

# EMPLOYEE RIGHT TO KNOW

## Introduction

In 1983, the Minnesota Legislature passed the Minnesota Right-to-Know Act. This act requires Regions Hospital to take certain steps to make sure that all employees are aware of the health hazards associated with hazardous substances, harmful physical agents and infectious agents that may be present in the work place. In addition, there is an ethical responsibility to educate employees about these substances and agents. This literature will highlight the main points of the law. It is not intended to cover all of the technical aspects involved.

## Summary of the Law

The Employee Right-to-Know Act is intended to ensure that employees are aware of the dangers associated with hazardous substances, harmful physical agents and infectious agents that employees may be exposed to in the workplace. The act requires that the workplace be evaluated for the presence of hazardous substances, harmful physical agents and infectious agents. Training must be provided to all employees who are not technically qualified, for those substances or agents to which the employee may be exposed. The act also requires that written information on those substances and agents be readily accessible to the employee. An employee has the conditional right to refuse to work if the employee feels that he/she is placed under imminently dangerous conditions. Labeling equipment, or work areas that generate harmful physical agents are also included in the act.

## Inventory of the Workplace

Each department is responsible for assessing their own areas, practices and processes. This evaluation must reveal the presence of hazardous substances (chemicals), harmful physical agents (loud noises, extreme heat or cold) and infectious agents. The department Right-to-Know liaison is responsible for ensuring that all hazards are identified and that appropriate precautionary measures such as training and personal protective equipment are available to each employee at risk. All hazards will be identified on the Department Right-to-Know Supplement that is kept on file in the department and also in the Safety & Security Department.

## Definitions

***Routinely Exposed*** – if the employee could be exposed to hazardous substances, harmful physical agents or infectious agents on a daily basis in their normal jobs, this would be considered an employee whom is routinely exposed, ie. RN, PCA, Maintenance Worker. If there is a chance that an employee **may** encounter these in their normal jobs once a week, once a month, once a year, this employee would not be considered routinely exposed, ie. Security Officer, Administrative Assistants, Interpreters.

***Hazardous Substances*** – Substances that are toxic (poisonous), corrosive (attack living materials), carcinogenic (cancer-causing), chemotherapy drugs and teratogenic (harmful to fetus).

***Harmful Physical Agents*** – Heat, noise, ionizing radiation and non-ionizing radiation.

***Infectious Agents*** – Bacteria, rickettsia, parasites, virus (including HIV, HBV, HCV) and fungi (including Tuberculosis and multi-drug resistant organisms – MDRO).

***Safety Data Sheets (SDS)*** – A data sheet which contains information regarding the physical, chemical and hazardous properties of a substance or mixture.

***Technically Qualified Individual*** – A physician, dentist, pharmacist or lead research individual, other than a student in one of the fields, in a research, medical research, medical diagnostic or medical educational lab or in a health care facility or in a clinic associated with the lab or health care facility, or in a pharmacy registered and licensed under Minnesota Statutes, who because of professional or technical education, training, or experience, understands, before the time of exposure, the health risks and the necessary safety precautions associated with each hazardous substance, harmful physical agent, infectious agent or mixture handled or used by the person.

#### **Employee Access to Information**

Written information about the potential hazards associated with a job class or work area must be readily available to employees. This information is available through a variety of means.

#### **Training**

- Training will be provided to each employee at the time they are hired on the Right-to-Know Law and Regions Hospital's Policy. **Departmental specific training will then be provided to the employee at the time they are specifically trained in their department.** Annual training done by the department will then be required of each employee to maintain the knowledge and skills necessary to promote safe work practices.

#### **Labeling**

- Hazardous Substances – All containers must have labels, which identify the contents and the hazards associated with the material.
- Harmful Physical Agents – Equipment which generates any radiation, heat or noise above the OSHA permissible limit must be labeled.
- Infectious Agents – Equipment or work practices that may result in exposure to infectious agents must be handled or performed following Standard Precautions. Transmission based Isolation Precaution signs will be posted on the door of patients identified with communicable diseases and or infectious conditions. The isolation signs are available in eight languages.

