether we are interacting with a patient or with a fellow team member.

Each of us brings our own unique and diverse mixture of experiences, skills, talents and perspectives to the workplace. By embracing this diversity, we grow in knowledge, understand each other better, and gain new insights.

This knowledge, understanding and insight can positively impact what we do:

- Our patients receive care that is more responsive to their concerns and needs – personally and culturally.
- Our team becomes stronger because we recognize and value the uniqueness that each of us brings to the workplace.

Stereotypes

Each of us have assumptions about other people or groups of people. These stereotypes can affect how we interact with others.

Sometimes, people confuse stereotypes and prejudices; but they are not the same thing.

- A stereotype is an *assumption* we make about a person or a group.
- A prejudice is a *negative or positive judgment* we make about a person or a group, without really knowing them.

Stereotypes may be based on things such as age, appearance, disability, ethnicity, gender, race, religion and sexual orientation. They are frequently influenced by limited information and made at an unconscious level. We are more likely to rely on our stereotypes to help us organize information in a stressful, fast paced environment.

We cannot let stereotypes impact our jobs within Beaumont Health.

Which of these Statements do you believe to be true, or have heard others say are true, about most people in each particular group?

- Motorcyclists with tattoos are in gangs
- Senior citizens do not use computers
- Black people are good at sports
- Muslims are terrorists
- Thin people are anorexic
- People on welfare don't want to work

- Overweight people are jolly
- Hispanics are illegal aliens
- People with dyslexia have below average intelligence
- Groups of teens, at the mall, are looking for trouble
- Jews cannot eat pork
- Deaf people can read lips
- Drug addicts are homeless
- Attractive women with blonde hair are not smart
- Computer experts are nerdy-looking
- Gays are good at interior decorating
- People in wheelchairs cannot answer questions for themselves

You may be surprised to learn that all of the statements above are stereotypes!

- It is helpful to recognize our own stereotypes so we can become more aware of them and increase our ability to consciously avoid their influence on our interactions with others.

Caring for patients with different Beliefs about Health Care

- It is imperative that we are open to the beliefs of cultures other than our own, especially in healthcare.
- Remember, our values drive our behavior and the behavior of our patients. It is important that we are sensitive to the wants and desires of our patients and families. It is also important that we realize that patients and their families may feel vulnerable in our environment.

Patient Centered Care

- Including the patients in their own plan of care ensures that their needs are being met.
- When the patient feels that their opinions and beliefs are valued, adherence to care practices is increased.

Help Me Understand

When a patient or a patient’s family requests something that doesn’t make sense to you, remember that it probably makes sense to them.

Set aside your feelings. Don’t take it personally as their concerns are not about you personally.

Try to understand the patient and his or her point of view.

Take the time to ask about it. It’s simple to do. You might say:

- “Teach me...”
- “Help me understand...”
- “Please say more...”
- “...so that I can help you”

At Beaumont Health, we strive to provide superior health care and patients come to us expecting it.

Sensitivity to our patients relates not only to us being welcoming and open to the patient’s needs but it also means we are flexible in how our processes are implemented.

Cultural Diversity Handbook

- This handbook is available on the Beaumont Health System Diversity webpage It includes Culture facts and details to assist in providing better healthcare to patients of various ethnicities.

Transcultural Health Care: A Culturally Competent Approach

- This e- book is now available on the Beaumont Health library webpage
- 33 population groups are examined from a health care perspective. Each brings a personal understanding of the traditions and customs of their societies, providing a unique perspective on the implications for patient care.
- Diversity homepage. *Inside Beaumont* > Human Resources>
- Diversity policy #200.
- Beaumont Health is an Affirmative Action employer.

If you have questions or would like further information, please contact:

- Lauren Hill, Director of Diversity and Staff Development, at 248-273-8180 (or extension 38180)

We strive to create a welcoming environment for our patients, employees, physicians, volunteers and communities. We do this by *valuing* the uniqueness of each person who enters Beaumont, not merely tolerating or accommodating their differences.

III. Electrical Safety, Electrical Fire and Response

Objectives:

In this course you will learn about:

- The basics of electricity.
- Common-sense rules of electrical safety.
- Electrical cords and outlets.
- Electrical equipment status.
- What to do if there is an electrical fire.
- Electrical shock.
- Who to call?
- Common sense rules that are guided by Joint Commission, MIOSHA, OSHA and Beaumont policies.

The Basics of Electricity

Conductors

Conductors can carry electricity.

- Metal (such as wire, aluminum ladder) and water are conductors.
- If they are part of a circuit (carrying electricity), you can get a shock if you touch them.

Insulators

Insulators protect you from shock because electricity can't pass through them.

- Examples are wood, rubber, glass and plastic.
- The protective covering around wires is an insulator.

Cords

- Check cords frequently for fraying and other defects such as damaged plugs and missing ground prongs.
- Keep cords away from any chemicals that could damage them (such as oil or grease).
- Protect cords from mechanical damage and away from sharp edges
- Do not run cords through doorways
- Keep cords out the way of traffic
- Avoid using extension cords
- Never over load electrical outlets
- Electrical plug strips (power strips) must NOT be purchased and brought into the hospital by departments. If you need to have additional electric outlets, contact JLL@BHS at ext. 16300

Electrical Outlets

- Always grasp the plug to remove it from the outlet.
 - NEVER pull the cord.
 - NEVER use a "cheater" which convert 3-pronged plugs into 2-pronged plugs.
- The third prong known as the ground prong is important --it grounds the equipment and protects you against electric shock.

Electrical Equipment Status

- Any piece of equipment that is found "out of date" should be reported through the JLL@BHS Customer Service Line, ext. 1-6300.
- Be aware that some pieces of equipment have been initially inspected and do not require additional inspections.
- For equipment maintained by outside vendors, PM information describing the last date done and the next date due is kept in our database and available by calling ext. 1-6300
- For electrical power interruption or failures, staff should check all essential patient care equipment for continuing operation.
- Red outlets signify emergency power.

Call JLL@BHS Customer Service Line, ext. 1-6300 to report a power failure or any equipment problems.

Remember "R.A.C.E."

- **R**escue, anyone who is in immediate danger
- **A**larm, activate nearest pull box on wall
- **C**ontain, close doors in area
- **E**xtinguish, if possible

If there is an electrical fire: Alarm

- Know where the pull stations are located in your department
- They are normally located at exits and stairs
- Turn in the alarm by pulling the pull station and call security

Extinguish

- Extinguish a small fire (waste basket size), if you can do it safely.
- Unplug the equipment.
- Smother a small fire.
- Remember that water conducts electricity. Do not use water for an electrical fire to protect from electrical shock. Look at the icons on the Fire Extinguisher for its intended use.

In case of Electrical Shock

- Shock can cause:
 - Respiratory failure
 - Heart failure
 - Paralysis
 - Burns that can destroy skin, nerves, and muscles
- In an emergency, get medical help as soon as possible.

Who Should I Call?

Repairs for equipment, wiring and circuits should be called into the JLL@BHS Customer Service Line, ext. 1-6300, as soon as possible.

IV. Fire and Life Safety

In this module, you will learn about:

- Alcohol Based Hand Rubs (ABHR)
- Charting Units
- Obstructions
- Doors
- Clutter
- Medical gas valves
- Cylinders

Alcohol Based Hand Rubs (ABHR)

- ABHR's are a flammable liquid and will burn
- Do not touch electrical equipment or hot items until your hands are dry
- Beware of static electricity until dry

Hallway Charting Units

- Charting units must be closed completely to prevent injury or impeding the exit corridor.
- Charting units that do not close due to mechanical reasons should be reported to 248-55-16300.

