Altru Health System

Student Orientation
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Mission, Vision and Values
Mission, Vision, Values

Mission
*Improving Health, Enriching Life*

Why we serve:
- To achieve optimum health for all residents in our region

How we serve:
- By providing health education, preventive services, early intervention, and appropriate care

Whom we serve:
- The more than 200,000 residents of northeast North Dakota and northwest Minnesota

Who we are:
- A community of over 4,000 health professionals and support staff committed to serving the region for more than 100 years
Mission Vision Values

Vision

Achieve a reputation for excellence by obtaining the following:

Service
• JD Power Distinguished Hospital for Service Excellence

Quality
• HealthGrades Distinguished Hospital for Clinical Excellence

People
• VHA Employer of Choice Designation

Finance
• Moody's bond rating of "A"

Growth
• Market dominance of Clinical Centers
Mission Vision Values

Values

• Respect and caring for individuals
• Commitment to serve
• Teamwork based on a common purpose, performance goals, and mutual accountability
• Honesty and dependability
• Continuous quality improvement
• Stewardship of the community's health care resources
Cultural Diversity
Cultural Diversity

Cultural Diversity
• Involves Acceptance and Respect
• Understand Each Individual is Unique
• Recognize Differences Among:
  • Patients
  • Visitors
  • Co-Workers

People are Different by Their:
• Culture
• Ethnic Backgrounds
• Race
• Religion
• Age
• Ability

Value Diversity in the Workplace
• More than Tolerance of Differences
• An Employee’s / Volunteer’s Beliefs May Affect How They Treat Patients and Their Families, Which May Influence a Patient’s Outcome

Culture is Something We Learn and Share with Others
• Culture Includes Our:
  • Values
  • Beliefs
  • Norms
  • And The Way We Practice Them

*In Healthcare, We Bring Our Own Values and Beliefs to the Workplace. Our Cultural Background Can Affect the Way We Work With Others.*
Cultural Diversity

Promoting a Sense of Belonging for all:
- Patients
- Visitors
- Volunteers
- Employees
- Becoming Comfortable with Differences Even if you Don't Agree With Them
- Respecting and Appreciating the Values and Beliefs of Those Who Are Different
- Thinking Flexibly (Don't Use Stereotypes)
- Adapting Behaviors to Meet the Needs of the Patients and Their Families

Culture is an Integral Part of Everyone's Life. It is Important That Our Patient's Personal Values, Beliefs and Preferences are R

Questions? Margo Svoboda
701-780-5119
msvoboda@altru.org
Corporate Compliance
Corporate Compliance Plan

All employees and volunteers are expected to:
- Follow the Law
- Work in an Ethical Manner
- Report Violations

If you suspect a violation has occurred, you have a duty to report your suspicions to:
- Your Supervisor
- Your Manager
- Any Administrator

If you do not want to give your name when making a report, you may call the Corporate Compliance Hotline at: 780-5432

A copy of the Standard of Conduct is posted under Policy #2413, which includes information on:
- Statement of Values and Goals
- Training and Education
- Hotline
- Disciplinary Action
- Audit
- Corrective Action

Questions? Dwight Thompson
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Safety/Security/Right to Know
Safety/Security/Right to Know

Environment of Care Education
Thank you for continuing to be an important part of Altru Health System. It is time for you to reacquaint yourself with key policies and procedures.

We hope:
- To increase your knowledge of the organization.
- To enhance your safety and the safety of those we serve.
- To meet regulatory agency compliance. We appreciate your time and dedication to this educational effort.

- This Employee Educational Update was designed to provide a general overview of some topics and specific KEY POINTS that you as a student need to know and understand.
- Please read the contents carefully and refer to it as a handy resource in the future. More detailed information may be found on the AltruNet Policy and Procedure Section.
Safety/Security/Right to Know

Environment of Care
The goal of the Environment of Care Safety Committee is to provide a safe, effective environment for patient care. The standards encompass seven 'disciplines' which are managed by the Altru Health System Environment of Care Safety Committee.

They are as follows:

Safety Management
- Identifies and eliminates hazards to reduce the risk or injuries to patients, employees, and visitors.

Fire Safety
- Addresses how Altru provides a fire-safe environment.

Security Management
- Establishes and maintains a security program that protects staff, patients, and visitors from harm and minimizes property losses to theft and vandalism.

Hazardous Materials and Wastes Management:
- Addresses requirements for selecting, storing, using and disposing of hazardous waste.
- "Hazardous materials" refers to chemical, radioactive and biological agents, which may present a danger to humans and the environment.

Medical Equipment Management
- This plan addresses how Altru promotes safe and effective use of medical equipment.

Utilities Management
- Describes how the organization promotes a safe, controlled and comfortable environment.
- Provides processes for minimizing the risk of utilities failures such as failures involving medical gas and vacuum systems, electrical systems and emergency generators and heating, ventilation and air conditioning systems.

Emergency Management
- Addresses how Altru will function in the event of a potential or real disaster situation.
Safety/Security/Right to Know

General Safety Rules
General Safety Rules are considered minimum safety standards for usual work conditions and shall be adhered to by all who enter the specific job location. In addition, all areas shall have an employee accessible safe operating procedures for all items that could inflict serious injury if improperly used. Each area manager is responsible to identify hazardous items and develop the safe operating procedures.

1. Continuing education is conducted on a departmental level; major programs included are:
   • The "Right to Know" Act (Hazard Communication Act)
   • Fire control procedures as well as evacuation protocol
   • Claims management
   • Back care (Body mechanics)
   • Electrical safety
   • Hazardous waste (Biohazards)
   • Departmental safety policies and procedures
   • On-the-job training within the department

2. Report all accidents, injuries, near misses or safety hazards in the workplace immediately to your supervisor.

3. Report faulty electrical equipment. Faulty electrical equipment will be removed from service until the equipment has been repaired or replaced.

4. Report any dangerous physical plant situations or equipment to appropriate maintenance personnel.

5. Ask and insist on sufficient help before lifting heavy objects. Follow proper procedures when lifting – bending knees and keep back erect, lift with weight close to the body and do not twist while lifting. Use mechanical devices!

6. Remember – No horseplay is allowed in the workplace.

7. Always wear your safety belt when driving any company-owned vehicle.

8. Always wear your appropriate personal protective equipment in accordance with the job operation that you are performing.

9. Participate in proper housekeeping. Proper housekeeping is a key element in having a safe work area.

10. Report any emergency situations (fire, medical, security, etc.) immediately. Use the emergency phone number 3333. Give exact location including Building floor, and room number.
Safety/Security/Right to Know

Security Awareness

**How to Report a Security Incident, Threat, or Crime**

- **Call Extension 3333.**
- State your name, exact location, facility, and department.
- State the nature of the incident or crime.
- State any danger(s) that the responding officer might expect.
- If possible, stay on the line to provide additional information.

**Security is Everyone's Responsibility**

- Report a security incident, suspicious activity, or crime by phoning Security at extension 1757 or 5715 and provide accurate and complete information.
- Be aware of supplies and materials in your area that are desirable theft items, and follow established procedures for protecting them. (Key Control; etc.)
- Be cautious and safeguard against personal theft by securing your valuables in your desk or locker. **Lock it or lose it.** Lock doors when leaving unattended areas, or when working late. **Notify Security when working late or alone at extension 1757.**
Safety/Security/Right to Know

**Infant/Child Security** All hospital employees share responsibility for safeguarding our infants and children. Staff must routinely follow established policies and procedures that prevent infant or child abduction.

**Mary Lamb – Infant/Child Abduction**

- Refer to the *Infant/Child Abduction Response* in the *Emergency Manual*.
- Remember that during a Mary Lamb, anyone with an infant or who is carrying a bag or an item that could hide an infant, must be considered a suspect.

**The Profile of an Abductor (According to the National Center for Missing and Exploited Children)**

- Female, between 16 and 40 years old
- Overweight
- Suffered a recent miscarriage and/or has marital/relationship problems
- Frequents the nursery weeks prior; asks questions of staff about procedures and security systems relating to infant care in order to probe vulnerabilities. May understand hospital procedures.
- Wears hospital scrubs and poses as a nurse or other hospital employee
- Will frequently abduct infant during busiest time for staff: visiting hours, change of shift, etc.

**Preventative Measures**

- Challenge anyone who is wandering or seems out of place, especially if they are in uniform or without a hospital ID badge.
- Challenge anyone carrying an infant, especially in areas where hospital staff never transport babies in their arms outside the nursery.
- Enforce visitation policy
- Notify Security immediately if you see someone acting suspicious.
Safety/Security/Right to Know

Safe Workplace and Violence Prevention

The Policy and Plan regarding workplace violence establishes an expectation that the hospital will provide a safe working environment for its employees, and prohibits actual or threatened violence by employees against co-workers or other persons. Compliance with this policy, like others, is a condition of employment for all staff members.

- Examples of behavior that the hospital will interpret as potentially violent include destroying property, making real or implied verbal threats, menacing gestures, use of abusive language, displaying an intense or obsessive romantic interest, or attempting to harass or intimidate others.

- All potential threats will be treated seriously. Report any incidents to your immediate Supervisor or the Nursing Supervisor. Call Security for emergency assistance if a violent threat or act occurs.

Code 99 – Volatile Situation

- **Activate a Code 99 by Dialing "3333"**. Inform the switchboard operator that you have a code 99. This summons the response of additional staff. These situations may involve patients, the patient's family members, or other visitors. The Code 99 response is immediate, and designed to minimize the risks associated with assaultive behavior, including safeguarding employee safety and well being.
Safety/Security/Right to Know

**Security Policies That Affect All Employees**

**Identification Badges**

- It is a condition of employment that you wear your **ID badge** (as issued) **at all times while on duty**.
- Your badge is to be worn on your outermost garment, above your waist, so it is visible. **Nothing must obscure the badge.**
- The ID badge allows you access to the Altru employee entrances.

**Possession of Weapons**

- No firearms or dangerous weapons (knives, etc.) will be allowed on Altru campus.
Safety/Security/Right to Know

**Bomb Threat**

This code alerts employees that a bomb threat has been received, or that a suspicious package has been identified.

- Refer to **Bomb Threat** in the *Emergency Manual*.
- If you discover a suspicious package: *Do not touch it or disturb it in any way.*
- Immediately notify Security by calling extension 3333.
- Give the exact location of the object.
- **Turn off all electronic reception devices** such as pagers, cell phones, and radios (including the Department Emergency Radio).
Code Search – Vulnerable Patient Elopement

Code Search is a new code to notify hospital personnel that a vulnerable patient is missing.

