

VOLUNTEER ANSWER SHEET

Name:

Date:

2019 ANNUAL SAFETY EDUCATION

Circle the correct answer

Prevention of Injuries (Pg. 2)

1. A B C
2. A B C D
3. A B C

Life Safety (Pg. 9)

1. A B C
2. A B C

Abuse and Neglect (Pg. 16)

1. A B
2. A B

Corporate Compliance (Pg. 3)

1. A B C D
2. A B
3. A B

Age Specific (Pg. 10)

1. A B

Transmission Precautions (Pg. 18)

1. A B
2. A B

Emergency Preparedness (Pg. 5)

1. A B
2. A B
3. A B

HIPPA (Pg. 12)

1. A B
2. A B C D
3. A B C D
4. A B C
5. A B C D

Sexual Harassment in the Workplace (Pg. 20)

1. A B C
2. A B
3. A B

Medical Equipment (Pg. 6)

1. A B C
2. A B C D

Visitor Falls on BRMC Property (Pg. 21)

1. A B

Infection Control (Pg. 7)

1. A B
2. A B

Suspected Impairment or Disruptive Behavior (Pg. 13)

1. A B

Compressed Gas Cylinder Safety (Pg. 23)

1. A B

Security (Pg. 8)

1. A B
2. A B

Diversity and Cultural Competence (Pg. 15)

1. A B
2. A B
3. A B C D

2019

“MANDATORY EDUCATION AND TRAINING”

MEAT

In order to satisfy your annual requirements, please read the sixteen (16) sections and answer the questions on the insert provided to you and return to your manager. If you have any questions while reading the newsletter or taking the quiz, please contact the individual listed in that particular section or your immediate manager.

PREVENTION OF INJURIES

LIFTING

- Keep the load close to your body
- Keep your head, shoulders and hips in a straight line
- Lift with your legs, not your back
- Avoid twisting as you lift
- Get assistance with lifting when needed
- Use lifting equipment when available

SLIPS/TRIPS/FALLS

- Wipe spills promptly
- Be observant of wet floors and icy parking lots
- Wear proper footwear
- Watch where you walk
- Report unsafe conditions immediately, i.e. spills, icy side walks etc.

SAFE DRIVING

- Always wear your seat belt
- Allow ample time for road conditions
- Obey all speed limits
- Keep all windows free of frost, snow & ice



REPORTING OF INJURIES

- If you are injured while on duty report the injury immediately to your department/operation Manager/Supervisor. All injuries should be reported no matter how insignificant they may seem to you.
- The Manager/Supervisor, Employee Occupational Health Service or Human Resources will authorize initial medical examination/treatment.
- Document the injury by completing the employee section of the “Employee Report” form on McLaren Safety First as soon as possible or by the end of your shift.
- Document under anonymous.

To report an injury, unsafe condition, questions or concerns; contact Pat Adams, RN at 894-3158.

QUESTIONS (PREVENTION OF INJURIES)

1. **If you are injured at work what is the first thing you should do?**
 - a. Report the injury immediately to your Manager/Supervisor
 - b. Keep working
 - c. Go home
2. **When you lift a patient, equipment, trash or a heavy object you should.**
 - a. Keep the load close to your body
 - b. Lift with your legs, not your back
 - c. Get assistance with lifting when needed and/or use lifting equipment.
 - d. All of the above
3. **If you see a spilled liquid on the floor you should.**
 - a. Walk around the spill so you do not fall
 - b. Wipe up the spill immediately
 - c. Call someone else to clean it up because it is not your responsibility.

CORPORATE COMPLIANCE

McLaren Bay Region (MBR) is committed to conducting business in an ethical and legal manner. All employees or volunteers are expected to comply with applicable rules and regulations that guide us in addition to the standards outlined in the employee handbook and reflected in MBR policies and procedures.

If you, as an employee or volunteer, have any questions or concerns about a behavior that you believe violates ethical or legal standards, those concerns must be reported. MBR has provided several options for you. We encourage you to speak with your supervisor first; however, this is not a requirement. You may choose to speak with someone else in management, a compliance representative, any member of the Core Compliance Team, the Corporate Compliance Officer, or call the compliance hotline at **894-3945** to report anonymously.

Under no circumstances will any person who reports a possible violation in “good faith” be subject to reprisal. As an employee or volunteer you have an obligation to report any suspected problems. In fact, if you witness or have knowledge of unethical or illegal behavior and do not report it, you may be subject to disciplinary action including possible termination.

It is a serious violation of MBR’s policy to deliberately make a false accusation with the intent of harming or retaliating against another individual and is subject to disciplinary action up to, and including termination.