Obstructions

- Keep emergency equipment visible and accessible.
- Do not place anything in front of fire extinguisher cabinets, fire pull stations, or other emergency equipment

Doors

- If doors are unable to close and latch they will not be able to contain smoke and fire
- Do not block or wedge doors open
- Latches should not be taped
- Report doors that do not close and latch to 248-55-16300

Corridor Clutter

- Elevator lobbies, corridors, and stairwells should be kept clear of items not in use
- Items in use, and isolation carts are permitted
- During a fire alarm, put away all equipment other than isolation carts

Medical Gas Valves

- It may become necessary during a fire to turn off the medical gas to a specific zone. This is done to prevent spread of the fire, or protect a patient in an oxygen rich environment.
- It is necessary that the individual shutting the valve understand the clinical impact on the patients in the area when Medical Gas is shut off.
- In a life-threatening situation, (i.e. fire) a clinically responsible person for the area, can immediately turn off the medical gas isolation valve.
- Take necessary actions to ensure continuous care.

Cylinder Storage

- If you see an unsecured or improperly stored cylinder put it away. Store full or unopened cylinders separately from used or open cylinders.
- Cylinder storage cabinets are installed throughout the hospitals.

Fire Response & Evacuation

- What actions to take during a fire in your area.
- What actions to take during a fire outside your area.
- Types of evacuation.
- How to use a fire extinguisher.

Fire Response

Use **RACE** as a reminder of what to do in case of a fire!

- Rescue
- Alarm
- Contain
- Extinguish

Rescue

- Hospitals: Rescue or remove anyone in immediate danger by moving them beyond the corridor smoke doors
- Signify a room is vacant by placing a diagonal stripe with tape (or marker) across the lower part of the door.

Alarm

- Alert others with the code phrase "Red Alert".
- Activate the fire alarm by using a pull station. They are located at exits, stairwells and most nurse stations.
- Report the fire
 - Royal Oak: 80911 or 248-898-0911.
 - Troy: 40911 or 248-964-0911.
 - Grosse Pointe: 3911 or 313-473-3911

Contain

- Contain fire and smoke by closing doors.
- Closing a door can:
 - prevent the spread of smoke and fire
 - cut off flow of oxygen to the fire

Extinguish

- Extinguish a small fire if you can do so safely
 - Smother the fire with a lid for the pot or pan, or a blanket on a person or trash can
 - Turn off the electricity or unplug electrical equipment
 - Use a fire extinguisher

Fire Within Another Department Within the Hospital

- If you are in another department when the alarm sounds follow direction from them and assist as needed.
- Go about your normal duties and follow instructions given by Security or the Fire Department.

Response

- Assigned personnel will respond to all fire and smoke alarms.
- Security will contact the Fire Department
- Security will escort the fire department to the alarm location.

Evacuation

- There are two types of evacuation - internal and external.
- Internal evacuation is used in hospitals, ambulatory surgical sites, and tall buildings.
- Internal evacuation can be performed horizontally (same floor) or vertically (to another floor).
- External evacuation is the only option at most buildings. It is used as a last option at hospitals, ambulatory surgical centers, and tall buildings.

Horizontal Evacuation

- Involves moving patients down the hall through at least one set of fire or smoke doors.

Vertical Evacuation

- Involves moving down the stairs to a lower floor.
- Elevators in another tower may be used.
- Elevators in the same tower may only be used with fire department permission.

External Evacuation

- Move to the meeting place, away from the building, for safety and to be out of the way of firefighters.
- Report to the incident commander or representative if everyone did or did not get out.

Know Your Department Fire Response & Evacuation Plan

- What is your role during a fire alarm?
- When, how and where do you evacuate?
- How do you report a fire?
- What phrase do you use to alert others?
- Where is the nearest fire pull station?
- Where is the nearest fire extinguisher?

Dry Chemical Fire Extinguishers

Multipurpose (ABC) Dry Chemical is used for ordinary combustibles, flammable liquids, and electrical fires

- Most common type
- Very effective
- Can be used on most types of fires
- Non-toxic

Special Fire Extinguishers

- Special purpose fire extinguishers are used for fires in certain areas.
- These areas include telephone equipment rooms, computer rooms, commercial kitchens, and MRI's.
- You will be taught about them if you work in one of these areas.

Fire Extinguishers & MRI's

- Most fire extinguishers are ferrous (magnetic) and should never be used near an MRI.
- In MRI rooms, only use fire extinguishers that have this symbol.

How to Use A Fire Extinguisher

Use **PASS** as a reminder of how to use a fire extinguisher

- Pull
- Aim
- Squeeze
- Sweep

Interim Life Safety Measures

- Interim Life Safety Measures (abbreviated-ILSM) are temporary measures used when existing life safety features are insufficient or out of service.
- You will be provided with information about what is wrong and how we are providing the same level of safety whenever ILSM are put into place.

Questions?

Questions about fire or life safety?

Contact:

Will Wilson

Safety Coordinator

248-55-16369

V. Emergency Operations Plan

Emergency Preparedness

Emergency Operations Plan (Disaster Plan)

- Beaumont Health’s plan to minimize damage, prepare for, respond to and recover from any type of natural or man-made incident
- Includes incidents within the system and in the surrounding communities that may impact Beaumont Health
- An all hazards plan, which describes how Beaumont will respond to incidents. For example:
 - Mass casualties
 - Bio-terrorism
 - Hazardous materials exposure
 - Radiation exposure
 - Severe weather
 - Bomb threats

Emergency Operations Plan - Location

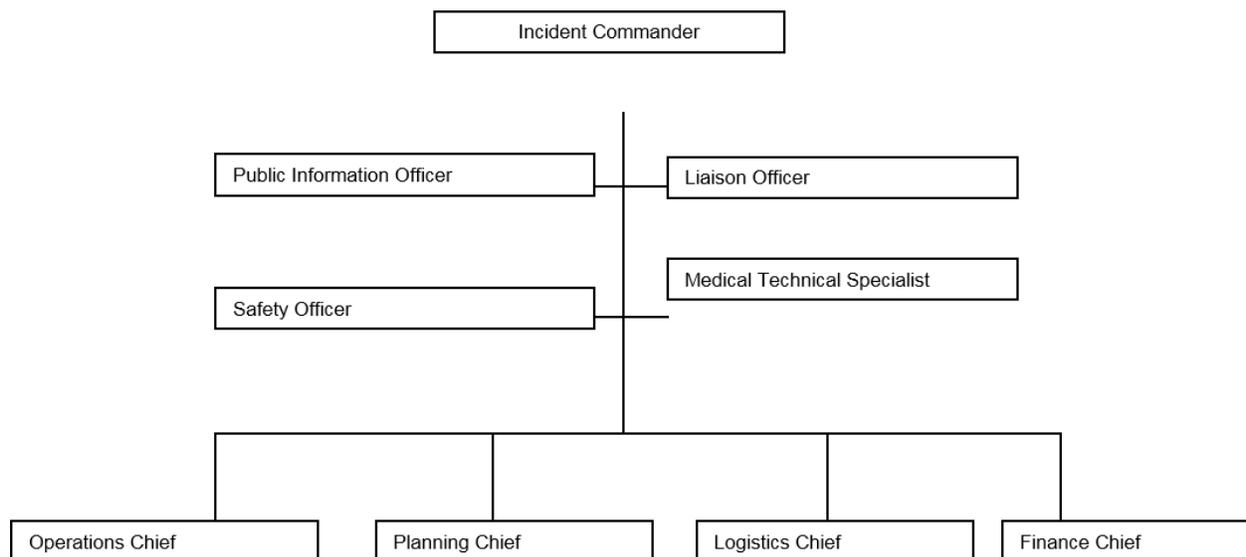
- The Emergency Operation Plan, for Grosse Pointe, Royal Oak, Troy and their affiliated sites, can be viewed on *Inside Beaumont* employee website. The directions are:
 - Start with *Inside Beaumont* Homepage
 - Under “Documents” click Manuals/Policies/Procedures
 - Scroll down to “Organizational Functions”
 - Select the *Emergency Operations Plan for your site*
 - Select desired topic

