



# Managing the Mandatories *2015*

In order to satisfy your annual requirements, please read this entire newsletter, complete the quiz that is provided to you as an insert in this publication and return your completed quiz to your manager for scoring.

New employees must complete the quiz by the first day of employment and turn it in to the OD Department during orientation.

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this newsletter. If you have any questions while reading the newsletter or taking the quiz, please contact your manager, Safety, Infection Prevention and Control or Central Education. Quizzes are due back to managers by December 22, 2014.





# Overcoming *Communication Barriers*



Sometimes in the hospital we treat patients who, for various reasons, may have trouble communicating with the staff. These barriers to communication could be either physical (visual, hearing, or speech impaired) or linguistic (the patient's mother tongue maybe something other than English). One of our Covenant WE CARE values is Respect. Specifically, "we display a high regard for personal dignity, diversity and the uniqueness of those served and those serving." Also, healthcare organizations receiving federal funding must offer and provide language assistance services, including bilingual staff and interpreter services, to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Covenant HealthCare's policy is to provide assistance to patients with communicative barriers free of charge. It is mandatory that patients who have communicative barriers are made aware of these services, and that this information is documented.

## For Hearing Impaired Patients

Depending in the type of hearing impairment, the following options are available for patients in non-emergency situations.

### Interpreter

- According to Michigan State Law, we are required to offer a qualified certified interpreter to anyone who is deaf or hearing impaired. Interpreters must be certified through the National Registry of Interpreters for the Deaf or Hard of Hearing. Covenant uses remote video communication for this purpose for routine daily matters. However, during critical and informed consent conversations bringing in a live interpreter is highly advisable, especially if the patient and/or their family are requesting one. In these situations, careful planning and coordination of schedules will be necessary.
- It should be noted that family members cannot serve as interpreters for patients, as

this may compromise the patient's right to privacy and confidentiality.

- Staff who are able to sign, likewise, cannot serve as an interpreter unless certified by the National Registry.

### Reading Material

- Reading materials and notes passed between staff and patient maybe used with a hearing-impaired patient. Activities of Daily Living (ADL) flash cards and alphabet boards may also be used.

### Amplifier-equipped telephones

- There are three phones available from the Information Technology Communications Department which may be used for patients who are hearing-impaired.

### Teletypewriter (TTY, also known as Telecommunication device for the deaf/TDD)

- Covenant has TTY/TDD devices available for patients.

Interpretive services, amplifier-equipped telephones, or TTY/TDD devices may be provided to patients by nursing staff dialing "0" (zero) and giving the operator the patient's name and room number. The operator will arrange for the device's delivery. The device must be returned intact to the switchboard within one day of patient's discharge or the nursing unit will be billed for the device.

In an emergency, communication must be established in the fastest, most effective way possible. A certified interpreter should be contacted as soon as possible.

## For Visually Impaired Patients

Communication with the visually impaired should be done through spoken word. Anything relevant that the patient would normally read must be read to the patient by hospital staff. Patients with seeing-eye dogs are encouraged to have their dogs remain with them, provided the dog is not taken to any area in which food is prepared or in

which a gown is required. Care for the dog must be arranged for by the patient.

## Limited Speaking Skills

Written communications, gestures, or other devices may be used to communicate with patients with limited speaking skills as may be appropriate considering the circumstances.

## Limited English Proficiency

If the hospital staff or a physician identify that a person has limited English skills, it is required to offer interpretation services for the patient. The family and patient are to be made aware that this service is provided at no cost to them. It should be noted that family or friends may be used as interpreters, but only at the patient's request. The offer and response must be noted in the patient's chart.

In order to arrange for services:

- Nursing staff will contact the operator and provide the patient's name and room number. The switchboard will arrange with security to have a device delivered.
- Upon receiving the device, nursing staff will call the operator and advise that they need interpretation services. Nursing staff will supply staff name, the patient's name, unit, room number, and what language needs to be interpreted
- Interpretation device must be returned to switchboard within one day of patient's discharge, or the cost of the device will be billed to the unit.

More information is available on the Covenant Intranet with the following choices: Resource Page, Manuals: Administrative, Table of Contents, 3.22/Communication with Hearing or Visually Impaired Persons or 3.24/Communication with Limited English Proficient Persons.





# Patient *Rights*

As a natural outgrowth of our basic values and mission statement, Covenant HealthCare aspires to treat our patients with fairness and concern, striving to recognize their needs and wishes, and to exceed their expectations. We recognize that patients have the right to receive safe, respectful and dignified care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity or ability to pay. If a patient is unable to exercise their rights, they are entitled to have an appropriately identified surrogate decision-maker exercise their patient rights without coercion, discrimination or retaliation.

## We Believe that All Patients and/or Their Representatives Have a Right to:

1. Participate in the development and implementation of their plan of care.
2. Make informed decisions regarding their care. This includes being informed of their health status, being involved in planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
3. Formulate Advance Directives and to have the hospital staff and practitioners who provide care in the hospital comply with these directives.
4. Have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.
5. Every consideration of personal privacy.
6. Receive care in a safe setting.
7. Be free from all forms of abuse or harassment.
8. Expect that all communications and their clinical records be treated as confidential.

9. Access information contained in their clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
10. Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
11. Be fully informed of and consent or refuse to participate in any unusual, experimental or research project without compromising their access to services.
12. Know the professional status of any person providing their care/services.
13. Know the reasons for any proposed change in the professional staff responsible for their care.
14. Know the reasons for their transfer either within or outside the hospital.
15. Know the relationship(s) of the hospital to other persons or organizations participating in the provision of their care.
16. Have access to the cost, itemized when possible, of services rendered within a reasonable period of time.
17. Be informed of the source of the hospital's reimbursement for their services, and of any limitations which may be placed upon their care.
18. Be informed of the right to have pain treated as effectively as possible.
19. Consent to receive visitors, whom they designate, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend. The patient also has the right to withdraw or deny such consent at any time. Visitation may not be restricted on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

20. Know any clinically necessary or reasonable restrictions or limitations placed upon visitation by the hospital and the reasons for such limitations.
21. Designate a Primary Support Person to be available during important times in their hospital stay (i.e., health care provider visits, discussions about the plan of care and to reinforce education).
22. Have their family/representative receive informed consent of organ and tissue donation, when appropriate.
23. Be informed of and provided access to the complaint/grievance process.

## Complaint/ Grievance Handling

If at any time you feel you are not being treated in a fair and caring manner, share your concerns with any Covenant HealthCare employee or your care provider. You may also notify the Patient Advocate at 989.583.4317 about your complaint. The Patient Advocate can be contacted Monday-Friday during regular business hours. On evenings, weekends and holidays, please contact the Covenant operator at 989.583.0000 who will contact the Administrative Coordinator to assist you.





# HIPAA – Privacy and Security *Is Everyone's Concern*



The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law establishes a set of national standards for the protection of certain health information. The law defines how a patient's protected health information (PHI) can be accessed, used and disclosed. PHI is any information that could be used to identify a patient including demographics and can be verbal, written or in electronic form. This information can be related to any past, present, or future physical or mental health condition and includes, but is not limited to: name, address, date of birth, age social security number, phone number, driver's license number, e-mail address, medical record number, diagnosis, medical history, medications, and insurance information.

Two key components of HIPAA are the Privacy and Security Regulations. The Privacy regulations address what information is protected and Security regulations address how that information should be protected. You can not have privacy of patient information without security measures being implanted and enforced.

## Privacy Rule

HIPAA imposes a duty on every healthcare worker to maintain privacy of the patient's PHI. The major goal of the Privacy Rule is to assure that PHI is protected while providing high quality health care. Therefore, anything that is heard or seen during the course of your employment at Covenant HealthCare involving our patients and any patient contact is considered PHI. The law requires that all communications with or about patients involving PHI be private and limited to those who need to know the information in order to provide treatment, obtain payment, or support health care operations. This means that you should not use or share a patient's PHI with anyone if it is not needed as a part of your job. If you do need to access, use or disclose PHI for your job, you should access, use or disclose only the minimum necessary PHI to accomplish your job.

The Privacy rule establishes the following patient rights:

- Patients must receive a Notice of Privacy Practices from providers

- Patients may request restrictions on disclosures to others of PHI
- Patients may request alternative means of communication PHI
- Patients may inspect and copy their own PHI
- Patients may request amendments to PHI
- Patients must be given an accounting of disclosures of PHI if requested
- Patients must be able to complain about privacy violations.

Covenant HealthCare's HIPAA Privacy Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 13.

## Security Regulations

The HIPAA Security rule establishes a national set of security standards for protecting health information that is held or transferred in electronic form. A major goal of the Security regulations is to protect the privacy of PHI while allowing health care entities to adopt new technologies to improve the quality and efficiency of patient care. The Security regulations define the safeguards necessary to secure an individual's electronic protected health information (ePHI). This includes, but is not limited to, any PHI that is stored in a patient database, patient records stored on a computer or patient billing information stored on a computer. The law mandates that health care entities control who has access to electronic PHI and how it is used. The amount of access to ePHI that a Covenant HealthCare employee has is based upon the job duties required of their position. Employees should not access confidential patient information even if they have the ability to do so, unless it is required to perform the duties of their job. Employees should also take note that posting PHI on social networking sites, e-mail, or text messages is a violation of the law.

Covenant HealthCare's HIPAA Security Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 14.

The Human Resources Department also has two policies related to HIPAA. These are HR Policy

#901 – Confidentiality and Security and HR Policy #512 – EMR Usage. Policy 901 has been referred to as Covenant's "Vegas Rule", (i.e. what happens at Covenant stays at Covenant). Any information about a patient that you encounter while at work is considered confidential and should not be shared with anyone even if names are not mentioned. This is including but not limited to posting information on social networking sites, such as Facebook, MySpace, and Twitter. Sending e-mail, sending text messages, and having personal conversations about situations is also prohibited.

Policy 512 states that access to the EMR is based on an employee's job role and the department in which they work. Moreover, it states that employees are prohibited from accessing their own patient information or that of any family member or friend via the EMR unless it is within the scope of their job duties. Employees may access their patient information at the Health Information Management department located at 900 Cooper Ave. or via the My Chart application.

## Privacy and Security Principles

- Every employee of Covenant HealthCare has a responsibility to protect, secure, and keep PHI confidential.
- PHI may be accessed, used or disclosed for treatment, payment and healthcare operations. For most other uses, an authorization to use and disclose PHI must be obtained.
- Use and disclosure of PHI must be limited to the minimum necessary amount to accomplish the intended purpose.
- Access, use and disclose PHI only if there is a legitimate need for you to know.
- Procedures and technical safeguards are in place to protect the integrity, confidentiality and availability of PHI.
- Access to all ePHI is controlled through unique user id's and passwords and automatic tracking of all access to ePHI is performed as well as periodic audits.



