

Mary Lanning Healthcare

Student Orientation Training

WELCOME to Mary Lanning Healthcare



The goal of our student orientation is to acclimate you to our organization and hopefully answer any questions you may have about our expectations as you begin this journey.

Culture of Excellence

Mary Lanning Healthcare

**GALLUP- Great Workplace
Award Winner**

2015 / 2016 / 2017

Mary Lanning Healthcare embraces a culture of excellence! We pride ourselves in the care we provide our patients, families, visitors and one another.

As a student affiliated with our organization, you will be viewed as an extension of our healthcare system; therefore, it is important to understand and adopt the culture of our organization.



A I D E T

Contributing to our culture of excellence are foundational concepts that have been shown to promote an exceptional patient care experience.

One of these concepts is a Studer Group principle called AIDET. AIDET can be used by everyone in all departments and settings.

Studer Group Five Fundamentals AIDETSM

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

Adopting AIDET in your interactions, especially with patients, has been shown to:

- **Build Trust**
- **Decrease Anxiety**
- **Increase Better Communication**

S. A. F. E.

Another key aspect to our Culture of Excellence is our focus on Safety!

**Patient Safety is our Number 1 and Highest Priority
at Mary Lanning Healthcare**

The acronym S.A.F.E. is utilized as a means to take a timeout or a pause for patient and/or employee safety.

S - STOP

- Pause and take the extra time to evaluate all situations

A - ASK/ACT

- Ask questions and Act as necessary/needed

F - FOCUS

- Focus on the task at hand

E – (Most Importantly) EFFECTIVE COMMUNICATION!!

Our Expectations are straight forward:

- ❖ **Patient Confidentiality**
- ❖ **Appropriate Conduct**
 - ❖ Respecting the patients' and their families' needs,
 - ❖ Our visitors
 - ❖ One another
- ❖ **Striving to maintain a Culture of Excellence**

To become better acquainted with Mary Lanning Healthcare expectations; review the following modules and at the conclusion provided documentation acknowledging your understanding of the information contained in each module.

- **HIPAA / EMTALA Overview**
- **Infection Prevention Overview**
- **Environment of Care Overview**
- **Compliance Plan and Basic Workforce Responsibilities' Acknowledgement**



Understanding HIPAA: Privacy and Security Rules



HIPAA

What is HIPAA?



- HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:
 - Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
 - Reduces health care fraud and abuse;
 - Mandates industry-wide standards for health care information on electronic billing and other processes; and
 - Requires the protection and confidential handling of protected health information

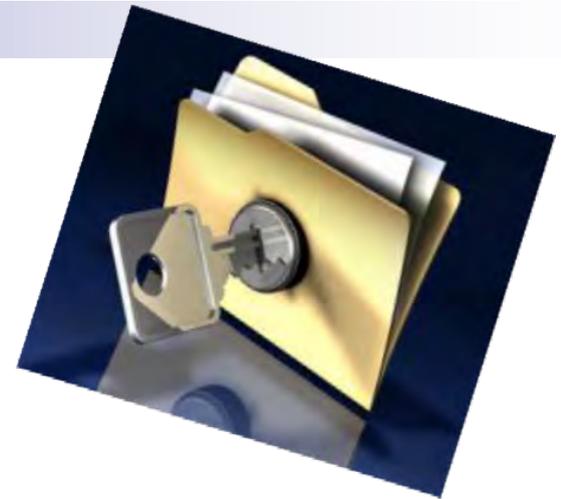
This portion of the course will cover the HIPAA Privacy and Security Rules

How does HIPAA apply to You?

- Anyone that looks at, uses or shares Protected Health Information (PHI) is affected by HIPAA
- Anyone working in or for Mary Lanning Healthcare is responsible to protect patient information.



HIPAA: Privacy Rule



- Assure that individual's health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.
- HIPAA is the hospitals obligation to protect any and all information from others who do not have a business reason to view it or discuss it.

What information is Protected?



- Individually identifiable health information held or transmitted in any form or media, whether electronic, paper, or oral.
- This information is called “protected health information” or **PHI**.

PHI (Protected Health Information)

- You must protect an individual's PHI.
 - PHI is information related to a patient's past, present or future physical and/or mental health or condition
 - Can be any form: written, spoken, or electronic (including video, photographs, and x-rays)
 - Includes at least one of the 18 personal identifiers in association with health information (listed on the following slide)

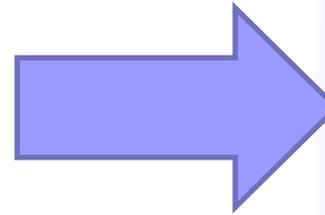




PHI Examples

- Name
- Postal address
- All elements of dates except year
- Telephone number
- Fax number
- Email address
- URL address
- IP address
- Social Security number
- Account numbers
- License numbers
- Medical record number
- Health plan beneficiary #
- Device identifiers and their serial numbers
- Vehicle identifiers and serial number
- Biometric identifiers (finger and voice prints)
- Full face photos and other comparable images
- Any other unique identifying number, code, or characteristic

When Should You



View PHI
Use PHI
Share PHI

Access information only
when necessary to
perform your job duties

Use only the **minimum
necessary** to complete
the task



HIPAA: Security Rule

- Covers e-PHI (electronic protected health information).
- Protects individuals' electronic personal health information that is created, received, used, or maintained by a covered entity.



E-PHI

- Security Rule applies to e-PHI the same restrictions that the Privacy Rule applies to all PHI but in addition you must be able to maintain the integrity and availability of e-PHI.
 - Integrity
 - e-PHI is not altered or destroyed in an unauthorized manner
 - Availability
 - e-PHI is accessible and usable on demand by an authorized person



Computer Security



Create a strong password and do not share your username or password with anyone

- Log off your computer terminal when you are done, or if you walk away even for just a few moments

Ensure information on computer screens is not visible to people who pass by your area

- Ensure your system has anti-virus and all necessary security patches and updates.