Hospital Incident Command Center

- The key to the hospital emergency operations plan is the Hospital Incident Command System (HICS)
- HICS describes the command structure for responding to and recovering from an incident

Hospital Incident Command Structure

Organizational Chart



Location of the Emergency Operation Center (EOC)/Command Center is:

- Royal Oak: 1 West, next to Security Access Center
- Troy: Emergency Preparedness Office, 1st floor
- Grosse Pointe: EC Incident Command Center, 1st floor
-

Your Role When the Hospital Incident Command System is Activated

- **Know your role:** Refer to the quick reference guide (flipchart or kardex) posted in your department. It should be outlined in your department plan
- When an incident is announced, you may be instructed to return to your work area and remain there until your supervisor relieves you
- Your supervisor will inform you of any change in your duties during the emergency

Communicating an Incident Alert

- Incident alerts may be initiated by:
 - Security, Hospital Administration, Nursing Administration, Safety, Emergency Center, Incident Commander
- Appropriate personnel will receive a page indicating the type of emergency or incident that has occurred
- When indicated, an overhead page will be announced by the operator
- If an Incident Alert is paged:
 - Follow instructions in the overhead page e.g. return to work station
 - Look at the card attached to your ID badge for a brief description of the incident
 - Use the Emergency Management Quick Reference guide to get more information about the incident alert and your role
- YOU are expected to know what to do when an Incident Alert is paged
Talk with your supervisor if you have questions

Severe Weather

Severe weather is in the area or conditions are right for severe weather to develop

- Actions may include:
 - Close draperies
 - Visitors/staff advised not to leave building
 - Move to interior areas of facility

External or Internal Incidents

An incident has occurred, either within (internal) or outside (external) of the Hospital

- The incident may disrupt the activities of the hospital
- May or may not involve incoming patients

Actions include:

Return to and remain at your workstation until released by your supervisor, unless you are part of a response group

- Review the Emergency Management Quick Reference guide for actions and your role
- Your supervisor will let you know if your duties change during the incident

Hazardous Materials

An internal or external hazardous materials incident or radiological event has occurred and patients may be coming to the Emergency Center

- Actions include:
 - Return to your work area
 - Review Emergency Management Quick Reference guide for actions and your role
 - Specially trained staff will prepare for possible patient decontamination and treatment, if necessary

Internal Hazardous materials Spill Response

- May or may not be paged overhead
- There are specific steps that must be followed to protect you and others should a hazardous chemical or mercury spill occur in your area
 - Contact Security:
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911
 - Isolate / evacuate the area
 - Use spill kit if available
 - Follow direction from the responders
- The Safety Data Sheet (SDS) identifies actions to be taken when a hazardous chemical spill occurs

Bomb Threat

If you receive a bomb threat by phone, immediately call Security and write down as many details as you can remember:

- Did they say where bomb was or when it would go off?
 - Did they say what type of bomb it was?
 - Did they give a reason for planting a bomb?
 - What did “Caller ID” show on phone?
-
- Be alert to suspicious packages and objects-if you see one:
 - **Do not touch or move it**
 - Move patients, staff away from the area
 - Immediately call Security
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911

Amber Alert

- There is a suspicion that an infant or child is missing after a check of all likely areas
 - Be alert to suspicious persons or activities-if noted:
 - Immediately call Security and provide information:
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911
 - Keep person(s) under observation
 - Staff may be assigned specific watch points
 - Movement in the affected areas may be restricted

Red Alert

- Announced when fire or smoke is reported or when the fire alarm is activated
- Use “Red Alert” to notify other staff in the immediate area of fire

Fire alarm response information is found in the Fire & Life Safety online module

Evacuation

- The movement of patients, visitors and staff from a dangerous area to a safe area.
 - Evacuations may be:
 - *Horizontal*: Movement of patients, visitors & staff from dangerous area to a safe area on same floor, beyond a fire door barrier
 - *Vertical*: Movement of patients, visitors & staff to a safe area on another floor
 - *External Evacuation*: Movement of all patients, visitors and staff towards ground floor and out of the building
 - Evacuation response information is found in the Fire Response & Life Safety online module

Utility or System Disruption

- Utilities or Systems that may be disrupted include – but not limited to:
 - Electricity, water, elevators
 - Medical gases, like oxygen
 - Nurse call or intercom
 - Clinical information system
 - Critical medical equipment
 - Suction/vacuum
- The Emergency Management Quick Reference describes actions to be taken if a critical utility or system is disrupted

Telephone Outages

- Royal Oak & Troy: For internal phone outages, **use** the blue-colored phones, that have a bright yellow sticker. Remove the tie-wrap around the phone
- Grosse Pointe: For internal phone outages, use the designated power failure phones identified with a power failure sticker on the handset
 - Phone is for incoming and outgoing calls
 - Start with a “9” when placing a call

Lethal Weapon Alert LOCKDOWN

- A police situation is occurring outside the building
 - Visitors and staff are advised not to leave the building at this time.
 - Visitors / staff advised to stay away from outside windows and door

Lethal Weapon Alert – Act of Violence

- Person(s) is in the building with intent to harm many people
 - A person with a weapon (non-firearm) is threatening or attacking people inside the building
 - Take cover or evacuate the area immediately
 - Secure the area/doors
 - Notify Security

Lethal Weapon Alert – Active Shooter

- Person(s) is in the building with a firearm and is threatening people or is actively shooting
- Leave the area if possible to do so safely
- Secure area/doors
- Hide / take cover if unable to leave area
- Notify Security when safe to do so, undetected

Medical Emergencies – Hospital Buildings

- **CPR: Cardio Pulmonary Resuscitation is needed**
 - In Hospital: CPR Team is paged
 - In Community-based Medical Centers and Business Centers: Call 9-911 or 911
- **Rapid Response Team – Patient is experiencing acute clinical changes**
 - In Hospital: Rapid Response Team is paged
 - In Community-based Medical Centers and Business Centers: Call 9-911 or 911

“All Clear”

Situation has resolved, facility returning to normal operations. Resume your normal duties

Preparing for Emergencies

The hospital prepares for emergencies/incidents by:

- Having Emergency Management Committees and one that is Corporate Wide
- Maintaining Emergency Operations Plans
- Providing education to all staff
- Conducting emergency exercises (drills) within the hospital organization and with the community
- Participating on community preparedness committees

Reference Kardex/Flipchart

- Describes different types of emergencies/ incidents and what general actions are to be taken as well as unit-specific actions
- Includes information on:
 - Emergency alerts
 - Phone numbers
 - Evacuation routes
 - Emergency actions

Additional resources

- Your emergency code badge card briefly describes emergency codes, **PASS** and **RACE**
- Safety Manual Policies and Procedures
- Pager/Phone Directory for emergency phone services
- Your department policy and procedure manual

You are responsible for knowing what is in the Emergency Management Quick Reference and your role in an emergency.