## Do Not ...

- Share your log in ID or password with anyone.
- Log in to any system for someone else.
- Leave your computer logged on and unattended.
- Remove PHI from Covenant premises (electronic or paper form).
- Store any PHI on a “mobile” device; laptop, flash drive, CD, cell phone, etc.
- Store PHI on a shared network drive
- Access your own patient information or that of any family member unless it is within the scope of your job.
- Snoop, or sneak a peak into a medial record for a friend, family member or fellow co-worker.
- Post patient information of Facebook or other social media sites.
- Gossip.
- Discuss anyone’s business in public or private except your own.
- Send mental health information or substance abuse information via e-mail.
- Do not text PHI unless you use a secure application (ex. Vocera)
- Open e-mail or e-mail attachments from senders you do not know.

## Do ...

- Keep your password secure.
- Keep computer screens pointed away from the public.
- Use encryption when sending PHI via e-mail.
- Use care when faxing PHI.
- Speak quietly or choose a private location when talking about a patient.
- Lock cabinets or rooms containing PHI.
- Take proper measures to dispose of wastes labeled with PHI (i.e. shredding)
- Remember that phone lines are not always

secure so be careful about giving any information out over the phone as you may not be able to verify the caller’s identification.

- Request PIN numbers before giving information over the phone.
- Knock on a door and ask permission to enter before entering a room.
- Ensure that laptops are encrypted.
- Password protect all mobile devices.
- Set auto lock feature on mobile device.

## Protecting our systems – BEWARE!

Covenant HealthCare uses scanning software to block spam email. Unfortunately, people are A. cleaver and figure out ways around it. How? For example, we block by certain key words like profanity. This only works if they spell the profane words with real letters. Sometimes words are spelled incorrectly such as PROFAN1TY. Other people try to make it look like a legitimate email. Pay attention to who the email is from. When an email arrives, you see the display name, but by clicking show details you can see the email address. ALL eMail sent from Covenant will end with name@chs-mi.com or name/Covenant.

It is very important the desktop is locked when you leave your workstation. On workstations with single sign on, click the blue door to lock the workstation or the red door to log it off. On normal workstations, press ctrl-alt-del at the same time and select lock workstation. Even if your office is locked, please secure your workstation.

You are required to change your password every 90 days to protect the network. There are ways for hackers to get your password without your knowledge. By forcing passwords to change every 90 days, we mitigate our exposure.

DO NOT give your password to anyone. If someone calls or approaches you, stating that they are from Information Technology and need your password to fix a computer problem do not give them your password; immediately report the incident to the IT help desk at 583.6014. If you are experiencing a computer problem an employee from Information Technology will never ask you for your password.

## Violations

Covenant HealthCare is committed to protecting patient privacy, regardless of whether the PHI is in verbal, paper or electronic form. It is a violation of HIPAA, and in many cases state law, to release PHI without proper authority or failing to adequately protect it from unauthorized access. Such violations can result in civil fines and criminal penalties of up to \$250,000 per incident and 10 years in prison.

Each and every employee has a responsibility to report any intentional, accidental or suspected violation of HIPAA. Violations can be reported to your manager, the Corporate Compliance Hotline (1-888-421-5776), the Privacy Officer (583-4142), the Security Official (583-6013), or to Human Resources (583-4080). After a report of a suspected HIPAA violation is received, a thorough investigation is completed. As previously mentioned, any confirmed reports of violations will be addressed appropriately. This includes notification to the individual whose PHI has been breached. Employees who violated patient confidentiality will be disciplined up to and including termination.







# Bloodborne *Pathogens*

The purpose of OSHA's Bloodborne Pathogen Standard is to reduce the risks of exposure to Hepatitis B, Hepatitis C and HIV (AIDS) while performing your work duties. Protect yourself! Make the requirements of this standard part of your routine practice.

The Exposure Control Plan and a copy of OSHA's Bloodborne Pathogen Standard are located in the Infection Prevention Manual. Universal Precautions (now also known as Standard Precautions) are used to prevent contact with blood and other body fluids that may be infectious.

Choose the right protective equipment for the task you are doing. This includes gloves, gowns and mask/goggles. Notice that you need to wear both masks **AND** goggles to protect your eyes, nose and mouth. There are also masks with an attached visor that can be used. Know where the equipment is located. Be sure to remove and dispose of these items before leaving the work area. Masks should never be worn around the neck for later use.

## Treatment and Follow Up

We follow the latest CDC guidelines in treating Health Care Workers (HCW) after an exposure. Physicians should also avail themselves of this service. If the source patient has AIDS/HIV, there are medications the HCW can take that may prevent getting infected from the exposure.

**Timing is critical!** Our goal is to complete the necessary testing so that the HCW can receive the medicine within 3 hours. The process has been streamlined. This is what you must do:

1. Wash exposed area with soap and water. Eyes should be rinsed thoroughly with saline or water. If you wear contact lenses, immediately remove contacts and rinse your eyes thoroughly with saline or water. Please do not reinsert contaminated contacts.
2. Notify your supervisor STAT.
3. Complete Incident Report.
4. Call the Employee Health (EH) Nurse or Afternoon Coordinator STAT. **DO NOT** leave a message. You must speak directly to

the EH Nurse or the Coordinator. Provide EH or coordinator with patient's name and medical record number. Once the exposure is confirmed, the source patient will be tested.

5. The EH Nurse or Coordinator will contact you with the results. You will be given directions on the next steps to be taken.

Remember that you may need to be seen that day at Occupational Health & Wellness Services or the Emergency Department (depending on the time of day). You will be directed by EH or the Afternoon Shift Coordinator.

## Safety Devices

The Needlestick Safety Act of 2000 went into effect in Michigan in April 2001. It requires that safety devices be used (when commercially available) to prevent Sharps injuries and exposure to bloodborne diseases. Such devices include safety needles/syringes, IV catheters, needleless IV tubing and phlebotomy equipment. Staff members are involved in brand selection and will continue to evaluate new products at least annually.

The Bloodborne Pathogens Exposure Plan is revised to reflect these changes. Federal and state regulations are available on the MIOSHA website – [www.michigan.gov/miosha](http://www.michigan.gov/miosha).





# Sensitivity and Caring *for the Obese Patient*



Obesity is recognized as one of the most common chronic health problems in the United States. In the United States, more than one third of the adults are obese. Obesity varies by gender, age, ethnic group and state. Obesity is a disease caused from numerous factors including: genetics, metabolism, behavior, environment, culture, medication, diseases and socioeconomic status.

Unfortunately, many obese people delay seeking health care because of embarrassment and discrimination within the health care community. It is well known that nurses and other health care professionals have strong negative attitudes and reactions toward obese persons. Covenant HealthCare prohibits all forms of discrimination. Discrimination can be in the form of inappropriate comments about a patient's weight and also in our actions towards them.

Patients who decide to undergo weight loss surgery have usually struggled with weight issues their entire life. They often spend several years contemplating surgery prior to pursuing it. As health care workers, it is imperative that we understand the needs of the obese patient and understand the struggles they have encountered. **It is our role to make them feel welcome and comfortable.** This means having the correct size gowns, blood pressure cuffs, seating and transport devices to meet their needs.

Obesity is a chronic illness. No one laughs at other chronic illnesses such as diabetes or coronary artery disease. Obesity can be just as deadly.

- Honestly describe to yourself the feelings you have toward clinically, severely obese persons.
- What are the labels you give them?
- Are they worth your best care?
- Do you think the same about caring for a patient who had heart surgery to cure a heart ailment as you do caring for a person who had weight loss surgery to lose weight?

The key to providing, quality, patient-centered, sensitive care to the bariatric patient is **RESPECT**:

**R**-apport  
**E**-nvironment/Equipment  
**S**-afety  
**P**-rivacy  
**E**-ncouragement  
**C**-aring/ Compassion  
**T**-act

The Covenant Bariatric and Metabolic Center, led by Dr. Chad Ringley and Dr. Eyad Wohaibi, offers the Lap Band® Procedure, Laparoscopic Sleeve Gastrectomy, Laparoscopic Sleeve Gastrectomy with robotic assistance and Laparoscopic Roux-en-Y Gastric Bypass to help obese patients lose weight. If you or someone you know is interested in learning more about these procedures at the Covenant Bariatric & Metabolic Center, please contact Libby Palmer at **989.583.4683** or [lpalmer@chs-mi.com](mailto:lpalmer@chs-mi.com).

*“The secret of  
the care of the  
patient is caring  
for the patient.”*

– FRANCIS W.  
PEABODY



# Fire Control

## Detection

**SMOKE DETECTORS** are located throughout our facilities. Many of the medical practices also have smoke detectors. They are located in the ceilings (some are concealed). Activation of fire alarm is automatic.

**HEAT DETECTORS** are located in ducts, stairwells, mechanical or furnace rooms. These will automatically activate at 150-180 degrees.

**PULL STATIONS.** Be sure you know if your building has pull stations, and if so, where they are located. Even though they may look different, they operate in the same manner: grasp the lever or handle and pull.

## Types of Extinguishers

**ABC MULTIPURPOSE EXTINGUISHERS** – can be used on any fire excluding OR surgical fires. These are found throughout every one of our facilities. These are to be used on small fires.

**CARBON DIOXIDE EXTINGUISHERS BC FLAMMABLE LIQUID/ELECTRICAL FIRES** – CO2 extinguishers are located in the OR's electrical rooms and mechanical rooms. .

**K FIRE EXTINGUISHERS – GREASE FIRES** – used exclusively in our kitchen areas.

These extinguishers are for one time use on small fires. Always send a used extinguisher to Facilities Services for replacement. Extinguishers without the plastic tab secured may not be reliable. Security checks every fire extinguisher at both campuses, on a monthly basis. Clinics and medical practices should check their extinguishers monthly also. Fire extinguishers are recharged annually.

## A Word About Evacuation...

- Evacuate those in immediate danger first, then ambulatory, up with help, wheelchair, then bedridden.
- Always try a horizontal (lateral) evacuation first if possible. That means down the hall through smoke barrier doors (smoke barrier doors will keep back smoke for one hour).
- If lateral evacuation is not possible, patients and staff will need to evacuate vertically (go down to the next floor or to the ground floor).
- If you must evacuate the building, go to your pre-designated area outside and account for staff, visitors and patients.
- Secure any utilities you are assigned to – such as gas to the cooking ranges, oxygen to the OR suites, etc.
- Evacuation chairs are located in POB third floor lab and in the Rehab/TCU units.
- Med sleds are in critical care areas.



