

ANNUAL SAFETY & POLICY REVIEW INFORMATION

Please review the following important hospital policies.

HAND HYGIENE

Infections can and do occur among patients and staff. Eighty percent (80%) of all infections are transmitted by our hands. **The single most effective method of preventing infection is to wash your hands.**

Procedure:

- turn on water to a comfortable temperature and wet hands
- apply soap generously, producing a lather
- use friction and vigorously rub all surfaces of your hands as well as the spaces between your fingers, around your thumbs, and under your nails for 15-20 seconds; rinse
- dry hands thoroughly; discard paper towel
- with clean paper towel, shut off faucet and open door to restroom and then discard paper towel

When to wash hands:

- upon arriving to volunteer
- before entering and after leaving a patient's room
- between patients in a multi-bed room
- before eating, applying cosmetics or inserting contact lenses
- after using toilet, coughing or sneezing
- before you leave the hospital

Never use a patient's bathroom to wash your hands. Waterless alcohol gel is available in all patient rooms and throughout the hospital mounted on the wall. It is an alternative to soap and water for routine cleaning between patients (usually 4-6 applications). Apply enough gel to cover all surfaces of hands; fingertips to wrists, and in between. Rub vigorously until hands dry.

STANDARD PRECAUTIONS

Standard Precautions are used in the care of all patients, regardless of diagnosis. Standard precautions are careful practices used when contact with the blood or body fluids of any patient is anticipated. An easy way to remember what Standard Precautions means is never put your bare hands on anything that was or is wet while working in a patient care area. You will be instructed when it may be necessary to wear gloves.

TRANSMISSION BASED PRECAUTIONS

When you hear "Transmission Based Precautions" it means that the patient has a known infectious disease. For patients on these precautions we establish additional barriers between the patient and the rest of the hospital population, either for their protection or ours. These barriers are clothing or equipment such as gloves, gowns, face shields or masks and protective eyewear. Your volunteer uniform is also a barrier and needs to be taken home and washed weekly.

Volunteers do not enter the rooms of or work with patients on precautions, except in those assignments where the job description specifically states they may do so. In this case, volunteers must feel comfortable and have been trained in the proper procedures involved. Volunteers will never enter a room with "Airborne Precautions".

Since diseases are transmitted in a variety of ways (airborne, direct contact, etc.) you may see different colored cards on the door of a patient's room. Signs will say "Contact Precautions", "Airborne Precautions", "Droplet Precautions", "Enteric Precautions" or "Drug Resistant Organism". The door to the patient's room may be closed or left open, depending on the type of infection. The sign could be at eye level or low on the door or even on the doorjamb.

RESPIRATORY ETIQUETTE

- Wash your hands after coughing or sneezing with or without using a tissue
- Cover or muffle your cough with your sleeve or in the bend of your elbow
- If you are sick, stay home and call the supervisor in your department to report your illness.

Flu symptoms:

- fever 100.4 or higher
- extreme tiredness
- muscle aches
- sore throat
- runny nose
- cough
- headache
- stuffy nose

ACCIDENTAL INJURY/EXPOSURE

If you think you have been exposed to a patient with an infectious disease or if you have an accident involving exposure to a patient's blood or body fluid, notify your supervisor and Employee Health immediately within one hour. After office hours, report to the Emergency Division or Brighton First Care. A Confidential Report of Incident must be completed. If you are seen in Emergency, you must still report the incident to Employee Health on the next business day.

GENERAL SAFETY

Report any accident/injury (other than an Infection Control exposure) occurring to you while you are on duty to the supervisor in your assigned area and to Volunteer Services. You will be seen in the Emergency Department. You and your supervisor will need to complete a Confidential Report of Incident within 24-48 hours.