QUESTIONS (CORPORATE COMPLIANCE)

1. **If I saw something that I thought was wrong, who do I call?**
 - a. My mother
 - b. Judge Judy
 - c. Supervisor, compliance representative, Compliance Officer, or hotline
 - d. All of the above

2. **If I report something suspicious I will get in trouble if my suspicion turns out to be wrong.**
 - a. True
 - b. False

3. **I may be subject to disciplinary action if I don’t report a violation of the law.**
 - a. True
 - b. False

EMERGENCY PREPAREDNESS

What is an external disaster? It's one or more events that occur outside of the hospital and result in a large number of casualties coming to the Emergency Department. Examples include: fire, explosion, tornado, transportation accident, civil disorders and chemical spills.

What is an internal disaster? It's one or more events within the hospital that severely reduce the ability of one or more essential services to function normally. Examples include: fire, explosion, utility disruption, chemical spill or bomb threat.

Whether internal or external, our disaster and contingency plans identify the responsibilities of your department and how you are to respond. Knowing what to do in an emergency is an important part of your job at McLaren Bay Region. The multi-colored Emergency Kardexes that are displayed throughout Bay Region, West Campus, Medical Mall and other buildings define our emergency plan and outline procedures for responding to specific emergencies.

Code Blue		Cardiac Arrest – Adult
Code Blue Pediatrics		Cardiac Arrest - Child
Code Green		Biological/Chemical Terrorism Response
Code OB		OB Emergency
Code Orange		Hazardous Material Response
Code Pink		Infant Abduction
Code Purple		Child Abduction
Code Silver		Active Shooter/Hostage Situation
Code Red		Fire
Code Triage External		External Disaster
Code Triage Internal		Internal Disaster
Code Yellow Alert		Bomb Threat has been received
Code Yellow		Suspicious Item has been found
Code Walker		Missing Patient
Code Weather Alert		Tornado/Severe Weather Watch
Code Weather		Tornado/Severe Weather Warning
Command Staff Report		Potential External Disaster
Condition H		Family/Patient Initiated Rapid Response
Dr. Heart		AMI (Acute Myocardial Infarction)
Dr. Strong		Additional Staff needed
Rapid Response Team		Multi-Disciplinary Emergency Team
Stroke Response Team		Stroke Patient
Trauma Team		Priority 1 Patient
Code Clear		All Clear

Two of the more common Emergency Codes you will hear announced is **Code Red** and **Code Weather** or **Code Weather Alert**.

When a Code Red is announced, it will also give a location, i.e., “Code Red, Dietary Department”. This would mean there is a fire in the Dietary Department. If you heard “Code Red Drill”, it would mean there is a fire drill in the particular area announced. When this occurs, you will also hear the fire alarms and the fire doors will close automatically. Maintenance and Security personnel will respond to the area.

A “**Code Weather Alert**” is called upon notification of a tornado/severe weather watch (heavy storms or weather is conducive to formation of a tornado).

1. Procedure: Close window drapes
2. Time for communication between staff and supervisors to determine what to do if a tornado is sighted.

A “**Code Weather**” is called upon notification of a tornado/severe weather warning. Upon notification:

1. Visitors will be escorted to safe shelter.
2. Patients will be removed from their rooms and escorted to safe shelter, and
3. Newborns will be brought to their mothers.
4. Patients in the isolation room with “airborne precautions” should not be moved in the hallway.

A “**Code Silver**” is called upon notification of an active shooter or hostage situation at McLaren Bay Region. If this code is called, take immediate shelter in a room with a lock. If not possible, gather as many patients and staff in a room, and barricade it with beds or equipment. Everyone should lie on the floor against the bed and/or equipment to prevent the perpetrator from entering.

When the threat no longer exists, the warning will be cancelled and patients are returned to their rooms. A “**Code Clear**” will be announced over the PA once either of these codes is done.

For more information, find an Emergency Kardex or consult with your supervisor.

QUESTIONS (EMERGENCY PREPAREDNESS)

1. **A “Code Red” is a fire in one of the departments at Bay Region.**
 - a. True
 - b. False
2. **If you hear a “Code Weather Alert”, the only procedure to follow is to close the drapes.**
 - a. True
 - b. False
3. **Emergency Kardexes include a summary of all “codes” used at Bay Region.**
 - a. True
 - b. False

MEDICAL EQUIPMENT

Employees who utilize medical equipment in McLaren Bay Region (MBR) and related subsidiaries play a major part in assuring that medical equipment operates correctly and safely. They are normally the first to become aware that repairs are needed due to breakdown or improper operation. They are also instrumental in identifying potential problems. This would include identifying exposed wires, broken cases, excessive noise or vibrations, burning smells, missing safety guards, etc.