**Pull Pin**  
**Aim Nozzle**  
**Squeeze Handles**  
**Sweep Back and Forth at the Base of the Fire**





# Personal Protective Equipment (PPE) – *The Right Thing to Do*

**PPE helps to protect you. Use the right equipment for each job. PPE is mandatory when indicated by a hazard or policy. PPE can save your life.**

**HEAD.** Head gear provides protection when injury from falling or fixed objects is present.

- Hard hats are a rigid shell with suspension that provides head protection against falling objects or bumping into fixed objects. They are also water resistant and slow to burn. The construction of the hat should protect you against penetration and the shock of a blow.

**EYES AND FACE.** This protection is necessary when an employee may be exposed to flying particles, liquid chemicals, infectious materials, chemical gases or vapors, and lasers.

- Safety glasses
- Goggles must be impact resistant and provide a secure seal around the eyes. They are used most often for splash hazards.
- Face shields are used with other eye protection for added safety. They may be used for protection against heat, splashes and chemicals.
- Welding helmets provide complete head, face and neck protection while providing a filtered lens with a cover plate for eye protection. They provide protection against thermal energy and radiation.

**EARS.** Protects your hearing when exposure to noise reaches hazardous levels, is over recommended decibel limits or where prolonged noise is expected.

- Disposable earplugs are used once and then thrown away.
- Non-disposable earplugs are self forming and provide multiple wear for one person.
- Muffs can provide protection against temperature extremes or noise hazards.

**HANDS.** Used to protect your hands from chemical hazards, blood and body fluids, cuts, lacerations, punctures, burns, radiation and extreme temperatures.

- Disposable gloves protect against mild irritants and infectious materials. They are available in latex, vinyl, nitrile and polyethylene.
- Fabric gloves are usually made of cotton or blends and are used to help improve grip and protect against blister formation. They can also be insulated.
- Leather gloves protect your hands against sparks or scraping.
- Chemical-resistant gloves are usually made of rubber, neoprene, polyvinyl alcohol or vinyl. They protect against corrosives, oils and solvents.

**FEET.** Used to protect your feet from falling or rolling objects, punctures, cuts or electrical hazards. The shoes you wear must provide protection against the hazards that may be present in your particular work area. Shoes need to protect your feet against blood and body fluid splashes or chemicals in patient care areas, the Lab, Imaging, etc.

- Steel-reinforced safety shoes provide protection against falling or rolling objects, cuts and punctures. They can also insulate against extreme temperatures and guard against slips.
- Safety boots provide protection against chemical splashes or hazards. They are often made of neoprene or nitrile. Some boots are made of non-conductive materials for work around electricity.

**RESPIRATORY.** Used for protection when hazards involving inhalation. The type of protection you should use is dependent upon the respiratory hazard that is present.

**CLOTHING.** Used to protect your body from heat, splashes, caustic and acidic chemicals, blood and body fluids, cuts and radiation.

- Clothing acts as a shield against exposure to blood and body fluids, chemicals, radioactive particles, extreme temperatures, moisture, oil, etc.
- Moisture-resistant gowns, aprons and surgical scrubs protect your body from blood and body fluids.
- Moisture-resistant or level hazmat suits protect you from chemical exposures.





## Biological, Chemical *and Radiological Events*

Chemical, biological and radiological materials can be dispersed in the air we breathe, the water we drink or on surfaces we come in physical contact with. The dispersion method of these materials may be as simple as placing an open container in a high traffic area, using conventional spray devices (garden or commercial) or as elaborate as detonating an explosive device.

**A BIOLOGICAL EVENT** uses agents containing living organisms or materials derived from them that cause disease in or harm to humans, animals or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols or dry powders. Onset of symptoms may take days to weeks and there will be no immediate characteristic signatures (i.e., colored residue, dead foliage, pungent odor or dead insect or animal life). Because symptom onset can be delayed in a biological incident, the area affected may be greater due to movement by affected individuals.

**A CHEMICAL EVENT** involves the dispersion of chemicals or toxins that cause disease in or harm to humans or other living organisms. A chemical attack is characterized by the rapid onset of medical symptoms – minutes to hours – and easily observed signatures.

**A RADIOLOGICAL EVENT** will typically use an explosive device to distribute radiological material. Symptoms may not appear for days or weeks and there are no immediate signatures. Radiological materials are colorless and odorless so they are not recognized by human senses. Specialized equipment is required to determine the size of the area impacted as well as if the level of radioactivity presents an immediate or long-term health hazard. Due to a delayed onset of symptoms in a radiological event, the affected area may be greater due to the movement of contaminated individuals into surrounding areas.





## “On-Line” *Manuals*

### To Access the Manuals

- The user needs to “sign on” to the network to have access.
- “On-line” manuals can be accessed by:
  1. Clicking on the blue e/**Internet Explorer** icon on your desktop.
  2. Clicking on **Resource Page** (on the left).
  3. Looking under **Manuals**.



### Manuals

- Administrative
- Bariatric Handbook
- The Academy of Nutrition and Dietetics:
  - Nutrition Care Manual \*
  - Pediatric Nutrition Care Manual\*
- Center for the Heart Policies
  - Cardiac Cath - EP Labs
  - Cardiac Rehab
  - NonInvasive Cardiac Testing
- Clinical Practice Manual
- Covenant Policies & Procedures (HR Policies and Procedures)
- HFAP 2015 Manuals (Folder by chapter)
- Imaging & Diagnostics Prep Manual
- Infection Prevention
- I&D Policies & Procedures
- Medicaid Provider Manual
- Respiratory Therapy Polices & Procedures
- Safety Manual
- Surgical Services Manual
- Volunteer Policy & ProceduresSDS/MSDS

1. Click on Internet Explorer.
2. Click on “MSDS” below resources.
3. Enter the name of the product.
4. If you can't find the SDS/MSDS, chose the SDS/MSDS by clicking on “Request an MSDS”.





# Emergencies and Staff Response

EVENT	INITIAL RESPONSE	SECONDARY RESPONSE
<b>Fire</b> Code Red	R escue anyone in danger A ctivate the alarm in your facility C onfine the fire – close all doors E xtinguish and/or Evacuate	<ul style="list-style-type: none"> <li>Assess condition of patients evacuated</li> <li>Make contact with mutual aid as necessary</li> <li>Arrange for transportation</li> <li>Do a loss assessment</li> <li>Make recovery plans – resume service</li> </ul>
<b>Tornado Warning</b> Code Black	<ul style="list-style-type: none"> <li>Evacuate to designated shelter</li> <li>Cover with blankets/pillows</li> <li>Protect head</li> <li>Complete OR procedures as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>Do not open windows</li> <li>Stay alert to changing conditions</li> <li>Gather flashlights, etc.</li> </ul>
<b>Bomb Threat</b> Code Orange	<p>Person receiving the call:</p> <ol style="list-style-type: none"> <li>Take down as many details as possible then immediately go to the safety manual policy DER-002 and fill out the form.</li> <li>Flag someone else in your area to call your emergency number, either 5.2222 on campus or 911 off campus.</li> </ol>	<p>Upon Code Orange notification:</p> <ol style="list-style-type: none"> <li>Perform a quick visual sweep of your department/unit <ul style="list-style-type: none"> <li>Divide the area into the top half and the bottom half</li> <li>Look for things that don't belong, such as a fast food container, shopping bag, shoe box, etc.</li> </ul> </li> <li>Call Security at 3.6149 or 911 if you find something suspicious</li> </ol>
<b>Evacuation</b> Code White	If you need to evacuate, call your emergency number and begin evacuation to a safe area using emergency carriers and/or equipment	Upon hearing Code White and determining the location, report to affected facility if able
<b>Disaster</b> Code Yellow	<ul style="list-style-type: none"> <li>Assess patient load for possible discharge</li> <li>Assess your work load and supplies on hand</li> <li>Check the NetPresenter for messages</li> <li>Follow your phone fan assignment</li> <li>Check your Quick Look file for the plans</li> </ul>	<ul style="list-style-type: none"> <li>Follow the disaster plan for your area</li> <li>Do not leave until you are dismissed or relieved</li> <li>Make sure your name tag is on</li> </ul>
<b>Labor Emergency</b> Code Pink	<ol style="list-style-type: none"> <li>Call 5.2222</li> <li>Provide whatever care is needed until the team arrives</li> </ol>	Begin resuscitation
<b>Situational Disturbance</b> Code Green	Call 5.2222 to page a Code Green if there is physical fighting, weapons are produced or violence is in progress. Off campus locations call 911 or use panic button if available.	NOT TO BE USED for belligerent patients or irate visitors
<b>Shooter in Building/ on Grounds</b> Code Silver	<p>To report a shooter:</p> <ol style="list-style-type: none"> <li>Call 5.2222 on campus or 911 off campus</li> <li>Secure building occupants according to plan – law enforcement is in charge</li> </ol>	<ul style="list-style-type: none"> <li>Stay secured until released by law enforcement and/or Covenant employees</li> <li>Contact critical incident stress management team</li> </ul>
<b>Abduction</b> Code A	<p>Upon hearing Code A or if the blue strobe light in the skywalk is flashing:</p> <ol style="list-style-type: none"> <li>Block all exits, elevators and stairwells in and near your department or unit</li> <li>Check all ID badges before allowing anyone through. Send those who want to leave the building to the lobby to be searched.</li> </ol> <p>Security Dispatch will be the initial incident command center</p>	<ol style="list-style-type: none"> <li>All staff must stay in affected area</li> <li>Place all babies with their mothers</li> <li>Account for all pediatric patients</li> <li>Administrative Coordinator or Manager needs to report to affected area</li> </ol> <p>One Security Officer will go to affected area</p>
<b>Missing Patient</b> Code M	<ol style="list-style-type: none"> <li>Call 5.2222</li> <li>Provide physical description of the patient</li> <li>Provide facility name and location</li> </ol>	<ul style="list-style-type: none"> <li>A PA announcement will tell you the facility, location, age and gender of the missing patient</li> <li>If you spot this person, contact Security Dispatch at 3.6149</li> <li>Take steps to ensure the patient's safety</li> </ul>
<b>Hostage Situation</b>	<p>If you see a hostage situation:</p> <ol style="list-style-type: none"> <li>Get yourself/others out of the area and don't go back in</li> <li>Call 5.2222 on campus or 911 off campus</li> </ol>	<ul style="list-style-type: none"> <li>Do not try to negotiate with the hostage taker</li> <li>Stand by for instructions</li> <li>Do not talk to media, or anyone about the incident</li> </ul>
<b>Blood and Body Fluid Exposure</b>	<ul style="list-style-type: none"> <li>For skin – wash with soap and water</li> <li>For eyes – flush with water for 15 minutes</li> </ul>	Contact Employee Health at ext. 3.6188 or 3.4284 as soon as possible – you have one hour to start possible treatment
<b>Weather Emergencies</b>	Management assess staffing needs and ability to remain open	<ul style="list-style-type: none"> <li>Contact Transportation to begin arranging for four wheel drive volunteers</li> <li>If only a few are needed – Administrative Coordinator may contact</li> </ul>
<b>Power Outage</b>	<ul style="list-style-type: none"> <li>Hospitals – use red outlets</li> <li>All other facilities – reassure patients</li> <li>Contact Facilities Services</li> </ul>	<ul style="list-style-type: none"> <li>All other facilities contact manager</li> <li>Assess the need to close until power has been restored</li> </ul>
<b>Natural Gas Leak</b>	<ul style="list-style-type: none"> <li>Evacuate those in immediate area</li> <li>Do Not flip any electrical switches</li> <li>On main campus call 5.2222; off campus call 911</li> <li>Off campus call 911</li> </ul>	Stand by for instructions
<b>Infant Security Alarm</b>	<ul style="list-style-type: none"> <li>Call Security Dispatch stat at 3.6149</li> <li>Secure and account for all babies</li> </ul>	Blue strobe lights will flash in the skywalk – do not open any doors until strobe lights are turned off
<b>Elevator Failure</b>	<ul style="list-style-type: none"> <li>Contact Facilities Services immediately</li> <li>Call 5.2222 if medical assistance is needed</li> </ul>	<ul style="list-style-type: none"> <li>Make contact with elevator via phone</li> <li>Reassure occupants – wait for contractor or Fire Department</li> </ul>
<b>Telephone Failure</b>	<ul style="list-style-type: none"> <li>Follow procedure in Safety Manual</li> <li>Locate failure station phones</li> </ul>	<ul style="list-style-type: none"> <li>See list of phone failure station numbers</li> <li>Use runners and/or cell phones</li> </ul>
<b>Mainframe/ Network Failure</b>	Follow instructions in computer contingency plan	Maintain paper records
<b>Medical Gas Failure</b>	Follow contingency plan in Safety Manual	Assess O <sub>2</sub> tanks on hand
<b>Water Loss</b>	<ul style="list-style-type: none"> <li>Contact Facilities Services immediately</li> <li>Conserve water and maintain building temperature</li> </ul>	