- Refer to the **Code Search** in the *Emergency Manual*.
- When you identify that a patient is missing, act as quickly as possible.
- Notify the charge nurse as soon as the patient is discovered to be missing.
- Notify Security immediately by calling extension 3333, with a report of the circumstances and description of the patient.
- Law enforcement officials will be notified by the Switchboard Operator after consultation with the Nursing Supervisor.
Safety/Security/Right to Know

Code Silver - Person with a Weapon

- Slowly leave the immediate area and call 3333 from a safe location. Relay as much information as possible to the Switchboard operator including location, description of perpetrator, and type of weapon.
- Once you hear a "Code Silver" being announced, immediately shut ( & lock or barricade if possible) all office / department doors and remain in the same location. Turn off lights, cover windows, hide from sight and silence cell phones. DO NOT LEAVE YOUR AREA unless emergent patient care demands that you leave or you are in imminent danger. Limit phone use to urgent patient care needs or to communicate with the Switchboard / Security regarding the perpetrator.
- Responding Law Enforcement will take command of the situation when they arrive and certain areas may be cleared and evacuated in stages. If you are directed to evacuate, leave belongings behind and do not carry anything. Raise your hands and keep your fingers spread open. Avoid making sudden movements, screaming or yelling.
Safety/Security/Right to Know

Workplace Violence Checklist Purpose: Outline the stops to address or actual inappropriate behavior by a patient, family member, employee, or visitor.

IMMEDIATE RESPONSE TO TYPE III VIOLANCE
Type III Workplace Violence consists of a violent act that endangers self and/or another person

A. Employee "Self Control"
- Control your anger
- Alert Security/Police
- Activate personal parameter beeper (Psychiatry, EOD, Switchboard).
- Call 3333 or page security 0133
- Request Code 99 if applicable

- Firmly Shout "NO" or "STOP"
- Refrain from sweet talk, threatening, challenging, assaulting, or touch the person.

- Evasive Techniques
- Maintain exit or avenue of escape. Do not block exit, unless to protect self.
- Assume a defensive posture.
- Move away quickly from the assaultive person, if possible.
Safety/Security/Right to Know

B. Employee
1. Assist Security or Police as instructed.
2. Assist with physical restraint according to Restrains and Seclusion Policy.
3. Provide witness statements to Security Officer or Police, if applicable.

C. Additional actions when a weapon is present
1. Assume a defensive posture, keeping clear of the assaultive person.
2. Never reach out to take or accept the weapon from the assaultive person. Weapons are to be placed on the floor.

D. Further Action
1. Please refer to AHS Policy # 3214
Safety/Security/Right to Know

Hazardous Material Use
There are over 3000 chemicals used at Altru Health System that pose a significant threat to personal health and safety.

- **All** of them can be used safely if the necessary precautions & measures are taken. They include:

  - **Engineering controls:** proper ventilation and physical guards or barriers protect the user from exposure to dangerous amounts of a material

  - **Administrative controls:** work scheduling and job rotation ensure that no single person is exposed to a dangerous amount of a chemical or material

  - **Personal Protective Equipment:** clothing, gloves, eye / face protection, respirators, etc. are the last line of defense from exposure

- All chemicals or materials can be toxic or hazardous when taken, absorbed, or ingested at high enough levels, even water. Key point: The dose makes the poison.
The most frequently used hazardous materials at Altru Health System have one or more of the following properties:

- **Flammable** - may ignite at less than 100 degrees and burns easily
- **Poisonous** - toxic to humans by inhalation, skin or eye contact, or ingestion
- **Corrosive** - destroys tissue or materials at a cellular or molecular level (strong acids or bases)
- **Reactive** - unstable; may explode, release toxins, or burn in the presence of other materials
Safety/Security/Right to Know

- The appropriate Personal Protective Equipment (PPE) to be worn while handling a certain chemical can be found on the MAXCOM System. It is imperative that PPE is always utilized when handling hazardous materials that are highly corrosive or poisonous.
- Additional types of hazardous materials that may be encountered include: biohazards, teratogens (hazardous to fetus), mutagens (DNA altering), carcinogens (cancer causing), cryogens (cause frostbite), and radioactive materials.
- Several different chemicals, such as formaldehyde and ethylene oxide, are monitored to ensure that their airborne concentrations do not exceed levels established by OSHA.
- Biological safety cabinets and fume hoods are inspected on a bi-annual basis to ensure that proper function is maintained and exhaust rates do not fall below recommended levels.

**FIRST AID FOR CHEMICAL BURNS**
Flush the injury quickly and completely with water for 15 minutes. Cover area with gauze and report to the E.O.D.

**FIRST AID FOR EYES**
Wash face and eye for 20 minutes. Hold eyelid open and flush entire surface of the eye. Cover eye with a dry gauze dressing.

**DO NOT RUB EYES!**
Report to the E.O.D
Safety/Security/Right to Know

Hazardous Materials Spill or Release "Code Orange" - Emergency overhead paging code
• It is called when spill quantity or hazard level exceeds the response capability of Altru
• "Code Orange" requires that the spill area is isolated and measures are taken to prevent additional contamination of people and equipment
• See attached Emergency Code response guide for more information

Hazardous Materials Disposal
• Many chemicals and materials require specialized disposal methods to ensure that all Federal, State, and Local regulations are met. Some of these include:
• **General medical waste** (bloody items) - place in red bag - destroyed by autoclaving
• **Sharps waste** (syringes - even if no needle is attached, scalpels, sharp instruments, needles - both blunt & sharp, ) - place in sharps container - destroyed by autoclaving
• **Pathological waste and large tissue pieces from amputation, etc.** - place in red bag with yellow incineration barcode affixed to container - destroyed by incineration
• **Chemotherapy waste** - place in yellow sharps container - destroyed by incineration
• **Flammable Solvents; waste, spent, expired, etc.** - designated / labeled as Hazardous
• Waste - sent off for destruction by certified hazardous waste hauler
• **Used batteries** (other than household types like AA, D, etc.) - send to Maintenance Dept. - the heavy metals in batteries are recycled
• **EPA Listed Wastes** - random hazardous materials are classified and disposed of on and as needed basis
Safety/Security/Right to Know

Hazard Communication & the MAXCOM System

• OSHA created the Hazard Communication Standard to help ensure your safety when working with hazardous chemicals
• You have a **RIGHT TO KNOW** about the hazardous chemicals you use on the job and how to work safely with those chemicals

Basic MAXCOM System Elements

• Assigns all chemicals used at Altru Health System into 36 different categories
• Within those 36 categories, the chemicals are given a hazard level of red (high), yellow (medium), and green (low)
Safety/Security/Right to Know

Examples:

<table>
<thead>
<tr>
<th>Number 1</th>
<th>= flammable liquid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Color</td>
<td>= high hazard level</td>
</tr>
<tr>
<td>Number 4</td>
<td>= oxidizer</td>
</tr>
<tr>
<td>Yellow Color</td>
<td>= medium hazard level</td>
</tr>
<tr>
<td>Number 36</td>
<td>= pharmaceutical drugs</td>
</tr>
<tr>
<td>Green Color</td>
<td>= low hazard level</td>
</tr>
</tbody>
</table>
Safety/Security/Right to Know

MAXCOM Safe Use Guide Binder
- Over 70 yellow & black department-specific binders have been distributed throughout Altru Health System.
- They contain information on chemical properties for the materials used in that specific department, as well as spill response, first aid, and fire fighting measures.

MAXCOM Online
Internet-based program that contains chemical information, Material Safety Data Sheets (MSDS), and more data on all of the chemicals or materials used at Altru Health System.
- The online system is the most efficient way to look for chemical data and is updated constantly. It should be your primary source for obtaining chemical information.
- In the event of a power or internet service failure, refer to the MAXCOM binder to access chemical information. The binder should be your secondary source.
Safety/Security/Right to Know

Emergency Management
At the completion of this section, you will be able to:
• List 2 situations that could result in mobilizing the hospital’s Disaster Plan.
• Describe the employee’s responsibility in planning for a disaster.
• Describe the employee’s response when a "Ready Alert / Complete Alert" is paged.

A disaster may impact the health system in any of the following ways:
• Natural or man-made:
• The loss of critical resources (i.e. power, water, etc.) or may produce enough casualties to overwhelm the system or may damage health system buildings
• Failure of public utilities (i.e. community wide power failure)
• Mass Casualty Incident resulting in an overwhelming number of injured
• Weather Disturbances may impact the ability to safely manage patients
• Infectious disease outbreak may overwhelm and impact staffing
Command and Coordination

- In a disaster, it is difficult to manage the health system's response using the routine organizational structure.
- In order to manage a disaster event, the health system's command structure is modified to allow for better decision-making and communication.
- Altru Health System uses the Incident Command System (ICS). The Incident Commander and other key ICS positions will work out of the Command Center during the event.
Planning The Emergency Management Program (EMP) Manager along with the EMP Committee is responsible for managing all aspects of the program. Your responsibility in Planning is the following:

- **Review the Emergency Manual** – containing response plans for emergencies that may pose a threat. Understand your responsibilities in responding to an emergency code. This document is also on AltruNet.

- **Department Disaster Plan** - Review your department’s disaster plan for special instructions unique to your area including equipment & patient management. You must be aware of the plan to the recall employees.

- To assure preparedness, the health system conducts at least two exercises a year to evaluate responses to internal or external emergencies.

- The EMP Committee assesses the potential for internal and external risks – these risks are identified in a Hazard Vulnerability Analysis (HVA) document. Some of the top risks they have identified are (in order of most likely to less likely):
Safety/Security/Right to Know

**Emergency Plans** Plans have been created for each "hazard". They provide details into the management of each hazard by incorporating four basic emergency management elements:

- **Mitigation** – actions taken to minimize the emergencies impact
- **Preparedness** – What has been done to prepare for an event
- **Response** – How will we respond to such an incident
- **Recovery** – What will we do to restore normal operations

**Response** "Ready Alert" means information has been received to suggest an emergency has taken place, but is not yet confirmed. This allows time to evaluate our current status in case it is confirmed.

- "Complete Alert" means an actual emergency is occurring (it has been confirmed) and that we need to prepare ourselves to respond. This will activate the ICS System and the Command Center.
- Inventory all staff, volunteers, physicians, visitors and patients to make sure that all are safe and accounted for and control who is coming and going on your unit.
- Review the manuals for instructions for the specific emergency. "Stay calm! Plan to be at work for extra shifts and even extra days.
- Be prepared to use down time procedures for all computer functions.
- Continually assess the need for additional personnel. A Labor Pool will be established in order to address areas of shortages and excesses.

*If a person suspected to be contaminated comes to the hospital via any entry they must be directed to the Emergency Department and the Decontamination area by an EXTERIOR ROUTE. Do not direct them through the building. This will decrease the possibility of contaminating the facility.*
Safety/Security/Right to Know

**Biological Event** If such an event occurs (i.e. smallpox, infectious outbreak)), victims would not be immediately identified
- Trends of similar symptoms would be noted and reported to Infection Control and to Public Health
- The focus would be on protection of others (staff and patients/visitors) from being exposed
- Personal protective equipment (PPE) & security measures would be utilized to limit the exposure.

**Evacuation Chair**
- These chairs are located on each floor above the main level of the hospital to assist with vertical evacuations. Once the decision has been made to evacuate an area/floor vertically, all evacuation chairs not located on that floor need to be moved there by staff from the non-effected floors, or to the highest level floor if a complete evacuation
- There are a total of 6 chairs in the hospital; 1 in the Rehab and 4 similar chairs that are kept in Ambulances
Safety/Security/Right to Know

EMERGENCY CODES / ANNOUNCEMENTS
(For each of the following situations staff can refer to the Emergency Manual on AltruNet or in their Department)

EMERGENCY TELEPHONE NUMBER
PROCEDURE DIAL 3333

PURPOSE: To assure that proper response and assistance is rendered in the event of any emergency within Altru Health System (Main Campus)

• 1. DIAL 3333 IN THE EVENT OF ALL EMERGENCIES. Telephone number 3333 will take priority.