Verbal Exchanges

Patients may see normal clinical operations as violating their privacy

Be aware of your surroundings when talking

Do not leave PHI on answering machines

Ask yourself, "what if it was my information being discussed like this?"



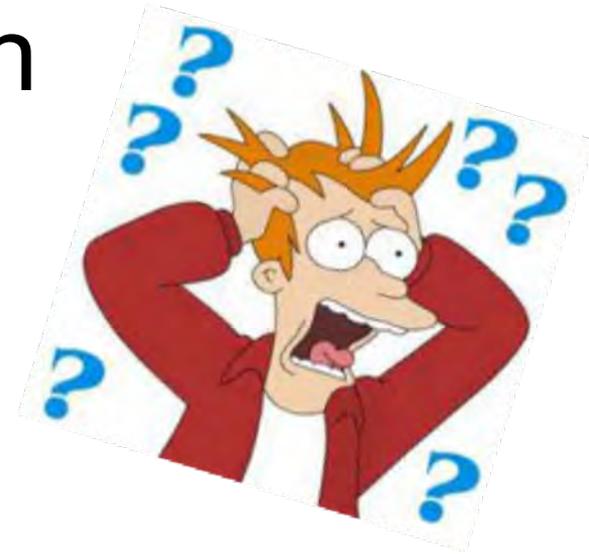
Know where you left your paperwork!

- Check printers, faxes, copier machines when you are done using them.
- Ensure paper charts are returned to applicable areas in nursing stations, medical records, or designated file rooms
- Do not leave hard copies of PHI laying on your desk; lock it up in your desk at the end of the day
- Seal envelopes well when mailing



Privacy Breach from Lost, Stolen, or Misdirected Information

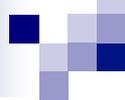
- A privacy breach can occur when:
 - Information is physically lost or stolen
 - Paper copies, films, tapes, electronic devices
 - Information is misdirected to others outside of MLH
 - Verbal messages are sent to or left on the wrong voicemail or sent to or left for the wrong person
 - Mislabeled mail, misdirected email
 - Wrong fax number, wrong phone number



Examples of Privacy Breaches

- Talking in public areas, talking too loudly, talking to the wrong person
- Lost/stolen or improperly disposed of paper, mail, films, notebooks
- Lost/stolen laptops, PDAs, cell phones, media devices (video and audio recordings)
- Lost/stolen zip disks, CDs, flash drives, memory drives
- Hacking of unprotected computer systems
- Email or faxes sent to the wrong address, wrong person, or wrong number
- User not logging off of computer systems, allowing others to access their computer or system





Snooping Constitutes a Violation

- As a nurse or a CNA, you may have access to a patient's medical record. But that does not give you the right to look at it if it does NOT pertain to your job.
- You may not access your own records or your family members' record.

By simply working in the hospital, you may see patients you know, see information about a patient, or overhear clinical conversation. You may NOT share this information with others.

THAT IS A VIOLATION!

Reporting Privacy Breaches and Security Incidents

- Immediately report any known or suspected privacy breaches (such as paper, conversations, suspected unauthorized or inappropriate access or use of PHI) to your Supervisor, Manager, Director or the Compliance and Privacy Officer.



How to Report a Violation

CALL or EMAIL: Compliance / Privacy Officer

Jennifer Gaede

402-460-5505 (Ext 5505)

jgaede@marylanning.org

Information Officer

Lisa Nonneman

402-460-5742 (Ext 5742)

lnonneman@marylanning.org

Reporting Forms – Located in Internet shortcuts (Icon on MLH Computers' Desktop)
Computers available in the MLH Library located in the basement of the Medical Services Building

Compliant Form – HIPAA Privacy

- HIPAA Violation reporting form

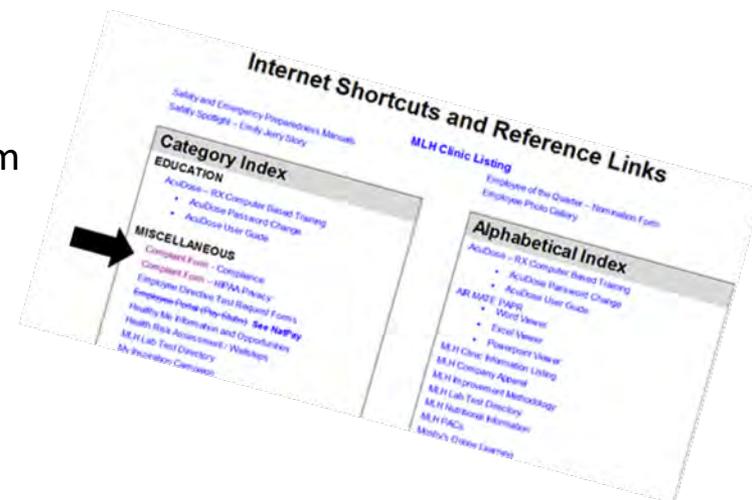
Complaint Form - Compliance

- Compliance complaint/violation reporting form

ANONYMOUS HOTLINE Number

– established to report Compliance issues

- (402) 460-5522
- Monitored daily



Conclusion

- Remember... to the patient, ALL information is private.
- This includes:
 - Personal information
 - Financial information
 - Medical information
 - Protected health information
 - Information in any format: spoken, written, or electronic