#### **SDS (Safety Data Sheet)**

- SDS's are available for all hazardous substances excluding waste materials.
- A master set of SDS's are kept with a contracted service of Regions Hospital, while individual departments may keep copies of specific SDS's in work areas.
- Departmental Right-to-Know liaisons are responsible for explaining where SDS's are kept and how to read them.

#### **Employee's Rights and Responsibilities**

- An employee acting in good faith has a conditional right to refuse to work if he/she feels that doing so will place him/her in imminent danger of serious injury or death.
- Each employee is responsible for identifying hazards and reporting them to a supervisor for corrective action to be taken.
- Each employee is responsible for taking appropriate measures by following posted isolation precautions, using personal protective equipment to safe guard against injury and teaching patients, family members, volunteers and visitors to do the same.

The Regions Hospital Right-to-Know Policy is located in the Safety & Security Policy Manual (SF:17), which can be found on Compliance 360 and is available to each employee at all times. Questions pertaining to the policy of program should be directed to the department Right-to-Know Liaison or the Safety & Security Department.

The Infection Control & Prevention Manual is also located on Compliance 360.

# BLOODBORNE PATHOGENS

## History

The Occupational Safety and Health Administration (OSHA) published a final rule in December of 1991 called the Bloodborne Pathogens Standard. The Standard is meant to reduce the incidence of transmission of infectious agents as a result of occupational exposure to infected blood and other potentially infectious materials.

This Standard requires that employers, where the risk for occupational exposure to blood and other potentially infectious materials may occur, must establish an exposure control plan. The plan contains specific information for employees and contracted personnel regarding:

1. Identification of employees covered by the standard
2. Specific preventive measures which may be used to minimize the risk for occupational exposure
3. Procedures to follow if there is an exposure incident.

## Bloodborne Pathogens: What are they?

The primary pathogens of concern regarding occupational exposure to blood and body fluids are:

1. Hepatitis B (HBV)
2. Hepatitis C (HCV)
3. Human Immunodeficiency Virus (HIV).

## Workplace Transmission

Pathogens may be present in blood, body fluids (synovial fluid, pleural fluid, amniotic fluid, spinal fluid, semen, vaginal secretions, peritoneal fluid, pericardial fluid); saliva with blood in dental procedures; unfixed tissue or organs; cells tissue or organ cultures; or blood, organs/tissues from experimental animals which are infected.

Transmission may occur as a result of an accidental sharps or needlestick injury, entry through open cuts or abrasions on the skin or splashes/sprays of blood or body fluids to the eyes, nose and mouth. Contaminated surface or equipment may also serve as a source of transmission.

## Reducing Your Risk!

5 major measures may be used to reduce the risk of exposure to bloodborne pathogens on the job.

1. *Engineering controls:* self-sheathing needles, needleless IV systems, bio-safety cabinets, safety products.
2. *Employee Work Practices:* Slow down, think and plan ahead when using Sharps. Do not recap needles, use one-hand or no-hand technique when engaging safety features, practice good handwashing, Standard Precautions and creating a safe “no pass” zone in surgical procedures.
3. *Personal Protective Equipment:* Wear it especially to prevent splash exposures: gloves, gowns, aprons, eyewear, masks.
4. *Housekeeping Practices:* Be on the lookout for potential hazards: uncapped needles in the trash, blood spill clean-up procedure, regular cleaning and disinfection, infectious waste handling, labeling.
5. *Hepatitis B Vaccination:* Available, free of charge for employees with identified risk. Check with Employee Health and Wellness.