• 2. STATE YOUR LOCATION AND THE NATURE OF THE EMERGENCY TO THE OPERATOR; I.E. FIRE, POLICE, CODE 99, The Hospital Operator will relay the message to 911 and notify the appropriate personnel who are needed to assist in the emergency; i.e. maintenance, security, nursing staff, etc.

NOTE:
• PARKWOOD PLACE CALL 911
• GRAND FORKS FAMILY MEDICINE RESIDENCY CALL 9-911
Safety/Security/Right to Know

Michael Blaze (Fire)

PURPOSE: To assure the safety of patients, staff, and visitors in the event of a fire.

1. RACE
   - **REMOVE** - Remove patients and all personnel in immediate danger
   - **ALARM** - Activate sound alarm system, Dial 3333, Report the exact location, Michael Blaze_____(area of fire) will be paged overhead 3 times
   - **CONTAIN** - Close all doors
   - **EXTINGUISH** - Extinguish, if trained to do so

2. Turn on hallway lights
3. Clear hallways
4. Direct visitors to a safe area
5. If the fire is not in your immediate area, close the doors, clear the hallways, follow departmental procedures, and wait further instructions. When the emergency has terminated "MICHAEL BLAZE ALL CLEAR" will be announced over the paging system.
Safety/Security/Right to Know

**Code Search**

**PURPOSE:** To protect vulnerable patients from unauthorized departure or elopements from hospital care.

1. **Immediately dial 3333** and Alert operator as to the situation and request they announce "Code Search" (location/age/gender).
2. All available staff will monitor the corridors, exit doors, elevators, and stairwells adjacent to the area. Anyone seeing a possible eloped patient should obtain a description and location and call Security via the switchboard operator (3333).
3. Department staff will remain at the scene until the patient has been safely returned to the patient's room.
4. When the search/return of the patient has been completed, the Hospital Supervisor will request that the switchboard operator announces **"CODE SEARCH, ALL CLEAR"**.
5. If the patient is not found or completes the elopement, department personnel will initiate all post-elopement procedures. Administrator on-call or Nursing Supervisor will determine if/when "All Clear" is announced.
6. Refer to department manuals for individual department procedures
Mary Lamb

PURPOSE: To protect infants/children from unauthorized transport and/or removal by unidentified persons.

1. **Immediately dial** 3333 and Alert operator as to situation and request they announce "Mary Lamb" (building/location/age/gender).

2. All available staff will monitor the corridors, exit doors, elevators, and stairwells adjacent to the area. Staff at these doors should instruct all visitors, patients, or employees wishing to exit the building to exit via the front/main **entrances of each building. Anyone seeing a suspicious person should obtain a description and location and call Security via the switchboard.

3. Department staff will remain in the area until authorities complete proper questioning.

4. Secure the crime scene by closing doors and not allowing entrance to the area of suspected abduction.

5. The Grand Forks Police Department will assume control of the search and investigation.

6. Safety/Security will immediately respond and assist the Grand Forks Police Department in a search of the entire facility, both interior and exterior.

7. Administrator on-call / Hospital Supervisor will report to the department involved in the abduction: obtain information handle call to/from the media.

8. When the search has been completed, the Administrator on-call or hospital supervisor will request that the communications operator announce, "Mary Lamb, All Clear".

9. Refer to department manuals for individual department procedures.
Cloud 9

PURPOSE: To establish a guideline to be followed during a "TORNADO WARNING/SEVERE WEATHER".

• 1. Civil Authorities will activate the city's alarms and notify the hospital switchboard operator of a TORNADO WARNING.
• 2. Switchboard will announce ATTENTION PLEASE, "CLOUD 9", ALL VISITORS PLEASE REPORT TO THE LOWER LEVEL.
• 3. Report to your department or assigned area and follow departmental procedures.
• 4. Limit telephone calls.
• 5. Patients should be moved to corridors and positioned against the "patient room's side" of the corridor.
Safety/Security/Right to Know

Code Orange
• **PURPOSE:** It is the policy of Altru Health System to investigate and document spills of materials posing a threat to health or the environment. Refer to MAZCOM Material Safety Data Sheet System for chemical information regarding hazards, decontamination, treatment, and containment. Evaluate Spill Quantity as LEVEL I, II, or III

**LEVEL I** (Incidental) = easily cleaned up by employees involved; no outside help necessary.
• LEVEL I spills may be cleaned up by the staff involved provided that appropriate Personal Protective Equipment is utilized / worn. Documentation is necessary for Incidental Spills that result in an injury or exposure, represent an unusual threat, or if a new hazard has been identified.

**LEVEL II** (Conditional Incidental) = spill response personnel w/in Altru are capable of clean up.
• In the event of a LEVEL II (Conditional Incidental) spill, notify Environmental Services at 5120 or pager # 1870 and provide the name of the chemical and the quantity spilled.

**LEVEL III** (Major)= spill exceeds Altru response capabilities; "CODE ORANGE" is declared, and Fire Dept. HazMat is called in to clean up or contain the spill.
• In the event of a LEVEL III spill, relocate and/or evacuate areas as necessary, then call 3333 and notify the operator that a chemical spill has occurred.
Safety/Security/Right to Know

Bomb Threat

PURPOSE: To establish a guideline to be followed if the case of a bomb threat.

1. Anyone who received a bomb threat call should ask the caller to give his message to a supervisor. If the caller refuses to be transferred to another party, the employee who receives the call should try to obtain as much of the following information as possible. Keep the line open; do not hang up the telephone.
   • When is the bomb going to explode?
   • Where is it right now?
   • What does it look like?
   • What kind of bomb is it?
   • What will cause it to explode?
   • Did you place the bomb?
   • Why?
   • What is your address?
   • What is your name?

2. Immediately call the emergency number 3333 or if you are still on the line have someone else do so.

3. The Switchboard operator will immediately notify:
   • Fire and Police Department
   • Security, Beeper 0133
   • Hospital Supervisor
   • Administrator on call
   • Maintenance Ext. 5700

4. If the threat is received by mail, handle the letter or package carefully to avoid smudging fingerprints. 5. SEARCH PROCEDURES:
   • After the basic details are provided, the Administrator on call will make all necessary decisions (including deciding to evacuate the area), issue orders and prepare for the arrival of assistance. The local law enforcement agencies will be in charge of conducting the search. Cooperation with the police and others involved is most important.
   • Surgery invasive procedures should be delayed until ALL CLEAR is announced.
   • Personnel should notify the Administrator on Call/designee promptly of significant developments or if they notice suspicious circumstances. Information concerning the bomb should be kept confidential as appropriate to avoid panic.
   • If what appears to be a bomb is found, DO NOT TOUCH IT. Clear the area and notify the police. Try to isolate the area as much as possible by closing the doors.

EVACUATION: If evacuation becomes necessary, law enforcement officials will determine direction and location to proceed.
Safety/Security/Right to Know

Biomedical Engineering Department Needs your Help

- The types of equipment maintained by Plant Maintenance and Biomedical Engineering includes, wheelchair, beds, suction units, infusion pumps, sequential pumps, pca pumps, balloon pumps, tympanic thermometers, numerous other mobile equipment items, including a wide variety of patient care modules. Suction units, infusion pumps, sequential pumps, and pca pumps are sent to Central Processing for cleaning, inspection, and verification of preventive maintenance (PM). Central Processing sends the equipment to Biomed when it is found to be overdue for PM, has suffered damage, or has a repair tag attached. The equipment is returned to Central Processing after the equipment is serviced, and the PM is completed. Central Processing cleans and disinfects the equipment and delivers equipment to requesting clinical staff, where it is used for treating patients. Locating equipment for patient use is the task of Plant Maintenance, Biomedical Engineering, and Central Processing. The maintenance of this equipment is documented in our computerized maintenance management system that is in use at Altru Health System. Locating equipment for use or service is a daunting task because most of the equipment items listed herein are constantly being moved with the patient. When equipment cannot be located, it cannot be used or serviced.

- Central Processing and Biomedical Engineering staff work closely to minimized equipment shortfalls. Central Processing staff search areas where equipment is stored, as well as, soiled utility rooms where equipment is required to be placed after use, so it can be cycled through Central Processing again. The Biomed techs are assigned to the "pump bench" on a rotating basis to service central processing equipment.

- Central Processing staff are often scrambling to meet equipment requests in spite of the proceeding measures, because they are unable to locate the needed equipment. Every month biomedical engineering sends central processing a list of equipment that is overdue for PM. Clinical staff often searches for needed equipment, or hold equipment within their unit preventing the equipment from being serviced.

- We need your help. Please check the PM stickers on the above listed equipment. If the PM is due or overdue take it out of service and send it to Central Processing.
Safety/Security/Right to Know

Medical Equipment

• The following photos are of equipment that has been damaged by running the face of the pump into other objects or other objects into the face of the pump. Please note that a portion of the display is black, because it has been physically broken. This in spite of a protective panel in front of the display, this was a hard blow. The entire face of the pump has been dented and scratched from abuse. This repair cost Altru over $800.00.

• The next picture reveals a broken case from dropping the pump, and the second picture shows another broken display and case. These repairs cost Altru over $1,000.00.
Safety/Security/Right to Know

Medical Gas Shutoff
PURPOSE To establish guidelines on shutting off Medical Gas Systems in the event of a fire.

• In the event of a fire the Medical Gas Systems such as the oxygen, shall only be shut off when directed by the nursing supervisor or respiratory therapist. They may direct maintenance to shut off med gas systems, but only after an assessment has been done of the area that is being shutoff.