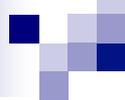
Emergency Medical Treatment & Labor Act

EMTALA

Background / Overview

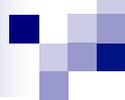
- The Emergency Medical Treatment & Labor Act (EMTALA) is a Federal Law enacted by Congress in 1986.
- Ensures public access to emergency services regardless of insurance status or ability to pay.
- **If ANYONE asks for medical care, or where they should go for treatment, they MUST be immediately directed to the Emergency Department and nowhere else!**





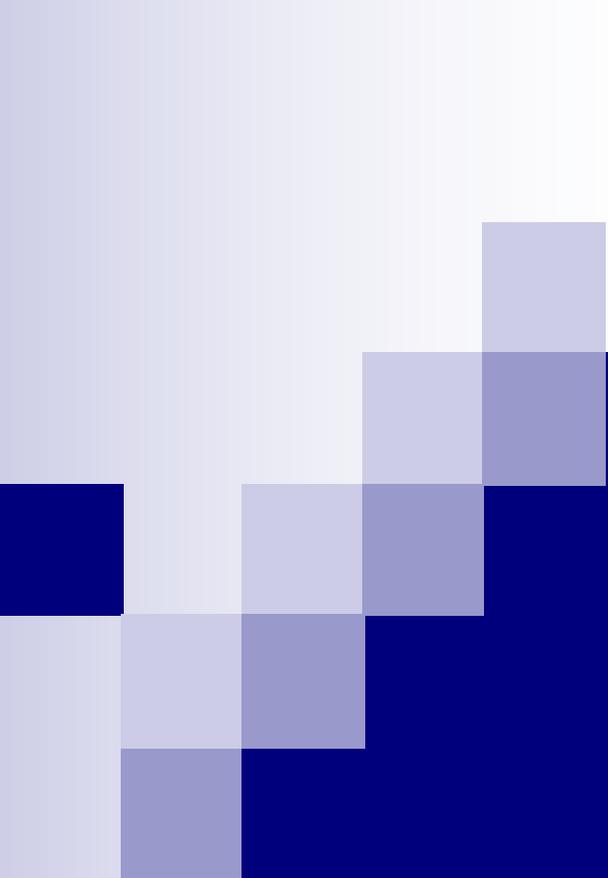
EMTALA Requirements

- Hospitals with a dedicated emergency department must provide:
 - Medical Screening Examination (MSE) when a request is made for examination or treatment regardless of ability to pay
 - Stabilizing treatment for patients with an emergency medical condition (EMC)
 - If unable to stabilize or patient requests, appropriate transfer may be implemented

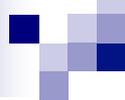


Thank you

- If you have any question, please speak to a Director/Manager, Human Resources or contact the MLH Compliance/Privacy Officer at Ext. 5505.
- Please continue to the Infection Prevention / Hand Hygiene module.



Infection Prevention / Hand Hygiene



Objectives

- **Your role in infection prevention**

- It is important to prevent the spread of disease within our healthcare facility. Examples of infections include; urinary tract infection, respiratory infections, pneumonia and hepatitis B, C and HIV.
- Mary Lanning currently has a very low infection rate but our target goal is zero! This can be achieved with your help by following isolation precautions and hand hygiene. Become familiar with the following information and then take the infection prevention quiz.

- **Ways to prevent transmission through Hand Hygiene**

- **Standard Precautions and Transmission Precautions**

- **Blood-borne Pathogens and Exposure**

Your role in Infection Prevention

Everyone is responsible for the safety of our patients, visitors, coworkers and their families.

■ Protects:

- Patients
- Visitors
- Employees/families

■ Prevents infections

Doesn't matter where you work or your title!



Infections are spread by:

- **Contact**

- Direct
- Indirect

- **Droplet**

- **Air ventilation**

- **Contaminated food**

- **Insects/parasites**

- **Spread through transmission**

- Source
- Host
- Transmission

- **Controls to stop the spread:**

- Isolation
- Hand Hygiene
- Cleaning of equipment

Preventing Infections

- The best way is to practice hand hygiene.
- Follow isolation and standard precautions
 - **Blood and body fluid spills** are treated as potentially infectious and are contained during transport.
 - Keep **food and drink separate** from any areas where blood and body fluids may be handled.
 - All **laboratory specimens are potentially infectious** and are contained during transport.
 - **Trash** is placed in regular trash bags. **Infectious waste** is placed in a **red** bag and in a **red** container. If you see a **biohazard label** or the **color red**, please take precautions to protect yourself.
- Being healthy
- Stay home when you're ill

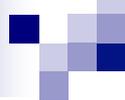


Hand Hygiene

- The number one way to stop the spread of infection:
 - Hand Hygiene
 - Soap and water
 - Alcohol rub
 - Lotion
- As a student affiliated with MLH, you are required to wash their hands every time they enter and exit a patient's room.
- Wash hands when they are visibly soiled. Antimicrobial foam hand rinse is effective and is located in all patient rooms.



©International Fun-Shop



Hand Hygiene

When to Remember to Wash

- Before and after all patient contact
- After removing gloves
- Immediately after exposure to blood and /or body fluids (this includes after using the bathroom)
- After blowing your nose
- After sneezing or coughing in your hands
- After handling soiled items (diapers etc.)
- After working with trash or dirty/contaminated surfaces
- Before preparing or eating meals
- Use a water-based hand lotion frequently to avoid chapped and cracked hands

More Hygiene tips

- Keep nails short (1/4"), filed and well groomed
- Avoid wearing multiple rings
- Artificial nails are not allowed with any patient contact
- Nail polish intact – no cracks
- Avoid excessive jewelry (think germ trapper!)
- Keep rings/watches on during hand hygiene
 - removing and reapplying can cause recontamination

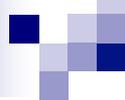
Mary Lanning supports the CDC recommendation regarding fingernails for all staff having patient contact.

Please read the next slide carefully regarding Mary Lanning Healthcare's Fingernail Criteria.

