Infection Prevention
Hand Hygiene & OSHA Bloodborne Pathogen Standard

2011 Annual Mandatory Education
Content Owner: Infection Prevention
Federally mandated standard of practice.

**Purpose:**

Minimize the risk of exposure to bloodborne pathogens in healthcare settings.
OSHA Bloodborne Pathogen Standard Precautions

• Avoid direct contact with all body fluids, excretions, secretions, mucous membranes and non-intact skin.

• Level of protection depends on reasonable risk of exposure in any given situation.

• Examples:
  – Phlebotomy: Gloves
  – Suctioning: Gloves, face protection.
  – Invasive procedure: Gloves, face protection, gown
OSHA’s Hierarchy of Controls

- **Administrative**: Monitoring / enforcement of protocols / policy and procedures.

- **Engineering**: Equipment/devices with safety design (hoods, safety devices etc.)

- **Work Practice Controls**: e.g. no recapping of sharps, bagging specimens for transport, hand hygiene upon glove removal.

- **Personal Protective Equipment (PPE)**: gloves / face protection / gowns.

Gloves are never a substitute for hand hygiene. Always perform hand hygiene upon removal of gloves!
Bloodborne Pathogens

- Hepatitis B, Hepatitis C and HIV

- Relative risk of infection (30%, 3% and <1% respectively)

- Potential routes of transmission:
  - sharps injury
  - mucous membrane / non-intact skin exposure
Hepatitis B Vaccine

• Prevents Hepatitis B infection
  – (probable life long immunity)

• Provided by Employee Health Service @ no cost

• Safe and Effective
If You are Exposed to Blood or Body Fluids

- Wash affected area immediately with soap/water.
- Copious rinse with tap water for eye splash.
- Notify supervisor (if applicable). Complete confidential incident report.
- Report to EHS or ED within one hour.
  Prophylaxis, when indicated, recommended to be given within 2 hours following exposure.)
- Follow-up with EHS, as indicated.
ID Physician on call 24/7

- Available for consultation 24/7.

- Can authorize the release of anti-viral drugs when exposed person can not go immediately to the EHS or ED (e.g. participating in an invasive procedure). Page @ beeper # 9362.

- The exposed person must then follow-up with EHS or the ED ASAP.
Employee Health Service at Tufts Medical Center

- All employees must be screened through the EHS before starting work.
- Immunizations, TB status, and general fitness for duty will be assessed.
- EHS will provide post exposure evaluations following needlesticks/sharps exposures, or other infectious disease exposures
- EHS is located on Farnsworth 6, or call 6-5480
Hand Hygiene Is The Single Most Important Way to Protect Our Patients and Ourselves From Infection!
Why is Hand Hygiene important?

• Throughout the US, nearly 2 million people become ill each year as a result of healthcare associated infections. Proper Hand Hygiene is critical to the prevention of these infections which contribute to the death of an estimated 99,000 people per year and $28 billion in medical expenses.

• Hands are the main pathways of germ transmission; hand hygiene is therefore the most important measure to avoid the spread of harmful germs to you and your patients.
FIVE MOMENTS FOR HAND HYGIENE

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient’s surroundings
Indications for Hand Hygiene

• When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.

• If hands are not visibly soiled, use an alcohol-based handrub for routinely decontaminating hands.

Recommended Hand Hygiene Technique

• Handrubs
  – Apply to palm of one hand, rub hands together covering all surfaces until dry
  – Volume: based on manufacturer

• Handwashing
  – Wet hands with water, apply soap, rub hands together for at least 15 seconds
  – Rinse and dry with disposable towel
  – Use towel to turn off faucet

Guideline for Hand Hygiene in Health-care Settings. MMWR 2002; vol. 51, no. RR-16.
Use soap and water for visibly soiled hands

~ Do not wash off alcohol handrub ~

Wet hands, apply soap and rub for >15 seconds. Rinse, dry & turn off faucet with paper towel.

Apply to palm; rub hands until dry.
Alcohol-based Handrubs: What benefits do they provide?

- Require less time
- More effective for standard hand hygiene than soap
- More accessible than sinks
- Reduce bacterial counts on hands
- Improve skin condition
Skin Care

- Skin lotion, compatible with the antiseptic soap (2% CHG), is the only approved product and is available at Tufts Medical Center in wall mounted dispensers.
- Commercially available lotions should not be used as they inactivate the persistent activity of the antiseptic soap.
- In addition, they may become easily contaminated and a reservoir for infection.
Fingernails and Artificial Nails

- Natural nail tips should be kept to ¼ inch in length.
- Artificial nails should not be worn for employees with direct contact with patients and critical items contacting patients (devices, medications, food, etc).

Cover Your Cough!
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.

Wash with soap and water or clean with alcohol-based hand cleaner.
Respiratory Etiquette

• Cover your cough!

• Cover your mouth and nose with a tissue when you cough or sneeze OR cough or sneeze into your upper sleeve, NOT YOUR HANDS.

• Put your used tissue in the waste basket

• You may be asked to put on a surgical mask to protect others.

• If you have a fever, STAY HOME

• As always, wash your hands with soap and water or clean with an alcohol-based hand cleaner.
Routine Tuberculosis Screening of Staff

**Upon Hire:**
- PPD skin test (prior to work start date).
- Documentation of baseline chest x-ray if previously known positive skin test.

**Annually:**
- PPD skin test for staff with previously negative PPD
- Persons with known positive skin test are evaluated for wellness by EHS
Influenza Vaccine

• Primary means to prevent influenza and its complications
• Recommended for all persons 6 months of age and older (2011-2011)
• Primary means to protect infants <6 months is vaccination
• Recommendation for vaccination of healthcare provider is a key factor in patients decisions to get vaccinated
Influenza Immunization Recommendations

• Immunization is strongly recommended for all Tufts MC employees and medical staff, both for staff protection and for the protection of our patients.

• *Infected persons can shed virus 24 hours before symptoms.*

• EHS will announce Flu clinics and administer Flu shots prior to each flu season (early fall) as soon as supply arrives

• This season’s employee vaccination rate goal is > 85% compliance.
I understand that my electronic signature carries the same legal weight and authority as my written signature.
Weight Sensitivity Training
Objective

Articulate ways in which to demonstrate sensitivity awareness in relation to weight issues

Definition

Obesity is defined in terms of Body Mass Index (BMI) or measure of body weight relative to height

\[
\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (cm}^2\text{)}}
\]
BMI and Weight

- Below 19 is Underweight
- BMI 19-24 is Normal
- BMI 25-29.9 is Overweight
- BMI 30-39 is Obese
- BMI 40 or more is Extremely Obese
## BMI Table

### Weight in Pounds

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[http://www.freebmi calculator.net](http://www.freebmi calculator.net)

**Legend:**
- **Underweight**
- **Normal**
- **Overweight**
- **Obesity**
Obesity is a Disease

National Institute of Health states:

“Obesity is a complex multi-factoral chronic disease that develops from the interaction of genotype and the environment”

National Institutes of Health, National Heart, Lung and Blood Institute. NIH Publication No.: 98 4083.
The Genetic Component

The Obesity Gene

The mouse on the left has a defective gene that causes obesity. Researchers have found a human relative of this gene.
U.S. Obesity Trends (BRFSS, 2007)

The map illustrates U.S. obesity trends based on data from the Behavioral Risk Factor Surveillance System (BRFSS), 2007. The color legend indicates the percentage of the population that is obese in each state.
Obesity Prevalence

- 32.7% of American Adults (>20 y.o.) are Overweight
- 34% are Obese
- 6% are Extremely Obese

National Center for Health Statistics
Do Overweight People Have Specific Characteristics?

- There is no single personality type that characterizes the severely obese.
Common Erroneous Stereotypes

Beliefs and Attitudes

• Surveys have revealed that many of us hold negative, preconceived beliefs and attitudes that may adversely affect care

• Weight discrimination is one of the few discriminations that still exists and is accepted
Rapport

- Use a friendly and open approach, but be careful about making jokes or comments that may be misinterpreted.

Don’t say

“I can’t move you by myself or I will hurt my back”

Instead, say:

“I think it would be more comfortable for you if I ask someone to help me move you”
Research studies have shown that Healthcare Providers, including doctors and nurses view obese persons as unintelligent, non-compliant, hostile, dishonest, unsuccessful, inactive, lazy and weak-willed.

Definitions

- **Prejudice**: any preconceived opinion or feeling, either favorable or unfavorable
  - *Prejudice is a thought*

- **Discrimination**: the treatment or consideration of making a distinction either favorable or unfavorable, for or against a person based on the group, category or class to which that person belongs, rather than individual merit
  - *Discrimination is an act*
Discrimination based upon a person’s size.
Size Discrimination

• Occurs in all areas:
  – Education
  – Healthcare
  – Employment
  – Even shopping!
Obese women are more likely than non-obese women to hold lower paying jobs.

Obese men are more likely than non-obese men to be underrepresented in managerial and professional occupations and to be paid less in their positions.