Maintenance Emergency Response To Utility Failures
PURPOSE To insure that the Maintenance and Engineering Department can provide prompt, efficient response to utility failures.
• Dial 5700
• Report the exact problem
• Location of problem
• Name and phone number of person reporting the problem
<table>
<thead>
<tr>
<th>FAILURE OF:</th>
<th>RESULT (WHAT WILL HAPPEN)</th>
<th>WHO TO CONTACT FOR ASSISTANCE</th>
<th>USER RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPUTER SYSTEMS</td>
<td>System Down</td>
<td>Information Systems Tel. #5700 or 5774</td>
<td>User back-up paper system Reference Red Emergency Manual</td>
</tr>
<tr>
<td>ELECTRICAL POWER FAILURE</td>
<td>Some lights/outlet out Power to emergency outlets ok</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Ensure essential equipment-Life Support Systems are on emergency power. Reference Red Emergency Manual</td>
</tr>
<tr>
<td>ELECTRICAL POWER FAILURE (TOTAL - GENERATOR &quot;NO START&quot;)</td>
<td>Total failure of all electrical systems</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Utilize flashlights, hand ventilate patients, manually regulate IV's. Reference Red Emergency Manual</td>
</tr>
<tr>
<td>ELEVATORS OUT OF SERVICE</td>
<td>All vertical movement to made by stairwell</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Utilize only elevators in service or stairwells. Reference Red Emergency Manual</td>
</tr>
<tr>
<td>FIRE ALARM SYSTEM</td>
<td>No chimes/strobes</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Institute temporary fire watch Use phone to report fire - Tel. Emergency # &quot;3333&quot; Reference Red Emergency Manual</td>
</tr>
<tr>
<td>HEATING, VENTILATION, &amp; AIR CONDITIONING (HVAC)</td>
<td>No heat or Air Conditioning</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Utilize blankets if loss of heating</td>
</tr>
<tr>
<td>MEDICAL GASES</td>
<td>No Oxygen (O2), Medical Air, Nitrous Oxide (NO2)</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Utilize portable oxygen and other medical gases, transfer patients if necessary. Reference Red Emergency Manual</td>
</tr>
<tr>
<td>MEDICAL VACUUM</td>
<td>&quot;No Vacuum</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Call SPD for portable vacuum. Reference Red Emergency Manual</td>
</tr>
<tr>
<td>NURSE CALL SYSTEM</td>
<td>No remote patient contact</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Detail a (Float, Rover) to physically check on patients Reference Red Emergency Manual</td>
</tr>
<tr>
<td>PNEUMATIC TUBE SYSTEM</td>
<td>No tube system service</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Utilize &quot;runner&quot; until tube system back in service Reference Red Emergency Manual</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
<td>Contact Information</td>
<td>Instructions</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>SEWER BLOCKAGE</strong></td>
<td>Drains back up</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Do not use water or flush toilets, hoppers, or other utility sinks/fixtures.</td>
</tr>
<tr>
<td><strong>STEAM PRESSURE LOSS</strong></td>
<td>No bldg. heat, hot water, sterilizers, laundry, cooking</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Provide additional blankets, cold meal preparations, conserve linen &amp; sterile supplies from SPD.</td>
</tr>
<tr>
<td><strong>TELEPHONE</strong></td>
<td>No telephone service</td>
<td>Dispatch individual to switchboard Utilize overhead paging on Intercom system to announce outage</td>
<td>Utilize runners as needed Reference Red Emergency Manual - Communications</td>
</tr>
<tr>
<td><strong>WATER SYSTEM</strong></td>
<td>Sinks/toilets inoperative or contaminated</td>
<td>Maint./Eng. Tel. # 5700</td>
<td>Conserve water, use bottled water for drinking, use Alcohol Foam for hand washing, ensure all faucets on sinks are turned &quot;off&quot; Reference Red Emergency Manual.</td>
</tr>
</tbody>
</table>
Safety/Security/Right to Know

These are questions that may be asked by an Altru employee or of an outside inspector:

1. What are the 7 major programs of the Environment of Care?
   A. Safety
   B. Security
   C. Utility
   D. Emergency
   E. Hazardous Material
   F. Medical Equipment
   G. Fire Safety

2. What is the goal of the Environment of Care Safety Committee?
   To provide a safe effective environment

3. What are 3 general safety rules
   A. Always wear your appropriate personal protective equipment in accordance with the job operation that you are performing.
   B. Report all accidents, injuries, near misses or safety hazards in the workplace immediately to your supervisor.
   C. Participate in new employee training.

4. How do you report a security incident?
   By calling 3333

5. What is the code for a chemical spill that exceeds the response capability of Altru?
   Code Orange
6. What are the 10 emergency internal and external risks?

**Internal**
- Fire
- Electrical Power Failure
- Telephone Failure
- Workplace violence Event
- Infant Abduction

**External**
- Severe Weather
- Hazardous Material
- Flood
- Airborne (Biological Event)
- Mass Casualty incident
Safety/Security/Right to Know

7. Who is responsible for shutting off the Medical Gas in an emergency?  
   Nursing Supervisor and/or Respiratory Therapist

8. What is a Michael Blaze?  
   Altru emergency code for Fire

9. What action do you take when you find an overdue piece of medical equipment?  
   a. Send it to Maintenance?  
   b. Send it to BioMed?  
   c. Send it to Central Processing

Questions? George Van Kirk  
701-780-5184  
gvankirk@altru.org
Risk Management/Safe Medical Devices & Device Tracking
Risk Management/Safe Medical Devices and Device Tracking

In the hospital, you sometimes see medical devices fail.

Some failures are harmless. However, patients are sometimes injured by malfunctioning or poorly designed devices.

There is a Federal law designed to protect you and patients from such incidents.

This law is called the Safe Medical Devices Act (SMDA). The FDA enforces this law.

The SMDA has two regulations that could affect your job.

• Medical Device Regulation
• Device Tracking Regulation
Medical Device Regulation
All professional employees affiliated with the hospital must report certain types of incidents to the management.

• A MDR reportable incident is one in which a device may have contributed to the death, serious injury or serious illness of a patient or employee. A serious injury or illness is one that is life threatening, causes permanent injury, or that necessitates surgical or medical intervention to prevent serious injury.
• Medical devices include obvious, sophisticated machines, such as, infusion pumps, defibrillators, monitors and implantable devices.
• They also include simpler items such as, beds, syringes, bandages, IV lines, wheelchairs, and almost anything else used inpatient care or diagnosis that is not a drug.
• Incidents caused by operator error are also reportable.
• This helps identify designs that might make the device difficult to operate.

• An MDR reportable incident is one that reasonably suggests that the device contributed to the death, serious injury or serious illness of a patient or employee. Medical devices include sophisticated machines, simple items and almost anything used in patient care or diagnosis that is not a drug. If an incident occurs:
  • attend to the patient
  • report the incident
  • remove the devices from service
  • save all materials including any disposables and packaging
  • fill out an incident report

• Your risk manager or facility's management will decide if the report should be forwarded to the device's manufacturer or to the FDA
Risk Management/Safe Medical Devices and Device Tracking

Device Tracking

• Device Tracking is another SMDA requirement that may affect your job. Occasionally, the FDA or manufacturer learns that a device is defective.
• Device Tracking makes it possible to locate the device before it causes harm.
• Tracking is required for infusion pumps, respirators, and certain implantable devices that present a high risk.
• Your job may require you to fill out forms for implants or devices that leave the hospital. Filling out these forms is a legal requirement
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Risk Management/Safe Medical Devices and Device Tracking

Sentinel Events Policy

• Altru Health System is committed to improving quality of patient care. The occurrence of a sentinel event identifies an opportunity for improvement. A quality Improvement/Peer Review Process will be used to intensively assess the root cause of the event, identify opportunities for improvement, and implement and evaluate corrective action.

Definition

• An event which has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition, including those associated with healthcare acquired infection.

• ***Any such events should be reported to your supervisor immediately***
Risk Management/Safe Medical Devices and Device Tracking

Cellular Phone And Radio Transmission Use
- Food and Drug Administration (FDA) states radio frequency energy (RF) from wireless phones can interact with some electronic devices. A medical device can be vulnerable to Electromagnetic interference (EMI) if the levels of electromagnetic (EM) energy in its environment exceed the EM immunity (resistance) to which the device was designed and tested. EMI problems with medical devices can be very complex, not only from the technical standpoint but also from the view of public health issues and solutions.

Examples of how equipment may be affected include:
- The shutdown of some models of infant ventilators
- Activating fire alarm systems
- Changing flow rate on infusion pumps

Interference with the following medical devices.
- ECG monitors
- Apnea monitors
- Defibrillators
- Blood warmers
- Dialysis machines
- Pacemakers
- Telemetry systems
- Central nurse station monitors.

Restricted Cell Phone and Radio Transmission Areas
- Altru Health System prohibits the use of cellular phones and radio transmitters in certain areas where clinical and other equipment are vulnerable to EMI. The following restrictions govern cell phone use:
  - Altru Hospital - Cellular phone and radio transmitter use is prohibited in all areas of the acute hospital except the hospital lobby (including the adjacent administrative area) and the hospital cafeteria.
  - The Rehab - Cell phones and radio transmitters are not permitted in the therapy area of the main level and the inpatient unit of the second level. Use is permitted in other areas.
  - Other Altru Facilities - Cell phone use is permitted in Altru Clinics and non-patient care buildings.
Risk Management/Safe Medical Devices and Device Tracking

General Provisions
• Cellular phones must be turned off completely, not in standby position. Other transmitters such as portable two-way radios need not be turned off but may not be keyed or otherwise activated in the patient care areas.

Exception:
• In emergency situations, personnel such as paramedics, police, fire fighters, and hospital security may use radio frequency transmission devices in patient care areas. In the event that emergency services personnel must use radio transmission devices, they should maintain a distance of at least three meters (10 feet) from the transmitter to patient care electronic equipment.

Enforcement
• All employees are responsible for enforcing this policy. Staff shall notify anyone seen with a cellular phone or radio transmission device of the potential for interference with patient care equipment. Staff shall notify anyone with a cellular phone to turn it off and anyone with a radio frequency transmission device to refrain from activating it.

Suspected Interference
• If any staff member suspects that medical equipment has been unexplainably altered, possibly by radio frequency, he/she shall notify his/her Manager and the Biomedical Department (ext. 5700) immediately. An incident report must be completed at that time. If the event resulted in injury to a patient, the Risk Manager must be notified.

Employee Use of Cellular Phones:
• Conversations over cellular phones can be picked up by other means. Employees need to be aware of this if discussing sensitive patient information. Employees who fail to comply with this policy forbidding use within the buildings; may be subject to disciplinary actions.

Policy Notification:
Signs shall be posted in restricted areas asking people entering the building to turn off their cell phones for the protection of our patients.
Confidentiality
Confidentiality refers to the professional standard to protect the information regardless of how it is acquired, stored, processed, or transmitted throughout Altru Health System. Each person working at Altru Health System is entrusted with protecting the privacy and confidentiality of the people we serve. **This is a personal trust that must be held in highest regard.**

- All employees, contract, auxiliary, volunteers and medical staff personnel have a moral, professional and legal obligation to protect the confidentiality of patient, physician, employee and administrative information.
- It is their obligation to maintain confidentiality while on-duty and off-duty. This obligation continues even after the employment relationship has ended. Any breach of confidentiality could result in termination.

Breach of Confidentiality means:
- Accessing confidential information that you don't have a clinical or business need to know.
- Sharing confidential information with any person who does not have the right to know it.

Questions & Answers?
- What information is considered confidential?
- All personal, clinical and business information related to any individual is confidential. In addition, any proprietary information related to Altru Health System is confidential.
Risk Management/Safe Medical Devices and Device Tracking

What is a "need to know"?
• A need to know is a requirement to access information necessary to carry out your job.

What is a "right to know"?
• This means having the authority to access information. For instance, the only persons who have a right to know clinical information about a patient's care are the patient, those involved in the patient's care and the persons to whom the patient has given permission to have that information.