# Emergency Preparedness *and Response*



There are three layers of emergency preparedness and response – county (local), regional and state. Covenant participates in the Saginaw County Emergency Preparedness Council, and Region 3 HealthCare Coalition. We work with the state as necessary, which is all tied in together on the health care preparedness side and the state police side. Before 9/11, all emergency management was through the state police. After 9/11, the government created a system just for health care emergency preparedness and public health departments.

The Saginaw County Emergency Preparedness Council (SCEPC) is comprised of hospitals, county emergency management, Red Cross, schools, law enforcement, fire service, pre-hospital care, MBS airport, several nursing homes, schools, the public health department, county government and several other organizations. We plan and facilitate county wide disaster drills, and work together on county-wide planning.

The Saginaw County Mobile Emergency Medical System (MEMS) Subcommittee (part of the SCEPC) plans for the MEMS, which is a federal government invention to deal with a surge of victims. We have secured two schools to serve as an alternate care center in the event of a disaster, and have completed an exercise at one.

Region 3 HealthCare Coalition is funded by grants from the federal government, as a result of 9/11. The region has no legal authority, only mandates as a result of the grants. Our Regional Coordinator is Rob Kelly. His office is located in the Saginaw County Public Health building, across from Covenant HealthCare on Michigan Avenue. In an emergency, Rob would be essential in helping local authorities find assets. The Region has stockpiled equipment and supplies and Rob would release them as necessary. He can also tap into the state and federal resources if necessary.

## What Should I Do If a Disaster Happens?

As a Covenant employee, if you are at work you would be notified of a disaster by a PA announcement or network message. If you are at home, you would be notified by phone from your department, or by radio and TV announcement. Uniforms aren't necessary in a disaster or emergency, but shoes, clothing and your name tag are.

In the event of an internal disaster or emergency at Covenant, don't use the elevators unless they are safe. You should also secure cash, records and medications. Pay attention to PA announcements, network messages and your email.

### If You Hear Code Yellow, Level 1: Alert

- Be prepared to postpone routine activities. Be aware of your work load.
- Be aware of changing conditions.
- Check the computer network for messages.
- You may want to check your email if able.

### If You Hear Code Yellow, Level 2: Implement Incident Command/Response Plan

- Life and safety are the number one priorities.
- Routine services and business may need to be discontinued as directed by management and Incident Command.
- Check the computer network and your email (if possible) for messages. Listen for PA and Vocera announcements.



# Standard Precautions *Are the Standard of Care*



Standard precautions apply to ALL patients, regardless of their diagnosis. It is a system of barrier precautions to be used by all personnel and must be treated as potentially infectious for contact with blood, all body fluids (except sweat), all secretions and excretions, all mucous membranes and any non-intact skin. To place a barrier between you and a potentially infectious body fluid remember the following:

## You MUST Wear Gloves When:

1. Entering the room of a patient in CONTACT ISOLATION – every time.
2. Coming into contact with moist body substances, mucous membranes, tissue and non-intact skin of any patient.
3. Handling items or touching surfaces visibly soiled with body substances.
4. Performing venipuncture and/or other vascular access procedures.

## Gowns:

1. Fluid-resistant gowns or aprons are worn when soiling of work/street clothes with body fluids is reasonably anticipated.
2. Uniforms, scrubs and lab coats are NOT PPE since they are not fluid resistant.
3. Once a gown has been worn for patient care, it is considered contaminated. Gowns are not to be hung up or turned inside out for later use.
4. Gowns must be removed after each use with one patient and hands immediately washed.

## Masks/Eye Protection/Face Shields:

1. Are worn to protect eyes, nose and mouth during procedures that are likely to generate a splash, spray, spatter or droplets of body fluid.
2. Should be worn for tasks including (but not limited to) intubation, extubation, suctioning, line insertion, surgical procedures, emptying bedpans/suction canisters into the hopper, code blue or patient care of coughing patients with suspected infectious etiology.
3. Masks should be removed before leaving the room.

## Definition of Body Fluids:

All body fluids can potentially cause some type of infection. Therefore, all blood and body fluids are treated as potentially infectious and Standard Precautions must be used. These body fluids include (but are not limited to):

- Amniotic fluid
- Any unfixed tissue of an organ
- Any visibly bloody fluid
- Blood or blood products
- Breast milk
- Cerebrospinal fluid
- Feces/stool
- Gastric fluid
- Paritoneal fluid
- Pericardial fluid
- Pleural fluid
- Saliva
- Semen
- Sputum
- Synovial fluid
- Urine
- Vaginal/cervical secretions
- Wound drainage

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- Vaginal/cervical secretions
- Wound drainage





# Radiation *Safety*

Radiation is something you can't smell, feel or touch, but can harm you if you are overexposed. The Covenant Radiation Safety Officer, William K. Wong MD, and the Radiation Safety Committee monitor policy and procedure, as well as exposure to radiation. Their job is to ensure our exposure to radiation is As Low As Reasonably Achievable (ALARA). Nuclear Medicine technologists provide monitoring of radioactivity should there be a spill, leak or terrorist attack using radioactive materials.

## Mobile X-Ray

Mobile (portable) x-ray can produce some of the highest occupational radiation exposures. Protection for patients and hospital personnel is critical. The main goal in any radiographic procedure is to reduce the amount of radiation to the patient and staff while still achieving the best diagnostic image.

Mobile (portable) x-ray should only be used to perform radiographic procedures when it is medically inadvisable to transport the patient to the Imaging & Diagnostic (I&D) Department. Mobile (portable) machines are not designed to take the place of a fixed x-ray room. Images obtained in the I&D Department typically have superior diagnostic quality and should be obtained whenever possible.

## You Can Eliminate Unnecessary Exposure by:

- Limiting the amount of time you are exposed.
- Staying a safe distance from the source (6 feet or more).
- Using proper shielding.

## Safe Practices

- Use safe practices and radiation protection equipment including lead aprons to reduce exposure.
- Work quickly and efficiently to reduce the time spent exposed.
- Pay strict attention to warning signs and labels. Radioactive signs are yellow and purple color.
- Wear a monitoring badge when indicated by your job. They do not prevent exposure, but they do indicate what your exposure has been to and how great it was. These badges are required by the Nuclear Regulatory Commission (NRC) and by MIOSHA as well as by hospital policy and procedure.
- Always consult the Radiation Safety Officer or your manager if you have to work around radiation and are pregnant.
- Follow instructions from the radiologic technologist when portable images are being taken, or during any other radiologic procedure.



# Quality Assessment *and Performance Improvement*

The Board of Directors is responsible for quality within the organization. They expect that leaders, physicians and staff will provide good care to our patients. They identify our priorities and make sure we have adequate resources to support this good care. **7.06 Administrative Policy Quality Assurance & Performance Improvement Plan** provides details about the Quality Program at Covenant.

## Key Committees Help Make Sure Quality is on Target

The Quality Steering Committee oversees the entire quality program in the hospital. They review data about key functions, identify areas for improvement, provide direction and remove barriers. Their goal is to improve outcomes, reduce medical errors, make operations safe and efficient, and make jobs easier. All departments submit reports to this committee about what they are measuring and what improvements they have made. The Quality Steering Committee also provides direction to the patient safety program (High Reliability Organization or HRO). Reports from this committee go to the Board of Directors.

**The Medical Staff Quality Improvement Committee** oversees the physician quality program. Results of medical record reviews to evaluate physician care are reported through this committee. Reviews are conducted on blood usage, procedures, complications, deaths, medication use, infections, medical necessity and unexpected occurrences. Improvement reports related to physicians are also reviewed. Serious safety event teams are approved by this committee and results of team work are reviewed. This Committee reports to the Medical Executive Committee and to the Board of Directors.