When a piece of medical equipment is found to be in need of repair, it is vital that the device be tagged defective to prevent further use. The tag should include the name and number of the person reporting, and a brief description of the problem. Portable equipment is to be delivered to the designated repair drop off location while non-portable items need to have a work order request called into the call center.

A typical item a volunteer may discover needing repair is a wheelchair. You should make sure you inform a **manager, ward clerk or other responsible employee** that **the item should be tagged defective and a request made to get it repaired.**

Any further questions can be directed to Ron Clifton, Maintenance Manager at ext. 43755.

QUESTIONS (MEDICAL EQUIPMENT)

1. **If you, as a volunteer, should discover a wheelchair in need of repair:**
 - a. Throw it in the dumpster
 - b. Call the fire department.
 - c. Inform a manager, ward clerk or other responsible employee that the item should be tagged defective and a request made to get it repaired.
2. **Why is it important to tag defective equipment?**
 - a. It informs others not to use the equipment.
 - b. It describes what needs to be repaired.
 - c. It identifies who can be contacted for more information.
 - d. All of the above.



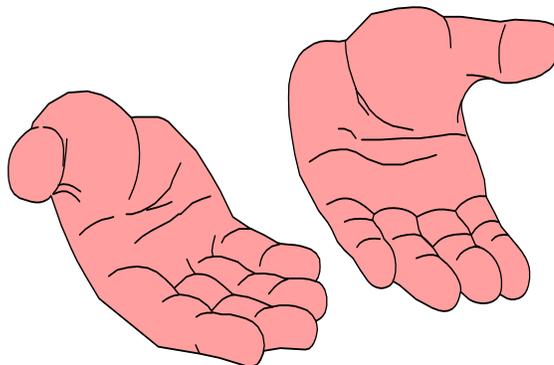
INFECTION CONTROL

- Perform hand hygiene (using soap and water or alcohol foam) before entering a patient room, when leaving a patient room, after contact with a patient or any equipment, and or before you eat or drink. Make sure to use soap and water if your hands are visibly soiled.
- Check with the nurses' station before entering a patient's room that has a color precaution sign on the door (i.e., Contact Precautions, Contact Precautions Plus or Droplet Precautions).
- Do not enter a patient's room that has an Airborne Precaution sign on the door.
- Any equipment used for a patient (i.e., wheelchair, etc.) must be disinfected after each use. For most patients [except those with a golden Contact Precautions Plus sign], use the purple top wipes located outside the patient room to wipe the equipment and keep the item wet for 2 minutes (use more wipes if necessary to keep it wet).

If you should have any questions, please contact Infection Control at Ext. 49503 or 49581.

QUESTIONS (INFECTION CONTROL)

1. **Perform hand hygiene before entering a patient room, after touching equipment and before you eat or drink.**
 - a. True
 - b. False
2. **Do not enter a patient's room that has an Airborne Precaution on the door.**
 - a. True
 - b. False



SECURITY

AGGRESSIVE BEHAVIOR

McLaren Bay Region (MBR) does not tolerate any verbal or physical aggression directed toward any employee – intentional or unintentional. All security and improvement reports are reviewed by Security and/or Risk Management and staff will be encouraged to pursue criminal charges if applicable.

LOST & FOUND

Checking a patient's area thoroughly before discharged or transferred, will help reduce the number of lost and found problems.

Upon notification of a patient's loss of personal belongings, personnel must make a thorough search of the area where the loss occurred. If you do not find the item, contact Security.

Security will investigate and be responsible for determining if reimbursement is needed.

If an item is found, attempt to identify the owner. You will need to contact Security to either pick up the item or drop the item off in Security. Include the identity of the patient and location found if known.

QUESTIONS (SECURITY)

1. **McLaren Bay Region does not tolerate any verbal or physical aggression directed toward any employee – intentional or unintentional.**
 - a. True
 - b. False

2. **Checking a patient's area thoroughly before discharge or transfer will help reduce the number of lost and found problems.**
 - a. True
 - b. False

LIFE SAFETY

Fires that occur in the healthcare setting require rapid, efficient response by healthcare staff to limit physical damage and reduce the risk of injuries or fatalities. Health care fires present a unique challenge to responding staff because many of our patients are unable to ambulate on their own, and rely on us to rescue them from the fire. To help protect our patients, visitors and yourself, think of the acronym “**R-A-C-E**”.

R – rescue any in immediate danger or relocate people from harm.

A – activate the pull station alarm and dial “2-2-2-2-2” at McLaren Bay Region East and West Campus.

If you are at one of the entities, dial “9-1-1” and give the exact location. (Remember to dial “9” before you dial “9-1-1” if applicable)

C - confine or contain the fire by closing the doors to rooms and corridors. Entities need to close doors on the way out of the building.