Examples:
• If you get information from a patient's chart or any computer records without a need to know, you have committed a breach of confidentiality. If you share any patient information with someone who does not have a need to know, you have committed a breach of confidentiality
Risk Management/Safe Medical Devices and Device Tracking

This includes but is not limited to information gathered from:
• Computer systems
• Medical records
• Patient/family verbal communication
• Other health care providers
• Business records
• Administrative reports and meeting minutes
• Facsimiles
• Memorandums

It is difficult to control information that may be inadvertently overheard, therefore, information should not be discussed/shared in public areas of the Health System, Including:
• Cafeteria Elevators
• Corridors
• Parking lots
• Restrooms
• Any public areas outside Altru Health System

Information regarding a patient may be shared with other health care providers on a need-to-know basis. Employees within Altru Health System should be given only that information required to carry out their duties. Information should be disclosed to individuals outside the Health System only to the extent necessary and for which release is authorized.

Employees may not obtain confidential medical information about themselves or family members without going through the same access procedures as patients not employed by Altru Health System. Obtaining personal information through one's own job-related ability to access the medical record is prohibited.
Risk Management/Safe Medical Devices and Device Tracking

Health Care Directives Booklet And Patient Relations Pamphlet
- Patient Rights and Responsibilities

There is a Healthcare Directives Booklet located at the patient bedside that contains information regarding patient rights and responsibilities. This booklet also contains information on how to access the Ethics Advisory Committee.

Patient Relations Pamphlet
- In your orientation packet you should receive the Patient Relations & Patient Rights & Responsibilities pamphlet. This pamphlet contains information regarding who to contact regarding unresolved concerns and patient rights and responsibilities.

Questions? Jodi Sorum
701-780-5615
jsorum@altru.org
Bloodborne/Airborne Pathogens
Bloodborne Pathogens

Integrate basic infection control practices into one's own job, including, but not limited to: hand hygiene, standard precautions, transmission based isolation precautions, and exposure management.

• Understand the risk and prevention of diseases such as tuberculosis, and bloodborne pathogens, i.e., human immunodeficiency virus (HIV), hepatitis B (HBV), and hepatitis C (HCV).

Why Bloodborne Pathogens?
• Before Hepatitis B vaccination, 200 healthcare workers died every year of hepatitis B.
• The HIV epidemic in the US was identified as a risk to persons who had of occupational exposure to blood and body fluids.
• Read the reference at this web address:
• OSHA is the Occupational Safety and Health Administration
• OSHA's mission is to protect workers in the United States from injuries at work.
• The Bloodborne Pathogens Standard gives OSHA legal authority to enforce Standard Precautions (originally called Universal Precautions).
Bloodborne Pathogens

What are Bloodborne Pathogens?
Organisms found in blood or body fluids that can infect humans.
• •Includes:
• –HIV: Human Immunodeficiency virus
• –HBV: Hepatitis B virus
• –HCV: Hepatitis C virus
• –also rarely: organisms causing malaria, syphilis, West Nile disease, and a few others.

It’s not Just HIV, HBV, or HCV
Diseases Transmitted by Needlestick to Healthcare Workers
• •Blastomycosis
• •Brucellosis
• •Cryptococcosis
• •Diphtheria
• •Ebola Virus
• •Hepatitis B
• •Hepatitis C
• •Herpes simplex
• •HIV
• •Leptospirosis
• •Malaria
• •Mycobacterium marinum
• •Mycoplasma caviae
• •Rocky Mountain spotted fever
• •Syphilis
• •Toxoplasmosis
• •Tuberculosis
• •Varicella zoster

• Courtesy of David Weber, MD, MPH. (UpToDate 14.1 Dec 2005)
Bloodborne Pathogens
HIV

• HIV is the cause of AIDS
  • 57 documented cases of HIV and 139 possible cases of occupationally acquired (infected while working) HIV among healthcare workers in the US as of December 2002*
  • Most had a **percutaneous** injury (through the skin) with a **hollow-bore needle** contaminated with HIV-infected **blood**.
  • *http://www.cdc.gov/ncidod/dhqp/bp_hiv_hp_with.html

<table>
<thead>
<tr>
<th>Occupational HIV in the US</th>
<th>Documented</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>Lab worker, clinical</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Laboratory worker, nonclinical</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Physician, non surgical</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Physician, surgical</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Health Aide/Attendant</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Housekeeper/Maintenance</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>EMT/Paramedic</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>Dental</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Technician, Surgical</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Technician, Dialysis</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Technician, other</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Embalmer/Morgue</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other health care occupations</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>57</strong></td>
<td><strong>139</strong></td>
</tr>
</tbody>
</table>
Bloodborne Pathogens

Biohazardous Exposures
Altru 2000-2011
4 year downward trend for sharps injuries
55% decrease in surgery exposures

Positive Bloodborne Pathogens
1999-2011

- 2002 - 1 HCV seroconversion
- 2009, 2011: HCV Source with very high viral load
- 2007: First Hepatitis B exposure
Bloodborne Pathogens

Epidemiology of Source Patients
1257 biohazardous exposures at Altru 2000-2011

<table>
<thead>
<tr>
<th>57 positive sources</th>
<th>No. (%)</th>
<th>% Male</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV</td>
<td>53 (93%)</td>
<td>53%</td>
<td>15-83</td>
</tr>
<tr>
<td>HIV</td>
<td>4 (3%)</td>
<td>75%</td>
<td>42-53</td>
</tr>
<tr>
<td>HBV</td>
<td>1 (2%)</td>
<td>0</td>
<td>71</td>
</tr>
</tbody>
</table>

ALTRU - 1 HCV conversion in 1073 reported exposures = 0.1% conversion rate. 99.9% of the time – no conversion.

85 Biohazardous Injuries, Where and Who?

WHERE?

WHO?

Paramedics
Lab
NP, PA
Nursing Assistant
RN
Physicians, Surgeons
Student
Surg Tech
3E
4F
6F
SF
RT
EOD
3W
CP
RN

Bloodborne Pathogens

HBV
- Hepatitis B can cause acute and/or chronic inflammation of the liver.
- Many persons have no symptoms and do not know they have HBV.
- The earlier in life a person is infected with HBV the more likely they will have chronic disease.
- Persons vaccinated for Hepatitis B and who have developed immunity are at no risk for infection by HBV.

- Risk of HBV Seroconversion after Exposure

- 17,000 new cases of HBV in US HCW's in 1983.
- Reduced to 400 in 1995 by using Hepatitis B vaccine.

- For unvaccinated persons, the risk of HBV after a needlestick or cut is 6-30%.
Bloodborne Pathogens

HCV in HCW
Transmission of HCV usually through blood; other body fluids less effective •Unlikely: saliva, urine, feces
• Most persons do not know they are HCV positive.
• Hepatitis C
• –1.4% in the general population
• –0.1% to 0.7% in healthy blood donors
• –4-6% selected population; Africa

Risk of developing HCV after a single HCV contaminated needlestick 0.5 to 2%
• Risk Factors: HCV
• IVDA (40-50%) of cases
• Transfusion recipients
• Hemodialysis
• Tattooing
• Exposure to health care
• High risk sexual behavior (rare)
• Organ transplants from HCW + donor
• 40-50% of patients with HCV infection have no identifiable risk factor

HCV Clinical Presentation
• Most are asymptomatic after initial infection
• –50%-80% are self-limited
• HCV persists and is subclinical
• –80% develop chronic hepatitis (10 years)
• –20-35% develop cirrhosis (21.2 years)
• –Hepatocellular cancer (29 years)

How are HCW Exposed to Bloodborne Pathogens at Work?
• Needlesticks or other puncture wounds
• Cuts
• Splash to a mucous membrane such as eyes, mouth or nose
• Contact with non-intact (broken) skin such as rash, hangnail, acne, cuts, dermatitis, burns, bites, etc.
Altru’s Top Five Exposures

Splash
• Need to use more face protection

Improper use of safety device
• Retrained many
• Changing devices

During use
• Most unavoidable or unexpected patient movement

Instruments
• Pins
• Drill bits
• During surgery
• Assembly, containing and cleaning instruments

Discarding
• Clean up sharps used by others
• Wrong sharps container
• Sharp in garbage
• Overfilled sharps

Epidemiology WHO in 2005?

Needlesticks
• –18% MD
• –31% Nurse/ MA/ CNA
• –19% Techs
• –6% Residents/Med Students
• –12% other Students

Splash
• –17% OR Tech
• –17% Residents/other students
• –13% Nurse
• –13% Lab
• –9% RT

WHERE? >2
• –Surgery 32
• –Lab and Path 11
• –Clinics 10
• –EOD 9
• –Cardiology 5
• –5th 4
• –Central Processing 4
• –Parkwood 3
• –OB / L&D 3
• –Peds 3
• –Renal 3
• –3 West 3
• –Rehab 3
• –Resp Care 3
• –6th 3
Bloodborne Pathogens
How to Protect Yourself at Work
• Standard Precautions assumes that anyone could have a bloodborne pathogen in their blood or body fluids.
• Use Standard Precautions when caring for each patient during every encounter.

Standard Precautions
The highest risk human substances are:
• blood
• semen
• vaginal secretions
• cerebrospinal fluid
• synovial fluid
• pleural fluid
• peritoneal fluid
• pericardial fluid
• amniotic fluid
• tissue
• any other body fluid that contains visible blood such as urine, stool, vomit, etc.
• Hand hygiene before and after patient contact and after removing gloves.
• Wear gloves when in contact with blood or body fluids.
• Protect face, nose, mouth and eyes by wearing a mask/ faceshield when splash is likely.
• Wear a gown or cover when your clothes might get splashed with blood or body fluids.
• Dispose of sharps safely. Do not recap.
• Handle used patient care equipment, supplies, and linen carefully to avoid exposure. Clean equipment between patients.
• Use a resuscitation device as an alternative to mouth-to-mouth resuscitation during CPR
• Use hospital-grade cleaners and disinfectants to clean-up spills and decontaminate equipment and surfaces.
• Place a patient in a private room if they are unable to maintain good hygiene.
Bloodborne Pathogens

How to protect yourself from Bloodborne Pathogens at work?

• Engineering Controls - products, devices or equipment that isolate or remove the risk of exposure
• Work Practices - altering the manner in which a task is performed to reduce or eliminate the risk of exposure
• Personal Protective Equipment (PPE) - specialized equipment or clothing worn as a barrier to protect from exposure

Engineering Controls
• Hepatitis B vaccine
• Safer sharps
• Sharps containers
• Shields and other splash barriers
• Safety hoods

Hepatitis B Vaccine
• Very safe - 3 doses given in the arm
• 90% of vaccinated persons will develop a protective titer
• Free to employees at risk of exposure to bloodborne pathogens at work.
• You may decline to be vaccinated by signing a declination form. If you decline, you can ask to be vaccinated later.
• Get a titer 1-6 months after vaccination
• No booster shot needed
• Healthcare workers should have a Hepatitis B antibody titer performed 1-6 mo. after vaccination
• If the titer is positive - protected for life
  – No booster shot is ever needed
• If the titer is negative - revaccinate with 3 more doses

Safe Sharps
• It is very important to know how every safety needle works. Ask for instructions.
• Needlestick Act requires healthcare facilities to use sharps that are engineered to be safer.
  Including:
  – IV needles and needleless IV system
  – phlebotomy needles
  – butterfly needles
  – scalpels
  – injection needles
  – lancets
Bloodborne Pathogens

Work Practices
Use Hand Hygiene
• DO NOT RECAP NEEDLES
• Do not remove needles from syringes after use
• Anticipate the risk of splash exposures and perform tasks in a manner that reduces splash risk
• Do not pass sharps hand to hand
• Appropriate disposal of infectious waste
• No food or beverages in a work area with biohazards
• Do not mouth pipette
• Transport patient specimens in safe containers that are labeled as biohazardous.
• Proper cleaning and decontamination of equipment and the environment
• Clean up blood and body fluid spills carefully – wear PPE.