The Top Performance Improvement Priorities for the organization for FY16 are:

- Congestive Heart Failure Readmissions
- Acute Myocardial Infarction Readmissions
- Severe Sepsis/Septic Shock Mortality

Other High Priority Improvement Projects for FY16 are:

- High Reliability Organization (HRO)
- Medication Reconciliation
- Advanced Care Planning Program

- Readmissions Overall, Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Total Hip/Total Knee, Coronary Artery ByPass (CABG)
- Patient Safety/Hospital Acquired Conditions including hospital-acquired adverse events and infections, e.g. pressure ulcers, falls, infections, postoperative complications, etc.
- Core Measures
- Mortality for Pneumonia, Acute Myocardial Infarction, and Congestive Heart Failure

When an opportunity for improvement is identified, a request is made to initiate a performance improvement team to the Medical Staff Quality Improvement Committee or Quality Steering Committee. The team must improve clinical outcomes, improve operational safety or efficiency, or make jobs easier. If the team is approved,

periodic reports from the team are submitted to the approving committee.

Teams are made up of those who are close to the work and those who can make decisions. Staff input is critical. Teams may be in place for a series of months, or may be in place only a short time with dedicated time to attack an issue and implement solutions in a quicker turnaround (rapid improvement events). Data and information is collected prior to an improvement and after an improvement. Data helps to prove an improvement was successful (or not). Continued collection and analysis of data makes sure improvements sticks.

Our process for problem solving that is used by performance improvement teams is FOCUS-PDCA.

FOCUS	
<b>F</b> ind an opportunity for improvement	• What do you need to work on?
<b>O</b> rganize a team	• Who knows about the issue?
<b>C</b> larify current understanding	• How are things happening now (current state)? • How would we like to see things happen (desired state)?
<b>U</b> nderstand causes of variation	• What keeps us from the desired state? (Gap analysis) • What are problem areas? • Are there work arounds or different ways to do things?
<b>S</b> tart or select improvement	• What are the improvement possibilities and which do you want to work on?
PDCA Cycle	
<b>P</b> lan improvement	• Identify your action plans...What? How? When? Where? Who?
<b>D</b> o improvement	• Implement action plan – may be on a trial basis or with a small population.
<b>C</b> heck	• Review data to show if there has been improvement was demonstrated. If no improvement, go back to the Plan step and repeat the Plan-Do steps.
<b>A</b> ct	• Expand trial • Write policies/procedures • Monitor data • Check to see if there are other action plans that should be implemented. If so, go back to the Select Improvement stage and choose a new improvement idea to implement through the Plan-Do-Check-Act cycle.



# Hand Hygiene *Clean Hands Are Good for Your Health*

You should wash your hands often. Probably more often than you think because you can't see germs so you don't really know where they are hiding.

## **It is especially important to wash your hands:**

- Before eating, drinking or handling food.
- After using the restroom.
- After coughing or sneezing, even if you use a tissue.
- After touching bandages or a dressing.
- Before touching your eyes or handling contact lenses.
- Always wash your hands with soap and water when leaving a C.Diff room.

## **To encourage patient-friendly hand hygiene practices:**

- The essential reasons for the use of hand hygiene are cleanliness and to control the spread of infection.

Covenant is a "Wash in/Wash out" facility, which means every time for everyone in every room with every patient.

## **Join Our Hand Hygiene Campaign**

Covenant HealthCare invites all visitors – and employees too – to take part in our Hand Hygiene Campaign:

- **W**hen you are sick, please stay at home.
- **A**lways wash your hands before ENTERING and EXITING patient rooms.
- **S**neezing, coughing, watery eyes are reasons to postpone your visit.
- **H**elp stop the spread of cold and flu.
- **H**and hygiene is the key.
- **A**lcohol gel is effective.
- **N**eed your help to keep Covenant healthy.
- **D**octors, employees and visitors too.
- **S**top and WASH YOUR HANDS.







# TB Update

## The Covenant TB Control Plan

Covenant HealthCare has a TB Control Plan for the prevention and control of TB. This plan applies to all departments and services, including all campuses, off-site locations and affiliated physician offices. The complete TB Control Plan is located in the Infection Prevention & Control Manual under the Exposure Plan section.

## Respirators

Particulate Respirators (PR) must be worn for entering an AFB isolation room. All staff who work in a unit that has AFB isolation rooms, or who may need to enter an AFB isolation room are required to be fit tested for and wear a PR. Before you can be issued a PR, you must be fit tested to assure that the PR is the proper size and will provide adequate protection against TB. These respirators are not effective if facial hair comes in contact with the seal of the PR (where the respirator and skin make contact). Facial hair that comes in contact with the seal of the PR is not permitted.

## Health Care Workers

Everyone who works in a hospital, clinic or physician office must have TB screening done at least once a year. This includes physicians and students.

- If your last TB skin test was negative, you will be given another TB skin test.
- If you had a positive TB skin test in the past, you DO NOT need a routine chest x-ray every few years. What you do need to do is fill out a TB Survey form every year that checks for symptoms of TB.
- If you have had a BCG vaccine in the past, it is recommended that you have an annual TB skin test. TB Sign and Symptom Survey may be completed only if you have had a confirmed positive read with appropriate follow up.

TB screening is offered by Employee Health once a year. Both TB skin tests and TB surveys are done at this time. If you receive a TB skin test, you must return in 2-3 days to have the skin test read or it doesn't count.

If your skin test is positive or your TB form shows symptoms that may indicate TB, you will be sent for a chest x-ray to make sure that you don't have active TB. Based on your age and medical history, you may be advised to take TB medicine for six months to prevent active TB.

If you notice any symptoms of TB, notify Employee Health as soon as possible. If you think you may have been exposed to someone with TB, either here or outside of work, contact Employee Health for follow-up testing.

If you'd like more information on TB, contact Employee Health.





# Chemical Safety *The Globally Harmonized System (GHS)*

## GHS Safety Data Sheets

Safety Data Sheets are a detailed source of information for learning about how to safely handle and use chemicals. All Safety Data Sheets will soon be written to follow the Globally Harmonized System (GHS), a worldwide effort by the United Nations to have common ways to describe chemicals and how to use them safely. With GHS, Safety Data Sheets from manufacturers in many countries will offer the same information in the same format.

### What is on a safety data sheet?

The GHS has established a standard Safety Data Sheet format. It has 16 sections that must be presented in this order.

**Section 1. Product Identification.** This section includes the product name, part number, Chemical Abstracts Service (CAS) number, synonyms or other common name(s) for the product, a short product description and product type. Section 1 also tells what the product is used for and provides the name of the supplier, the supplier's address and an emergency telephone number.

**Section 2. Hazard Identification.** This section provides information on the hazard classification, which includes the GHS signal word (Danger or Warning), one or more pictograms and the appropriate hazard statements. Section 2 also details the Precautionary Statements which include information on prevention, response, storage, disposal and any other hazards.

**Section 3. Composition and Ingredients.** This section identifies the ingredients contained in the product including any impurities and stabilizing additives. The section will show the chemical name, common name(s) and synonyms, CAS number and other unique identifiers.

**Section 4. First-Aid Measures.** This section shows all of the first-aid measures for eye contact, inhalation, skin contact and ingestion. The first-aid section also includes details on immediate and delayed health effects and provides information on when to seek medical help.

**Section 5. Fire-Fighting Measures.** This section includes recommendations for fighting a fire involving a chemical. Information includes what to do if there is a fire, how to extinguish the fire, what could happen if the chemical burns and what equipment and special precautions fire fighters must take.

**Section 6. Accidental Release Measures.** This section provides information on what to do if the chemical spills, leaks or is released; how to contain and clean up the released chemical; what emergency procedures to follow and what experts should be brought in to help when necessary.

**Section 7. Handling and Storage.** This section gives information on safe-handling processes, protective measures to take to minimize the risk of the chemical spilling or being released and recommendations for safely storing the product.

**Section 8. Exposure Controls and Personal Protection.** This section describes the permissible exposure limits to the product, what engineering controls need to be taken and what personal protection equipment is required for workers.

**Section 9. Physical and Chemical Properties.** This section details the product's physical and chemical properties including information on the product's appearance, color, odor and viscosity. Other important information might be the product's:

- **Flash point** – the temperature that the product will burn.
- **Vapor density** – how heavy the vapors are compared to air.
- **Upper and lower explosive limits** – the percentage range in air that the product will burn.
- **pH** – pH below 2 or above 12 can cause burns to skin, clothing and can be corrosive to materials in the workplace.

**Section 10. Stability and Reactivity.** This section tells if the chemical can be unstable and cause reactions. It defines what the reactions can be and what conditions to avoid to prevent reactions.

### **Section 11. Toxicological Information.**

This section describes what health effects exposure to the product can cause. It defines how the product can get into the body, and the symptoms and effects of exposure.

**Section 12. Ecological Information.** This section provides information on what impact the product can have on the environment. It may affect water, air and soil quality.

**Section 13. Disposal Considerations.** This section tells how to safely dispose of the product, ways to recycle or reclaim the chemical and what to do with used and empty containers.

**Section 14. Transport Information.** This section gives information on how to ship and transport the chemical by road, air, rail or sea so it remains stable and properly contained.

**Section 15. Regulatory Information.** This section covers any additional regulatory information that may be required for certain products that isn't already covered in another section of the Safety Data Sheet.

**Section 16. Other Information.** This last section includes information such as abbreviations or acronyms used in other sections, lists when the Safety Data Sheet was created or revised and any important changes that were made from previous versions.

### Follow these rules for safety data sheets:

- Make sure you know where to find a Safety Data Sheet if you need one.
- Ask a supervisor for a Safety Data Sheet if you don't understand the information presented on the product label.
- Ask for help if you don't understand how to safely use a chemical after reading the Safety Data Sheet.

CONTINUED ON PAGE 20



## GHS Labels

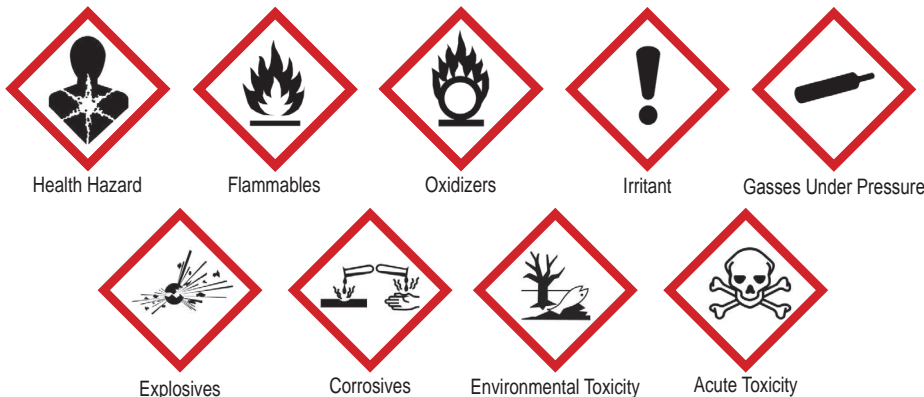
Chemical labels and Safety Data Sheets are the key sources of information for learning how to safely handle and use a chemical. All chemical labels and Safety Data Sheets will soon be written to follow the Globally Harmonized System (GHS).