E - extinguish if fire is small, evacuate the danger area if needed.

HOW TO USE A FIRE EXTINGUISHER

Be sure you know the locations of all fire extinguishers, fire alarm pull stations, and fire exits in your department. If you need to use a fire extinguisher, think of the acronym “**P-A-S-S**”:

P – pull the pin

A – aim the nozzle

S – squeeze the handle

S - sweep back and forth at the base of the fire.

QUESTIONS (LIFE SAFETY)

- The acronym RACE represents the proper response to a Code Red condition. The letters in RACE stand for what four words?**
 - Rescue, Alert, Contain, Enforce
 - Rescue, Activate (the alarm), Contain, Extinguish or Evacuate
 - Run, Argue, Convince, Escape
- The “C” in the acronym RACE stands for contain. This represents that the fire must be contained to a single room or area. You can contain the fire from spreading by:**
 - Putting a box over it
 - Closing all doors
 - By wetting down the room with a cup of coffee.

AGE SPECIFIC GUIDELINES

Age-related stages according to Erik Erickson

Age-related stages describe key conflict or core problems from which after successful completion or mastery of one problem, the individual moves on to the next problem. No core problem is ever really completely solved. With each new situation the core problem demands another resolution and thus is the development of the “person”. How we treat each “person” takes into account the development or stage of the person we are treating.

Newborn – Birth to discharge from the hospital.

Infants – any child up to 1 year. The infant is in the “Trust vs. Mistrust” stage

Toddler- 1-3 years old. Toddlers are in the stage of “Autonomy vs. Shame & Doubt”. In this stage it is important to ensure safety by keeping the side rails up. Toddlers are fearful therefore speak in a soothing tone, cuddle an upset toddler, encourage parents to stay with toddlers and assist with care.

The Preschooler – 3-6 years old. Preschoolers are the “Initiative vs. Guilt” stage. In this stage it is important to explain procedures and objects in ways that the child can understand. Avoid words that are scary.

School age – 6-12 years old. School age children are in the “Industry vs. Inferiority” stage. In this stage growth is slower until they have a “spurt” usually at puberty. Utilize correct terminology as well as visual aids. Allow the school age child to help as much as possible. Privacy is very important to these children.

Adolescents – age 13-17 years old. Adolescents are in the “Identity vs. Role diffusion” stage of development. They are focusing on developing an identity; thus they have emotional swings and face peer pressure. Adolescents are very concerned about body image and are self-conscious.

Young Adults- 18-30 years. The stage this group is working on is “Intimacy vs. Isolation”. Young adults are very dedicated to education and occupation. Encourage young adults to talk about their feelings and concerns and how illness or injury may affect their plans, family, and finances. Young adults have strong ties.

Middle Adults – 30-64 years old. “Generative vs. Stagnation” is the stage these adults are working on. Middle-age adults begin to experience physical changes, such as decreased endurance. Assistance with care maybe necessary. Illness interferes with plans. Chronic illnesses begin to develop

Geriatric – age 65 and older. “Integrity vs. Despair” is the stage these adults are working on. Geriatrics adults begin to experience changes in skin, muscles, and sensory abilities. They are at a higher risk for infection. Geriatrics may have reduced attentions spans, and may make decisions slowly as well as need more time to learn. Speak clearly and avoid background noise when talking. Use larger print and ensure enough light. Give information in short segments and repeat as needed. Do not rush!

If you have any question, please contact Staff Development ext. 49502.

QUESTIONS (Age Specific Guidelines)

1. **Privacy is very important to the preschool child**
 - a. True
 - b. False

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Maintaining patient privacy has always been of critical importance at McLaren Bay Region. It is a responsibility of every employee.

The Health Insurance Portability and Accountability Act (HIPAA) establishes new requirements for the handling, processing and storage of patient's health information. These new regulations do not replace existing confidentiality policies but further support and strengthen the commitment to keep patient information secure.

The Privacy Rules affect every healthcare worker, volunteer and physician no matter where they work in the healthcare delivery system by identifying certain patient information as "Protected Health Information" (PHI). Examples of PHI are name, birth date, social security number, drivers license number, fax machine number, zip code, photographs, E-mail address, license plate number.

Privacy Rules apply to all forms of PHI, computer, paper or verbal.

Privacy Rules do permit sharing of PHI **without a patient authorization** for:

- ❖ Purposes of Treatment, obtaining Payment for services and business Operations (auditing, quality monitoring, etc.) TPO
- ❖ Permits sharing of PHI in cases of "national priorities" or Federal and/or State laws e.g. Anthrax or other epidemics, suspected child abuse

The patient must authorize all other sharing of PHI. A signed authorization form must be submitted before any information is disclosed to another person or company. If you are not sure whether you should give out any form of PHI, ask your supervisor, compliance representative, privacy officer or compliance officer.