Fingernail Criteria

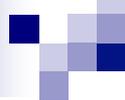


- **Personnel having patient contact DO NOT wear artificial fingernails and/or extenders.** Artificial nails or other fingernail enhancement or resin bonding products (i.e. tips, artificial nails, gel polish, decorations, glitter, etc.).
- Nail polish and Shellac are acceptable types of nail coverage as long as it is well maintained. Nail polish and Shellac should be removed immediately upon any signs of damage, chipping, etc.
- Natural fingernails should be kept short (1/4") and well groomed.



Additional Steps to Stop Infections

- Cover your mouth with coughing or sneezing
 - Use tissue or sleeve
 - Place used tissues in the trash
- Keep your hands away from the T Zone
- Stay at home if sick
- Do not share personal care items-brushes, make-up, razors
- Cover open lesions, notify Employee Health if draining
- Update immunizations
- Do not share eating or drinking utensils



Know what's clean and what's dirty

■ What's clean:

- Clean linens
- Medications
- Clean supplies
- Clean equipment
- Clean surfaces
- Prepared food trays
from the kitchen

■ What's dirty:

- Sinks and areas around sinks
- Bathrooms
- Floors
- Used food trays
- Trash
- Elevators
- Telephones
- Keyboards
- COWS
- Used equipment

TRASH – Regular/Red Bag

Be aware of the difference

■ Regular Trash

- Papers
- Tissues
- Disposable dishes/utensils
- Paper towels
- Used cups



■ Red Bag Trash

- Anything that is contaminated with dripping blood or body fluids
- Foley
- NG
- IV



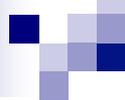
Bloodborne Pathogens & Exposure

■ OSHA – Occupational Safety and Health Administration

- In order to protect the employee, OSHA establishes mandatory standards and compliance regulations to adhere to for Blood-borne Pathogens and exposure procedures.
- If not followed, fines are enforced.

■ The most common Bloodborne pathogens:

- Hepatitis B
- Hepatitis C
- Human Immunodeficiency Virus (HIV) that causes AIDS (Acquired Immunodeficiency Syndrome).



Bloodborne Pathogens & Exposure

■ **An Exposure is:**

- Splash, stick or spray that causes blood or body fluid to have contact with non-intact skin, eyes, mucous membranes

■ **To Protect Yourself:**

- Exposure can be prevented by using Precautions
 - **Treat all blood and body fluids as infectious!**
 - **Your Responsibilities:**
 - Use protective equipment if there is potential for contact with blood and body fluids.

2 Tiers of Precautions

■ Standard Precautions:

- Treat all blood and body fluids as infectious
- Your responsibilities:
 - Use protective equipment if there is potential for contact with blood or body fluids

■ Transmission based:

- Airborne
- Contact
- Droplet

Standard Precautions

■ Gloves

- Your responsibility: wear gloves if there is potential to come into contact with any type of body fluid.



■ Eye Protection

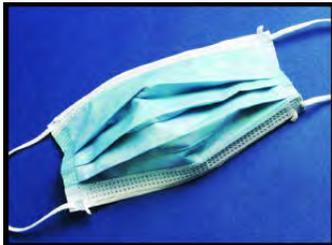
- Your responsibility: wear goggles or face shield if there is potential risk of a splash of body fluids to your eyes.



Standard Precautions continued

■ Masks

- Your responsibility: protect your nose and mouth from possible sprays of body fluids.



■ Gown/Apron

- Your responsibility: wear a gown (and gloves) if your clothing is likely to become soiled with any type of body fluids.
- Gowns will also be worn with Contact Precautions.



Standard Precautions continued

■ Patient-Care Equipment

- Clean and handle so that no contamination occurs to clothing or transfers bacteria to other patients
- Discard single use items.



■ Environmental Control

- Follow hospital procedure for routine care, cleaning and disinfection of environmental surfaces—beds, bedrails, bedside equipment and other frequently touched surfaces.



Standard Precautions continued

■ Linen



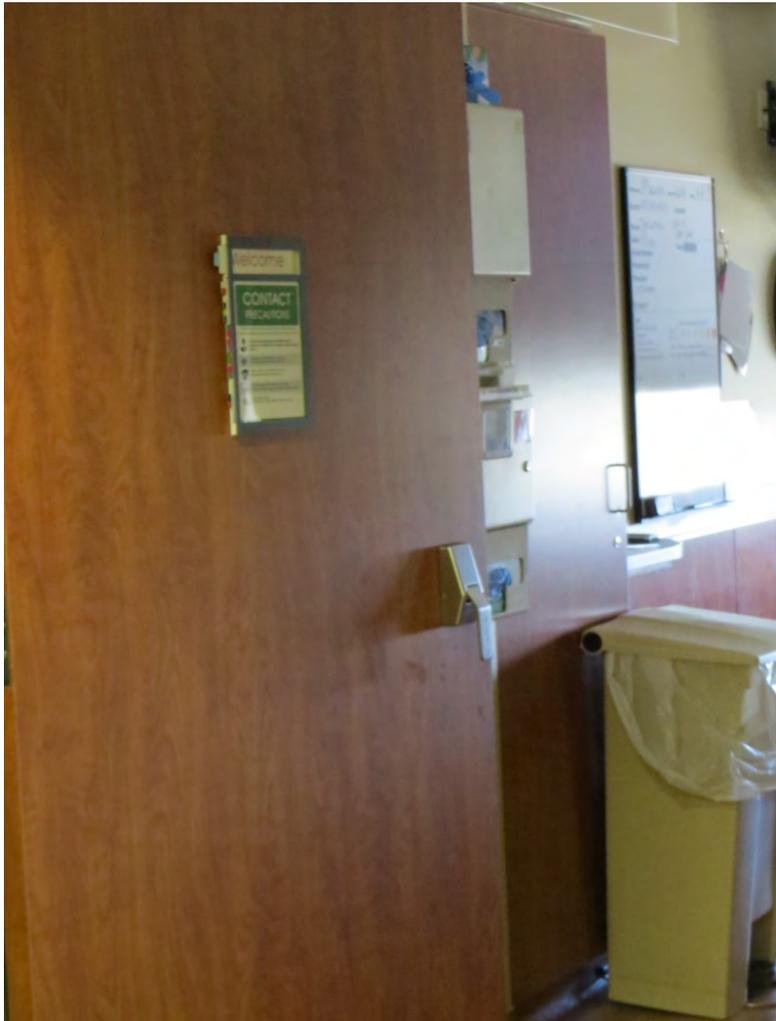
- Treat all used linen as infectious.
- Bag it where you're working.
- Do not gather it next to clothing.
- Do not shake out or flip used linen.