Studies have shown that obese shoppers are discriminated against more than average weight shoppers.
Implications of Size Discrimination

- Stigmatization
- Psychological Distress
- Risk of Developing Affective, Anxiety, Substance Abuse Disorders
Implications of Size Discrimination

• Obese individuals may be more hesitant to seek health care

• Higher BMI is associated with higher appointment cancellation due to
  1) Fear of being weighed
  2) Embarrassment about size
  3) Discomfort about disrobing

Self Examination

• Ask yourself:

What is your attitude toward overweight or severely overweight people?
Psychological Effects of Being Overweight

• Obese individuals may be more at risk for:
  – Poorer quality of life
  – Depression
  – Anxiety
  – Lower self esteem
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Sensitive Language (continued)

**OLD**
Overweight, obese
Willpower
Preach
Compliance
Should, must
Limit, restrict
Prescribe
Approval
Expectations
Good/Bad
Diet
Exercise regimen
Ideal Weight

**NEW**
Person/patient of size
Commitment
Enable
Exploration
Consider
Choice, experience
Negotiate
Self-esteem
Discoveries
What works for you
Eating Style
Activity Style/Physical activity
Healthy weight

Centers for Obesity Research and Education (CORE)
What Can We Do To Be More Weight Sensitive?

RESPECT

R: Rapport
E: Environment/Equipment
S: Safety
P: Privacy
E: Encouragement
C: Caring/Compassion
T: Tact
Environment & Equipment

• Be prepared: make sure to have appropriately sized BP cuffs, gowns, chairs and beds when caring for the severely obese; know how to use equipment

Don’t say:

“I don’t know how to work this bed—we don’t usually have heavy patients on this floor”

Instead, say:

“Let me get someone who will be really good at teaching us how to use this bed”
Safety

• For both the patient and the Healthcare Worker

Don’t say:

“We don’t have enough staff on the floor to help you, so I can’t get you up.”

Instead, say:

“It would be safer if I had someone to help me get you out of bed, which will take about 30 minutes; in the meantime, let’s turn you so you will be more comfortable.”
Privacy

- Don’t make loud requests for extra large items
- Scales should be kept at a place where patients can be weighed privately
- Ask discretely for assistance needed in transferring an overweight patient

Don’t say:

“All available lifting help to Room 123”

Instead, say:

“All available help in transfer report to the Nurses’ Station”
Caring & Compassion

• Focus on the patient, not their obesity

Don’t say:

“I’ll wash your back and you can do the rest or call me when you finish in the bathroom.”

Instead, say:

“It may difficult for you to reach some these areas. Please let me help.”
Tact

• Take a moment before you speak or act.

Don’t say:

“I need an extra large wheelchair or “Big Boy” bed.”

Instead, say:

“I would like to request a Bariatric Wheelchair/Bariatric Bed”
No one Means to be Hurtful or Disrespectful

- Think before you act
- Put yourself in the patient’s place

I understand that my electronic signature carries the same legal weight and authority as my written signature.
Welcome to the **Sexual Harassment Prevention** online learning program.

- Sexual harassment is a form of sex discrimination that violates Title VII of the 1964 Civil Rights Act as amended in 1972.
- Sexual harassment consists of unwanted, unwelcome sexual advances or sexual conduct in the workplace that has the effect of unreasonably interfering with a person's work performance. This type of behavior can create an intimidating or hostile work environment.
- The goal of eliminating sexual harassment in the workplace must begin with prevention. As Tufts Medical Center staff and employees we have a responsibility to prevent sexual harassment from occurring. To accomplish this goal, the training contained within the Sexual Harassment Prevention training will:
  - Increase your awareness, and
  - Provide you with the skills to address issues of sexual harassment.
The Equal Employment Opportunity Commission (EEOC) has established minimum standards and guidelines for use in anti-harassment policies and complaint procedures that require, at a minimum, the following elements:

1. A clear explanation of prohibited conduct;
2. Assurance that employees who make claims of harassment or provide information related to such claims will be protected against retaliation;
3. A clearly described complaint process that provides accessible avenues for complainants;
4. Assurance that employer will protect the confidentiality of the individuals bringing harassment claims to the extent possible;
5. A complaint process that provides a prompt, thorough, and impartial investigation; and
6. Assurance that the employer will take immediate and appropriate corrective action when it determines that harassment has occurred.
Our Philosophy

A. Sexual harassment is prohibited.

B. No employee or staff member at Tufts Medical Center shall:

- While in supervisory or leadership position, condone or ignore sexual harassment of which he or she has knowledge or has reason to have knowledge
- Commit Sexual Harassment
- Take Reprisal action against a person who provides information on an incident of alleged sexual harassment
- Knowingly makes a false accusation of sexual harassment;
About Sexual Harassment

Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when it involves a person’s job, pay or career:

- Basis for employment decision
- Interferes with performance or creates an intimidating, hostile or offensive work environment.
Three Criteria Must Be Present

<table>
<thead>
<tr>
<th>Sexual Harassment</th>
<th>1</th>
<th>Must be unwelcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Must be sexual in nature</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Must occur in or have impact on the work environment</td>
</tr>
</tbody>
</table>
Prevention of Sexual Harassment

• Prevention is the best tool to eliminate sexual harassment in the workplace.
• Employers are encouraged to take steps necessary to prevent sexual harassment from occurring.
• Employees and medical staff must understand that sexual harassment will not be tolerated.
Sexual Harassment

• Sexual harassment can occur in a variety of circumstances, including but not limited to the following:
  – The victims as well as the harasser may be a woman or a man (the victim does not have to be of the opposite sex)
  – The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
  – The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
  – Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
  – The harasser's conduct must be unwelcome.
**Types of Sexual Harassment**

**Quid Pro Quo (This for That)**
- Occurs when an individual's submission to or rejection of sexual advances or conduct of a sexual nature is used as the basis for employment decisions affecting the individual or the individual's submission to such conduct is made a term or condition of employment.
- It is sufficient to show a threat of economic loss to prove quid pro quo sexual harassment.
- A single sexual advance may constitute harassment if it is linked to the granting or denial of employment benefits.
- Courts have held employers strictly liable for quid pro quo sexual harassment initiated by supervisory employees.
- A subordinate who submits and then changes her or his mind and refuses can still bring quid pro quo sexual harassment charges.

**Hostile Work Environment**
- Occurs when unwelcome sexual conduct unreasonably interferes with an individual's job performance or creates a hostile, intimidating or offensive work environment even though the harassment may not result in tangible or economic job consequences, that is, the person may not lose pay or a promotion. Employers, supervisors, coworkers, customers, or clients can create a hostile work environment.
- Hostile environment sexual harassment might include:
  - repeated requests for sexual favors
  - demeaning sexual inquiries and vulgarities
  - offensive language
  - other verbal or physical conduct of sexual or degrading nature
  - sexually offensive, explicit or sexist signs, cartoons, calendars, literature or photographs displayed in plain view
  - offensive and vulgar graffiti
Tufts Medical Center has developed three behavioral zones for training purposes to categorize some the behaviors you may encounter in the workplace:

<table>
<thead>
<tr>
<th>RED</th>
<th>“STOP” Don’t do it. Always Considered Sexual Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats</td>
<td>Using status to demand personal interactions such as dating</td>
</tr>
<tr>
<td></td>
<td>Sexually explicit (Porn) pictures displayed/E-mails</td>
</tr>
<tr>
<td>Sexual favors in return for employment rewards  (such as preferred assignments, shift changes, pay increases, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YELLOW</th>
<th>Borderline Behavior That Could Imply Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violating personal “Space”</td>
<td>Whistling (at someone)</td>
</tr>
<tr>
<td>Questions about personal life</td>
<td>Posters/Calendars</td>
</tr>
<tr>
<td>Off-color Jokes</td>
<td>Repeated request for dates</td>
</tr>
<tr>
<td>Repeated requests for dates</td>
<td>Unwanted Correspondence/Emails</td>
</tr>
<tr>
<td></td>
<td>Foul language</td>
</tr>
<tr>
<td></td>
<td>Suggestive touching, sitting or gesturing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GREEN</th>
<th>Acceptable Behavior That is Not Sexual Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Counseling</td>
<td>Polite touching e.g. on the elbow</td>
</tr>
<tr>
<td>Showing concern</td>
<td>Encouragement</td>
</tr>
<tr>
<td>Friendly conversation</td>
<td>Social interaction</td>
</tr>
<tr>
<td></td>
<td>Polite compliment</td>
</tr>
</tbody>
</table>
Confidentiality

• All incidents shall be resolved promptly and with sensitivity. Confidentiality will be maintained to the extent possible. For civilian employees, confidentiality is guaranteed during the informal stage of a discrimination complaint, if requested.

• Feedback will be provided to all affected individuals consistent with the requirements of the Privacy Act, Freedom of Information Act, and other pertinent laws, regulations and negotiated agreements.
There are two conditions that determine liability for employers in cases of hostile environment sexual harassment:

- The employer knew or should have known about the harassment, and
- The employer failed to take appropriate corrective action.

An employer can be held liable for the creation of a hostile environment by a supervisor, by non-supervisory personnel, or by the acts of the employer's customers or independent contractors if the employer has knowledge of such harassment and fails to correct it.
Reporting Sexual Harassment

- Each organization is required to have posted on their bulletin boards, the EEO poster regarding the reporting of Sexual Harassment and discrimination based on race, color, national origin, sex, age (over 40), disability, religion and reprisal.