Tips to avoid trips and falls:

- Cover your cup of ice, liquids and food "to go"
- Use mirrors at intersections in corridors
- Stay on the right side of the corridor
- Observe warning signs, ie, cones, wet floor
- Use handrails, take one stair at a time, watch your footing
- Check uneven surfaces such as elevators
- Wear weather appropriate shoes/boots

PATIENT SAFETY

All hospital employees and volunteers are responsible for patient safety. The health, safety and well being of patients is the primary concern of all workers. Never attempt to exceed your responsibilities, abilities and training. Understand your assignment. Knowing what not to do is as important as knowing what to do.

Never change a patient's bed position, lower bed rails, or give a patient anything to eat or drink without the nurse's permission.

When using a wheelchair, always have both brakes on and the footrests out of the way before allowing a patient to sit in or get out of a wheelchair. Never attempt to lift or pull patients into a wheelchair. Have the patient sit back with hands and arms inside the chair and make sure clothing and blankets are tucked in away from the wheels and mechanisms. Remember the footrests extend out beyond the knees of the patient and use care when turning or approaching intersections. Always check the mirrors at corners in hallways for oncoming traffic. When using elevators, always back the patient into the elevator for easier handling of the wheelchair and comfort of the patient. Push the wheelchair off the elevator cautiously, checking corridor traffic.

Cell phones must be turned off completely while volunteering. If you need to place a call or check messages, safe areas include the Cafeteria, Pavilion Grill, Admitting and Bramhall lobbies.

Fragrances (perfumes, colognes, lotions, etc.) can trigger allergies, asthma and migraine headaches in patients and staff. Avoid using fragranced substances during work hours or at MMC (volunteering, meetings, Employee Health appointments, etc.).

SECURITY

MMC IDs:

At all times, staff/volunteers must wear a valid MMC ID above waist facing outwards while on duty at MMC. Do not bend or misuse your ID. Do not punch holes through your ID with pins or other items. Do not cover your ID with stickers or other covering.

EMERGENCY CONDITIONS & BASIC STAFF RESPONSE

BRAMHALL: Code Blue & Code White Dial 662-2345; press 1. All other codes Dial 662-2345; press 2
BRIGHTON: Code Blue Dial 911, Code White Dial *2200; repeat voice page 3x or dial 911 if ambulance needed. All other Codes dial 662-2345; press 2
ALL OTHER AREAS: Dial 911 for all codes

CODE RED- Fire In case of fire, smoke or unfamiliar odor in the area, remain calm - - do NOT shout "Fire!". MMC has a four-step plan called **RACE**.

- R** - Rescue anyone in danger.
- A** - Activate fire alarm, call 662-2345 or 911.
- C** - Contain fire by closing doors.
- E** - Evacuate to designated reassembly area.

At Bramhall and Brighton, there is an in-house fire response team. You do not have to evacuate the area unless you see smoke or flames or unless your department automatically does so. At Scarborough, you need to exit the zone that is ringing. You may move to another zone where the alarm is not ringing. If all zones are ringing, you need to evacuate the building. At Falmouth, you need to evacuate the building.

Know where alarm pull stations and fire exits are in your volunteer area. A fire exit is a path to escape from a building during a fire. The path is marked by EXIT signs. Elevators are never considered fire exits and should be used only under the direction of the fire department.

Fire drills are conducted weekly. A red fireman's helmet is the fire symbol used to announce a drill. If you are approached for a drill, remain calm. Carry out RACE.

CODE BLUE- Acute Medical Emergency: To initiate emergency care for anyone who has a cardiac or respiratory arrest or when a person collapses, loses consciousness, and/or stops breathing. Say CODE BLUE when operator answers. Give exact location, describe problem, indicate adult or child.

CODE WHITE- Urgent medical evaluation, rapid response: If anyone is conscious but needs medical assistance, Say CODE WHITE when operator answers. Give exact location, describe problem, indicate adult or child.

CODE PINK – Possible infant abduction: Clear corridors, search for infant, observe movement of persons in public areas for missing infant.

CODE PURPLE- Possible child abduction: Give approximate age (1 year or older), description, search for child, observe movement of persons in public areas for missing child.