■ Sharps Disposal



- Do not recap needles
- If have to recap use a one-handed scoop method or mechanical recapping device.
- Do not bend or break used needles.
- Dispose of in puncture resistant containers.
- Stabilize sharps containers

Transmission Precautions



TYPES of ISOLATION and PPE to WEAR

Contact:

Gloves

Gown

Mask if going to be within 3 feet of a patient who is coughing, sneezing, has a trach or not in control of their secretions.

Door can be left open



Droplet:

Surgical Mask

If working with children – gown and gloves

Door can be left open



Airborne:

N 95 mask for staff or PAPR if can't be fit tested

Surgical mask for visitors

Negative air flow room

Door to be closed



How to Prevent an Exposure

■ Think **SAFE**

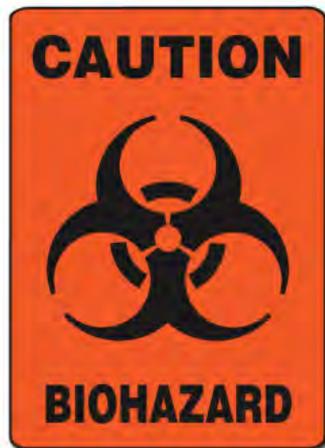
- Stop
- Assess
- Focus
- Evaluate

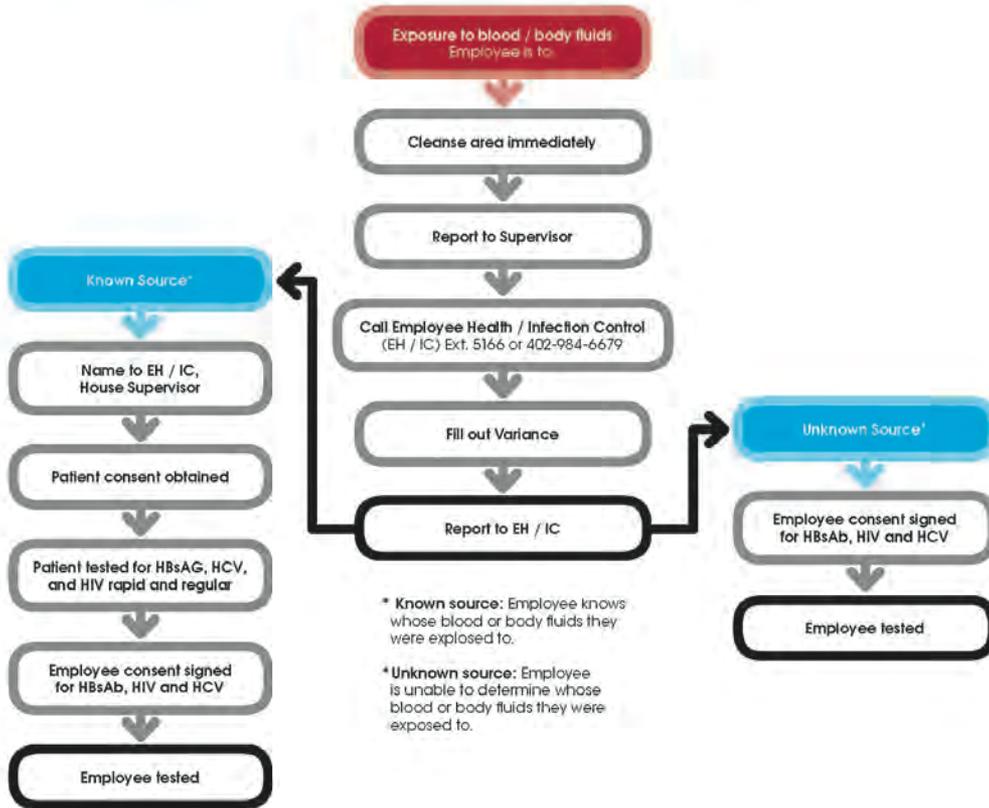
- Wear PPE if splash or spray could occur.
- Never reach into a sharps container
- Dispose of sharps immediately after use
- Activate safety device if present

Take the extra half second!

Exposure Prevention continued

- Items contaminated with blood or body fluid should be in a rigid container and marked with biohazard sign
- Only fill sharps containers $\frac{3}{4}$ full
- Lock off when full
- Use safety devices
- Use needleless systems
- Don't recap needles
- Clean contaminated equipment immediately





Current medications for the prevention of HIV are available in the pharmacy at all times.

- Combivir (lamivudine / zidovudine)
1 tablet PO bid times 4 weeks and
- Kaletra (lopinavir 200 mg / ritonavir 50 mg)
2 capsules PO bid times 4 weeks.
- Or current CDC recommendations.

These need to be started within 2 hours of the exposure. All events will be assessed for risk factors.