Security rules require all workforce members (employees, physicians, volunteers, residents, students, contracted workers and agents) to use proper safeguards with electronic Protected Health Information (ePHI).

- Appropriately use computers/work stations or other technology devices when accessing ePHI. Log out of applications when leaving the terminal/device.
- Appropriately use internet access and email system. No PHI should be transmitted using email unless encryption is assured. Workforce members should remember that usage of the Internet or email exchange is not private. Usage may be accessed and monitored.
- Always secure your password. Never give your password to anyone. Avoid writing down your password. If you think your password has been compromised, contact the HELP desk immediately.

QUESTIONS (HIPPA)

1. **Maintaining privacy of patient information is the responsibility of all employees.**
 - a. True
 - b. False

2. **PHI stands for:**
 - a. Patient Health information
 - b. Patient Hospital Information
 - c. Protected Health Information
 - d. None of the above

3. **Which of the following are examples of PHI:**
 - a. Name
 - b. Fax Machine Number
 - c. Zip Code
 - d. All of the above

4. **If I am not sure whether I should give out any form of PHI, I should:**
 - a. Act like I don't understand
 - b. Provide the requested information
 - c. Ask your supervisor, compliance representative or privacy officer.

5. **Workforce members include:**
 - a. Employees
 - b. Physicians
 - c. Volunteers
 - d. All of the above

**IDENTIFICATION AND REPORTING OF
SUSPECTED PRACTITIONER IMPAIRMENT OR DISRUPTIVE
BEHAVIOR**

SUSPECTED IMPAIRMENT

Background: It is the intent of McLaren Bay Region to provide our patients with a safe environment and excellent practitioners to allow appropriate treatment for rapid improvement. A practitioner who is impaired, as defined above, creates an environment contrary to rendering the best possible care. Every effort must be taken to simultaneously protect the patient from irrational behavior and provide services to the impaired practitioner so they may return to providing appropriate care. Due to the potential implications of impairment for a practitioner, every effort must be taken to assure confidentiality. Due to the potential implications of practitioner impairment for the patient, every effort must be taken to quickly resolve any allegations of impairment.

Reporting of Impairment:

- A. **By Others:** Any individual who has a reasonable suspicion that a practitioner may be impaired should convey the reason for that suspicion to a McLaren Bay Region Director, Vice President, President, or Chief of the Medical Staff. All such information will be transmitted and maintained in a confidential, locked file in the office of the Vice President of Medical Affairs (VPMA) until resolved. The VPMA shall personally investigate the allegation(s) to determine their legitimacy. The VPMA will discuss the allegation with the individual making the allegation and request a written, signed report attesting to the allegation.
- B. **Self Referral:** Any practitioner who believes he/she may be impaired or is subject to a monitoring contract (or program with) a rehabilitation program, or has had his/her privileges or employment duties limited by any health care organization shall report that circumstance to the CEO or VPMA.

DISRUPTIVE BEHAVIOR

It is a requirement that each patient and every employee of McLaren Bay Region have a hospital environment that is non-threatening. It is the expectation that every physician providing services at McLaren Bay Region shall exhibit professional behavior, and that disruptive behavior shall not be tolerated as a matter of Medical Staff Bylaws, policy, and practice. The Medical Staff Bylaws 3.1-9 PROFESSIONAL CONDUCT state:

“It is the policy of this hospital that all individuals within the facilities be treated courteously, respectfully and with dignity. To that end, the hospital requires all physicians, and other practitioners to conduct themselves in a professional manner while in the hospital”.

QUESTIONS (SUSPECTED IMPAIRMENT OR DISRUPTIVE BEHAVIOR)

- 1. **Any individual who has a reasonable suspicion that a practitioner may be impaired should convey the reason for that suspicion to a Bay Region Director, Vice President, President of Chief of Staff.**
 - a. True
 - b. False

DIVERSITY AND CULTURAL COMPETENCE

Diversity

When we talk about diversity, we talk about differences between people. We are all different, but view some things more differently than others. For example, a brother and sister have a lot of the same memories and because they have been raised together, have many identical opinions and beliefs about things. That makes them similar. However, one is man, the other a woman and in that regard they are very different. This difference has given them different experiences throughout their lives and these different experiences have helped shape them differently. They are different, feel different, and believe to be different.

Cultural Competence

As our patient population is becoming more diverse, it is becoming more important to provide culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction.