Hand Hygiene Includes: – Handwashing
• Soap and water is used to wash off soil and some microorganisms.
• Hand antisepsis
• Antiseptic handwash or alcohol handrub to reduce the number of microorganisms on hands.
• “Soap and water is for dirt; Alcohol is for germs”

Hand Hygiene is...
• ... the single most important way for healthcare workers to stop the spread of infection.
• The goal of hand hygiene is to reduce transmission of microorganisms via hands and to reduce the number of nosocomial (healthcare acquired) infections for patients, staff and visitors.

Hand Hygiene Products at Altru
BLAND SOAP
• Hospital-grade detergent-based soap with moisturizers. You must use soap and water when hands are visibly soiled.
• Clean fingernails the first wash of the day.
• Wet hands with warm water, then apply about 5ml. or 1 tsp of soap.
• Rub the entire surface of the hands for 15 sec. using friction. Pay attention to nails and between fingers. Wash under rings.
• Rinse off all soap from hands.
• Pat hands dry with paper towel.
Bloodborne Pathogens

Hand Hygiene Products at Altru

ANTIMICROBIAL SOAP

- Hospital-grade detergent-based soap with added antiseptic agent
  - 2% chlorhexidine.
- Compatible with latex.
- Persistent - reduces the number of microorganisms on the hands for 6 hours.
- Can be harsh on hands.

Before Plain Soap

After Plain Soap

Before Antimicrobial Soap (Chlorhexadine Gluconate 2%)

After Antimicrobial Soap (Chlorhexadine Gluconate 2%)

Hand cultures before and after hand antisepsis with antimicrobial soap containing 2% chlorhexidine. Notice the nearly complete elimination of bacteria in the after cultures.
Bloodborne Pathogens

Hand Hygiene Products at Altru
ALCOHOL HANDRUBS

- 60% alcohol foam or lotion with emollients added for skin care.
- Hand antisepsis with an alcohol handrub is the preferred method of hand hygiene in clinical situations when hands are not visibly soiled.
- Quickly removes microorganisms from hands.
- No water or paper towels needed.
- Improves and maintains skin.

Hand cultures before and after use of alcohol hand rubs. Notice the nearly complete elimination of bacterial growth in the “after” cultures.
Bloodborne Pathogens

Hand Hygiene:  
When?
• **Before** and after every patient contact- the patient should see you do hand hygiene.  
• **After** leaving the patient's room or leaving the bedside.  
• **Before** touching the patient or performing any procedure, whether or not gloves are required.  
• **Before** putting on gloves and/or other personal protective equipment (PPE).  
• **After** removing gloves and/or other PPE.  
• **After** touching contaminated supplies, equipment or surfaces.  
• **Between** infected and non-infected body sites.  
• **After** any contact with blood, body fluids, non-intact skin, mucous membranes, excretions, or secretions.  
• **After** going to the bathroom.  
• **After** touching mouth or nose (eating, drinking, sneezing, coughing, lip balm, etc)  
• **Before** handling food or eating.
Bloodborne Pathogens

Biohazard Spills
- Large spills or chemical spills may require help from Environmental Services / spill cart.
- Never clean up broken glass with bare hands. Use 2 pieces of cardboard or forceps.
- Wear appropriate PPE for the size of spill
- Cover the spill with paper towel, saturate with disinfectant. Carefully wipe up spill. Dispose in red bag.
- Apply disinfectant again, soak 10 min, wipe clean.
- Carefully remove and discard PPE.

If your uniform or clothes are contaminated...
- Ask for help if heavily contaminated.
- Altru will provide scrubwear to wear home. Altru will launder personal clothing that is contaminated.
- Remove soiled clothing carefully. Do not pull over face.
- Wash any contaminated skin.
- Shower facilities are available. If offsite (ie. ambulance), seek assistance locally.
Bloodborne Pathogens

Personal Protective Equipment (PPE)
• PPE is used when engineering controls and work practices cannot protect the employee.
• Employer must provide PPE that fits
• PPE must be available
• PPE is cleaned by Altru
• Remove soiled or torn PPE as soon as possible

PPE
Altru has eliminated all non-sterile latex exam gloves.
• Vinyl - for short-term use
• Nitrile - for expected blood contact and chemotherapy

Gloves must be worn for:
• invasive procedures
• when blood or body fluid contact is anticipated
• any vascular access including phlebotomy

Gowns, lab coats, aprons
• wear over personal uniforms and clothing
• fluid resistant lab coats are available
• Face shields, goggles, safety glasses
• wear whenever splash to face is anticipated
• personal eyeglasses are not considered PPE
• CPR masks, Ambu bags
• Use a ventilatory device to perform mouth to mouth resuscitation during CPR
Bloodborne Pathogens

Signs and Labels

- **Red color** or biohazard symbol identify infectious materials.

Label:

- Infectious waste containers including sharps containers
- Refrigerators, freezers, coolers containing blood/ body fluids.
- Blood/ body fluids or equipment that must be mailed
- Contaminated equipment waiting to be decontaminated.

Linen

- Handle using Standard precautions.
- Bag soiled linen at the point of use. Do not rinse or sort at the point of use.
- NO SHARPS IN LINEN
- Wrap wet linen in dry linen.
- Linen containers placed outside of soiled utility rooms must be covered.
- Infested linen (scabies and lice) must be contained.
**DONNING AND REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**DONNING PPE**
Type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

**GOWN**
- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist

**MASK OR RESPIRATOR**
- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

**GOGGLES/FACE SHIELD**
- Put over face and eyes and adjust to fit

**GLOVES**
- Extend to cover wrist of isolation gown

**SAFE WORK PRACTICES**
- Keep hands away from face
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene

**REMOVING PPE**
Remove PPE at doorway before leaving patient room or in anteroom; remove respirator outside of room

**GLOVES**
- Outside of gloves are contaminated!
  - Grasp outside of glove with opposite gloved hand; peel off
  - Hold removed glove in gloved hand
  - Slide fingers of ungloved hand under remaining glove at wrist

**GOGGLES/FACE SHIELD**
- Outside of goggles or face shield are contaminated!
  - To remove, handle by “clean” head band or ear pieces
  - Place in designated receptacle for reprocessing or in waste container

**GOWN**
- Gown front and sleeves are contaminated!
  - Unfasten neck, the waist ties
  - Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
  - Gown will turn inside out
  - Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

**MASK OR RESPIRATOR**
- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom then top ties/elastics and remove
- Discard in waste container

**HAND HYGIENE**
Perform immediately after removing all PPE!
Bloodborne Pathogens

**Waste Rules**

Regular Trash
- No SHARPS!
- No visibly bloody items.
- No fluid in regular trash.
- No tubing in regular trash.
- No syringes

**Red Bag Waste**

- No SHARPS!
- All syringes go in a sharps container even if no needle was ever attached.
- No paper towels from hand drying
- No clean wrappers
- No food containers or pop cans

- Anything contained in a RED bag will be incinerated. RED means infectious waste.
- Never dispose of a sharp in any garbage bag.
- Containers of liquid waste can be carefully emptied into the sanitary sewer system (wear PPE!). The empty container can then be disposed of in regular trash.
Airborne Pathogens

Exposure Control Plan

• Exposure Control Plan is reviewed annually and be accessible to staff.
• Exposure Control Plan is found on AltruNet.

Biohazardous Exposure Management

• For any needlestick, cut, bite, or blood/body fluid splash to non-intact skin, mucous membrane, or eye ... IMMEDIATE REACTION IS REQUIRED
  • Know the process designated by your employer.
  • At Altru, beep 1000.

Training and Recordkeeping

• All "at risk" healthcare workers must receive training on bloodborne pathogens annually.
• Records of training are kept for 3 years.
• Confidential records of biohazardous injuries are kept for 30 years.

Transmission Based Precautions

• Used in addition to Standard Precautions
• Protects patients, healthcare workers, and others from spread of communicable disease.
• 3 types of Transmission Precautions
  – Contact Isolation
  – Droplet Isolation
  – Airborne Isolation

• Types may be combined or all used:
  – contact + airborne, contact + droplet, etc.
CONTACT ISOLATION

BEFORE ENTERING THE ROOM

1. Use alcohol hand rub or wash with antimicrobial soap & water. If the patient has Clostridium difficile, place antimicrobial soap signs** on the Avagard bracket in the room and on the room door.

2. Put on a clean gown before entering the room if your clothing will touch the patient, surfaces, or objects.

3. Put on clean gloves each time you enter the room.

4. Bring only what you need into the room. Do not bring the vital signs "robot" into the room. Dedicate stethoscope, thermometer, etc. to the room.

5. Consider adding Droplet Precautions (mask) if patient is coughing.

WHEN YOU LEAVE THE ROOM

1. Remove gloves without contaminating hands. Discard gloves in the room.

2. Untie your gown and remove without contaminating your hands. Discard gown into the soiled gown container in the room. (NOTE: Green linen bags are for SOILED GOWNS ONLY).

3. Exit the room and use alcohol hand rub or wash hands with antimicrobial soap & water.

4. Anything removed from the room must be cleaned and disinfected before the next use.

*Exception: For Infestation Linen (lice or scabies) use a water-soluble bag inside a linen bag. Linen Services will pick up these bags from the soiled utility room - do not send down the chute.