Emergency Operations Plan (Disaster Plan)

- Beaumont Health’s plan to minimize damage, prepare for, respond to and recover from any type of natural or man-made incident
- Includes incidents within the system and in the surrounding communities that may impact Beaumont Health
- An all hazards plan, which describes how Beaumont will respond to incidents. For example:
 - Mass casualties
 - Bio-terrorism
 - Hazardous materials exposure
 - Radiation exposure
 - Severe weather
 - Bomb threats

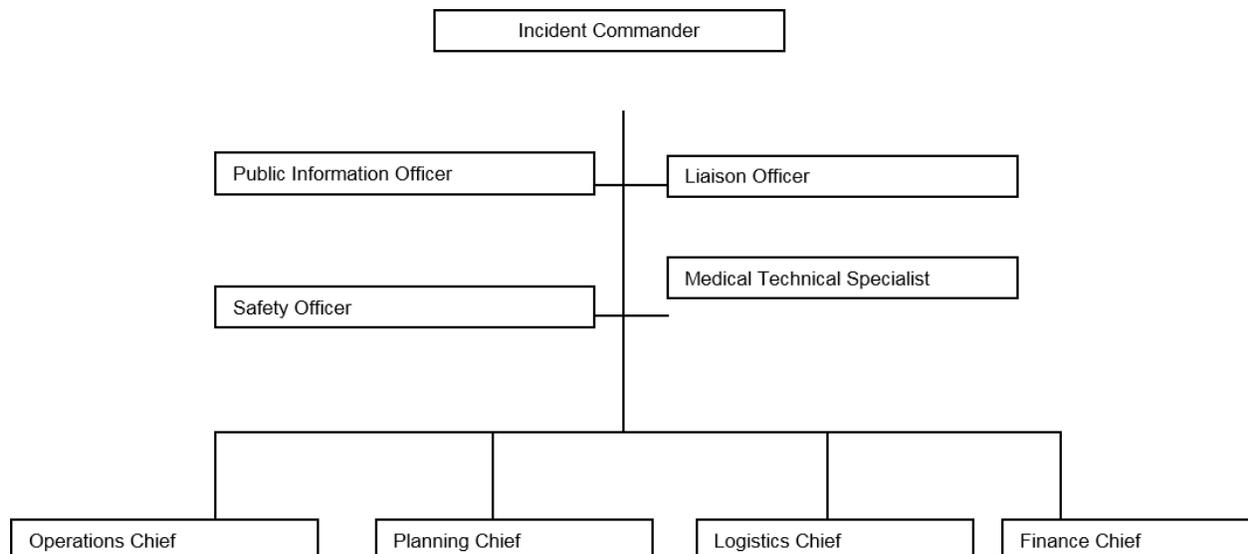
Emergency Operations Plan – (Location)

- The Emergency Operation Plan, for Grosse Pointe, Royal Oak, Troy and their affiliated sites, can be viewed on *Inside Beaumont* employee website. The directions are:
 - Start with *Inside Beaumont* Homepage
 - Under “Documents” click Manuals/Policies/Procedures
 - Scroll down to “Organizational Functions”
 - Select the *Emergency Operations Plan for your site*
 - Select desired topic

Hospital Incident Command Center

- The key to the hospital emergency operations plan is the Hospital Incident Command System (HICS)
- HICS describes the command structure for responding to and recovering from an incident

Hospital Incident Command Structure Organizational Chart



- The location of the Emergency Operation Center (EOC)/Command Center is:
 - Royal Oak: 1 West, next to Security Access Center
 - Troy: EC Conference Room, 1st floor
 - Grosse Pointe: EC Incident Command Center, 1st floor

Your Role When the Hospital Incident Command System is Activated

- **Know your role:** Refer to the quick reference guide (flipchart or kardex) posted in your department. It should be outlined in your department plan
- When an incident is announced, you may be instructed to return to your work area and remain there until your supervisor relieves you
- Your supervisor will inform you of any change in your duties during the emergency

Communicating an Incident Alert

- Incident alerts may be initiated by:
 - Security, Hospital Administration, Nursing Administration, Safety, Emergency Center, Incident Commander
- Appropriate personnel will receive a page indicating the type of emergency or incident that has occurred
- When indicated, an overhead page will be announced by the operator
- If an Incident Alert is paged:
 - Follow instructions in the overhead page e.g. return to work station
 - Look at the card attached to your ID badge for a brief description of the incident
 - Use the Emergency Management Quick Reference guide to get more information about the incident alert and your role
- YOU are expected to know what to do when an Incident Alert is paged
Talk with your supervisor if you have questions

Severe Weather

Severe weather is in the area or conditions are right for severe weather to develop

- Actions may include:
 - Close draperies
 - Visitors/staff advised not to leave building
 - Move to interior areas of facility

External or Internal Incidents

An incident has occurred, either within (internal) or outside (external) of the Hospital

- The incident may disrupt the activities of the hospital
- May or may not involve incoming patients

Actions include:

Return to and remain at your workstation until released by your supervisor, unless you are part of a response group

- Review the Emergency Management Quick Reference guide for actions and your role
- Your supervisor will let you know if your duties change during the incident

Hazardous Materials

An internal or external hazardous materials incident or radiological event has occurred and patients may be coming to the Emergency Center

– Actions include:

- Return to your work area
- Review Emergency Management Quick Reference guide for actions and your role
- Specially trained staff will prepare for possible patient decontamination and treatment, if necessary

Internal Hazardous materials Spill Response

- May or may not be paged overhead
- There are specific steps that must be followed to protect you and others should a hazardous chemical or mercury spill occur in your area
 - Contact Security:
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911
 - Isolate / evacuate the area
 - Use spill kit if available
 - Follow direction from the responders
- The Safety Data Sheet (SDS) identifies actions to be taken when a hazardous chemical spill occurs

Bomb Threat

If you receive a bomb threat by phone, immediately call Security and write down as many details as you can remember:

- Did they say where bomb was or when it would go off?
 - Did they say what type of bomb it was?
 - Did they give a reason for planting a bomb?
 - What did “Caller ID” show on phone?
-
- Be alert to suspicious packages and objects-if you see one:
 - **Do not touch or move it**
 - Move patients, staff away from the area
 - Immediately call Security
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911
 - Community-based Medical Centers and Business Centers: Dial 911 or 9-911 and Security

Amber Alert

- There is a suspicion that an infant or child is missing after a check of all likely areas
 - Be alert to suspicious persons or activities-if noted:
 - Immediately call Security and provide information:
 - Royal Oak: Dial 248-89-80911
 - Troy: Dial 248-96-40911
 - Grosse Pointe: Dial 313-473-3911
 - Keep person(s) under observation
 - Staff may be assigned specific watch points
 - Movement in the affected areas may be restricted

Red Alert

- Announced when fire or smoke is reported or when the fire alarm is activated
- Use “Red Alert” to notify other staff in the immediate area of fire