Healthcare organizations are encouraged to ensure that patients receive understandable and respectful care that is compatible with their cultural health beliefs, practices, and preferred language. The objective is to ensure that all persons entering the healthcare system, regardless of race, ethnicity or other diversity aspects, receive fair, and quality treatment.

Some of the factors that influence our differences are: age, religion, language, weight, color, height, technical vs. non-technical, white collar, blue collar, education, divorce, single, married, non-smoker, smoker, non-Michigander, sexual preference. Only race or gender does not define diversity. It extends to all biological and acquired differences (culture).

This includes offering and providing language assistance services, both verbal and written, through patient-related materials, and posted signage, as well as providing culturally competent care.

Some things to consider:

- Views about health and healthcare
- Family and community relationships
- Language and communication styles
- Ties to another country or part of the U.S.
- Food preferences
- Religion
- Views about death

QUESTIONS (DIVERSITY AND CULTURAL COMPETENCE)

1. **When we talk about diversity, we talk about differences between people.**
 - a. True
 - b. False

2. **Healthcare organizations are encouraged to ensure that patients receive understandable and respectful care that is compatible with their cultural health beliefs, practice, and preferred language.**
 - a. True
 - b. False

3. **Some of the factors that influence our differences are:**
 - a. Religion
 - b. Weight
 - c. Age
 - d. All of the above

IDENTIFICATION OF VICTIMS OF ABUSE & NEGLECT

Behaviors that may indicate abuse and neglect:

- Obvious physical abuse (hitting, slapping or pinching)
- Verbal abuse
 - Screaming, swearing at & belittling of an individual

Interactions that are suggestive of abuse or neglect:

- Parent, partner, caregiver interactions:
 - Observe interaction patterns for sense of fear, suspicion or control
 - Observe for jumpiness or flinching
 - Observe for facial expressions and gestures, listen to what is being said, and how it is said.
 - Observe for the person who speaks for the individual or corrects individual's response to questions.
 - Observe to see if the individual is withdrawn or apathetic
 - Observe for inappropriate giggling and laughing as well as lack of eye contact
 - Observe to see whether responses to questions are vague or distant.

Physical Assessment:

- Do injuries match history
- Assess face, head, and neck for injuries & bruises in various stages of healing
- Assess for poor hygiene, malnourishment & inappropriate dress.

If you suspect abuse or neglect, report to your supervisor and refer to QRM Policy # 16, Abuse/Neglect/Domestic Violence; Mandated and/or Consensual Reporting of

QUESTIONS (ABUSE & NEGLECT)

1. **Screaming, swearing at and belittling of an individual is one of the behaviors that may indicate abuse/neglect.**
 - a. True
 - b. False
2. **If you observe a parent, partner, caregiver speaking for the individual or correcting the individual's response to questions, it may suggest abuse or neglect.**
 - a. True
 - b. False

TRANSMISSION-BASED PRECAUTIONS

To help prevent the spread of certain contagious diseases in addition to Standard Precautions, Bay Region uses Transmission-based precautions. There are 4 categories, **Airborne Precautions, Droplet Precautions, Contact Precautions** and **Contact Precautions +**. When patients are in any these precautions, there will be a colored sign on their door describing what the additional precautions are.

Airborne Precautions (pink sign) is used for patients known or suspected to be infected with germs that are spread through the air. Examples are tuberculosis (TB), chickenpox*, smallpox*, plague and measles. Patients requiring Airborne Precautions will be placed in a negative pressure room (rooms 431, 429, 381, 379, 295, 293 and 217). ED patients are placed in a negative pressure isolation room in the ED. **CAPR, PAPR or N95** respirators should be worn by anyone entering the room of patients with TB or smallpox. Regular surgical masks should be worn for patients with chickenpox, plague or measles. Only staff who is immune to chickenpox, measles or smallpox should enter the room of patients suspected or confirmed to have that infection. Avoid transporting patients who are in Airborne Precautions. If transport is medically necessary, patients should wear a surgical mask. Visitors should wear the necessary personal protective equipment that staff is required to wear when visiting patients in Airborne Precautions.

*These infections also require Contact Precautions

Droplet Precautions (orange sign) is used for patients known or suspected to be infected by germs that travel in the air for a short distance (6 feet) such as influenza, bacterial meningitis, pertussis, SARS*, strept throat, scarlet fever, rubella, *Haemophilus influenza*, and diphtheria. Patients in droplet precautions will be placed in a private room. Surgical masks should be worn for everyone coming within 6 feet of the patient. Patients in Droplet Precautions should not go outside of their room unless medically necessary and if so, they must wear a surgical mask. Visitors should wear the necessary personal protective equipment that staff is required to wear when visiting patients in Droplet Precautions.