CODE YELLOW- Suspicious package/bomb threat: Give exact location of suspicious package, do not touch it. If receiving a bomb threat, collect as many details from caller as possible.

CODE GRAY- Behavioral emergency: Maintain a safe distance until help arrives to assist. Direct and assist team with clinically appropriate intervention to de-escalate the person.

CODE SILVER – Active violence; weapon/hostage: Avoid the dangerous area. Evacuate with patients if possible, or shelter and barricade until police arrive or all clear given. Identify yourself by showing hands to police.

CODE ORANGE – Hazardous material spill/release: Inhalation hazard, evacuate affected area occupants, pull fire alarm. Non-Inhalation hazard, secure area call 662-2345 press 2, give details. The Switch Board will contact Safety.

CODE GREEN – Patient Elopement: Provide description of patient, last location seen and direction of travel.

CODE TRIAGE - Possibility of a disaster situation: Identify location (internal or external), describe nature and scale of problem/crisis, follow department disaster plan or home preparedness disaster plan if off duty. Responders

throughout MMC have been designated to help manage a disaster or emergency from the hospital's command center. This group is known as the Hospital Incident Command System (HICS) response team. Volunteers on duty at that time should remain on their regular assignments unless directed otherwise. If the disaster is internal and is in your area, evacuate immediately to your designated areas. Otherwise, close all doors and stay in place until the code is cleared or you are given specific instructions. Volunteers at home will be called if needed and would report to Volunteer Services. The garage entrance is a primary staff entrance during an emergency. ID badges will be required for entrance.

Some types of disasters can be:

- natural disasters such as hurricanes, ice storms and tornados
- mass casualty incidents such as aircraft or mass transit
- hazardous materials incidents, both intentional and accidental
- critical infrastructure facilities such as flooding and power loss
- terrorism or weapons of mass destruction
- biological terrorism
- radiological or nuclear events
- infectious disease outbreaks such as influenza

ANNOUNCE the code in a loud voice to coworkers.

CHEMICAL HAZARD COMMUNICATION PROGRAM (HAZ-COMM) OR RIGHT TO KNOW

You have the right to know what??

- What hazardous chemicals are in your workplace (check with your supervisor)
- Every chemical has to have a label on it
- What to do in an emergency (Refer to Code Orange)

Exposure to chemicals can occur by ingestion (eating), inhalation (breathing), absorption (soaking) or injection (needle stick).

NOTE: Fragrances can affect staff in the same ways that chemicals can. It's important to be fragrance-free when volunteering at the hospital.

CONFIDENTIALITY

The privacy of our patients is of utmost concern. It is the responsibility of everyone to protect the privacy of patients and their families. Maine law has strict requirements to maintain patient privacy and the confidentiality of health information. The federal law, HIPAA, (Health Insurance Portability and Accountability Act) will preempt Maine law only when HIPAA creates a stricter standard.

PHI stands for protected health information. It is any identifiable health information held by MMC, including oral, written or electronic communication. Volunteers sometimes have access to PHI but only the minimum amount necessary to perform your job. It is permissible to share information with those who need to know it if the information you have is related to treatment, payment or operations, referred to as TPO.

HIPAA requires that MMC establish "reasonable safeguards" to protect privacy. These include:

- Never discuss a patient's name or illness outside of work, with anyone.
- Never discuss a patient or patient information in any area of the hospital, except to the staff involved with the patient's care, and never where the conversation could be overheard.
- Never look at a patient's records unless it is part of your job responsibility.
- Never leave identifiable information (including lists of names) unattended.
- Never leave computer monitors with patient information exposed on them.
- Always respect a fellow employee's or volunteer's right to privacy and confidentiality should she/he become a patient at MMC.

If you inadvertently cause a breach of confidentiality, report it to your supervisor. HIPAA recognizes that incidental disclosures will occur. It will not be a violation if reasonable safeguards were in place and the disclosure resulted from a legitimate use of that information (i.e. need to know for your job). Hefty fines and criminal penalties can be imposed for "wrongful disclosure".