- To view the Tufts Medical Center policy on Sexual Harassment, click on the link below: http://intranet.nemc.org/hr/nemchr/default1.asp
Investigation Process

- Every complaint will be taken seriously, and the Medical Center will undertake a prompt, thorough, fair, and unbiased approach to such investigation.
- All parties will be interviewed, including witnesses
- Confidentiality will be protected wherever possible
- All parties involved will be reminded that retaliatory actions against anyone involved will not be tolerated
- Documents, voicemail, emails, telephone records, etc relevant to the harassment allegation will be reviewed
- Both parties will be advised of results, appropriate disciplinary action will be taken based on conclusion
Your Reporting Options

Option 1

Any individual who believes he or she has been subjected to inappropriate conduct in the workplace should notify his or her supervisor and/or the Vice President of Human Resources for Tufts Medical Center, an Employee Relations Specialist, or the Compliance Hotline (617) 636-2300

Option 2

In addition to the above, if you believe you have been subjected to harassment prohibited by this policy, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (300 days).

|---|---|
| John F. Kennedy Federal Building  
475 Government Center  
Boston, MA  02203  
1-800-669-4000 | Boston Office:  
One Ashburton Place  
Room 601  
Boston, MA  02108  
(617) 994-6000 |
| Springfield Office:  
436 Dwight Street  
Room 220  
Springfield, MA  02203  
(413) 739-2145 | I understand that my electronic signature carries the same legal weight and authority as my written signature.
Security Measures and Crime Prevention
Public Safety and Security
Agenda

• Standard Security Measures
• Crime Prevention
• Emergency Response Code Matrix
• Medical Emergency Response

http://intranet.nemc.org/nmSecurity/safety.htm
Standard Security Measures

• Securing property and offices
  – Even if leaving your office or work area for only a few moments, lock your office/desk.
  – Keep valuables such as cash, jewelry, cell phones, or credit cards locked or on your person at all times. If you do not need to bring valuables with you, leave them in a safe place at home.

• Parking safety
  – Use provided shuttle service
  – Have keys out and ready
  – Don’t leave any valuables (gps, etc) in vehicle

• ID Badges and Keys
  – Ensure that you wear your employee ID at all times while on the property. Keep physical control over any keys you have been issued and your ID at all times.
  – Do not share ID badges with anyone.

Security is everyone’s responsibility!
Standard Security Measures

• Laptop Security
  – Personal laptop: secure in a cabinet and bring home with you each day
  – Hospital laptop:
    • Always let someone know you are borrowing it for use and keep a current checkout system
    • Store laptops in locked cabinets- not out in the open (conference rooms, offices, etc)

• Access Control
  Combinations/Codes/Passwords
  – Do not share your access codes with anyone
  – Create a password that is unique (not 5555, for example)
  – If entering a secure area/unit, be aware of your surroundings and who you may be letting in behind you. Do not prop doors open or disable locking devices that are intended to be used all the time.
  – Keep all codes and passwords safe and hidden- not on ID’s or written in public environments

• Money and Co-Pays
  – If charged with handling money, ensure it is always in a locked box and deposit all co-pays at the end of each day

• Maintenance/security systems issues
  – Report broken doors, locks, window locks or deficient lighting to the Public Safety & Facilities Departments.
Standard Security Measures

- Knowing your co-workers and whereabouts
  - Let someone know if you leave the campus
    - **EMERGENCIES:** If there is an emergency, someone will know where you are so that we are not searching for you
    - **SAFETY:** Security can be alerted if you do not return

- Social/Personal Life Discretion
  - If talking with co-workers about personal business, do so away from public areas and patients
  - The information you disclose is information people can use in any way they want to

- Know emergency response procedures
  - **Notification Numbers:** back of your ID cards, phone stickers, Emergency Response Guide, intranet
  - Educate yourself about the locations of your emergency exits, fire alarm pull stations, panic alarms (if your area is equipped), and other phones which you could use to call for help if necessary.
  - Knowing ahead of time will help you during an emergency situation
Suspicious Activity

S - follow SECURITY measures
A - be AWARE of your environment and persons in it
R - REPORT suspicious persons or activity
D - DESCRIBE
  - Person: gender, approx age, skin tone, height, clothing- top to bottom, anything characteristic, carrying bags, etc
  - Activity: what they were/are doing

Suspicious Activity:
Anyone or anything that makes you feel uncomfortable or doesn’t seem quite right
Your Place in Crime Prevention

Call

- Public Safety Needs your eyes and ears in the field.
- Don’t assume it’s someone else’s problem
- Even simple things – lights out, locks broken – Report them!

Don’t Create Opportunities

- Secure your offices and valuables
- Keep your ID’s and Keys under your control
- Don’t be polite and hold a door open for someone who may not belong
- Know and Follow Security Procedures (e.g.: access control, patient belongings sheets).

Trust Your Instincts

- If something doesn’t seem right, it probably isn’t
- Recognizing an issue early and reporting it early are equally important
Your Place in Crime Prevention

- Sometimes Security Procedures can be an inconvenience – but the easiest crime for us to solve is the one that doesn’t take place.

- Key vulnerabilities that Public Safety Officers have identified during their patrols & response include:
  - Delay in reporting an incident
    - *The quicker the better. The more time that passes decreases our ability to respond effectively and increases the opportunity for an offender.*
  - Unsecured Offices (with signs asking them not to be locked)
    - *See our Website for more info on Locksmith Services*
  - ID Badges hanging on lab coats in hallways
    - *Can be taken by someone who then uses your identity to gain access somewhere*
  - Keys left in locks or “under the door mat” for easy access.
    - *Easily found and used to gain access*
A common barrier encountered by Public Safety are two misconceptions that it’s a bother for us to respond to a report of an incident OR that calling us will somehow make things worse.

Public Safety staff are trained to handle the many difficult, sensitive, and complex issues that happen in our environment – our mission isn’t to simply kick people out!

It’s not a bother, it’s our job!
Crime Prevention Strategies- Elements

Opportunity

• Don’t create an opportunity for others to commit crimes!
  • Taking short cuts through emergency exits that are locked or propping doors open
  • Leaving valuable property or equipment unsecured
  • Writing access codes near the locks they operate

Enforcement

• Use the security measures that you are provided with to your advantage:
  • Lock your office
  • Save data, especially proprietary or patient information on a network drive as opposed to a hard drive or memory stick

Reporting

• BE ALERT! Report anyone or anything in your area that is unusual!
  • Report any security issues or concerns immediately by calling extension 6-5100
Emergency Response Codes
Types of Emergencies- Hospital Codes

**CODE BLUE RESPONSE**- If you are in an area that has code blue response capabilities, the phone stickers will show **CODE BLUE**.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Response</td>
<td>Acute Medical Condition</td>
<td>6-7788</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Bomb Threat</td>
<td>6-5100</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Campus Lockdown</td>
<td>6-5100</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Decontamination Team - External</td>
<td>6-5555</td>
</tr>
<tr>
<td>Code Triage</td>
<td>Emergency Management Plan Activation</td>
<td>6-5555</td>
</tr>
<tr>
<td>Code Green</td>
<td>Evacuation</td>
<td>6-5555</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire or Fire Alarm Activation</td>
<td>6-5100</td>
</tr>
<tr>
<td>Code White</td>
<td>Missing Adult</td>
<td>6-5100</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Missing Infant / Child or Abduction</td>
<td>6-5100</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Respiratory/Cardiac Arrest or Medical Emergency</td>
<td>6-5555</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Unruly Patient or Visitor</td>
<td>6-5100</td>
</tr>
<tr>
<td></td>
<td>Stat Page</td>
<td>6-5555</td>
</tr>
</tbody>
</table>
## Hospital Codes- 911 Buildings

### 911 RESPONSE - If you are in an area that has does not have CODE BLUE response capabilities, the phone stickers will show that you are in a 911 building.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-911</td>
<td>All Medical Emergencies *Follow up call to Security</td>
<td>9-911 6-5100</td>
</tr>
</tbody>
</table>

YOU ARE IN A 9-911 BUILDING. ALL MEDICAL EMERGENCIES MUST BE REPORTED TO 9-911 WITH A FOLLOW UP CALL TO SECURITY AT 6-5100.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Bomb Threat</td>
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</tr>
<tr>
<td>Code Purple</td>
<td>Unruly Patient or Visitor</td>
<td>6-5100</td>
</tr>
</tbody>
</table>
Code Red Response
Public Safety and Security
Fire or fire alarm activation

**R**escue/remove anyone from immediate danger

**A**larm- activate nearest alarm and notify others nearby using CODE RED, call security at 6-5100

**C**lose doors/**C**lear corridors (Contain the fire, clear for traffic)

**E**xtinguish/**E**vacuate according to dept plan
Environmental Concerns

In your building, know the location of:

1. The nearest exit.
3. Fire extinguishers.
4. Fire alarm pull stations.

*Keep fire and smoke doors, extinguishers and pull stations clear at all times.*
## Fire Classifications

<table>
<thead>
<tr>
<th>Fire Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Class A or Ordinary Combustibles: Includes fuels such as wood, paper, plastic, rubber and cloth</td>
</tr>
<tr>
<td>B</td>
<td>Class B or Flammables and Combustible Liquids and Gasses</td>
</tr>
<tr>
<td>C</td>
<td>Class C or Electrical: Includes all fires involving energized electrical equipment</td>
</tr>
<tr>
<td>D</td>
<td>Class D or Combustible Metals: Examples of these types of metals are zirconium, titanium, potassium, and magnesium</td>
</tr>
<tr>
<td>K</td>
<td>Class K is for fires in unsaturated cooking oils in well insulated cooking appliances in commercial kitchens</td>
</tr>
</tbody>
</table>
Some Causes of Fire

- Electricity
- Space Heaters/Toaster Ovens
- Cleaning Supplies
- Flammable Liquids/Combustible Liquids
- Machinery

- Improper Storage
- Construction
- Unattended Cooking
- Careless smoking

Prevention is the best way to fight a fire!
Portable Fire Extinguisher Training

Removing Heat
Removing Fuel
Reducing Oxygen

WILL
Inhibit Chemical Chain Reaction

The importance of portable fire extinguishers?