*this disease also requires Contact Precautions

Contact Precautions (green sign) is the most commonly used precaution at McLaren Bay Region. Contact Precautions are required for patients with MRSA, VRE, scabies, lice, shingles, RSV, viral meningitis, and hemorrhagic fevers. Patients should be placed in a private room or cohort with a patient who has the same organism. Gloves and gowns should be put on **before** entering the room. Gloves should be changed and hand hygiene performed after contact with infected body substances. If the patient has *C. difficile*, hand hygiene should be performed with soap and water. Avoid touching any surface that might be contaminated. Remove gloves and gown right before leaving the room. Perform hand hygiene after removing gloves and gown. Designate noncritical equipment for patients in Contact Precautions and leave them in the patient room. Clean and disinfect this equipment after the patient is discharged. If the patient needs to leave the room, remind patient to avoid touching surfaces or equipment. Visitors of patients in Contact Precautions will need to wear gloves and gowns if they participate in any patient care activities.

Contact Precautions Plus (golden rod sign) Contact Precautions + are required for patients with, C. difficile, infectious diarrhea (Shigella, Norovirus, Hepatitis A, rotavirus, E. coli O157:H7). Gloves and gowns should be put on **before** entering the room. Gloves should be changed and hand hygiene performed after contact with infected body substances. Hand hygiene should be performed with soap and water. Avoid touching any surface that might be contaminated. Remove gloves and gown right before leaving the room. Perform hand hygiene with soap and water after removing gloves and gown.

MDRO

At McLaren Bay Region, we require patients with active or a history of MDRO (Multi-Drug Resistant Organism) to be placed in Contact Precautions. Patients active with the same MDRO can be placed in the same room but patients with a history of a MDRO require a private room. Patient's face sheet will be flagged with "MDRO" to help alert staff that the patient has a history of or currently has a MDRO. Since this flag system has been initiated, our hospital acquired MRSA has decreased by over 50%.

Other Notes

Disposable dishes are NOT required for patients in any of the above precautions. No special requirements are needed for laundry. Cubical curtains do not have to be changed unless they are visibly soiled or if the patient had a bad case of head lice. No special terminal cleaning of the walls is required.

If you have any questions, please contact Infection Control at ext. 49503.

QUESTIONS (TRANSMISSION-BASED PRECAUTIONS)

1. **Airborne Precautions require patients to be in a negative pressure room.**
 - a. True
 - b. False

2. **Contact precautions require staff to wear gloves and gowns prior to entering patient's room.**
 - a. True
 - b. False

SEXUAL HARASSMENT IN THE WORKPLACE

McLaren Bay Region's policy is that all volunteers have a right to work in an environment free from unlawful discrimination, including sexual harassment. Effective working relationships between employees or volunteers must be based on mutual respect. Sexual harassment is inconsistent with effective working relationships and the objectives and efficient operation of Bay Region.

Bay Region recognizes that sexual harassment is behavior that may cause distress among staff and affect overall morale within the work environment. (see Administration Policy #229.00 Code of Conduct).

Sexual Harassment is covered under two Civil Rights Act. The Michigan Elliott-Larsen Civil Rights Act and Title VII of the Federal Civil Rights Act of 1964. Both Acts prohibit employment discrimination on the basis of sex. Sexual harassment may constitute unlawful sexual discrimination. Bay Region realizes that this is a "sensitive" topic to address.

Sexual Harassment Definitions:

-Sexual Coercion "Quid Pro Quo" - Employment and/or employment decisions that are conditioned on an volunteer's acceptance or rejection of unwelcome sexual behavior. An employer is "strictly" liable.

- Bay Region's policy is that no supervisor or agent of Bay Region shall threaten or imply, either explicitly or implicitly. That an volunteer's refusal to submit to offensive sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature will adversely affect the volunteer's employment, evaluation, assigned duties or shifts.

-Work Environment Harassment – Severe, pervasive, and unwelcome conduct of a sexual nature that unreasonably interferes with an volunteer's work performance or creates an intimidating, hostile or offensive work environment. An employer is liable **IF** the employer knows/should have known about the harassment **AND** the employer fails to take prompt and appropriate corrective action.

Elements of Work Environment Harassment:

- Sexual in Nature
- Unwelcome
- Based on Sex/Sexist hostility
- Severity
- Frequency/pervasiveness

Examples of Work Environment Sexual Harassment:

- Sexual comments, innuendoes and jokes.
- Sexual cartoons and materials.
- Sexually suggestive slides, posters, calendars, and software programs.
- Giving hugs, touching, hanging around or following a person
- Repeatedly asking for a date from a person who is not interested.
- Asking a question about sexual experiences.