### Chemical labels that are compliant with GHS must have five things:

1. A Product Identifier that gives the name of the chemical, part numbers or other identifiers and the name and address of the manufacturer or supplier.
2. Signal Words that tell about the hazard level of the chemical. Danger is for severe hazards and Warning is for less severe hazards. Sometimes there is no signal word, but that does not mean that the product is hazard free.
3. A Hazard Statement that describes what kind of harm the chemical can cause.
4. Pictograms which are symbols that instantly identify the kind of hazard the chemical poses.
5. Precautionary Statements that describe what needs to be done to be safe when using the chemical.

### PICTOGRAMS

There are nine distinct pictograms that are part of the Hazard Communication Standard. The pictograms are symbols that show what kind of hazards a chemical has. There can be one or more pictograms on a label depending on the hazards. The pictograms will always be a black symbol on a white background with a red diamond-shaped border.



### Follow these rules for labeling:

1. Make sure all containers have a proper GHS label.
2. If you use workplace labels, make sure they include the name of the product and information regarding the hazards of the product.
3. Replace torn and/or damaged labels.
4. Label smaller workplace containers that have had chemicals transferred into them if they are used during more than one work shift or by more than one employee.

### Important Safety Information

- **Ask if you don't know how to work with a chemical or product.**
- **Wear Personal Protective Equipment (PPE) whenever it is indicated – don't take short cuts.**
- **Know how to clean up spills safely.**
- Know what information is on the SDS/MSDS: located on the Hospital Network, or in the SDS/MSDS book in your work area. Master books of SDS/MSDS are located in the ECC and Safety Office.

- You are responsible for knowing how to work with chemicals in your area.
- Your employer is responsible for making sure information on chemicals is available to you.
- Education and training are provided; you are responsible for attendance and participation.
- If a label falls off and you know for sure what is in the container, place a new label on the container. If you are not sure, discard the container's contents appropriately.

### Spill Management

- All employees are responsible for initial management of a spill (which may mean securing the area and contacting a contractor for clean up).
- Always evacuate the immediate area and secure it so that no one further is exposed.
- Check the SDS/MSDS for instructions on how to manage the spill.
- Use spill kits as appropriate.
- Wear PPE when required by hazard or policy.

### GHS LABEL SAMPLE

**ISOPROPYL ALCOHOL 99% ANHYDROUS**

UN 1219, ISOPROPYL ALCOHOL

24 Hour EMERGENCY NUMBER 444/555-6666

NET WEIGHT: 32.00 LBS 14.51 KGS

**Danger:** Highly flammable liquid and vapor. Causes serious eye irritation. May cause drowsiness and dizziness.

**PREVENTION**  
Keep away from sources of ignition - No smoking. Avoid contact with skin and eyes. Avoid breathing mist and vapors. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Take precautionary measures against static discharges.

**RESPONSE**  
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Avoid breathing. Wear protective gloves/eye protection/face protection. Wash hands thoroughly after handling.

**STORAGE**  
Store in a well-ventilated place. Keep cool. Store locked up. Keep container tightly closed. Keep away from sources of ignition - No smoking

**DISPOSAL**  
Dispose of contents and container to appropriate waste site or reclaimer in accordance with local and national regulations.

Red River Chemicals 4568 Front Street, Riverdale, Illinois 44444  
Emergency Phone Number: 444.555.6666





# The Culture of Safety: *Becoming A High Reliability Organization*



A High Reliability Organization (HRO) is an organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity. As a High Reliability Organization we want to diminish, as best we can, any issues that may cause harm to a patient or an employee by developing and sustaining a Culture of Safety. We know that mistakes may be made, but it is our duty to learn about these mistakes and understand how and why they happened so we can prevent those same errors in the future.

Patient safety is at the core of our organizational values and it is at the heart of our mission of providing extraordinary care for every generation. It's all about making certain that patient safety is a priority in everything that we do here at Covenant HealthCare.

To do that, we've put a few things in place, such as the Safety Leadership Team and the Physician Safety Leadership Team. The leaders and physicians on these teams have all received training in HRO principles. We are working to make these principles part of our daily culture. One way to do that is to provide HRO training to every employee and every physician. Everyone must develop the mindset that makes us aware of potential safety events.

HRO requires a cultural change, which includes learning and practicing new safety behaviors and expectations. At Covenant, those safety behaviors and expectations are:

- 1. Support the Team:** *I will demonstrate a personal and peer commitment to safety. (200% accountability)*
  - Practice peer checking and coaching (5:1).
  - Speak up for safety using the **ARCC** method:
    - **A**sk a question.
    - Make a **R**equest.
    - Voice a **C**oncern.
    - If no response, use the **C**hain of command.

**Covenant Health Safety Phrase:**

*"I have a concern..."*

**2. Pay Attention to Detail:** *I will attend carefully to all of the important details.*

- Focus on the task.
- Practice self-checking using **STAR**:  
**S**top. **T**hink. **A**ct. **R**eview.

**3. Practice and Accept a Questioning Attitude:** *I will both ask questions and question answers.*

- Stop, validate and verify
- Report problems, errors and events

**4. Communicate Clearly:** *I am personally responsible for professional, accurate, clear and timely verbal and written communication.*

- Use three-way repeat back and read back.

**Covenant Health Safety Phrase:**

*"Let me repeat that back..."*

- Ask clarifying questions.

**Covenant Health Safety Phrase:**

*"Let me ask a clarifying question..."*

- Use phonetic and numeric clarifications.
- Use **SBAR** to communicate care needs.

## New Terminology for Our HRO Journey:

**Daily Check In (DCI):** Each day, Covenant leaders check in with one another to report actual/potential safety issues and discuss how best to resolve them. The 15-minute meeting takes place each at 9:00 am. You're invited to attend if you want to get a closer look at how we share information aimed at maintaining situational awareness of immediate problems impacting safety and quality of patient care at the front line.

**Lessons Learned:** From DCI and/or investigations into safety events we share Lessons Learned. This is in the form of an article we send out to everyone in the organization detailing an important safety lesson that we have learned.

**Safety Alerts:** Another important communication

that comes from DCI is the Safety Alert. You may receive an email about a serious safety event or risk with information on the next steps we want you to take.

**Serious Safety Event:** A variation in the standard of care that reaches the patient and results in moderate to severe harm or death.

**Precursor Safety Event:** A variation in the standard of care that reaches the patient and results in minimal or no detectable harm.

**Near Miss:** A variation in the standard of care that does not reach the patient but is caught by a detection barrier or by chance.

**If You are Involved in, Observe or Discover a Safety Event:**

- Step 1. Report the event to your immediate supervisor.
- Step 2. Complete the appropriate Improvement Report Form online.
- Step 3. The department manager has the responsibility to review and complete all reports within 24 hours and report the event at the next DCI.
- Step 4. The department manager or designee will follow-up on all reported events, providing verbal feedback at DCI and document actions taken and clinical outcomes on the appropriate section of the online Improvement Report.
- Step 5. Risk Management and the Patient Safety and Quality Department review all Improvement Reports to identify opportunities for improvement. This information is kept on file, analyzed and submitted to various committees for follow-up.

With serious safety events, response time is crucial. Follow steps 1 through 5 as listed above **AND** call the information to the Patient Safety Specialists at ext. 3.4460 or 3.4099.





## Other Important Information for You to Know

1. The information documented in the online Improvement Report or collected during the investigation of the incident is protected by Michigan Peer Review Statutes. However, additional care must be taken by all parties involved to not destroy this protection.
  - Comments about the incident should not be discussed in public areas, in front of the patient, visitors or other third parties.
  - The documentation in the medical record should only reflect the facts and treatment rendered, not that an Improvement Report was filled out.
  - Improvement Reports should never be printed without the consent of Risk Management.
2. Please review Policy Number 6.06 Incident and Improvement Reporting and 6.10 Serious Safety Event Reporting and Investigation when completing the Improvement Report Form.
3. Contact your department supervisor if you require assistance with entering an Improvement Report.

The need to know about mistakes and errors is important in creating a Culture of Safety. Because of this, Covenant defines the culture of safety as a **Just Culture** or non-punitive environment. In most situations, we will provide coaching to those involved in errors. Does this mean that we can all be poor performers and not worry about the results of our actions? Obviously, the answer to that is NO. Every employee still needs to take responsibility for his or her actions.



Safety is everyone's job at Covenant. Each of you contributes every day to making Covenant HealthCare extraordinarily safe...everyone, everyday, everywhere.



# Violence *in the Workplace*



Covenant HealthCare prohibits physical, verbal, nonverbal or visual harassment, threats, intimidation or violence to employees, patients, visitors or guests of the organization. Any violence which involves or affects a Covenant HealthCare employee or which occurs on Covenant HealthCare property will not be tolerated.

In the event of a violent incident:

- Security must be notified whenever a weapon is found or a violent incident occurs.
- Midas report must be filled out to record any and all violent events.
- All employees, physicians, residents and volunteers are responsible for the security of the facility.
- A zero tolerance is applied for those engaging in verbal or nonverbal threats or related actions of violence at Covenant. No reprisal will be taken against any employees or medical staff members who reports or experiences workplace violence.

Examples of conduct that may be considered a threat or acts of violence prohibited under this policy includes, but is not limited to, the following:

- Hitting or shoving an individual.
- Threatening to harm an individual or their family, friends, associates or property.
- The intentional destruction or threat of destruction of property owned, operated or controlled by Covenant HealthCare.

- Making harassing or threatening telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications.
- Stalking or making a credible threat with the intent of placing the other person in reasonable fear for his or her safety.
- Unauthorized possession or inappropriate use of firearms, weapons or any other dangerous devices on Covenant HealthCare property.

## How Do I Respond to Violence?

In the event of imminent or in-progress physical assault:

- Employees should remove themselves from the location and call 5.2222 immediately.
- If hostages are taken, use the Hostage Plan as outlined in the Safety Manual.
- If a firearm is involved, take whatever measures are necessary to protect yourself and others. **Never try to disarm a subject that has a gun. Call 5.2222 immediately when a weapon is detected or seen.**
- In the case of a robbery, employees should not attempt to intervene.
- All employees should be aware of their environment and the people in it. Suspicious persons should always be reported to Security (3.6149).
- **NO DOOR** should be wedged or propped open for any reason.