Follow up blood tests will be completed at baseline, 6 weeks, 3 months, 6 months and one year.

A number will be assigned to each exposure and all lab results will reflect that number. No names will be included.

EH / IC, House Supervisor and ER are available to help. For questions, please call EH / IC at ext. 5166 or 402-984-6679

- If you are injured or exposed to blood or body fluids, seek immediate treatment.
- Then you need to report the exposure ASAP to the Employee Health / Infection Prevention Department at Ext. 5341 or 402-469-4544.

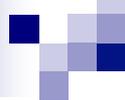
Red Box



- Remain within the imaginary red box (width of the door swing). (614 and 621 the door swings out so you have to visualize the width) of a contact isolation room in order to check on or visit with a patient without wearing Isolation PPE.
- Practice hand hygiene upon entering and exiting the room.
- If patient needs something, exit, put on gown and gloves and then enter room.
- Do ***not touch anything*** while in the red box.
- Stand in the red box and hand something to someone (even the patient) in the room as long as they don't contaminate themselves (only touch object handing off).
- Red Box applies to ALL staff, contracted employees, students and providers.
- Misuse/use outside of accepted Red Box policy by staff will result in reversing to full contact isolation, for the safety of our patients and our staff.
- If you have questions, check with Infection Prevention Department at Ext. 5341 or 402-469-4544.

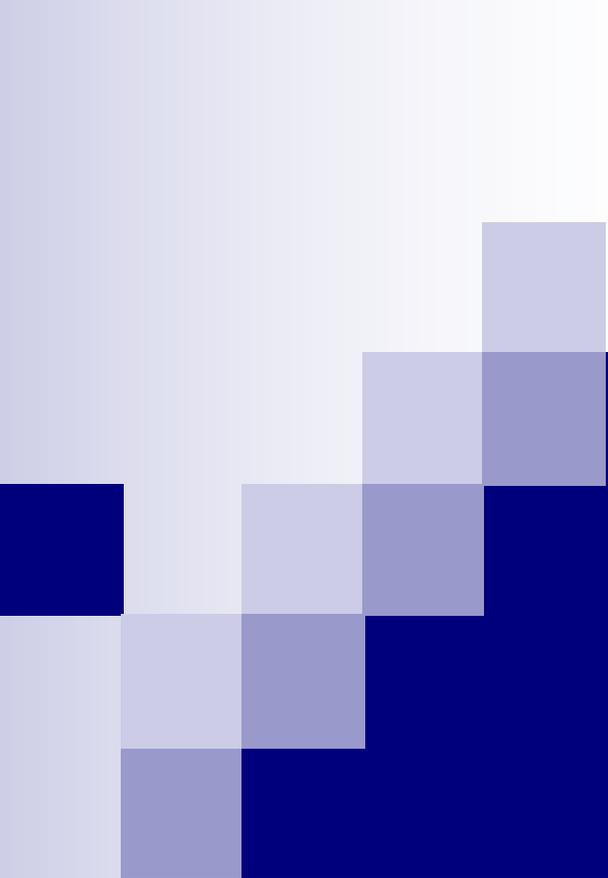
Take Care of Yourself

- Stay home if ill
- Notify supervisor if ill – you may be asked what you're ill with – this is for outbreak tracking only
- Receive your influenza vaccine annually
- Tetanus booster every 10 years.
- Maintain your health
 - Exercise
 - Eat right
 - Get your rest
 - Manage your stress
 - Keep your immunizations up to date



Thank you

- Thank you for your time reviewing the Infection Prevention, Hand Hygiene, and Bloodborne Pathogen information.
- Contact Employee Health / Infection Prevention at Ext. 5341 or 402-469-4544 with any questions about the information contained in this module.
- Please continue to the Environment of Care module.



Environment of Care

What is the Environment of Care?

- A comprehensive safety program that manages these specific components:
 - Safety (General) and Security
 - Emergency Codes
 - Hazardous Materials and Waste
 - Electrical Safety
 - Fire Safety





SAFETY (GENERAL) AND SECURITY

What will you need to know

- Basic understanding of hospital safety

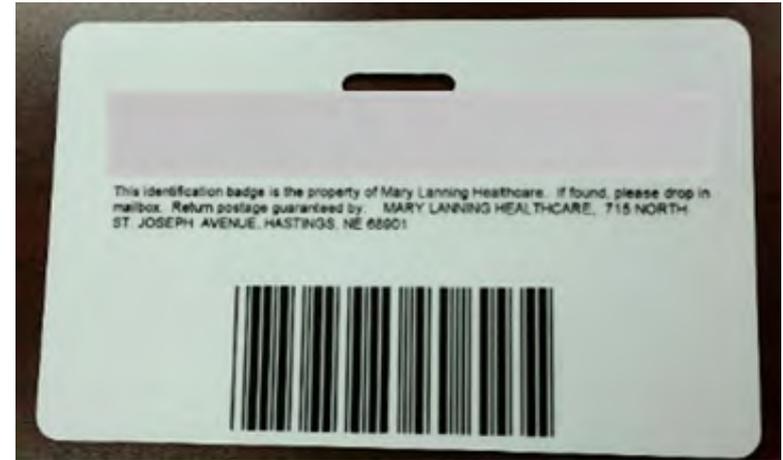
- How to respond to:

- Security and Emergencies
 - Fire Emergencies
 - Child Abductions
 - Violent Situations
 - Electrical Safety
 - Hazardous Materials / Waste and Chemical Spills



Security – Access Badge ID

Please wear your badge above the waist and on the outermost layer of clothing so that it is visible and can be seen at all times.



- Access to MLH is restricted from 9:30 p.m. to 6:00 a.m. During these hours, you can enter through the Main Lobby or any door that is equipped with a card reader if you are granted access by swiping your badge. Anytime you are in the hospital, your name badge needs to be displayed.