Fire alarm response information is found in the Fire & Life Safety online module

Evacuation

- The movement of patients, visitors and staff from a dangerous area to a safe area.
 - Evacuations may be:
 - *Horizontal*: Movement of patients, visitors & staff from dangerous area to a safe area on same floor, beyond a fire door barrier
 - *Vertical* : Movement of patients, visitors & staff to a safe area on another floor
 - *External Evacuation*: Movement of all patients, visitors and staff towards ground floor and out of the building
 - Evacuation response information is found in the Fire Response & Life Safety online module

Utility or System Disruption

- Utilities or Systems that may be disrupted include – but not limited to:
 - Electricity, water, elevators
 - Medical gases, like oxygen
 - Nurse call or intercom
 - Clinical information system
 - Critical medical equipment
 - Suction/vacuum
- The Emergency Management Quick Reference describes actions to be taken if a critical utility or system is disrupted

Telephone Outages

- Royal Oak & Troy: For internal phone outages, **use** the blue-colored phones, that have a bright yellow sticker. Remove the tie-wrap around the phone
- Grosse Pointe: For internal phone outages, use the designated power failure phones identified with a power failure sticker on the handset
 - Phone is for incoming and outgoing calls
 - Start with a “9” when placing a call
- Community-based medical centers and Business centers: Contact phone carrier and the Beaumont hospital operator

Lethal Weapon Alert LOCKDOWN

- A police situation is occurring outside the building
 - Visitors and staff are advised not to leave the building at this time.
 - Visitors / staff advised to stay away from outside windows and door

Lethal Weapon Alert – Act of Violence

- Person(s) is in the building with intent to harm many people
 - A person with a weapon (non-firearm) is threatening or attacking people inside the building
 - Take cover or evacuate the area immediately
 - Secure the area/doors
 - Notify Security

Lethal Weapon Alert – Active Shooter

- Person(s) is in the building with a firearm and is threatening people or is actively shooting
- Leave the area if possible to do so safely
- Secure area/doors
- Hide / take cover if unable to leave area
- Notify Security when safe to do so, undetected

Medical Emergencies – Hospital Buildings

- **CPR: Cardio Pulmonary Resuscitation is needed**
 - In Hospital: CPR Team is paged
 - In Community-based Medical Centers and Business Centers: Call 9-911 or 911
- **Rapid Response Team – Patient is experiencing acute clinical changes**
 - In Hospital: Rapid Response Team is paged
 - In Community-based Medical Centers and Business Centers: Call 9-911 or 911

“All Clear”

Situation has resolved, facility returning to normal operations. Resume your normal duties

- Talk with your supervisor if:
 - You have questions
 - You don't know who to contact

Preparing for Emergencies

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VI. Hazard Communication Standard

Including the Global Harmonization System

Making Safe Choices

- This module provides critical information/steps needed to ensure that our patients consistently receive safe care. It is **your responsibility** to notify your supervisor/educator if you have questions about the information in this module, or if you are unable to complete the steps as described.
- Not following these steps may cause harm to our patients, ourselves or others and is called **at-risk behavior**. You should expect to be coached if you misstep, or **drift**, from the described procedures.
- Should you choose to not follow this procedure (after being coached on the correct procedure) that may be considered **reckless behavior** and may result in punitive action.

Hazard Communication: Objectives

In this module, you will learn the following information:

- The federal and state regulations regarding hazardous chemicals
- The New alignment with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) adopted by 67 nations
- Your roles and responsibilities
- The importance of hazard warning labels
- What is a Safety Data Sheets (SDS) and starting a SDS search
- Role of personal protective equipment (PPE)
- Routes of entry and exposure levels
- What to do for a spill or leak of hazardous chemical

The Federal Law

Federal OSHA's Hazard Communication Standard is a general labor law (29 CFR 1910.1200) which mandates that employers will inform our employees of any hazards associated with handling products containing hazardous chemicals.

The State Law

The Michigan Occupational Safety and Health Act (MIOSHA) adopted the federal Hazard Communication Standard by reference to communicate information regarding the safe handling of hazardous chemicals present in Michigan workplaces.

Roles and Responsibilities

Chemical Manufacturers must:

- Determine a chemical's hazards
- Provide labels and produce Safety Data Sheets (SDSs)

Beaumont as an employer must:

- Provide a written hazard communication program (It's in the Beaumont Safety Manual - Policy #1350)
- Train an employee who is assigned to work with any hazardous chemicals and when new hazards are introduced into the workplace and
- Maintain SDSs.

You as an employee must:

- Find the chemicals used in the work area - look for a chemical inventory.
- Obey all established safety rules on the hazardous chemical's labels.
- Know the location of personal protective equipment (PPE) (i.e., gloves, mask, etc.)

Labels

There are several new label elements:

- Symbols called "Pictograms"
- Signal Words
- Hazard Statements
- Precautionary Statements
- Product Identification
- Supplier/Manufacturer Identification

Labeling

- A label is an immediate source of information about a hazardous chemical, providing the identity of the chemical and its most serious hazards.
- You must not remove or deface existing labels.
- If you transfer a chemical to a secondary container, label its contents with the chemical's identity and a key "warning" word
 - For example: new label should state:
 - "Ammonium Hydroxide – CORROSIVE – Causes burns"

Data Safety Sheets (SDS)

The purpose of an SDS is to tell you:

- Comprehensive, technical and emergency information
 - The material's physical properties or fast acting health effects
 - Level of personal protective equipment (PPE) you need
 - First aid treatment for exposures
 - Preplanning necessary for safe handling
-
- The SDS must be legible, accurate and in English.
 - You must have an SDS for each hazardous chemical. The SDS may be in any medium, such as paper or electronic, that does not restrict availability.
 - Under the new Haz Com Standard, Material Safety Data Sheets (MSDS) are now called Safety Data Sheets (SDS).
 - All SDSs will have a consistent 16-section format.
 - Employers must ensure that SDSs are readily accessible to employees.

Okay, how do I get a SDS?

Step #1:

Double click on your Internet Explorer and go to *Inside Beaumont* Online

Step #2:

Go to "References" on the toolbar and click on it

Step #3:

Under "References" go all the way down to:

Step #4:

Type in the chemical you are searching for and hit search.

Do NOT use the Google search function on the top of the page.

Personal Protective Equipment (PPE)

- PPE protects employees from the risk of chemical injury by creating a barrier against workplace hazards. and/or illness.
- Includes: Hand, eye, protective clothing and respiratory protection.
- PPE is not a substitute for good engineering or administrative controls or good work practices, but should be used in conjunction with these controls to ensure the safety and health of all employees.
- Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required and that such use will lessen the likelihood of occupational injury.

Routes of Entry Into the Body

How can chemicals enter the body?

- Inhalation (nose)
- Skin Contact
- Eye Contact
- Ingestion (mouth)

What's an Exposure?

- The **Permissible Exposure Limit (PEL)** is the maximum amount or concentration of a chemical that a worker may be exposed to under OSHA regulations.
- **8-hour Time Weighted Averages (TWA)** - are an average value of exposure over the course of an 8 hour work shift.

How Long Is Too Long?

The longer the exposure, the more likely you will be affected.

Remember: If you have signs and symptoms of an exposure – Report it to your supervisor and go to the Emergency Center.