Your first line of defense!

Tufts Medical Center
Portable Fire Extinguisher Training

Water extinguisher  30-40 ft.  60 sec.

Dry chemical  5-20 ft.  8-25 sec.

CO2 extinguisher  3-8 ft.  8-30 sec.
Is It Ready To Use?

1. Check the gauge. The pressure indicator should be in the green zone. (CO2 extinguishers do not have pressure gauges.)

2. The extinguisher should have a current inspection tag.

3. The pin and handle should be secured (may have a plastic tab seal).

4. The extinguisher and hose should be free of any visible damage.
You are trained in the use of extinguishers.
- You know what is burning.
- Fire is not spreading rapidly.
- Smoke and heat has not filled the area.
- You have a clear path of escape.
- Follow your instincts.
The P.A.S.S. Method

- **Pull** the pin.
- **Aim** the hose or nozzle.
- **Sweep** the agent.
- **Squeeze**
To Report a fire: Pull the nearest fire alarm pull station and call 6-5100

You are not expected to be firefighters!
Do not take unnecessary risks!

Any Questions?
Contact the Dept of Public Safety & Security
Fire Safety Program at 6-7700
Code Purple Response
Public Safety and Security
Agenda

- When to Call a Code
- How to Call a Code
- The Security Dispatching Process
- WPV and Code Purple Response Tips
- Security and Nursing/Staff Teamwork
• When to call:
  – When you have an unruly patient or visitor-includes yelling/harassing behavior, family members who are impeding the medical process, etc
  – When a security standby is needed
  – When you have a patient that is undermining their own treatment
  – When a Section 12 patient/other patient who is not medically fit is trying to leave

• Always initiate Code Purple when a scene is ESCALATING or MAY ESCALATE, not when it is already out of control
How to Call a Code Purple

• Announce a **Code Purple**
  – to fellow employees
  – After announcing a code to your fellow employees, ensure the staff person calling security has information about the incident

• **Call** Security at 6-5100 (Emergency Line)
  • **don’t worry about time- officers will be dispatched right away but hold on the line- security needs INFORMATION**

• Press a **panic button**
  – If you do not feel safe calling security, press a panic button and officers will respond immediately

• **DON’T** call 911
Communication and Teamwork

• Maintain communication between the RN, MD, Psych staff, and Security
  – Security staff will approach you to get more information

• Work with security to develop a plan and communicate desired outcome

• When entering patient’s room, let someone know and don’t close the door all the way

• Don’t make promises for restraints unless all parties are aware and have agreed upon outcome

• Communicate to security when a psych patient/or other risk patients are brought in upon first knowledge
1. Call Security with the following information:
   - Location (specific room/area)
   - Code Purple

2. Dispatcher will dispatch officers and ask you to HOLD on the line for more information

3. Dispatcher will then require the following information:
   - What is happening/what has happened
   - Who is involved
   - Any injuries
   - Any weapons involved
   - Any other pertinent information
Preventing Injury

Universal Precautions

- Evaluate each situation
- Remain vigilant and all times
- Use the buddy system
- Always keep an open path for exiting
- Always maintain **Reactionary Distance**

Reactionary distance - the amount of space that allows for adequate time to react to an attack
  - Minimum 4 ft should be maintained
  - 6 ft minimum with a verbally or physically aggressive person
Warning Signs and Escalation of Behavior

**Warning Signs:**
- Verbally expressed anger or frustration
- Signs of alcohol or drug use
- Threatening body language such as gestures, posture, clenched teeth, “sizing you up”, etc
- Weapons in the area

**Escalating Behavior:**
- Visible change in body posture and disposition- shifting body weight
- Pounding fists and pointing fingers
- Shouting or screaming
- Darting eyes or eyeing potential weapons
- Rapid breathing or slowed breathing
- Flared nostrils
- Head and shoulders drop and move forward
Code Purple Response Steps

• Notify/Call Security
• Redirect patients/bystanders/family members as appropriate
• Notify your immediate supervisor as soon as possible.
• Assist in defusing the situation
Code Grey/Orange/Pink
Public Safety and Security
Agenda

• Code Grey
  – Hospital Response
  – Security Response

• Code Orange
  – Hospital Response
  – Security Response

• Code Pink
  – Hospital Response
  – Security Response
Ordered by the incident commander/emergency manager or Director of Security

- **What it is:** used to alert staff to the existence of a campus or specific unit lockdown
- **Where:** All or parts/units within the hospital
- **Why:**
  - Overrun of patients and/or contamination of treatment areas during a community based disaster
  - In response to criminal activity
  - In response to a received or perceived threat
Code Grey Hospital Response

• No designated location- treat as a campus wide lockdown
  – Stay in your assigned departments/units- no movement around the hospital OR
  – Return to your assigned area
  – Follow instructions

• Specific area:
  – Follow instructions on overhead announcement, no movement in/out of area

• DO NOT call seeking more information about the incident
  – You will be provided with the information you need
  – Phone lines must remain clear for emergency use

• Emergency room exit will be main point of entry
  – VALID HOSPITAL ID is REQUIRED for entry
  – Security can not verify identity of staff who do not have their ID during an emergency

• Atrium lobby will be main point of exit
  – Mobility will be restricted- Do no attempt to leave or find alternate means of egress as you may be inadvertently placing yourself or others in harms way or granting unauthorized access to others
Code Grey Security Response

- Security will lock down exterior entrances and doorways in the same manner as during evening and overnight restricted access hours
- A global lockdown will be initiated within our access control system
- Overhead announcement: CODE GREY and instructions/information
- Activation of the command notification structure
  - Security
  - ACM
  - Emergency Manager, etc
- Deployment of officers to specific locations based on the nature of the emergency
- Notification and initiation of support personnel
  - Posted at locations around property to assist in access control (maintaining perimeter, screening of persons)
• **What it is:** The emergency code announcement for bomb threats or the discovery of a suspicious package/item

• **Where:** All or parts/units within the hospital

• **How:**
  – Telephone threat
  – Suspicious device
  – Suspicious letter or package

**Ordered by the Emergency Manager or Director of Security**
1. Telephone Threat
- Utilize bomb threat checklist located in Emergency Response Guides (grey book)
- Take notes
  - Date/Call time received
  - Phone # if possible
  - EXACT wording of the threat
  - Ask caller specific questions pertaining to checklist
  - Make observations about caller’s voice, including accents and familiarity
- Account for all staff, patients, visitors in area

2. Suspicious Package/Device/Letter
- DO NOT TOUCH IT
- Remove people from immediate danger
- Clear immediate area for security arrival
- Account for all staff, patients, visitors in area

3. Overhead Announcement
- Account for all staff, patients, visitors in area
- Unit managers/supervisors:
  - Initiate search of your unit immediately
  - If a suspicious item is found, follow instructions for #2- Suspicious Package/Device/Letter
- Remain calm and follow directions
- DO NOT call seeking more information about the incident
  You will be provided with the information you need
  Phone lines must remain clear for emergency

IMMEDIATELY Call Security 6-5100 to report telephone/package/device threat
- Your name
- Nature of threat
- Location threat was received
- Location and description of the suspicious package/item
What could a suspicious item be?

- Something that obviously does not belong, such as an oxygen tank in a business office
- Something that might have a place where it is found, but appears to be tampered with in some way
- Something you don’t recognize at all
- Hidden in areas-
  - Be on the lookout for areas that seem disturbed, such as an out of place ceiling tile or an unlocked janitor’s closet
Code Orange Security Response

- Overhead announcement: **CODE ORANGE** and instructions/information
- Activation of the command notification structure
  - Security
  - ACM
  - Emergency Manager, etc

**SEARCH**
- Security officers will be dispatched to assist in conducting focused searches of a specific area if one is indicated in the threat
  - If there is no specific area, security will search public areas and unoccupied areas

**Notification of law enforcement/fire officials**
- Their advice will order evacuation if necessary
- Responding agencies will make final determinations regarding status of safety and conclusion of incident

**Notification and initiation of support personnel**
- Facilities and ESD personnel will be assigned to search the surrounding grounds and mechanical areas
What it is: The emergency code announcement for a **missing child** or **infant abduction**

Where: affects the campus hospital wide

How:
- A pediatric patient is missing from a unit
- A visitor’s child has gone missing
- An infant has been abducted from one of the infant units

All code pink announcements will be made through security
Hospital Response:

All staff:
- Be aware of overhead announcement
- Send available staff to monitor nearest entrance/exit or hallway and observe
- Infant Abduction: Anyone matching the description, acting suspiciously (i.e. running, carrying a large bag, hiding, etc REPORT to security via 6-5100
  - Security needs information:
    - Suspect description
    - Last seen location, direction headed
- Report any other pertinent information to security via 6-5100
- If a missing child is located, stay with them and call security to that location

Never attempt to take the baby away from a suspect!