## What Can Be Done to Help Prevent Violence?

- Security may restrict access to grounds and buildings and/or contact law enforcement or other investigative agencies.
- Security will inform employees of threats to security and safety on a need-to-know basis. Descriptions of perpetrators or suspicious persons will be circulated to staff as necessary. This information is to remain confidential.
- Whenever possible, staffing plans and work practices will be used to mitigate risks.
- Lighting, limited access to buildings and areas, and construction strategies will be used to separate employees from the general public to reduce risks.
- The Safety Committee will continue to assess risks and implement actions to improve safety and security.

See Administrative Policy 9.20 for tips on how to handle a violent situation.





# Medical Equipment *Management*

How many times have you thought, “Well... if Clinical Engineering (CE) won’t do it, I’ll ask Maintenance”? That might be true with a fan, but not with a piece of electrical equipment used for patient care.

At Covenant, we have five CE technicians that are here five days a week to make sure patient care equipment, such as IV pumps, ventilators, vital sign machines and heat therapy machines keep operating in a safe manner.

The CE technicians have completed either an associate’s or bachelor’s degree or military training in biomedical technology or engineering. They are highly skilled in electrical medical equipment. For each piece of equipment they manage, the CE technicians have gone to school or received some type of specialized training from the manufacturer.

That’s why CE technicians don’t work on air conditioning, and maintenance mechanics don’t work on ventilators.

## Here are Some Facts You May Not Know:

- Anytime we alter a piece of equipment, the warranty becomes worthless.
- The Food and Drug Administration (FDA) rules over medical equipment.
- If there is a user error, we are compelled to report it to the FDA.
- CE technicians have the authority to say NO to equipment modifications and misuse of equipment.
- CE technicians are the only Covenant employees authorized to work on electrical medical equipment.







# 2015 MTM Compliance *Training*



The Covenant HealthCare **Corporate Compliance Program** exists to ensure that we “do the right thing” in all circumstances. The compliance program provides education related to our **Code of Conduct** and other topics related to compliance as needed; reviews pending and new regulations related to Covenant in order to ensure compliance; and provides auditing, monitoring and investigation of concerns that are raised. Our compliance program shows Covenant’s commitment to complying with laws and regulations, and to the ethical behavior of all of our employees. Our compliance program will only succeed with all of our employees understanding that “doing the right thing” is part of their job.

Covenant employees have an obligation to report concerns about a possible compliance violation or unethical situation that occurred within Covenant. Reporting a suspected violation in good faith gives us the opportunity to investigate the matter and take corrective action. You should discuss these situations with your supervisor. Supervisors are encouraged to listen to employee’s concerns and take appropriate action. If you are uncomfortable talking with your supervisor, or you do not feel your supervisor took appropriate action, you may go to the next-level manager. If you do not feel comfortable with your next-level manager, or you do not want your identity revealed, you can call Covenant’s Compliance Hotline. You do not need to disclose your identity when reporting a suspected violation to the Compliance Department. To contact the Compliance Department, call any of the phone numbers listed in the yellow box on page 26.

The Compliance Hotline is not meant to replace normal reporting mechanisms, and it is not intended for the reporting of Human Resources issues. It should only be used when you are uncomfortable reporting a concern to your supervisor or next-level manager, or if you feel appropriate steps have not been taken to address your concern.

## When Should I Call the Compliance Hotline?

- If you have questions about accepting a gift from a vendor, physician or patient.
- If you find inaccurate documentation in a patient record.
- If you have questions regarding providing free or discounted care.
- If you see an employee uses Covenant resources for work outside of Covenant.
- For any HIPAA concerns.
- For clarification or advice requests related to policies or regulations.

### Specific laws that impact Covenant include:

- **Anti-Kickback Statute**
- **EMTALA**
- **Stark Law**
- **Deficit Reduction Act**
- **False Claims Act**
- **Affordable Care Act**

Many of the laws and regulations that apply to healthcare organizations are set forth by the federal government. Healthcare fraud has become the focus of many national investigations over the past few years. The investigations focus on the intricate regulations that are related to filing claims for payment of services to federal programs. The False Claims Act prohibits the submission of false or fraudulent claims to the federal government, including Medicare and Medicaid. Penalties for violations can be up to three times the amount of the payment received, plus additional penalties up to \$11,000 per false claim. False claims can also result in exclusion from the Medicare and/or Medicaid programs. The State of Michigan has also enacted similar statutes related to the submission of claims to Medicaid and commercial insurance companies. Covenant has policies and procedures in place to reinforce our commitment to the highest ethical standards when it comes to submitting claims for payment to any insurance company.

## What is Healthcare Fraud and Abuse?

Healthcare fraud refers to an intentional deception or misrepresentation that could knowingly result in benefit to the individual or the organization the individual represents.

### Examples of healthcare fraud include:

- Billing for services or supplies that were not furnished.
- Falsifying information on records.
- Offering bribes, payments or incentives in exchange for referrals.
- Misrepresenting services as covered and medically necessary when they are not medically necessary.
- Assigning diagnoses and procedure codes based upon coverage requirements and not based on the actual services performed and the actual patient diagnosis.

Healthcare abuse refers to practices that lead to unnecessary costs to healthcare insurance companies. Abuse is different from fraud in that with abuse there is no evidence that the act was committed intentionally and knowingly.

### Examples of healthcare abuse include:

- Charging excessively for services or supplies.
- Providing medically unnecessary services that do not meet professional standards.
- Misusing codes on a claim, including upcoding or unbundling.

CONTINUED ON PAGE 25



## What is a Conflict of Interest?

A conflict of interest happens when an employee's judgment may be affected due to their personal interests in the outcome of a decision that they could have influence or control over (other than the normal compensation they receive from Covenant HealthCare). Personal interest means that either the employee, or their family member, could obtain financial gain as a result of that decision. Additionally, decisions to use any vendors must not be influenced by the gifts received from that vendor.

A potential conflict of interest exists when an employee or their family member works for or has a financial relationship with:

- A company that does business with Covenant HealthCare.
- A company that is seeking to do business with Covenant HealthCare.
- A company that competes with Covenant HealthCare.

If you think you have a conflict of interest based upon your relationship with another company, or the relationship of your family with another company, complete the Ethics of Business Disclosure form, as attached to the **Ethics of Business Conduct Policy**.

It is every employee's responsibility to be the eyes and ears of the Corporate Compliance program. Covenant's reputation depends upon you doing your part to report suspected concerns of policy or ethical violations. Individuals that report suspected violations are protected under both Federal and State whistleblower laws. **Covenant's Non-Retaliation for Reporting** policy was written to support these laws, and protects Covenant employees from retaliation for reporting in good faith a possible regulation or policy violation

Find more information about Covenant's Corporate Compliance program on the intranet, under Department Pages, select the Corporate Compliance program. The department home page has important compliance links, including Covenant's **Code of Conduct Booklet**.

## Identity Theft Prevention Program

As an issuer of credit to recipients of our healthcare services, Covenant HealthCare has adopted an Identity Theft Prevention Program to identify, detect and respond to risks of identity theft that affect our patients. This program ensures compliance with the Federal Trade Commission's Identity Theft and Prevention Red Flags Rule. All employees of Covenant HealthCare who identify or receive a report of fraudulent activity must immediately notify the Corporate Compliance Department, who will initiate contact with the "Red Flags Team", to conduct an investigation.



### COMPLIANCE OFFICER

Michele McDonald ..... 583.4580

### COMPLIANCE ADMINISTRATOR

Ashley Sosnoski ..... 583.4582

INTERNAL COMPLIANCE HOTLINE ..... 583.4499

TOLL-FREE COMPLIANCE HOTLINE ..... 888.421.5776



# Suspected Abuse

## The Law

Did you know that if you care for patients you are required by law to report to the Department of Human Services (DHS) ALL suspected abuse and that failure to do so may result in fines and imprisonment? It is estimated that only 1 in 3 cases of child abuse and 1 in 14 cases of elder abuse ever gets reported. Partner abuse (often called spouse abuse) is also under-reported. And half of all incidents of domestic violence against women is not reported. As a health care worker, you may be the first, and sometimes the only, professional to see a battered person's injuries.

It is extremely important that the Healthcare Professional who observes or suspects abuse or neglect, personally contact DHS. Not only does this ensure the most accurate information is communicated to the investigating agency, it is required by DHS that the person observing or suspecting abuse personally make the report..

## YOU MUST REPORT

### Types of Abuse

- **Physical.** Hitting, slapping, shoving, kicking, biting, etc.
- **Emotional.** Yelling, screaming, isolating from social support, withholding affection, etc.
- **Sexual.** Forced sex, exploitation, prostitution, etc.
- **Neglect.** Failure to provide goods or services necessary to avoid harm, anguish or illness, i.e., food, medical care, daily care, etc.
- **Exploitation.** Using the resources of another for personal gain.

## What to Look For

### POSSIBLE PHYSICAL SIGNS:

- Unexplained (or multiple history of) bruises, burns, fractures or injuries.
- Bruises and welts in unusual patterns.
- Any bruising on an infant.
- Untreated sores or wounds.
- Lack of medical care or delay in seeking treatment.
- Multiple visits to different emergency departments or clinics.
- Genital pain, itching or disease in infants and children.
- Positive test for illegal drugs in infants or children.
- Lack of personal cleanliness and grooming.
- Lags in growth or development.

### POSSIBLE BEHAVIORAL SIGNS:

- Uncomfortable with or threatened by adult contact or closeness.
- Depression, anxiety, hostility.
- Suicidal statements or attempts.
- Refusal to discuss the situation.
- Fear of a person or dislike of being left alone with someone.
- Statements of abuse, neglect or lack of care.
- Unusual knowledge or interest in sexual matters.
- Overly compliant or passive.
- Apprehensive when other children cry or overly concerned for siblings.
- Someone speaking for the patient or hovering and refusing to leave the patient alone.

## Reporting Suspected Abuse

The Healthcare Professional that observes or suspects abuse or neglect should personally contact DHS immediately. Call toll-free 1.855.444.3911 anytime day or night.

In the case of suspected child abuse, a report form (#3200) must be filled out within 72 hours. In all cases of suspected abuse, notify your manager and the hospital social worker or case manager immediately.

On off shifts or weekends, notify the Shift Administrative Coordinator immediately.