Security Assistance Access ID Badges

- **If badge is lost:** Notify Human Resources immediately.
 - Phone: 402-461-5104 (Ext. 5104)
- **Badge cannot be shared with anyone.**



Security Emergencies

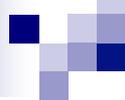
- **If you need an emergency assist from Security**
 - Dial “5277” for the operator to report Emergency Codes
 - For non-emergent needs (escorts, lost item, suspicious person, etc.), dial 402-984-4950 for security directly

- **Security Assistance may include, but is not limited to:**
 - Witness Emergency Codes – Slides to follow
 - Suspicious / disruptive person
 - If at any time you notice something suspicious in the parking lot or in the hospital, contact a Security Officer to have the situation checked.
 - Escorts (patients, visitors, or employee)
 - If staff or visitors feel uncertain about walking to their car in a Mary Lanning parking lot, they can contact Security for an escort to their vehicle.
 - Lost items (patient, visitor, or employee)
 - Security needs to be notified of thefts, incidents of vandalism and assaults. The Security Officer on duty will take a report. If necessary, an investigation will be conducted or outside authorities may be contacted.

Emergency Codes -

- The following slides explain Mary Lanning's Emergency Codes and their designated meanings.
- Please take time to familiarize yourself.

EMERGENCY #5277	
Code Blue	Cardiac Arrest/Respiratory Arrest
Code Red	Fire
Code Orange	Hazardous Material Release
Code Yellow	Trauma Patient Arrival/Trauma Team Activation
Code Pink	Pediatric Resuscitation Team
Code Two	Hostage Situation
Dr. Kidd	Infant/Child Abduction
Dr. Armstrong	Show of Force
Code Triage (Standby or Activate)	Disaster Plan Activation
Code Silver	Active Shooter



Medical Codes

■ **CODE BLUE**

- Adult Cardiac Arrest/Respiratory Arrest

■ **CODE PINK**

- Pediatric Resuscitation Team

■ **CODE STROKE**

- A patient has presented signs and symptoms of a stroke

Medical Codes continued

■ **CODE YELLOW**

- Trauma Patient Arrival/Trauma Team Activation

■ **CODE TRIAGE** – (Stand by or Active)

- Disaster Plan Activation (multiple patients)
- Plan located at the top of Internet Shortcuts

Security Codes

- **DR. ARMSTRONG / Show of Force**
 - A situation that requires additional staff support
- **DR. KIDD**
 - Infant/child abduction
 - Facility exits are covered by staff
 - All individuals with bags will be checked
 - Hospital is searched by staff and security
 - Family Care Center (2nd floor) HUGS System

Security Codes Continued

■ **CODE TWO (2)**

Hostage situation

- All staff is to keep clear of the area until safe
- Security Response to area
- Police notified when necessary

■ **CODE SILVER – ACTIVE SHOOTER**

- Always be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- Continued on next slide

Coping with an Active Shooter situation

■ Remain Calm

- Think about where you are in regards to where the active shooter is located.
- Keeping your emotions under control and thinking clearly often make the difference in these situations.

■ Evacuate (RUN)

- If there is an accessible escape path, attempt to evacuate the premises. Have an escape route and plan in mind.

■ Hide out (HIDE), If evacuation is not possible.

- Find a place to hide, stay there, lock the door and place heavy objects against the door to impede progress.
- Turn off lights and Cell Phones!

■ Take action against the active shooter (FIGHT)

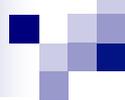
- **Only as a last resort**, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

Security Codes Continued

■ BOMB THREAT

□ Will not be paged overhead

- If you receive a phone threat
 - Keep the caller on the line
 - Ask questions
 - Get as much information as you can
 - Notify administration as soon as possible
 - Administration will notify proper authorities



Environment Codes

■ **CODE ORANGE**

- Large Hazardous Material Release
 - Internal or External

■ **CODE RED**

- Fire Emergency
 - The fire alarm system announces locations by a digital voice.
 - Engineering and Security are the in-house emergency response team.



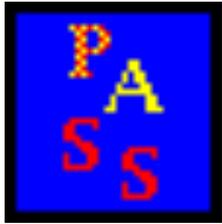
FIRE EMERGENCIES

FIRE SAFETY

■ R.A.C.E.

- **Rescue** anyone in danger without putting yourself in danger
- **Activate** the fire alarm system
 - Fire Alarm Pull Stations located by every Exit and Stairway
- **Call 5277** to report a fire when on main campus (extent and location)
 - Call 911 to report a fire when at an off-site location
- **Confine** smoke and fire by closing all doors
- **Extinguish** the fire or **Evacuate** the area
 - If the fire can not be put out with one extinguisher, contain the fire and evacuate the area.

How to Use a Fire Extinguisher



It's easy to remember how to use a fire extinguisher if you remember the acronym **PASS**:

- **P**ull the pin
- **A**im the nozzle
- **S**queeze the lever
- **S**weep side to side





ELECTRICAL SAFETY, HAZARDOUS MATERIALS AND CHEMICAL SPILLS

Electrical Safety

- Electrical Hazards can cause:
 - Burns
 - Shocks
 - Electrocution
 - Fires and Explosions
- Electricity travels in closed circuits and a person's body can accidentally become part of a circuit
 - Electric shock occurs
- Electric Shock can cause:
 - Burns (the most common type of injury)
 - Physical injuries (e.g. muscle damage)
 - Nervous system effects

Prevention of Electrical Accidents

- Do not use defective or unsafe electrical equipment
- Only use appropriate and approved electrical connectors
- Do not overload outlets
- Only use electrical cords for their intended purposes
- Do not yank or tug on the cord when unplugging
- Be aware of environmental conditions around you
 - No wet hands or standing in/near water or wet floor
- Do not clean or repair electrical equipment unless authorized
 - Turn off and unplug before performing tasks
- Reduce the use of electrical equipment where oxygen is being administered or stored

Inspect Equipment before Use

- Do not use electrical equipment that has:
 - Broken, bent or loose plugs
 - Loose connections
 - Faulty or damaged insulation
 - Improper grounding (e.g. 3rd prong removed)
 - Defective parts
 - Burning smell
 - Equipment may be overheating and may also be hot to the touch.