Spill/Leak of a Hazardous Chemical

Employees must do the following for Spills and Leaks :

- NOTIFY SECURITY -
 - Royal Oak 248-898-0911
 - Troy 248-964-0911
 - Grosse Pointe 313-343-1728 if you spill or encounter a large chemical spill.
- Evacuate the area
- Place a warning sign on the door or area stating: "CHEMICAL SPILL-KEEP OUT"

Handling a Spill/Leak of a Hazardous Chemical

- If you have been properly trained to use the designated chemical spill kit for your work area, notify your Supervisor and then use the kit to take care of the spill.
- Go to the Occupational and Environmental Safety Webpage and complete the chemical spill form.

Summary:

- Identify chemical hazards by reading labels and SDSs.
- Follow warnings and instructions, or ask a supervisor if in doubt.
- Use the correct personal protective equipment.
- Practice sensible, safe work habits.
- Learn emergency procedures.
- Many chemicals can cause injury or illness if not handled properly.

VII. So Why All the Fuss About Hand Hygiene?

Most Germs are Transmitted by the

HANDS!

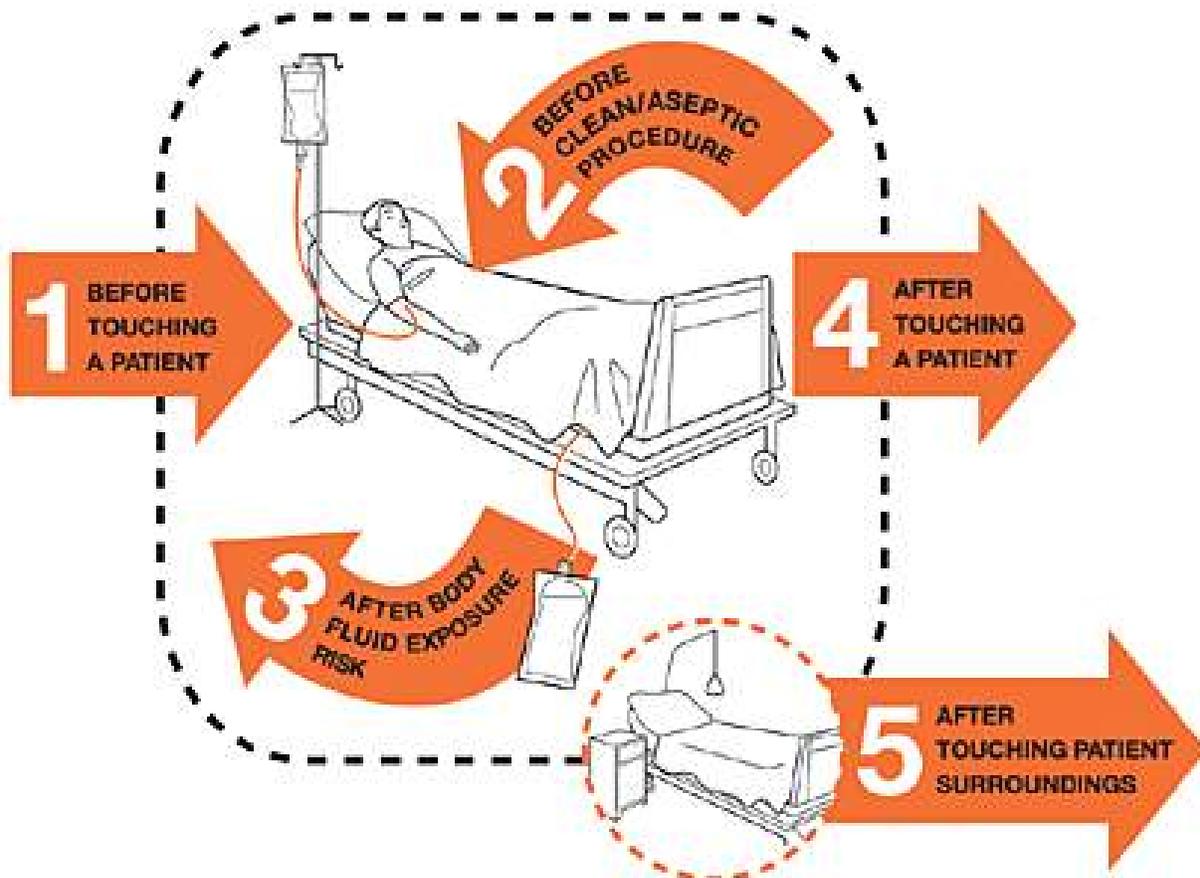
What is Hand Hygiene?

- Cleaning hands with:
 - Soap and Water
 - Or
 - Alcohol Hand Sanitizer

FOAM-IN, FOAM-OUT...

- Setting a minimum expectation:
 - Everyone
 - Every time
 - No Excuses!
- Wash or foam when entering a patient's room
- Wash or foam when leaving a patient's room
- Also perform Hand Hygiene:
 - Before touching the patient
 - Before putting on gloves to insert:
 - Central line insertion
 - Urinary catheter
 - IV catheter
 - Other invasive device
 - After taking off gloves
- After touching surfaces such as
 - bed rails,
 - IV poles,
 - tray tables,
 - WOWs,
 - or other items near the patient

- After touching patients'
 - intact skin
 - non-intact skin or mucus membranes
 - blood or body fluids
- When moving from a contaminated body site to a clean body site during patient care



Wash or Alcohol Hand Rub?

- Use Soap and Water
 - When hands are visibly dirty
 - After using the restroom
- Use Alcohol-based hand rub
 - If hands are not visibly dirty
 - For routine hand hygiene

Why Practice Hand Hygiene?

- Protect Yourself
- Protect Your Co-Workers
- Protect Your Family
- Protect Your Patients

How to Wash Your Hands

- Wet hands and wrists under running water
- Apply soap
- Rub soap and water over entire hand surface for at least 15 seconds
- Pay attention to areas around nails and between fingers
- Rinse

How to Dry Your Hands

- Dry hands completely with disposable towels
- Use a towel to turn off the faucet, if automatic controls are not available
 - Prevents germs from the faucet from contaminating your clean hands

How to Use Alcohol Hand Rub

- Apply to the palm of one hand
- Rub hands together
- Cover all surfaces of your hands, fingers and thumbs, including areas around/under fingernails
- Continue rubbing hands together until alcohol has dried
 - If you use enough hand rub, it should take *10-15 seconds* for your hands to feel dry

Use soap and water if you have visible blood or body fluids on your hands

Skin Care: Moisturizers & Lotions

- Healthy, unbroken skin is the best protection against infection and transmission of germs that cause disease
- Use hand lotions
 - Reduces dryness from frequent hand hygiene
 - Prevents skin irritation from glove use

Fingernail and Artificial Nails

- Natural nail tips should be kept to ¼ inch in length
- Artificial nails must not be worn by health care workers who touch patients or by food handlers

Gloving

- Wear gloves whenever contact with blood or body fluids is possible
- Perform hand hygiene before putting on gloves
- Remove gloves after caring for a patient and wash hands or use alcohol hand rub
- Change gloves and wash hands between patients
- Take off gloves and wash hands when leaving a patient's room
- Do not wear gloves in the hall or when going room to room
- Do not wash gloves

Colonized or Infected?

- People who carry bacteria without signs of infection are colonized
- Bacteria from colonized people can be passed to others on the hands of healthcare workers

Bacteria can be transmitted even if the patient is not infected.