REMOVE ISOLATION SIGNS WHEN PATIENT IS DISCHARGED.
Airborne Pathogens
Examples* of organisms and diseases spread by contact

• Multi drug resistant organisms (MDRO):
  • – MRSA
  • – VRE
  • – ESBL
• Clostridium difficile diarrhea
• Uncontrolled drainage or diarrhea
• RSV
• Pediculosis (headlice) or scabies

Contact Isolation and Colonization
Colonization: When someone is not sick from germs but simply carries them (colonization).
• Patients colonized with MDRO (multi-drug resistant organisms) need to be in contact isolation.
Airborne Pathogens

Contact Isolation Procedure: Inpatients
• Place the patient in a single room
• Place "Contact Isolation" sign on door
• Door can be left open
• Provide gloves, gowns, alcohol hand hygiene, and disinfectant wipes outside the door on an isolation cart
• Hand hygiene before entering the room
• Glove when entering the patient's room.
  • Do not touch the patient or his environment without gloves.
  • Wear cover gown when entering the patient's room
  • For bodily contact with the patient or his environment.
  • Dispose in room after single use.
• Remove gloves before leaving room.
• Hand hygiene after gloves are removed
• Dedicate a stethoscope, thermometer, etc. to the patient's room
• Do not bring the vital signs robot into the room
• Ordinary daily and terminal room cleaning
  • dedicate the mop head to that room
• Ordinary waste and linen disposal
  • Exception: infestations (lice and scabies)

Contact Isolation: Do's and Don'ts
• Avoid transporting patient wearing gloves and a gown.
• Do not touch elevator buttons, phones, etc with contaminated gloves.
• Limit movement to essential purposes. If the patient must leave his/her room:
  • dress the patient in clean garments
  • wash the patient's hands
  • clean the surfaces and equipment the patient touches

Hand hygiene is very important
• Clean and disinfect equipment between use by different patients
• Inform other departments when transferring a patient in isolation
• Use proper signage
  • Do not throw signs away after discharge
• Patient Teaching
  • available in AltruNet
  • isolate the germs, not the patient
Contact Isolation: Outpatients
• Modify contact precautions in the outpatient departments
  – Hand hygiene is of utmost importance
  – Clean and disinfect equipment and surfaces between patients

Droplet Isolation
Applies to:
• Microorganisms which can be spread by large respiratory droplets from an infected or colonized person
Means of transmission:
  – Infected droplets are propelled by sneezing, coughing, or procedures. Droplets land on mucous membranes such as the eyes, nose, or mouth of a susceptible person.
  – Requires close contact with the source
  – Droplets generally do not range beyond a radius of 3 feet from the source
  – Droplets do not stay airborne
Examples* of organisms and diseases spread by droplets:
• Influenza
• Bacterial meningitis (Neisseria meningitidis)
• Mycoplasma pneumonia
• Group A Streptococcus in infants and young children
• Pertussis
• Parvovirus B19
• Patients who show signs and symptoms of any droplet illness prior to their diagnosis
* See reverse side of the Droplet Isolation Sign for a complete list of diseases

Droplet Isolation Procedure
• Place patient in a private room
  – Negative pressure room is unnecessary
  – Place "Droplet Isolation" sign on door
  – Provide surgical masks and hand hygiene for staff outside the door

DROPLET ISOLATION

BEFORE ENTERING THE ROOM
1. Use alcohol hand rub or wash hands with soap and water.
2. Put on a surgical mask or face shield before entering the room.

WHEN YOU LEAVE THE ROOM
1. Exit the room. Carefully remove mask without contaminating face and hands. Bend forward, grasp the elastic cord and pull the mask down and away from the face. Discard mask in the garbage.
2. Use alcohol hand rub or wash hands with soap and water.
Airborne Isolation
Appropriate for diseases transmitted via an airborne route, including:

• *Mycobacterium tuberculosis* (TB, also called MTB)
• Measles (*rubeola*)
• Chickenpox (*varicella*)
• Disseminated Herpes zoster (*Varicella zoster*)
• Herpes zoster in an immuno-compromised patient.
• Smallpox
• Monkeypox
• Avian Influenza
• SARS
Airborne Pathogens

Airborne Isolation at Altru
- Doors are to be kept closed, and vents free of clutter. 
- Contact the department to which the patient must be transported. 
- Contact infection control for questions and assistance.

Respiratory Protection
- Approved TB respirators are 95% efficient, and include
  - N95 mask
  - PAPR

Wear Respirators
- At all times when in airborne isolation rooms
- During high risk procedures (bronchoscopy, autopsy) on patients suspected of TB

Using Respiratory Protection
- By law, TB respirators must be fit-tested prior to use by Employee Health or a trained fit-tester.
- Do not put a respirator (such as the N-95) on a patient. Use a lightweight surgical mask instead.
- Family members are not required to wear an N-95. Offer them each a respirator and give reasonable directions. Ask them to reuse the respirator unless it is soiled or torn.

Airborne Isolation at Altru
- Ask the patient to wear a lightweight surgical type mask if tolerated
- Place patient in a negative pressure room as soon as possible
  - ER – suture rooms 1 and 2, OP 6
  - Inpatient rooms - 538, 515, 516, 415, 416, 200-1
Place the Airborne Isolation Sign on the door.
Airborne Pathogens

Tuberculosis (TB)

TB remains a disease of great concern. 1 in 3 persons worldwide is infected with TB.

- Many people have had a positive skin test, called a PPD test, for TB. This means that their body has had contact with the TB germ at some time in their life. They may never get sick with TB if their immune systems can keep it "in check".

- **Country Information**
  22 countries account for 80% of the TB cases in the world *(WHO, 2004)*
Local and Regional TB Statistics

• ND and Northwest MN are considered a low risk area.
• ND had 8 cases TB disease in 2011. (1.2 / 100,000)
  • 5 Pulmonary
  • 3 Extrapulmonary
  • 0 Pulmonary / Extrapulmonary

• MN had 135 cases in 2010 and 137 cases in 2011
  • 81% MN TB cases are in/near the metro area
  • 85% Foreign born
How do you get TB?

You can be exposed to TB, if a person with TB disease coughs, laughs, sings, talks, or sneezes. This propels bacteria into the airspace which may stay in the air for several hours. You can't get TB from needles or environmental surfaces.

Workers who deal directly with patients are at greater risk of exposure to TB than those who don't.

ROUTE of TRANSMISSION
- Airborne and Droplet nuclei

Affected by:
- Infectiousness of patient
- Environment conditions
- Duration of exposure

People who are at high risk for TB
- Persons with HIV disease
- Being elderly
- Severely immunocompromised
- Past history of TB or TB exposure
- 10% or more below ideal body weight
- Diabetics
- Homelessness
- History of silicosis

If you have a positive PPD, there is a 10% lifetime chance of developing TB disease.
Airborne Pathogens

Protection of Patients, Visitors, and Employees
• Focuses on early detection and treatment – Initiate airborne isolation precautions for patients who need evaluation for TB
• Early diagnosis and treatment
• Properly ventilated, negative pressure patient care rooms
• Skin testing program

Diagnosis of TB
• Medical evaluation
• History
• Risk assessment
• Tuberculin skin test
• Positive skin tests indicate an infection with TB in the past.
• Some patients with TB disease will have a negative skin test because their immune system is weak.
• Chest x-ray
• Bacteriological examination

• Acid fast bacilli (AFB) in sputum may indicate tuberculosis. In general, the more AFB in the sputum, the more infectious the TB.
• Not all patients with AFB in a cultures have TB. Other bacteria besides TB are acid fast.

Cultures for TB are sent to the state lab and can take many weeks to grow

A more rapid test, a DNA probe, may be ordered and is also done by the state lab

TB is a treatable illness
• TB therapy uses a combination of several drugs
  • isoniazid or INH
  • pyrazinimide
  • ethambutol
  • rifampin
• TB drugs are taken for months at a time.
• TB drugs may be ordered to be given via directly observed therapy (DOT)
• TB drugs are sometimes prescribed for people who are carriers only and are not actually ill with TB (latent TB) • The purpose of treatment is to prevent future disease from developing
• These patients do not need airborne isolation
• For more information: http://www.nationaltbcenter.edu/abouttb/diagnosis_and_treatment.cfm

TB and Pregnancy
Pregnant healthcare workers can take care of a patient who has been diagnosed with or is suspected of having TB
Airborne Pathogens

PPD Skin Testing
• Mantoux Test: a test for TB infection. Purified protein derivative (PPD) is injected just under the skin and any induration (or firmness) is measured at 72 hours. • Students and volunteers must have evidence of a PPD test in the last 12 months.
• New employees should receive a 2-step PPD
• If exposed to TB during work, you will receive a baseline PPD and a second PPD 3 months later.

Work Restrictions
"Can I work today?"
No If:
• Conjunctivitis
• Salmonella and acute diarrhea
• Diphtheria
• Enteroviral infections
• Hepatitis A
• Herpetic whitlow – hand
• Orofacial herpes – restrict from high risk patients
• Measles
• Mumps
• Pertussis
• Rubella
• Scabies
• Active draining lesions, Staph aureus
• Group A strep
• TB (but not latent TB)
• Varicella – chickenpox
• Shingles (Zoster) – If can’t cover or disseminated – do not work
• Viral respiratory – acute febrile – exclude during RSV and influenza season.

Questions?
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Altru’s Drug and Alcohol Testing Policy
**PURPOSE**

Ensuring a safe patient care environment is an ongoing priority for Altru Health System. In addition, we want to ensure the same environment for our employees. Altru Health System has therefore adopted this Drug and Alcohol Testing Policy for employees. This policy is not intended as and should not be construed as a contract with any employee. This policy applies to all employees of Altru Health System, and all persons conditionally offered employment with Altru Health System.

**POLICY**

Altru Health System prohibits the use, possession, transfer, and sale of alcohol, inhalants and illegal drugs while working, while on all premises owned and operated by Altru Health System, and while operating any of the organization’s vehicles, machinery, or equipment. It also prohibits reporting for work, and working anywhere on behalf of Altru Health System under the influence of illegal drugs, inhalants or alcohol. This policy applies to all official and unofficial break and meal periods, and all other times during the working day in which an employee has reported for work.

“Illegal drugs” means inhalants and controlled substances, and includes medications, which contain a controlled substance which are used for a purpose or by a person for which they were not prescribed or intended.

The use and possession of properly prescribed drugs or medications is permitted provided that it does not interfere with the employee’s job performance or pose a direct threat to the health or safety of the employee and/or others.

The only exception to this policy is the responsible use of alcohol at official Altru Health System sponsored social or business events at which alcoholic beverages are served.

Altru Health System reserves the right to contact proper law enforcement officials and/or State licensing/certifying boards regarding any matter subject to this policy.

If a violation of this policy involves the unauthorized access, procurement or use of controlled substances and any other pharmaceuticals belonging to Altru Health System’s pharmaceutical inventory, this must be reported to the Pharmacy Manager and as appropriate, the Chief Executive Officer so that required corrective processes can be initiated.

Violation of this policy may result in disciplinary action, up to and including termination of employment.
Important Note: Physician prescribed use of drugs or controlled substance can adversely affect workplace safety and job performance. Therefore, if you are taking such medication you should inform the prescribing physician of the nature of your job and ask whether the medication poses a threat to your health or safety on the job, or that of others. If your physician believes that such a threat exists you must notify your manager prior to returning to duty.

**PROCEDURE**

**A. PERSONS SUBJECT TO THE POLICY**

All employees of Altru Health System and all persons conditionally offered employment with Altru Health System are subject to testing.

Employees already in a licensing board mandated drug-testing program at the time of hire with Altru, will follow the drug testing conditions and requirements of their licensing board.

**B. WHEN TESTING MAY BE REQUIRED**

1. All candidates who have received conditional offers of employment will be required to undergo a drug test during their post offer health screen appointment. When an applicant is unable to provide a urine sample and they have a scheduled appointment (i.e., Occupational Therapy or Human Resources), the Employee Health nurse will escort the employee to their next appointment. The employee will be escorted back to the Employee Health Department to provide the urine sample when the appointment is over.

2. **Contract Locum Tenens and Temporary Staff.** All locum tenens and contract employees will be required to have a drug screen test at the time of temporary employment with Altru or have proof of a negative drug screen within two (2) weeks of their start date at Altru.

3. **Credentialed Staff.** All credentialed staff (i.e., physicians and mid-level practitioners, etc. will be required to have a drug screen test at the time of initial credentialing with Altru or have proof of a negative drug screen within two (2) weeks of their start date at Altru.