Security Response:

- Security officers will respond to strategic locations to monitor exits. Certain officers will conduct a search
- An officer will be designated to obtain information and talk to the reporting person
- Overhead announcement and paging will be conducted as well as notification of appropriate personnel
Reporting Security Incidents and Emergencies

- Announce a **Code**- to fellow employees

- **Call** Security at 6-5100 (Emergency Line)
  - Location, what is happening, descriptions (if necessary), last seen location of suspect, direction of travel, weapons, any other pertinent information
  
  **don’t worry about time - officers will be dispatched right away but security needs INFORMATION**

- Press a **panic button**
  - If you do not feel safe calling security, press a panic button and officers will respond immediately

  **Follow up with a phone call to security**
QUESTIONS TO ASK:
1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

EXACT WORDING OF THE THREAT:
__________________________________________________________________________
__________________________________________________________________________
Sex of caller:_________ Race:_____________
Age:_________ Length of call:_____________
Number at which call was received:__________________________________________
Time:_________ Date:_____/_____/_________
### CALLER'S VOICE:

- Calm
- Angry
- Excited
- Slow
- Rapid
- Soft
- Loud
- Laughter
- Crying
- Normal
- Distinct
- Slurred

- Nasal
- Stutter
- Lisp
- Raspy
- Deep
- Ragged
- Clearing throat
- Deep breathing
- Cracking voice
- Disguised
- Accent
- Familiar

### BACKGROUND SOUNDS:

- Street noises
- Factory machinery
- Voices
- Animal noises
- PA System
- Clear
- Music
- Static
- House noises
- Long distance
- Motor
- Cell Phone

If voice is familiar, who did it sound like?

I understand that my electronic signature carries the same legal weight and authority as my written signature.
Questions?

Tufts Medical Center Security
617-636-7700

For more questions or concerns please contact Lt. Carson at ext. 6-7539 or email the Public Safety department at: security@tuftsmedicalcenter.org
Overview- Hazard Communication

- In accordance with **OSHA 29 CFR 1910.1200**, the NEO Hazard Communication (“HazCom”/”Right to Know”) standard, we will cover:
  - Hospital Workplace Safety
  - Physical and Health Hazards
  - Personal Protective Equipment
  - Hazard Communication/MSDS
  - Resources for You
Hospital Workplace Safety

• “Where are hospitals ranked in the listing of frequency of non-fatal injury or illness according to a 2009 Bureau of Labor and Statistics study?”
  – Tied for Second.

• “How much more likely are new employees to have an injury on the job in their first ninety days?”
  – Five times.

• “What is the most common healthcare worker injury?”
  – Needlestick.
Hospital Workplace Safety

• Culture of Safety at Tufts
  – Begins with YOU
  – Practice safe and efficient work process (labeling, storage, etc.)
  – Put the safety of your fellow employees and patients at the top of your priority every day (communication)
  – Use common sense, caution, and when in doubt: ask.

• Key Players:
  – Tufts Environmental Health and Safety (24hr/oncall)
  – Tufts Public Safety (24hr operation)
  – Tufts Emergency Management (24hr/oncall)
  – Tufts RAD Safety (24hr/oncall)
  – Tufts Infection Control (24hr/oncall)
Physical and Health Hazards

• Most chemicals used in any workplace are a “hazardous material.”
• Materials with known physical or health hazards:
  – Flammable
  – Toxic
  – Caustic
  – Carcinogenic
  – Reactive
• Health Hazards
  – Acute vs. Chronic
  – Routes of Entry:
    • Inhalation
    • Ingestion
    • Absorption
    • Puncture
Personal Protective Equipment (PPE)

- Head Protection
  - Hardhats
  - Surgical caps
- Eye Protection
  - Safety goggles
  - Face shields
  - Glasses
- Respiratory Protection
  - PAPR
  - N95
  - Surgical Masks
- Physical Protection
  - Scrubs
  - Precaution Gowns
  - Tyvek Suits
  - Shoe Covers
Hazard Communication

- Locate and identify hazardous materials on your floor/office/lab/unit.
- Be able to detect a release of any of these materials.
- Storage cabinets must have proper signage.
- All Hazardous Materials containers must be properly labeled with:
  - Contents
  - Appropriate warning
  - Precautionary Measures
- Never remove labels
- Never mix chemicals that are unlabeled
- Know how to use the MSDS…
Hazard Communication/MSDS

• **The MSDS is a detailed informational document prepared by the manufacturer or importer of a hazardous chemical describing its physical and chemical properties.**

• Four Basic Categories of the MSDS
  – **Product Information**
    • Chemical and Manufacturer name
    • Ingredients and Exposure limits
    • Physical and Health Hazards
  – **Exposure Situations**
    • First Aid
    • Spill Control and Firefighting Information
  – **Hazard Prevention and Protection**
    • Safe Handling Instructions
    • Physical and Chemical Properties
    • Stability and Reactivity
  – **Other Specific Information**
    • Toxicology, Environmental, Disposal, and Regulatory Information
<table>
<thead>
<tr>
<th>Category</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Business Planning, Calendars, Cell Phone Coverage Maps: Cingular, Metrocall, Nextel, Verizon, Directions, Employee Activities Committee</td>
</tr>
<tr>
<td>Branding</td>
<td>Brand Standards, Order Letterhead and Business Cards, Logo &amp; Promotional Item Purchasing</td>
</tr>
<tr>
<td>Web E-Mail</td>
<td>Web E-Mail Login, Web E-Mail Instructions</td>
</tr>
<tr>
<td>RAS Numbers</td>
<td>Local: 617-348-0700, Out of State Only: 800-582-7920</td>
</tr>
<tr>
<td>Listings</td>
<td>Phonebook, Find a Doctor, Massachusetts Board of Medicine</td>
</tr>
<tr>
<td></td>
<td>Patient Accommodations Guide, Ancillary Clinical Services Schedule, Department Directory</td>
</tr>
<tr>
<td>Policies</td>
<td>Policies and procedures</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>Doctor Quality</td>
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<td>HIPAA</td>
<td>Notice of Privacy Practices</td>
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<td>Human Resources</td>
<td>Intranet Site</td>
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<td>HR Staff</td>
<td>Benefits Enrollment Admin 09-10</td>
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<tr>
<td>JCAHO</td>
<td>Question of the Day</td>
</tr>
<tr>
<td>Management</td>
<td>Managers, Patient Satisfaction</td>
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</table>
Tufts Utilizes MSDS Online

Hazard Communication Annual Mandatory Education 2011
Tufts Medical Center

Material Safety Data Sheets

MSDS Search

Simple Search


Product: Ethyl alcohol
Manufacturer: Full Text

Search results for Ethyl alcohol (5 Results) Page: 1

<table>
<thead>
<tr>
<th>View</th>
<th>Summary</th>
<th>Print Label</th>
<th>Product</th>
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<th>MSDS Date</th>
<th>CAS</th>
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<tr>
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<td>190 Proof Ethyl Alcohol</td>
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<td>Sigma-Aldrich Corporation</td>
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<td>64</td>
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<td></td>
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<td></td>
<td>Saffron 6% Alcoholic</td>
<td>POLY SCIENTIFIC R &amp; D CORP</td>
<td>08/03/2009</td>
<td>8022</td>
</tr>
</tbody>
</table>

Page: 1
Resources for You

• 24hr Emergency Contact Info:
  – Security
  – EH&S
  – Emergency Management
  – Infection Control
  – Radiation Safety
  – Emergency Department

  617.63(6-0007)
  Pager #4628
  Pager #0943
  Page ID Fellow
  Page #2413
  617.63(6-5566)

• In the event of:
  – Chemical Spill
    • Dial 617.63(6-5024)
  – Needlestick
    • Dial 617.63(6-5921) or ED after hours (6-5566)
  – Radiation Spill/Exposure
    • Dial 617.63(6-6168)
  – Fire
    • Dial 617.63(6-5100)
  – Sharps Container to be emptied
    • Dial 617.63(6-5024)

For any departmental specific questions, please do not ever hesitate to ask your supervisor.

I understand that my electronic signature carries the same legal weight and authority as my written signature.
Why Cultural Competence?

- Effective communication is a critical element in achieving the best outcome for patients and is a requirement for culturally competent care.

- Mutual awareness and understanding of each other’s values and beliefs is important.

- There are certain types of health beliefs that typically present in cross-cultural clinical encounters.
  - Patients’ perspectives on health and the origins of illness.
  - Patients’ attitudes about seeking help from health care providers.
  - The meaning of the illness to the patient in terms of the impact of the illness (and treatment) on the patient’s every-day life.
  - How medical decisions should be made within the clinician-patient relationship.
  - Patients’ beliefs about healing processes.
### Defining Culture and Cultural Competence

<table>
<thead>
<tr>
<th>Culture</th>
<th>“Culture” refers to a shared system of similar values, beliefs and learned patterns of behavior. An individual’s cultural influences are broader than simply language, ethnicity, nationality or religion. These influences vary with gender, age, and family values and are also shaped by societal, political, professional, economic and educational factors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competence</td>
<td>A set of aligned behaviors, knowledge, attitudes, and policies that come together that enables effective work in cross-cultural situations</td>
</tr>
</tbody>
</table>
The Influence of Values: The Patient’s Perspective

• Patients’ and families’ beliefs about illness and medical procedures can have a major impact on their health care decisions.

• Health beliefs tend to influence patients’ perspectives on:
  1. Health and the origins of illness;
  2. Seeking help from health care providers;
  3. The meaning of illness;
  4. How medical decisions should be made; and
  5. Healing processes.
Many cultures explain illnesses as being caused by outside forces.

- The view that breast cancer can be caused by sinful behavior, noted in some Hispanic patients (Romero & Islam, 2005).
- The Haitian belief that illness is caused by supernatural forces (a “battement de coeur”), which requires treatment by a voodoo priest.
- The identification of evil spirits as a cause of mental illness for some Mexican-Americans, who may seek out a priest or minister for help.
- The tendency for patients with a Somalian background to attribute an illness to the weather or to the “evil eye.”
Many cultures explain illnesses in terms of an imbalance of forces; balancing is required to restore well-being.