VRE

- VRE can survive on surfaces for up to 7 days
- Contaminated surfaces increase cross-transmission
- Frequently touched surfaces, can also positive for VRE
 - Tables
 - Bed rails
 - IV poles
 - Computers

VIII. STANDARD PRECAUTIONS: BLOOD AND BODY

Standard Precautions

- A set of practices to prevent infections caused by contact with:
 - Blood or body fluids
 - Non-intact skin (including rashes)
 - Mucous membranes
- Includes:
 - Hand hygiene
 - Personal protective equipment (PPE)
 - Needle stick and sharps injury prevention
 - Cleaning and disinfection

Use Standard Precautions for care of all patients, whether or not they appear sick

Ways to Prevent Exposure to Blood or Body Fluids

- Personal Protective Equipment:
 - Gloves, masks and eye protection or face shields, and fluid-resistant gowns are examples of personal protective equipment
- Scrub suits, uniforms, and general work clothes do not protect you from blood or body fluid, and are not considered personal protective equipment.

Personal Protective Equipment

- PPE must be used when exposure to blood and/or body fluids is reasonably expected
 - Gloves must be worn when touching blood or body fluid, mucus membranes or open skin (such as wounds, blisters or a rash)
 - A mask and eye protection must be worn if blood or other body fluids may splash into your eyes, nose or mouth
 - A gown must be worn if it is likely that blood or body fluids may splash on your clothing

Choosing the Right PPE

- Starting an IV
 - Gloves must be worn, because contact with blood is likely. Face protection and a gown are not necessary because splashing of blood is not likely.
- Changing a dressing
 - Gloves must be worn, because contact with blood is likely. Face protection and a gown are not necessary because splashing of blood is not likely.
- Suctioning a patient
 - Face protection and a gown should be worn because splashing is likely. Gloves must be worn because contact with sputum is likely.

Remove PPE in the Following Order:

1. Outside of gloves are contaminated!
 - Grasp outside of glove with other gloved hand and remove
 - Hold that glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove and peel off over first glove and discard
2. Gown front and sleeves are contaminated!
 - Unfasten ties and pull away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll in to a bundle and place in soiled linen hamper
3. Remove mask last
 - Pull it off from back, avoiding touching the possibly contaminated front part

Disposing of PPE

- Gowns are single use only
 - Discard paper or plastic gowns in trash
 - Discard washable gowns in linen receptacle
- Gloves and masks/face shields should be discarded in the regular trash, unless they are dripping with blood or other body fluids
- Items that are soaked with blood/body fluid must be placed in the red bins (biohazard waste)

Reusable PPE

- Reusable personal protective equipment, such as goggles and rubber boots (used in surgery), must be cleaned with a hospital disinfectant, if they have been soiled with blood or body fluid
- Hospital disinfectants must stay in contact with surfaces according to manufacturer's directions

Limitations of PPE

- Needles and sharp items can puncture gloves
- Gloves that do not fit well may rip or tear
- If masks or face shields are not worn properly, body fluids may splash over or under them

Ways to Decrease Risk of Exposure

- Think about the situation and procedure before starting it
- Be very careful when handling all needles and other sharp items
- Watch carefully when other people are using needles or sharp items to avoid being accidentally stuck by the other person
- When cleaning up after a procedure, handle all items very carefully, just in case a dirty needle or sharp has been left under towels or debris



- This symbol indicates that blood or other infectious materials may be present

Ways to Prevent Exposure to Blood or Body Fluids

- Examples of Engineering Controls to prevent exposure to blood or body fluids:
 - Safety needles
 - Protected needle devices
 - Sharps boxes
 - Splash shields

Work Practices to Prevent Exposure to Blood or Body Fluids

- **Activate safety devices immediately after use**
- **Discard sharp objects into sharps boxes immediately after use**
- **Avoid splashing or spraying when irrigating a wound**
- **Use a “hands free” method of passing used needles and sharp instruments**
- **Use a hospital approved disinfectant to clean up spills of blood or body fluids**

Bloodborne Pathogens

- Blood borne Pathogens are microorganisms in blood that can cause disease in humans
 - Some examples are
 - Human immunodeficiency virus (HIV)
 - Hepatitis B virus (HBV)
 - Hepatitis C virus (HCV)
 - Rules and regulations, related to transmission precautions, were developed to protect health care workers and patients

Bloodborne Pathogens: Rules and Regulations

- These regulations require that all employees who may be exposed to bloodborne pathogens receive annual training
- The Bloodborne Pathogens Exposure Control Plan is available to all employees and can be found on *Inside Beaumont* online in the Corporate Infection Control manual

Exposure Control Plan

- Explains precautions to protect employees from exposure to blood and other body fluids
- Includes a list of employees who may have exposure to bloodborne pathogens as part of their job
 - These employees are entitled to receive the hepatitis B vaccination free of charge

Exposure – How does it happen

- Sharp item, contaminated with blood or body fluid, punctures the skin
 - Needle
 - Surgical instrument
 - Glass
- Splash of blood or body fluid into:
 - Eyes
 - Nose
 - Mouth
- Blood or body fluid spill onto non-intact skin
 - Wound
 - Cut
 - Abrasion

Hepatitis B and C Viruses

- Cause inflammation of the liver
- Can cause liver damage, leading to cirrhosis and/or cancer
- Symptoms of Hepatitis may include:
 - mild flu-like symptoms
 - dark urine
 - light stools
 - jaundice
 - fatigue and/or
 - fever
- Others may have no symptoms at all

- Spread when a person comes in contact with infected blood through:
 - a puncture wound from a dirty needle (the most common cause)
 - mucous membranes of the eye or mouth
 - open wound or abraded skin
 - a human bite (Hepatitis B only)
- It may also be transmitted:
 - through sexual contact or
 - from mother to baby during birth (less likely with Hepatitis C)

PREVENTION

- Hepatitis B Vaccine (none available for HIV or Hep C)
- Standard Precautions
- Cleaning and Disinfection
- Engineering controls

Hepatitis B Vaccine

- All employees who may be exposed to blood or body fluid while performing their jobs can get the vaccine free of charge
- It is a very safe vaccine
- Three injections are given over a 6 month period
- A blood test will be done after the series to see if you are immune

Epidemiology and Symptoms: Human Immunodeficiency Virus (HIV)

- HIV can lead to acquired immunodeficiency syndrome (AIDS)
- HIV affects the immune system
- People with AIDS can develop specific types of pneumonia, cancers and other systemic diseases that may result in death
- Incubation is variable however tests can generally detect HIV between one and three months following exposure
- Spread when infected blood or other infectious body fluids enter the bloodstream through:
 - mucous membrane
 - open wound or abraded skin
 - puncture wound from a sharp item contaminated with blood
 - Hollow needles are more likely to transmit disease than solid (suture) needles
- Transmission can also occur
 - through sexual contact, and
 - from mother to baby during birth
- Within several weeks to several months after infection with HIV, many people develop an acute flu-like illness
- Other symptoms may not appear for years
- There are medications that seem to limit the disease process
- No vaccine is available

If You are Exposed to Blood or Body Fluid:

- Wash the area
- Report to your supervisor.
- Supervisor completes Employee Injury/Illness form online, located on *Inside Beaumont online* > Departments > Occupational Health > Work Injury/Return to work.
- Go immediately to the Emergency Center.