An employee with an allegation of sexual harassment in the work place has the option of:

- confidentially reporting the allegation to their immediate Manager/Supervisor, or
- confidentially reporting the allegation directly to a Corporate President or Vice President, or
- confidentially reporting the allegation directly to their HR Consultant, Manager or Vice President of Human Resources.

Bay Region prohibits sexual harassment of employees or volunteers in any form. Bay Region will consider a confirmed charge of sexual harassment in the work place a violation of our Rules and Regulations, subject to disciplinary action, including discharge. Retaliatory action against an employee who alleges sexual harassment will not be tolerated by Bay Region.

QUESTIONS (Sexual Harassment)

1. **Which of the following is not an example of sexual harassment?**
 - a. Sexual Cartoons
 - b. Giving hugs, touching or hanging around or following a person
 - c. Bringing in cupcakes for your department/unit.
2. **Continually asking a co-worker to go on a date, could be considered sexual harassment.**
 - a. True
 - b. False
3. **Example: Employee A is telling Employee B a joke that has sexual innuendoes. Unknown to the two employees, Employee C overhears the joke and is offended. This could potentially be sexual harassment.**
 - a. True
 - b. False

VISITOR FALLS ON McLAREN BAY REGION PROPERTY

When you witness a visitor falling on hospital property, i.e., parking lot, cafeteria, hallway, etc., you will need to assist the visitor and provide the necessary care.

Contact Security to document the event at the East Campus. They will investigate the area and write a report and take pictures if necessary of the area where the individual fell.

If you are at the West Campus or one of the off-sites, please complete an Improvement Report and document whether there was water on the floor, ice in the parking lot where the fell, etc.

Risk Management will investigate the claim.

Don't tell people we will take care of the expenses. If the patient is seen in the Emergency Department and we did not contribute in anyway to the fall, they will be responsible.

QUESTIONS (Visitor Falls on Bay Region Property)

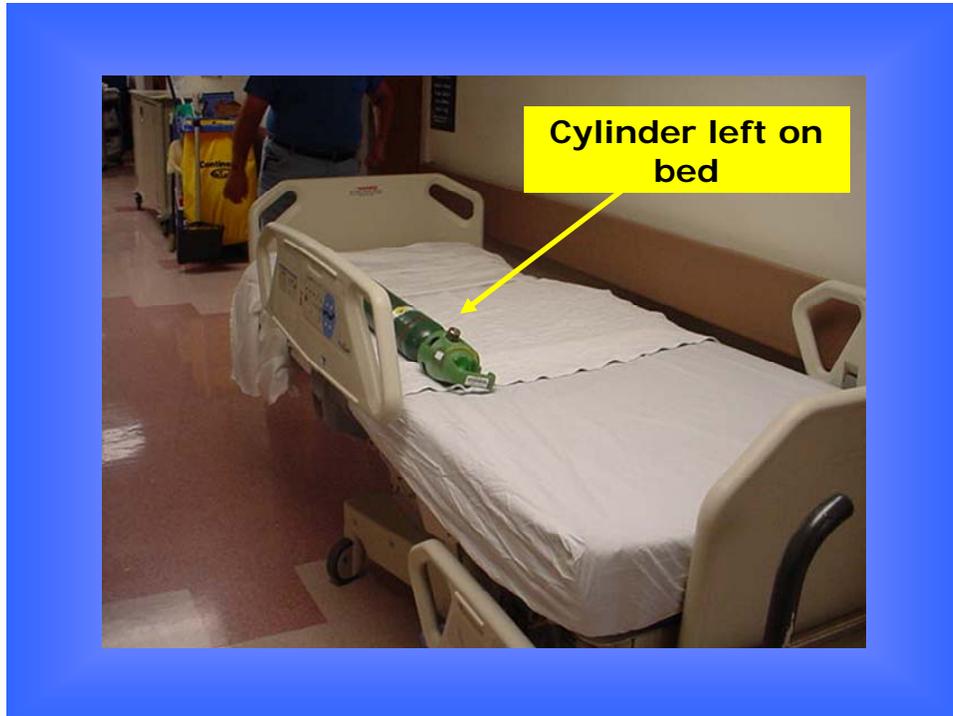
1. **If you witness a visitor falling on hospital property, you need to call Security.**
 - a. True
 - b. False

COMPRESSED GAS CYLINDER SAFETY

- Assure compressed gas cylinders are properly secured at all times.
- Make sure cylinder is secured against tipping or rolling, even when empty.
- Always transport cylinders in approved carts or carrier.

Examples of unsecured cylinders:





If you should witness a cylinder that is not properly secured, please let an employee who works in that department know.

QUESTIONS (Compressed Gas Cylinder Safety)

1. **Compressed gas cylinders must be properly secured at all times.**
 - a. True
 - b. False