- In the Korean culture, a disturbance in the equilibrium between the life forces of yin and yang is believed to cause disease (Tong & Crown, 2004).
- Filipino-Americans may attribute illness to sudden shifts from hot to cold (or vice versa), such as changes in the weather or the temperature of food and drink ingested; thus, the body must be maintained at a stable warm temperature to stay healthy.
- Hmong refugees from Laos tend to perceive health as a balance of forces in the social, natural and supernatural realms; the aim of treatment is to realign these into harmony.
### Cultural Attitudes towards Seeking Help

<table>
<thead>
<tr>
<th>Introduction</th>
<th>People vary in their threshold for deciding whether to seek the assistance of a health care provider. For some, the slightest symptom prompts a visit to a physician. Others only seek medical care as a last resort.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatalismo</td>
<td>Some cultures believe in the phenomenon of <em>fatalismo</em> which describes the belief of “what will be, will be.”</td>
</tr>
<tr>
<td></td>
<td>This is a belief that people cannot control their destiny and must submit to whatever nature brings.</td>
</tr>
<tr>
<td></td>
<td>Without an awareness of <em>fatalismo</em>, the clinician may regard the patient as simply unmotivated to change or incapable of adhering to medical recommendations.</td>
</tr>
</tbody>
</table>
### Cultural Attitudes towards Seeking Help

| Mistrust | Mistrust of health professionals is a common issue, especially for patients of ethnic or minority populations. Mistrust can impede communication, access to health care, and adherence to treatment regimens. Surveys have detected feelings of mistrust particularly among African-Americans. This attitude is based on the widespread public awareness that African-Americans are still treated differently by the health care system and that they receive a poorer quality of health care. |
**Perceived Lack of Respect**

Patients who feel disrespected by their health care providers also tend to have high levels of mistrust, which leads to avoidance of medical care. Patients perceive elements of disrespect from health professionals based on several factors: non-verbal mannerisms, certain styles of communication, how the physician examines the patient, what the clinician says, or the perceived fairness of the recommended management plan.

Depending on the patient's cultural background, specific signs of disrespect on the part of the clinician can include:

- Looking patients directly in the eye;
- Crossing one’s legs;
- Addressing the “wrong” person in the room;
- Pointing the soles of one’s shoes towards a patient;
- Touching the patient on the head or feet; or
- Touching the patient at all, which is believed in some cultures to result in the loss of the soul.
As a clinician, understanding the patient’s perspective of illness is crucial to composing a treatment plan. The plan must be achievable, realistic, and consistent with the patient’s lifestyle, but must also be understood by the patient in the context of his or her beliefs and values regarding illness and health.
As part of their training, health care professionals learn to incorporate ethical principles—such as the duty of confidentiality, truthfulness, and respect for the patient's autonomy—as integral components of health care decision-making. Additional beliefs and actions consistent with ethical health care decision-making within this tradition, especially in the United States, include the principles that:

- Health care information should be shared only with the patient, unless explicit permission is given by the patient for greater disclosure.
- Clinicians must be forthcoming and honest in discussing diagnosis and treatment options with patients.
- Patients should be expected and encouraged to collaborate with the health care provider to construct a mutually agreeable treatment plan.

Clinicians can be challenged by clinical encounters with patients who hold alternative cultural beliefs and values regarding either the roles of patient and provider, or the process of making decisions.
### Cultural Beliefs about the Healing Process

| Introduction | It is important that clinicians understand and acknowledge patients' cultural perspectives on treatment and healing, since these can determine the success of medical advice and of treatment plans. In particular, patients often hold health beliefs regarding:  
- Conventional treatments.
- Complementary or alternative therapies.
- Spirituality and religion.
- Sources of support. |
| Conventional Treatments | Patients may have fears and misconceptions regarding recommended treatments or prescribed medications.  
For example, a patient who believes that high blood pressure is related to stress may decide to take her blood pressure pill only when she feels stressed; she may not recognize that this leaves her at continued high risk for heart disease and stroke. Such beliefs need to be recognized and addressed to avoid problems caused by non-adherence or incorrect usage of medications. |
Cultural Beliefs about the Healing Process

Complimentary/Alternative Therapies
People turn to forms of therapy that fit their beliefs regarding health and illness. Some patients prefer alternative remedies, including acupuncture, massage, cupping, coining, skin scraping, meditation, herbal teas and Traditional Asian Herbal Medicine.

In the US, use of complementary therapy is widespread in the general population and among diverse ethnic groups.

Spirituality and Religion
Studies have shown that clinicians rarely ask their patients about religious or spiritual beliefs. Yet spirituality is of profound importance for many people, especially when they are ill. Patients sometimes consult a spiritual advisor for support (a chaplain, priest, minister, Rabbi or community elder), or even a spiritual healer.
### Cultural Beliefs about the Healing Process

**Sources of Support**

Many patients live within extended families or among close communities; they may expect their family members to be closely involved in their care. Family and community can provide a valuable source of emotional and practical support, but their presence also potentially contributes to cultural and practical complexities involving concepts of respect/disrespect, loyalty, independence, the position of elders, obligations to family and to the wider community, and intergenerational conflicts between family members.
Summary

• Effective communication is a critical element in achieving the best outcome for patients.

• Mutual awareness and understanding of each other’s values and beliefs, on the part of both clinician and patient, are at the heart of successful clinician-patient communication.

• Cultural competence is a way of practicing patient-centered care, incorporating values-based concepts such as: exploration; empathy; awareness, respect, and a non-judgmental open-minded approach to the patient’s needs, health beliefs, preferences and worldview.

• There are certain types of health beliefs that typically present in cross-cultural clinical encounters. These "core cross-cultural issues" tend to influence the following areas:
  – Patients’ perspectives on health and the origins of illness.
  – Patients’ attitudes about seeking help from health care providers.
  – The meaning of the illness to the patient in terms of the impact of the illness (and treatment) on the patient’s every-day life.
  – How medical decisions should be made within the clinician-patient relationship.
  – Patients’ beliefs about healing processes.
About the Program

This program was extrapolated from a program that was prepared for the Graduate Medical Education Department by the Tufts Health Institute for the Orientation and is available to the Institution on their Web Site (http://www.thci.org/curriculum/cresources.htm).

I understand that my electronic signature carries the same legal weight and authority as my written signature.
HIPAA Compliance

2011 Annual Mandatory Education

Content Owner: Legal & Risk Management
What is HIPAA?

HIPAA refers to the Health Insurance Portability and Accountability Act

- Federal Law enacted in 1996 that mandates the adoption of federal privacy protections for health information ("Privacy Rule")

What does HIPAA mean to patients and providers?

- Sets rules and limits on how providers may use and disclose patient health information
- Establishes rights for individuals with respect to their “Protected Health Information” (PHI)
What is Protected Health Information (PHI)?

Any information the hospital and its clinicians receive or create that may be used to identify a patient, the patient’s health, or the health care services the patient receives, whether in the past, present or future.

PHI includes:
- Demographic information
  - Name
  - Address, including email address
  - Telephone Number
  - Social Security Number
  - Medical Record Number

Examples of PHI are:
- Information about health condition
- Information about health services the patient has or is using
- Information about the patient’s benefits covered by insurance
- Demographic information
- Unique numbers that can identify the patient
Use and Disclosure of PHI by Providers

• Providers may use/disclose PHI, without the patient’s authorization for:
  – Treatment
  – Payment
  – Health Care Operations
Treatment

• Generally means:
  – Provision, coordination or management of health care and related services among health care providers or by a health care provider with a 3rd party
  – Consultation between health care providers regarding a patient
  – Referral of a patient from one health care provider to another
Circumstances whereby patient authorization is not required

- As determined by the HIPAA Privacy Rule, some exceptions where patient authorization is not required:
  - Public Health Activities
  - Reporting Abuse/Neglect/Domestic Violence
  - Health oversight activities conducted by government agencies
  - Disclosures to avert a serious, imminent threat to health/safety
  - Product monitoring/recall
  - Certain law enforcement activities

Other uses and disclosures of PHI require the patient’s written authorization
Categories of Special Health Protection

• In most cases, the following types of health information may not be disclosed without the patient’s written authorization:
  – HIV and Genetic testing and results
  – Records pertaining to venereal or sexually transmitted diseases
  – Sensitive information:
    • Sexual assault counseling records
    • Communications/notes between patient and social worker/psychologist/psychiatrist/psychotherapist/licensed mental health nurse
  – Drug/alcohol abuse treatment records
• A provider may disclose to a family member/SO or any other person identified by the patient, relevant information if:
  
  • The patient agrees to the disclosure
  • The patient does not object when provided with an opportunity to object
  • The provider reasonably infers from the circumstances, based upon professional judgment that the patient does not object
Why do we need to know about HIPAA?

- All Tufts Medical Center employees and members of its workforce must comply with the Privacy Rule.

- Providers must use “reasonable safeguards” to protect the information against inappropriate use and disclosure and must employ the “minimum necessary” standard.
What is the “minimum necessary” standard?

- Derived from confidential codes/practices long practiced in medicine and nursing

- PHI should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function
PHI is to be accessed based on a “need to know” basis

- Ask yourself: “What do I need to know to carry out my job duties or responsibilities?”

- If you do not need the information to carry out your professional responsibility, you should not seek out the information.
How can PHI be disclosed?