- Identify the source patient if possible.
 - Include the source patient's name and medical record on the Employee Injury/Illness form.
- If a needle or sharp was involved, be sure to describe it on the incident report
 - This information is used to make sure that safety devices are working properly to prevent future injuries to other employees
- A rapid test for HIV will be ordered on the source patient
 - If the source patient is HIV positive, you will be offered anti-retroviral drugs
 - These drugs may prevent infection with HIV, and should be taken as soon after exposure as possible
- The source patient will also be tested for Hepatitis B and Hepatitis C
- You will be tested for antibodies to Hepatitis B to make sure that your vaccination is still effective
- Follow-up with Occupational Health Services (248-733-7300) for results of source patient testing

Questions:

If you have any question about disease transmission and prevention, please contact us, day or night:

- Grosse Pointe: Epidemiology 313-473-1715
- Royal Oak: Epidemiology, at ext. 14040
- Troy: Epidemiology, at ext. 47144

When you call, please leave your question, a phone number and your shift hours, or email, for a reply

IX. Transmission Precautions

Airborne Precautions

- Patients with airborne diseases produce infectious particles so small they can be inhaled deep into your lungs.
- These particles stay suspended in the air for hours.
- N-95 mask must be worn when entering an Airborne Precautions isolation room.
- Employees with potential to enter a room of patients in Airborne Precautions for tuberculosis (TB) must be fit tested annually to ensure proper size of N-95 mask.
- A “fit check” should be performed each time a N-95 mask is worn to ensure proper seal.
- A surgical mask should be worn by the patient during transportation in the hospital.
- Negative pressure is always on in identified airborne rooms.
- Door(s) must remain shut to maintain negative pressure.
- Facilities Management must be notified when Airborne Precautions is initiated.
- Facilities Management activates the monitor and alarm, and manually checks the air flow daily.
- Visitors should be offered respiratory protection prior to entering the room.
- Diseases Requiring Airborne Precautions:
 - Chickenpox (Varicella)
 - Measles
 - Disseminated Shingles
 - Tuberculosis

Droplet Precautions

- Patients may be placed in a private room or cohorted with another patient who requires droplet precautions for the same disease.
- Door to the room may remain open.
- Negative pressure room not required
- Mask and eye protection must be worn when you are within 3 feet from the patient.
- Eyeglasses are NOT considered adequate eye protection.
- Visitors should be offered a mask with eye protection prior to entering the room
- Diseases Requiring Droplet Precautions
 - Influenza
 - Bacterial Meningitis
 - Pertussis (Whooping Cough)
 - Mumps (infectious parotitis)
 - Febrile respiratory illness with active cough
 - Some respiratory illness in children (see Infection Control policy 2.30)

Contact Precautions

- Patients with microorganisms that can be spread to other by:
 - Direct contact
 - Skin to skin
 - Indirect contact
 - Touching surfaces or items that have been touched after touching the patient
 - Gloves and gown must be worn for having contact with patients or patient bedding.

- Patient may be placed in a private room or cohorted with another patient who has the same organism but no other resistant organisms.
- Door to the room may remain open
- Diseases Requiring Contact Precautions:
 - Patients with known resistant organisms (such as MRSA or multi-drug resistant gram negative rods)
 - Patients suspected of having a resistant organism (such as patients admitted from another facility with an open wound, tracheostomy, or diarrhea).
 - Patients with bed bugs, scabies, or lice are also put into contact precautions.
 - ESBL-producing gram negative organisms
 - Carbapenemase producing negative organisms
 - Serious emerging resistant organisms
 - Staph, aureus resistant or intermediate to vancomycin
 - Clostridium difficile

Bed Bugs

- There has been a resurgence in bed bugs in the community. Patients may inadvertently bring a suspected bed bug into the healthcare setting on their clothes or in their belongings. Patients may also have signs of being bitten by bed bugs.

Clostridium difficile

- Patients with this spore forming organism can be spread to others by:
 - Direct skin to skin contact
 - Indirect contact (touching surfaces or items that have been touched after touching the patient)
- Special bleach-based cleaning products must be used in order to clean the environment

Tuberculosis

- Tuberculosis is a bacterial infection cause by the organism *Mycobacterium tuberculosis* (TB)
- This organism is carried in tiny airborne particles, which can be produced when persons who have pulmonary or laryngeal TB sneeze, cough, speak, or sing.
- TB is spread when an individual inhales particles containing TB into the lungs.
- People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends, and co-workers.

Who has a higher risk for being infected with TB?

- Healthcare workers with prolonged face-to-face contact with patients
- Healthcare workers who perform cough-inducing procedures on patients such as a bronchoscopy or suctioning
- People from countries where TB is very common, such as Latin America, the Caribbean, Africa, Asia, Eastern Europe and Russia
- Homeless persons
- Prisoners

Latent TB Infection

Once a person has inhaled TB bacteria, they have either latent infection or active disease

- Latent infection results when the immune system successfully steps TB from growing. The organism is still in the body, but it is inactive
 - People with latent disease are not sick

- They cannot spread TB to other people
- Chest X-rays are normal
- They usually have a positive tuberculin skin test
- Treatment of Latent Infection
 - If the person has a negative chest x-ray and no symptoms or Tb, they have a latent infection
 - Treatment with anti-TB drugs is usually recommended to kill any inactive TB bacteria
 - Treatment prevents development of active disease (“preventative therapy”)

Active TB Infection

- Active disease results when TB overwhelms the immune system, and continues to grow and spread, causing illness.
- Symptoms of active tuberculosis may include:
 - Cough that lasts for longer than two weeks
 - Pain in the chest
 - Coughing up blood—tinged sputum
 - Weakness or fatigue
 - Weight loss
 - Loss of appetite
 - Night Sweats
- All workers in health care facility must participate in the TB testing program

Surveillance

- TB screening for health care workers must be offered upon employment
- Screening for Tb is then performed routinely, based on a risk assessment at each hospital (the number of TB cases seen in the hospital, and the number of cases in the community)

Exposure Follow-up

- If a healthcare worker has been exposed to someone with active tuberculosis, without wearing a mask, a tuberculin skin test is done 10 to 12 weeks after the exposure
- Skin testing is performed 2 to 3 months after exposure because it may take that long for the immune system to respond to infection.

Screening

- Persons with prior positive skin test must monitor their health for symptoms of TB:
 - Cough for more than two weeks
 - Rapid unexplained weight loss
 - Night sweats
 - Excessive Fatigue

If these symptoms occur, report to Occupational Health

Methods of TB Control

- Rapid identification of persons with active tuberculosis and place in airborne isolation
- Place a surgical mask over the nose and mouth of persons suspected of having TB when transporting in the hospital
- Employees wear N-95 masks upon entering patient’s room
- Educate patient to cover their mouth when coughing or sneezing.
- Visitors are to be offered N-95 masks when in the patients room

Airborne Isolation Room

- Private room
- 6-12 air exchanges per hour
- Air exhausted directly outside
- Negative pressure in relation to hall
- Call Facilities Management to turn on negative pressure alarm when patient is admitted to Airborne Isolation
- At Grosse Pointe, keys to the alarms are available on the unit

Possible Exposure

If you think you have been exposed to TB, you should report it to your supervisor or to Occupational Health immediately.

Even though you try to prevent exposure unintentional exposure is possible.

Attestation Statement:

I have read and understand the content of the EMS Student Mandatory Education for Beaumont Hospitals – Grosse Pointe, Royal Oak and Troy.

Printed Name: _____

Signature: _____

School: _____

Date: _____