## What to Do (RADAR)

**R**outinely screen all patients for abuse.

**A**sk direct questions.

**D**ocument your findings including what the patient says.

**A**ssess patient safety.

**R**eview options and referrals.





# Emergency Codes

Code Red	<b>Fire</b>
Code Blue	<b>Adult Arrest/Medical Emergency</b>
Newborn Code Blue	<b>Birth Center/Newborn Arrest/Medical Emergency</b>
Pediatric Code Blue	<b>Infant/Child Arrest/Medical Emergency</b>
Code Black	<b>Tornado Warning</b>
Code Orange	<b>Bomb Threat</b>
Code White	<b>Evacuation</b>
Code Yellow	<b>Disaster: Level 1 – Alert Level 2 – Implement Plan</b>
Code Pink	<b>Labor Emergency</b>
Code Green	<b>Situational Disturbance</b>
Code Purple	<b>Switchboard is Not Manned</b>
Code Silver	<b>Shooter in Building/on Grounds</b>
Code Platinum	<b>Lockdown</b>
Code Gray	<b>ECC Lockdown</b>
Code A	<b>Infant/Child Abduction</b>
Code M	<b>Missing Patient</b>
Code 180	<b>Stroke Team to Respond – Pager Only</b>
Trauma Alert	<b>Level 1 – Injured patient is requiring many resources for stabilization</b>
(team)	<b>Level 2 – Injured patient that has potential for significant bodily harm</b>

- Dial 5.2222 to page any emergency: 700/800 Cooper, Harrison, Irving, Houghton, ECC, Mackinaw, Michigan - and eCovenant on Michigan.
- Dial 583.2222 to page emergencies: Mackinaw tenants (non-Covenant).
- E-Covenant, VNA and Children's Center call 911 for medical emergencies.
- All off campus stand-alone offices/practices/clinics call 911 for emergencies.
- PA Access: Frankenmuth 81; Michigan 3.5928, then 0; State 3.0120; Wilder 70





# Homeland Security *Update*

The **National Terrorism Advisory System** (NTAS) has replaced the color-coded Homeland Security Advisory System (HSAS) with these alerts:

## **IMMINENT THREAT ALERT –**

Warns of a believable, specific and impending terrorist threat against the United States.

## **ELEVATED THREAT ALERT –**

Warns of a believable terrorist threat against the United States.

if you  
**SEE**  
something  
**SAY**  
something™

**NTAS: National Terrorism Advisory System**  
[www.DHS.gov/alerts](http://www.DHS.gov/alerts)



**Report suspicious activity**  
to local law enforcement or  
call 9-1-1 in case of emergency.



# The Safety Corner



## Fragrances

- Be aware: Your favorite perfume, cologne or after shave could make a co-worker or patient sick. Limit the amount of scent you wear.
- Check your individual department for policies regarding perfumes and colognes.

## Smoking

- Not allowed on Covenant property. We are smoke and tobacco free.

## Cell Phones

- Allowed in public areas, waiting rooms and cafeterias.

## Equipment and Utilities

- Never use equipment unless you know how to operate it (or use it). Equipment that is not working properly should be taken out of use and repaired.
- Make sure you have an adequate supply of flashlights and batteries in your area.
- **Red outlet:** All critical equipment in patient care areas must be plugged into the **emergency generator red outlets.**
- Notify Engineering immediately if an utility is lost – such as lights, power, heat, water, oxygen, wall suction, etc.
- Phone failure telephones have been installed in most patient care areas – they are a direct outside line that can be used if our internal phone system fails.
- Anytime a patient or staff member is injured by a piece of medical equipment or a device, follow the Safe Medical Device Act procedure:
  1. Stop the equipment.
  2. Care for the injured patient or staff member.
  3. Call a physician and your immediate supervisor.
  4. Do not change any of the settings and call Security to pick up the equipment as evidence.
  5. Notify Risk Management immediately.



## Space Heaters

**Must meet specific requirements – see policy EU-021.**

## Electrical Safety

- Hospital-grade plug strips may be used but should not be plugged into each other.
- Remove from service any defective equipment and tag it for repair.
- Nothing should be plugged into an outlet on a patient bed due to risk of fire.
- Inspect all electrical equipment before use and periodically for frayed cords or connections. Don't make repairs with tape.
- Remove from service any equipment found to not operate safely or as intended.
- All appliances, electrical devices and equipment must be safety checked by engineering. s and equipment must be safety checked.
- Always use equipment as instructed and intended by the manufacturer.
- Safety outlet covers should be used in all areas where children have access to the outlets.
- Coffee makers, toasters and microwave ovens must be kept clean.
- Stop using any equipment that gives off a shock or just doesn't "work right".

## Fans

- Fans are available through the Gift Shop for patients to purchase.
- These fans need to be bagged up and sent home when the patient is discharged.
- If a patient returns with the same fan, Engineering will need to complete a safety check and Nursing should do a visual inspection for cleanliness.
- **See policy EU-018** on fans.

## Hazards

- Report all incidents, accidents or potential incidents to your immediate supervisor.
- Take steps to fix hazards immediately.
- Transport patients on stretchers feet first, with side rails up and safety belt fastened.
- Use body mechanics when lifting. Get help/use a lifting aid when the load is too heavy.
- DO NOT block or cover handrails with anything.
- Wall-charting tables must remain in the closed position when not in use.
- WOWS (work station on wheels) – when not in use need to be stored in designated storage areas of unit/department.
- Wear sensible low-heeled boots in the winter on snow and ice.
- **NEVER** remove or reach under guards on equipment.
- In patient care areas, do not wear shoes with open toes or openings over the toes.
- No food or drink at the nurses station while handling charts and paperwork.
- All employees and volunteers must wear a picture ID at all times while on duty.

## Storage

- Must be 6 inches off the floor.
- Must be 18 inches from the ceiling or sprinkler heads.
- Nothing can be placed in a hallway for longer than 30 minutes without being actively used.

## Fire Response

- **Rescue** anyone in danger.
- **Activate** the alarm in your facility.
- **Confine** the fire – close doors.
- **Extinguish** and/or evacuate.





## Latex *Allergy/Sensitivity*

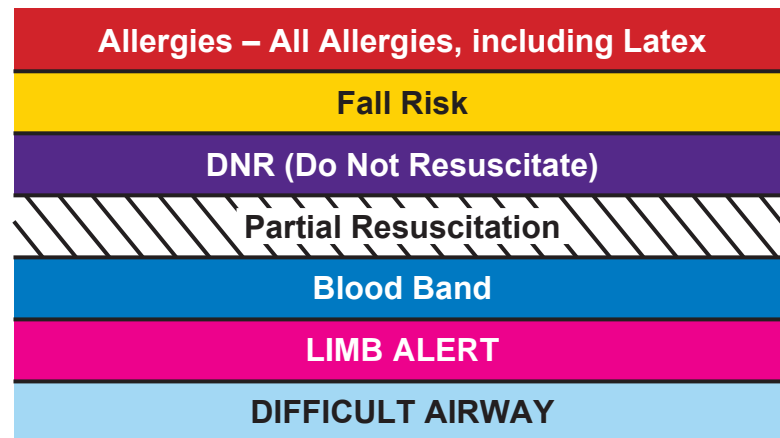
### Precautions

All patients will be assessed to determine if they have a latex allergy or sensitivity. If so, these precautions must be implemented:

- Latex precautions will be implemented without a doctor's order.
- Notify the attending doctor if latex allergy/sensitivity is identified.
- Environmental precautions will be taken until latex allergy is ruled out.
- Apply red armband.
- Place patient in a private room (if possible).
- Remove all latex from the room.
- Use only "latex-free" supplies.
- Place "Latex Allergy" sign on the patient's door and stretcher or wheelchair if transporting.
- Communicate latex allergy/sensitivity to other departments.
- Notify Pharmacy and Nutrition Services of latex allergy.
- Procedures/surgeries for latex allergy/sensitivity patients should be the first cases of the day if possible.



## Patient *Armbands*



## Work Related *Injuries*

Any time an employee is injured on the job, he/she must immediately report it to his/her supervisor or manager, and an Employee Incident/Health Office Report must be completed. If the injury is **non-emergent** (meaning the employee is still capable of performing the essential functions of the job), the employee is **NOT** required to see a physician, except in cases of blood and body fluid exposures. During regular business hours, the Employee Health Office at Irving campus should be contacted for direction in this matter. During the off-shifts, please contact the Administrative Coordinator (AC) to determine whether an ER visit is required.

Should the employee need to be evaluated by a physician, he/she will be sent to one of the Covenant Occupational Health Services clinics during regular business hours. In the case of a serious injury (e.g., broken bones; any injury limiting mobility or ability to ambulate; severe bleeding due to a cut/laceration), the employee should be treated in the Emergency Care Center. When in doubt about the severity of the injury, please contact Employee Health, a supervisor, manager, or AC for guidance.

In the event of an exposure to blood or body fluids, the employee must report this immediately to Employee Health or to the AC during off shifts. In this case, the employee will be directed to the appropriate place for treatment.





## MTM – *Code Green Education*

Code green (Situational Disturbance) is called when non-medical help is needed STAT, when physical violence is occurring or won't de-escalate. Code Green should be called for any incidents involving guests or patients in which there is physical fighting or violence is taking place. A Code Green shall not be called for belligerent patients, irate visitors or falls.

### **In the event you need non-medical help immediately:**

1. Call 5.2222 for Harrison, Cooper, Michigan and Houghton, state Code Green and location.
2. Switchboard page Code Green at appropriate facility.
3. Switchboard contact Security Dispatch immediately.
4. Do not put yourself in danger. If a weapon is involved, clear the area and call 5.2222.
5. Mackinaw, POB and Irving call 5.2222, operator will contact security and 911.

### **Responder responsibilities:**

1. Someone at the scene will need to take charge of the situation.
2. Only personnel from the floor above and below should respond.
3. Unnecessary personnel will need to be dismissed back to their departments and units.
4. Upon security arrival brief the security officer on the situation.
5. Security will take the lead at the scene.

## Ethics Committee and Ethics Consultation Process

Covenant HealthCare's Ethics Committee does not have decision-making authority, but is an advisory group to the staff, administration, patients, families and representatives of Covenant HealthCare who seek its service. While the Committee recognizes that the primary responsibility for addressing ethical problems in medicine resides with the primary health care team, the Committee's mission is to assist the parties in arriving at ethically sound resolutions by enhancing communication and addressing emotional and cognitive issues related to the ethical dilemma. In cases where there is not clear agreement among the staff, or in the patient-staff-family triangle, the assistance of the Ethics Committee can be sought through the Ethics Consultation process. The process is initiated by paging the on-call Chaplain at pager number 187 (dial 583-6119, enter pager #187). A list of on-call Ethics Committee members can then be utilized to begin the consultation process. The Ethics Consultation service is available for situations within Covenant HealthCare that pose ethical questions, concerns or problems. If two (or more) members of the Committee feel a consult is warranted, a Chairperson will be chosen, who will then coordinate the consult.