4. **Reasonable Suspicion.** An employee, faculty/instructor, or student may be required to undergo a drug and/or alcohol test if there is a reasonable suspicion that he or she is under the influence of alcohol and/or illegal drugs or taking prescribed drugs illegally.

Examples where employees may be required to undergo testing include, but are not limited to, the following:

- a. displaying violent or unusual confrontational, argumentative or other unusual behavior customarily associated with alcohol or drug use (e.g., glassy eyes, slurred speech);
- b. showing a major personality change;
- c. has violated the policy statement above;
- d. job performance has deteriorated;
- e. has caused a work-related accident or has operated or helped operate machinery, equipment, or vehicles involved in a work-related accident; or
- f. has caused themselves or another employee to sustain a personal injury. Testing will be required prior to or concurrent with medical treatment whenever feasible.
- g. excessive or patterned absenteeism (including chronic lateness and early departures);
- h. frequent errors or patient variances;
- i. theft or diversion of medication.
5. **Random Testing.** As part of our effort to assure the safety of our patients and employees, Altru will select a percentage of all employees at random, on an annual basis, to be tested for drugs and alcohol. Because of differences in state law between North Dakota and Minnesota, those subject to random testing differ depending upon the state of employment. For employees working in North Dakota, all employees will be subject to random testing. For employees working in Minnesota, only employees in “safety sensitive” positions will be subject to random testing. Safety sensitive positions are defined as any job, including any supervisory or management position in which impairment caused by drug or alcohol usage would threaten the health or safety of any person. This includes all patient contact positions, as well as any position involving the use of automated machinery, motor vehicles, laboratory or radiologic equipment, etc.

Each month, Employee Health will generate a random listing of employees to be tested. Employee Health will notify the Manager when an employee has been selected for testing. The Manager will be responsible for ensuring the employee reports for testing within one (1) hour of notification. Employee must produce a specimen within two (2) hours from the time they are notified by their Manager/Administrator.

- **Failure to Report for a Random Drug Test:**
  - If an employee fails to report for a random drug test within the one (1) hour window, this will be considered a positive drug test and the employee will be subject to discipline up to and including termination of employment. Any Manager or designee who fails to inform the employee of the random testing requirement is subject to discipline up to and including termination of employment.
  
  - In the event of a positive random drug screen result, Employee Health will notify the assigned Human Resources Generalist of the positive result. The Manager and Human Resources Generalist will meet with the employee and implement actions as appropriate and in accordance with this policy. If a physician tests positive, the Medical Director, Administrative Director and the Manager of Employment/Employee Relations will be notified.
  
  - Employees in an Unlicensed Assistive Person (UAP), Licensed Practical Nurse (LPN), Registered Nurse (RN), Family Nurse Practitioner (FNP), or Certified Registered Nurse Anesthetist (CRNA) role who test positive on a random drug test will be reported to the Board of Nursing. Other disciplines may need to report positive drug screens as required by their licensing boards/agencies. Managers are responsible for determining any such reporting requirements and for assuring appropriate reports are filed promptly.
After Care Random Testing:
• An employee who has been referred for chemical dependency evaluation and treatment or who is participating in a chemical dependency program may be requested or required to undergo drug and/or alcohol testing without prior notice at any time according to the following:
  • a. For employees working in an Altru facility located in Minnesota and in accordance with Minnesota law, testing will occur for up to two (2) years following completion of any prescribed chemical dependency treatment program. Once the employee is placed on the random testing schedule, the cost of the testing will be paid by the employee. At the employee’s discretion and Altru’s expense, the employee can request in writing to continue in the random testing program beyond the two-year period.
  • b. For employees working in an Altru facility located in North Dakota, testing will occur for the duration of the individual’s employment with Altru. Once the employee is placed on the random testing schedule, the cost of the testing will be paid by the employee for two (2) years. After two years, the cost of the testing will be assumed by Altru.

6. Department of Transportation (D.O.T.) Testing. If an employee’s job duties fall under D.O.T. guidelines, they will be subject to testing according to these guidelines.

C. RIGHT TO REFUSE TO BE TESTED
• Applicants:
  Any applicant who refuses to submit to a test, who refuses to comply with any requirement imposed by this policy, or who engages in behavior which prevents meaningful completion of testing will have the offer of employment rescinded.

• Employees:
  Any employee who refuses to be tested or does not cooperate with any part of the process is subject to disciplinary action including termination. The Department of Transportation (DOT) standards for urine drug test refusals will be followed:
    a. fails to appear at collection site,
    b. fails to remain at the collection site,
    c. fails to provide a specimen,
    d. fails to permit an observed collection,
    e. fails to provide a sufficient amount (45 ml),
    f. fails to take a second test (if directed by Medical Review Officer or employer),
    g. fails to cooperate with the process and adulterates or substitutes the specimen.
D. NEGATIVE TEST RESULTS
If the results of the initial drug and alcohol screening is negative, or if the results of the confirmatory test or confirmatory retest (these tests are explained below) are negative, the applicant or employee is considered to have satisfactorily completed the drug and/or alcohol test.

E. POSITIVE TEST RESULTS
• 1. Initial Screening. If the initial result on the drug and alcohol screening is positive, the sample will automatically be subject to a confirmatory test. No employee will be terminated, disciplined, discriminated against, or requested or required to undergo rehabilitation solely on the basis of a positive result on an initial screening.

• 2. Confirmatory Test – Applicants. If the confirmatory test result is positive, the offer of employment will be rescinded.

• 3. Confirmatory Test – Employees. If the confirmatory test result is positive, the employee may be subject to disciplinary action, up to and including termination of employment according to Altru Health System policies and the following:
  • a. First Positive Test Result. An employee’s employment may not be terminated for a positive result on a confirmatory test for alcohol and/or illegal drugs, which was the first such result on a test requested or required by Altru Health System, unless he or she has been given the opportunity to be evaluated by a Licensed Addiction Counselor and if appropriate, given the opportunity to participate in a drug or alcohol counseling or rehabilitation program and either has refused to participate, failed to comply with program requirements or has failed to successfully complete the counseling program.

• Employees required to attend a counseling or rehabilitation program will be required to inform Altru Health System of the type of program to which they have been referred. If the counseling or rehabilitation program permits immediate return to work, the employee will be returned to work on the next regularly scheduled shift.
If the employee is referred to a treatment program, then the employee must agree to fully attend and participate in the treatment program and provide Altru Health System with documentation from the treatment provider regarding the expected length of treatment.

The employee will be returned to work only after the treatment provider provides documentation of the employee’s ability to return. If the employee is released to return to work before completion of the treatment program, the employee will be asked to provide weekly documentation from the treatment provider regarding continued participation in the treatment program. If the employee fails or refuses to provide such documentation, Altru will not return the employee to work prior to completion of the treatment program. In all cases, the employee must present evidence of satisfactory completion of the treatment program in order to maintain employment.

The employee must sign the “Conditions for Continued Employment” document which will indicate any need for further treatment and follow-up. Employees will also be required to submit to random drug testing as long as they are employed with Altru Health System. For those employees working in a Minnesota facility, they will be subjected to random drug testing for two (2) years. The cost of the random testing will be assumed by the employee for two (2) years. After two years, Altru Health System will assume the cost of random drug screening for North Dakota facilities.

b. Subsequent Positive Test Result. An employee who receives a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by Altru Health System and who has previously received a positive result on a confirmatory test for alcohol and/or illegal drugs requested or required by Altru Health System may be disciplined up to and including termination of employment.

c. Medical Review Officer (MRO) Interview. An employee may be interviewed by the designated Medical Review Officer (MRO). The employee must be available by telephone (home phone, cell phone, etc.) for 48 hours after a non-negative test to enable the MRO to complete this interview in a timely fashion. If the employee is not available when contact is attempted by the MRO, per the standard, the test will be considered non-negative and further action will occur as described in this policy.

d. Need for Further Testing. If the initial result on the drug and alcohol screening is positive, the sample will automatically be subject to a confirmatory test. If the confirmatory result is negative, the Medical Review Officer (MRO) may indicate the necessity for additional testing at his/her discretion.
F. SUSPENSIONS
Employees may be suspended from work with or without pay pending the receipt of testing results if Altru Health System believes that doing so is consistent with a safe and efficient workplace. Any employee who has been suspended, and who receives a negative result on the drug and alcohol test, will be returned to work with full back pay.

G. APPEAL RIGHTS
Any applicant or employee who tests positive on a confirmatory test will have three (3) working days following the day on which the employee is notified of the positive confirmatory test result to submit information to explain the test result. In addition, an applicant or employee who tests positive on a confirmatory test will have five (5) working days following the day on which he or she is notified of the confirmatory test result to advise in writing of his or her desire to request a confirmatory retest of the original sample at the individual’s own expense.

H. HOW TESTS ARE CONDUCTED
1. Authorized Laboratory/Personnel. Testing is conducted by a laboratory or certified personnel authorized for that purpose under applicable state law. All testing will be based upon urine sample, saliva alcohol testing, blood sample, and/or breath alcohol as deemed appropriate by the testing laboratory/personnel.
2. Transportation to Testing Site. Any employee who is requested or required to undergo a reasonable suspicion drug and/or alcohol test will be escorted by a Human Resources representative, Manager or Supervisor, or appointed individual, to the location where the sample for testing is to be collected.
3. Employee Notification Form. An applicant or employee who is to be tested for illegal drugs and/or alcohol will be given a copy of this drug and alcohol testing policy and an opportunity to read it before testing occurs.
4. Timing for Random Drug Screens. An employee requested to undergo a random drug screen will present to the testing site within one hour of the request.
5. Observation of Specimen Collection. To protect the integrity of the testing process, collection site staff may directly observe the collection of the urine sample.
6. Medical Review Consultation. A Medical Review Officer (MRO) will review the test results, if indicated.

I. COMMUNICATION OF TEST RESULTS
• (Minnesota Branch applicants or employees only)
• Within three (3) working days of receiving a test result from a testing laboratory, Altru Health System will notify the applicant or employee, in writing, of the test results and the individual’s right to a copy of the test result report. If the confirmatory test is positive, Altru Health System will also notify the individual of his or her additional rights.
J. DOCUMENTING CONDITIONS FOR CONTINUED EMPLOYMENT
During or upon completion of drug or alcohol counseling or rehabilitation program, the employee will meet with their Manager, a Human Resources representative and, if available, their Licensed Addiction Counselor to review a return to work plan and sign a Memo of Understanding that defines the conditions and requirements for continued employment.

K. CONFIDENTIALITY
Test result reports and other information acquired in the alcohol and/or drug testing process are private and confidential information except as disclosure is permitted or required by law.

Important Notice:
The policies, rules and procedures contained in this policy supersedes any and all existing policy statements to the extent that there is any inconsistency.

ESTABLISHED DATE: September 4, 1998
• Approved by: Chief Executive Officer, Altru Health System

David R. Molmen
REVIEW DATE AND INITIAL

• REVISION DATES
• 8/4/99, 7/27/00, 1/14/02, 1/8/03,
• 3/12/03, 4/11/05, 1/13/09, 6/9/09
• 2/23/10, 3/29/10, 5/24/10, 1/21/11
• 6/21/11