Hazardous Materials:

What do you need to know?

- It is the policy of Mary Lanning Healthcare to identify, manage, and label hazardous materials and to provide personnel with personal equipment, education, and supervision to assure their safety in the use and disposal of hazardous materials when required for patient care.
 - SDS (Safety Data Sheets) are now available online in Internet Shortcuts or a hard copy is available in the MLH Emergency Dept.
 - If computers are down or the Internet is out of service and you are unable to access the SDS sheets online, please call 402-461-5376 or Infection Prevention @ 402-461-5166 for SDS information.

- It is the responsibility of all individuals to protect themselves, the workplace and the environment from any hazardous materials. It is the policy of Mary Lanning Healthcare to communicate any hazards associated with handling hazardous materials to employees involved in conducting the business of providing health care services.

DEFINITIONS:

■ Hazardous Materials:

- Any chemical which by reason of being explosive, flammable, poisonous, corrosive, oxidizing, irritating or otherwise harmful is capable of causing internal or external injury to you or the environment.

■ Infectious Hazards:

- Those materials possessing a significant potential for contagion or cross-infection.

■ Radioactive Hazards:

- Those materials capable of giving off radiant energy in the form of particles or rays such as alpha, beta, or gamma rays.

■ Gaseous Hazards:

- Any substance which may be dispersed through the air and may act as a poison, irritant, or asphyxiate.

■ Physical Hazards:

- Sharps, pointed objects, and pressurized containers

Chemical Spills:

What to do if you encounter a spill?

■ Chemical Spill Response

- Control the spill-stop the leak
- Contain the spill
- Clean up the spill
- Report the spill
 - 402-460-5376 (Ext. 5367)



Incident Response Policy

■ WHAT TO REPORT

- *If it was important enough for you to think about or if it disrupted your day, then report it.* Employees are required to report via the incident reporting process any incident of the following types:
- **INCIDENT**: Any safety event that reaches a patient, guest, or employee, whether or not harm occurs.
- **GOOD CATCH/NEAR MISS**: Any safety event that has been identified, but did not reach a patient, guest, or employee.
- **UNSAFE CONDITION**: Any circumstance that increases the probability of a safety event.

Report any concern or incident observed to a Director/Manager/Supervisor.

What to do from here:



- Locate the fire extinguishers
- Be familiar with the established codes

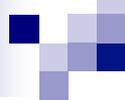


- Know how to contact Security

□ 402-984-4950 (available 24/7)

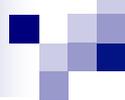


- **When in doubt SPEAK UP!**



Thank you.

- The Safety and Emergency Preparedness Manual is located in Internet Shortcuts. An icon is available on most MLH computer desktops.
- If you have questions about any of the information covered in this portion of the course, please contact the Safety Officer at Ext. 5370.
- Please continue to the Compliance Program and Basic Workforce Responsibilities Review.



Compliance Program & Policy Review

Mary Lanning Healthcare will fully comply with all applicable federal and state laws, regulations, standards and other compliance requirements at all levels of government and within the various health professions employed by the system. We will not pursue any business opportunity that requires unethical or illegal activity.

- What is the most important thing you should remember about the Compliance Program?
 - It is the responsibility of anyone working in or for Mary Lanning Healthcare.
 - If you suspect a violation, **REPORT IT!**

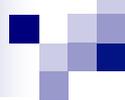
Compliance Code of Conduct & Ethical Behavior

- A copy of the MLH Corporate Compliance Program and the Compliance Code of Conduct and Ethical Behavior policy ADM710.00 is available from the Compliance Officer, Human Resources or in Policy Medical (link located in Internet Shortcuts).
- There are computers available to all individuals in the MLH Library located in the basement of the Medical Services Building.
- If you have questions about your role in the Compliance Program, please contact the Compliance Officer at 402-460-5505.

HIPAA Compliance Plan Recap & Basic Workforce Responsibilities

- To ensure the integrity and confidentiality of PHI.
- To protect against any reasonable anticipated (1) threats or hazards to security or integrity of such information; and (2) unauthorized uses or disclosures of such information.
- To otherwise ensure compliance by Mary Lanning Healthcare with the applicable provisions of HIPAA by its officers, directors, and other workforce (employed or contracted).
- Every member of the Mary Lanning Healthcare workforce has basic responsibilities under MLH's HIPAA Compliance Plan.
- Members of the workforce (whether employed, contracted, volunteer or student) are strongly encouraged to participate, ask questions and seek out information about these responsibilities.

In accordance with policy PRI-420 Basic Workforce Responsibilities; please review and sign the Acknowledgement form.



Welcome to Mary Lanning Healthcare

Thank you for completing your Orientation Training!

Please use the information to generate questions to further your knowledge of Mary Lanning Healthcare and to make your experience here exceptional!

The final slide is the parking instructions for MLH's main campus. The yellow arrows on the map designate student parking areas.

After viewing the final slide; return to the Mary Lanning Healthcare Education Tab under Clinical/Preceptor Students. Print and complete the 2 additional documents which will serve as confirmation of your Orientation Training. Submit the completed documentation to Human Resources at the address indicated on the website.

Parking Instructions