- Email
- Telephone
- Paper or electronic records
- Voicemail
- Fax transmissions
- Verbal communications
- Facebook/Myspace Accounts

Reasonable safeguards must be used to protect information being disclosed
Reasonable Safeguards and Good Practices

• Examples are:
  – Speak softly when another patient or individual is nearby (i.e. double room)
  – Speak to patient/family in private rooms, not waiting rooms
  – Keep charts/results in protected areas
  – Sign-in sheets should not contain any type of medical information
  – Log off computer or close out of an application when finished
  – Position computer so passers-by cannot view the screen
  – Protect your computer passwords: *Never share them!*
  – Make sure fax cover sheet has a confidentiality notice
  – Verify fax numbers before sending
  – All papers with PHI should be shredded or disposed of in locked bins
Safeguards and Good Practices cont’d

• Do not disclose PHI in public places such as:
  – Elevators
  – Coffee shops
  – Hallways
  – Shuttle van

• Do not walk with your cell phone and disclose PHI, (it may be overheard)

*It is permissible to call a patient by name from a waiting area*
Use of White Boards in the Nurse’s Station

- White boards are still permitted

- Information on the white board may include:
  - Patient’s last name and first initial (NOT medical record #)
  - Name of resident and/or intern
  - Primary/Associate nurse
• Health Care Providers must provide patients with written copies of the provider’s “Notice of Privacy Practices”
  – Describes how the patient’s health information may be used/disclosed by the provider, how the patient can access his/her information and other rights the patient has regarding his/her health information
  – Patient must sign an acknowledgement of receipt
  – Signed copy is placed in the patient’s chart
• Under HIPAA, patients have the right to:
  – Inspect and copy records containing their PHI
    • *All requests must go through Medical Records Department*
  – Request an amendment to their records
  – Receive an accounting of disclosures of their health information upon request
  – Request confidential communications
  – Request additional privacy protections
Email Guidelines

• Email within Tufts Medical Center network or “firewall” is secure and protected
  – May be used to communicate to providers within Tufts network without the patient’s consent

• Email sent outside the Tufts “firewall”/network is assumed **not** to be secure and should not contain PHI unless the patient consents in writing to the use of email for communication about his/her PHI

• Users can encrypt emails sent outside the Tufts MC “firewall” by adding the words “Send Secure” or “Encrypt” to the beginning of the subject line
  
  • *This must be done for each email sent outside the “firewall” that includes PHI*
  
  • *Guidelines are found on the Tufts MC Intranet – Information Services*
Email cont’d

• Prior to sending email outside of Tufts network, the provider must have the patient sign a consent form authorizing use of email communications
  • *Forms and guidelines are found on the Tufts Intranet*

• Patient’s email is considered a patient identifier

• Email to and from patients should be stored in the patient’s medical or office record if it is used in any way to make clinical decisions
  • *Any email that is copied to the medical record should contain the patient’s medical record number*
Email cont’d

• Do not forward your Tufts Medical Center email outside of the institution. There is no protection and you run the risk of accidentally disclosing PHI
  • *If you must forward email, you must encrypt it*

• Email sent from Tufts will automatically have a notice of confidentiality
Violations

- Patients may file a complaint with the organization’s privacy officer or the US Department of Health and Human Services

- Wrongful disclosures carry serious consequences
  - In situations where Tufts MC does not know it violated HIPAA, the current maximum penalty is $100 per violation, up to $25,000 per year, for each type of violation. If the violation is due to “reasonable cause,” the maximum penalty rises to $1,000/$100,000. If the violation is due to “willful neglect,” the maximum penalty is $500,000/$1.5 million.
  - Criminal penalties include prison confinement – and can be imposed on the individual who wrongly obtains or discloses protected health information.
    - Range of 1-10 years depending upon offense

- Employees are subject to disciplinary action and/or termination for violations of Tufts HIPAA policies
Privacy Officers at Tufts

• Privacy Officers will clarify issues, answer questions and resolve conflicts/problems
  – Jeff Weinstein, General Counsel, ext 6-4422

• Confidential reports of suspected violations may be made by calling 6-2894

I understand that my electronic signature carries the same legal weight and authority as my written signature.
Tufts Medical Center: Body Mechanics and Transfer Skills

Tufts Medical Center Physical and Occupational Therapy
185 Harrison Avenue, Ground floor
617 636-5632
Body Mechanics

- **Definition:** The use of proper body movement and position to prevent injury and enhance performance during daily activities including lifting and transfers.

- **Principles:**
  1. **Feet apart:** Use a straddle position or one foot in front of the other for a wide base of support. This makes it easier to shift your body weight.
  2. **Bend knees:** Use the muscles in your legs, abdomen, and buttocks to take the stress off the weaker back muscles.
  3. **Keep your lower back slightly arched:** Keeping your lower back slightly arched maintains the natural curves in your spine. This is the strongest position for your back and protects the muscles and ligaments.
  4. **Get close to the load:** Being far away from the load/patient puts stress on the arms and back. Staying close allows the legs to do more of the work.
  5. **Look where you are going:** Looking in the direction of the move/transfer helps you prevent twisting your back.
  6. **Keep breathing:** Avoid the Valsalva maneuver which puts stress on your heart.
Major Points to Remember When Lifting

- Whenever you are bending or lifting, remember to:
  - Keep a broad base of support
  - Carry loads close to your body
  - Bend at your hips and knees
  - Keep loads well balanced
  - Avoid twisting your trunk when turning
  - Use the muscles in your legs, abdomen and buttocks with all bending and lifting activities
  - Whenever possible, push, don’t pull
Major Points to Remember During Transfers

• When you are assisting a patient with a transfer, remember to:
  – Always plan the move before beginning it
  – Tell the patient how the move will be accomplished
  – Before moving the patient, lock wheels on chairs or stretchers
  – Ask the patient to help as much as possible and encourage him/her when necessary
  – When transferring a patient out of bed, allow him/her to rest in a sitting position before standing up
  – Obtain extra personnel to help when necessary
  – Do not pull on a patient’s limbs or joints
Bed to Stretcher Transfer

- Have 2 or 3 persons assisting depending on patient size
  1. Move patient’s legs towards the direction of transfer, cross arms
  2. Grasp sheet with your hips supported against the bed
  3. Transfer on signal: “1, 2, 3, pull.” Pull patient in one motion. As you pull, shift your weight to rear leg
  4. If the patient is very large, move in 2 stages. One: to the edge of the bed, two: over to the stretcher
Supine to sitting passive

1. Turn the patient on his/her side and flex knees as shown
2. Reach your right arm over patient to grasp bottom knee
3. Reach your left arm around patient to support head and shoulders
4. Brace your body with hip against bed
5. Swing patient’s legs over the edge of the bed
6. Pull the upper body to an upright position
7. If the patient cannot help you, have someone stand by in case you need extra assistance
Supine to sitting with patient assist

Assist per patient’s needs. Have patient roll onto side, flex knees and hips and move legs off the edge of the bed. Instruct patient to use arms to push up to sitting position. You can help by assisting to move legs off the bed and boosting the upper body with your arm.
Sit to standing

- Starting position is with the patient sitting on the edge of the bed
  1. Place your feet apart for balance
  2. Patient leans forward and places hand on edge of bed for support
  3. Bend your knees, put your arms around patient’s waist/under buttocks. Ensure that patient is ready to move
  4. On the signal “1, 2, 3, stand” patient pushes off as you straighten your legs and pull with your arms to assist patient
  5. Encourage patient to push through his/her legs
Bed to chair transfer

• Lock chair and adjust bed height to chair height
• Whenever possible, transfer towards the patient’s strong side
• On signal, use sit to standing technique. Keep your knees slightly bent and your back slightly arched
• Pivot towards the chair and help the patient back up so that the chair is against the back of the patient’s legs.
• Keeping your knees bent and back slightly arched, lower the patient into the chair as the patient is grasping the chair arms
• Hold the patient around his/her waist or buttocks. If the patient must hold onto you, have him hold around your waist, not neck
Posture while standing

• When standing, you should line your ears up over your shoulders and your shoulders over your hips. This maintains the three natural curves of the spine.

• If you are performing a task that requires prolonged standing, you may slouch or bend forward to perform the task. This poor posture can cause muscle tension, stiffness, fatigue, backache, and neck ache. It will also contribute to degeneration of discs and ligaments.

• To maintain good posture when performing a task:
  – Stand close to the patient so you don’t have to lean forward
  – Bend with your knees to keep a slight arch in your lower back and maintain the three natural curves of the spine
Stretcher transporting

• Always use two attendants unless patient is conscious, secured and with no equipment in place
• Push feet first with side rails up and patient’s arms kept within rails
• Lock rear wheel swivels
• Be cautious at corners or doorways
• Use mirrors whenever possible
Wheelchair transporting

- Use safety straps as needed
- Patient’s arms should remain on lap
- Open doors and then BACK chair through
- Pull chair on or off elevators
- Be cautious at corners and doorways
- Use mirrors whenever available
• Computer monitor: top of screen should be slightly lower than eye level
• Keyboard: should be at a flat angle, to keep wrists straight
• Head and neck: directly over shoulders and trunk
• Back: keep back against seat back, add lumbar support if needed
• Elbows: should be at a 90 degree angle
• Wrists: relaxed and straight
• Legs: adjust seat so that knees are even with or slightly lower than hips
• Feet: flat on the floor
• Avoid prolonged sitting
I understand that my electronic signature carries the same legal weight and authority as my written signature.
Corporate Compliance Department

Fraud, Waste & Abuse Training
Overview

• Why focus on fraud, waste and abuse?
• What is fraud, waste and abuse?
• What are the fraud and abuse laws?
• What is your responsibility?
Why Focus on Fraud, Waste and Abuse?

• We focus on health care fraud, waste and abuse, because it makes up so much of every dollar spent on health care.

• The U.S. spent $2.3 trillion on health care in 2008, and those expenditures are projected to increase by 6.2% each year through the decade.

• Estimates suggest that 3–10% of those expenditures are lost to fraud and abuse.
Why Focus on Fraud, Waste and Abuse?

Scams alone cost the health care industry more than $100 billion annually…that’s nearly $275 million every day. Put another way, one dollar bills lined up end-to-end would circle the equator and still not total $275 million.

While there is no hard data, if waste is thrown into the mix, estimates of additional unnecessary costs range from 30 – 50% of total healthcare costs.

Basically, health care fraud, waste and abuse represent a lot of money.
Health care **FRAUD** is intentionally, or knowingly and willfully attempting to obtain money or services from any health care benefit program through deceit.

- The most common kind of fraud involves a false statement, misrepresentation or deliberate omission that is critical to determining the benefits payable.
- It includes any act that constitutes fraud under federal or state law.

The key word is “**intent**”
Examples of Fraud

- Billing for services not provided
- Incorrect reporting of diagnoses or procedures to maximize reimbursements
- Altering medical documentation to obtain higher reimbursements
- Deliberate duplicate billings to get paid twice
- Billing Medicare for visits the patient did not keep
- Misrepresenting descriptions of services provided
What is Health Care Fraud, WASTE and Abuse?

Health care **WASTE** is health care spending that can be eliminated without reducing the quality of care.

• It is using health care benefits or spending health care dollars without real need.

• It also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems or controls that do not involve prosecutable fraud.

• Waste is generally not considered caused by criminally negligent actions, but rather by the misuse of resources.
Examples of Waste

- Defensive medicine
- Inefficient claims processing
- Patients routinely using the Emergency Room as a clinic
- Ordering unnecessary tests or radiological scans
- Preventable hospital readmissions
- Medical errors
- Hospital acquired infections
- Over-prescribing antibiotics
What is Health Care Fraud, Waste and ABUSE?

Health care **ABUSE** is excessive or improper use of services or actions that are inconsistent with acceptable business or medical practices and result in unnecessary costs to the health care system.

- It involves payments for items or services when there is no legal entitlement to that payment.
- It is distinguished from fraud in that the provider did not intentionally misrepresent facts to obtain payment. In the case of fraud, there must be clear evidence that the acts were committed intentionally, or knowingly and willfully.
Examples of Abuse

- Charging in excess for services or supplies
- Providing services that do not meet professionally recognized standards
- Submitting bills to Medicare that are the responsibility of other insurers
- Billing separately for services included in a global service fee structure
- Billing for services that are not appropriately documented in the medical record
Primary Fraud & Abuse Laws

Although usually lumped together as “Fraud, Waste & Abuse,” federal and state laws target fraud and abuse, not waste.

**Federal**
- False Claims Act (FCA)
- Anti-Kickback Statute
- Physician Self Referral Prohibition Statute ("Stark Laws")
- Civil Monetary Penalties Law

**Commonwealth of Massachusetts**
- False Claims Act
Federal False Claims Act (FCA)

- Prohibits any person or entity from submitting a claim to the federal government that they know or should known was false or fraudulent.

- **Intent to defraud** is not required to prove a violation; “knowingly” is proved if the person or entity:
  - has actual knowledge (or should have knowledge) that the information is false or
  - acts in deliberate ignorance or reckless disregard of the truth or falsity of the information.
Primary Fraud & Abuse Laws (cont’d)

Federal False Claims Act (FCA) cont’d

• Violators may be liable for a civil penalty of up to $11,000 for each violation of the Act, plus three times the amount of actual damages the government sustained as a result of the conduct.

• Violators may also be subject to criminal prosecution and exclusion from participation in all federal health care programs.

• The Act contains a qui tam (whistleblower) provision that allows an individual to file suit on behalf of the United States and entitles that whistleblower to a percentage of any recoveries. Whistleblowers are protected by law from any acts of retribution by their employers.
Anti-Kickback Statute

- Provides criminal penalties for individuals or entities that knowingly and willfully offer, pay, solicit, or receive anything of value in order to induce or reward the referral of business payable or reimbursable under federal health care programs. Some exceptions, referred to as safe harbors, may apply.
- Ascribes criminal liability to parties on both sides of a “kickback” transaction.
- Imposes imprisonment and fines of up to $5,000 for violations and monetary penalties.
- For kickback violations the individual or entity may be also excluded from participation in all federal health care programs.
Primary Fraud & Abuse Laws (cont’d)

Physician Self-Referral Prohibition Statute (Stark Law)

- Prohibits physicians from referring Medicare patients for certain designated health services to an entity with which the physician or a member of the physician’s immediate family has a financial relationship – unless an exception applies.

- Prohibits an entity from presenting or causing to be presented a bill or claim to anyone for a designated health service furnished as a result of a prohibited referral.

- Failure to meet the requirements for exceptions (safe harbors) could lead to all claims involving that physician being denied, monetary penalties, exclusion from all federal health care programs and imprisonment up to five years.
Civil Monetary Penalties Law

This law has the same standard of proof as the False Claims Act and grants the HHS Office of the Inspector General exclusive authority to:

- Assess a civil monetary penalty of $10,000 to $50,000 for each violation.
- Assess a penalty of up to three times the amount claimed for each item or service not in compliance.
- Exclude the provider from all federally funded health programs for a period of time (typically 3-5 years).
- Impose a Corporate Integrity Agreement whereby the provider must accomplish specific goals and is subject to periodic audits to assure compliance with the agreement.
Primary Fraud & Abuse Laws (cont’d)

Massachusetts False Claims Act

- Stipulates that those who knowingly submit or cause another person or entity to submit false claims for payment of government funds can be held liable for the government’s damages plus civil penalties.
- Uses the same broad definition for “knowing and knowingly” as the federal act and covers false claims involving any type of transaction with the state or local governments.
- The act provides legal protection for whistleblowers.
Massachusetts False Claims Act (cont’d)

- Violators are subject to a civil penalty of not less than $5,000 and not more than $10,000 per violation, plus three times the amount of damages, including consequential damages that the state sustains because of the act of that person.

- Violators are also liable for the expenses of the civil action brought to recover any such penalty or damages, including reasonable attorney and expert fees and the costs of any review or investigation.
Tufts Medical Center and the Floating Hospital for Children and the Tufts Medical Center Physicians Organization and Affiliates ("Tufts MC") have established a Joint Compliance Program to ensure that:

- all employees conduct operations and provide services consistent with the vision, values, and mission of the organization, and
- such activities comply with federal, state, and other laws and regulations.
Under the Tufts MC Code of Conduct, all staff are expected to comply with the laws and regulations and professional standards that govern Tufts MC operations and delivery of health care services and products.

Staff members must know and understand the laws, regulations and standards that specifically apply to their job.

The principles in the Code of Conduct and the other 27 compliance policies, if consistently applied by everyone, are designed to assist you in making the right choice when confronted with daily situations.
Joint Compliance Program (cont’d)

• No compliance program can be successful without the individual commitment and cooperation of each employee and professional staff member.

• The ability of Tufts MC to operate and fulfill its various missions depends on each employee and professional staff member helping achieve compliance.

• Each employee or professional staff member is expected to report any issue or practice that he or she believes in good faith may constitute improper or illegal conduct.
If you see something or suspect something
SAY something!
Reporting Suspected Violations

– Talk to your immediate manager/supervisor, or
– Discuss with persons at a higher level of management, or
– Bring the matter to the attention of the Human Resources Department or Legal Department or
– Contact the Chief Compliance Officer at 617.636.9229, or
– Call the Confidential Compliance Hot-Line at 617.636.2300, or
– Prepare and forward a “Corporate Compliance Reporting Form” to the Chief Compliance Officer (copies of the form are available in the Corporate Compliance Handbook and on the Compliance intranet website.)
Reports to Corporate Compliance

- Contacts with the Joint Compliance Office, messages left on the Compliance Hot-Line and reports filed via the Corporate Compliance Reporting form are confidential and are attended to by the Chief Compliance Officer.
- The caller may choose to be anonymous or leave contact information. For those who identify themselves when reporting a potential violation, the Chief Compliance Officer will inform them of the results of any investigation and resolution.
- Each concern will be investigated and the results will be brought to the Joint Compliance Steering Committee, when necessary.
- Appropriate action will be taken.
Tufts Medical Center Whistleblower Policy

Any person who in good faith reports a violation of a law or regulation requirement shall not suffer harassment, retaliation, or adverse employment consequences.

Any employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

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However, any allegations raised by a person that prove to have been made maliciously or known to be false will be viewed as a serious disciplinary offense and treated accordingly.
Joint Compliance Program (cont’d)

Compliance Policies
Complete copies of the Code of Conduct and related compliance policies are available in the Tufts MC Intranet Compliance website.

These policies are briefly summarized in the Corporate Compliance Handbook as well, which is also available on the Compliance Intranet website. Other useful resources are also available through the website.

All staff are expected to visit the Tufts intranet website to obtain a comprehensive understanding of the Compliance Program and Policies.


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