## **Standard Precautions**

Used for each patient regardless of diagnosis and presumed infection status. Applies to:

1. Blood
  2. Any body fluid, secretion and excretion regardless of whether or not they contain visible blood
  3. Non-intact skin
  4. Mucous membranes.
- 
- ✓ Wash hands or use alcohol hand hygiene product before and after patient contact and immediately after removing gloves.
  - ✓ Change gloves and wash hands or use hand hygiene product during patient care when moving from a contaminated site to a clean site on the same patient.
  - ✓ Wear gloves when hands are likely to be exposed to blood, body fluids, open skin areas, mucous membranes, or contaminated articles. Change gloves between tasks on different patients.
  - ✓ Wear a fluid-resistant gown when clothing is likely to become exposed to blood or body fluids.
  - ✓ Wear a mask with eye protection or face shield to protect eyes, nose and mouth during activities that may result in splashing or spraying of blood or body fluids.
  - ✓ Do not recap needles unless no other safe alternatives are possible. If recapping is required, use a one-handed, no-touch method. Dispose of sharps in appropriate containers. Do not allow containers to be overfilled; change when  $\frac{3}{4}$  full.

## **Exposure Reporting: *The Employee Blood & Body Fluid Exposure Packet***

In the event of an exposure to blood or body fluids, the following protocol is to be followed by all employees, licensed independent practitioners and volunteers:

1. Care for the exposure site:
  - a) EYES: Flush eyes with water for a minimum of 5 minutes
  - b) SKIN: Wash with soap and water for a minimum of 5 minutes
2. Obtain the red exposure packet and follow the Employee First Response Action instructions sheet. Seek assistance from your supervisor, charge nurse or lead staff member.
3. Call the Careline at 952-883-5485 (24 hrs/day, 7 days/week); you will be triaged for care.
4. Follow-up is coordinated through Employee Health and Wellness.

## **Information Resources**

In the event a patient is exposed to blood or body fluids, follow the Infection Control Policy 20:10. This can be found in the Infection Control Manual on Compliance 360. An Employee Blood and Body Fluid Exposure Packet (red packet) is available in each department or work area. Further questions may be directed to the Infection Prevention and Control (254-3489) or Employee Health and Wellness (254-3301).

The possibility of a patient exposure should be evaluated each time an employee of a licensed independent practitioner is exposed. Infectious Disease physicians are on-call 24/7 and should be consulted to manage a patient exposure.

## **Department/Unit Specific Information**

**Read your department specific Infection Prevention and Control policies. Discuss questions with your supervisor or manager.**

## Blood/Body Fluid Exposure

If exposed to blood or body fluid, you should immediately wash the site with soap and water, or rinse eyes with clear water and report the incident to your supervisor. You should seek care within 30 minutes of the exposure in Employee Health or the Emergency Department.



The possibility of a patient exposure should be evaluated each time a licensed independent practitioner, nurse or direct care giver is exposed. Infectious Disease physicians are on-call 24/7 and should be consulted to manage a patient exposure.

Important!

## Blood/Body Fluid Exposure



**Do not  
dispose  
SHARPS  
in RED bags**

### **BIOHAZARD RED BAG WASTE**

Fluid blood  
Blood-saturated items  
Bags and IV tubing  
containing blood products  
Suction canisters  
Hemovac  
Chest drainage units  
Hemodialysis products

Bloodborne Exposure Plan is located in the Infection Control 360 policies

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## Blood/Body Fluid Exposure

**BLOODBORNE PATHOGENS**  
*and Needlestick Prevention*

**How can I protect myself?**

CREATE A CULTURE OF SAFETY – by being a role model and encourage others to protect themselves.

SLOW DOWN – use caution whenever using sharps.

WEAR personal protective equipment: gloves, gowns, face/eye protection.

USE and ACTIVATE sharps safety devices.

PROPERLY dispose of used sharps.

AVOID recapping. Use one-hand or no-hand technique when engaging safety features.

AVOID sharps where safer alternatives are available.

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## TRANSMISSION BASED ISOLATION PRECAUTIONS

Patients admitted with identified infections or colonization will be placed in Transmission Based Isolation precautions. Transmission based isolation precautions are used in conjunction with Standard Precautions.

Appropriate isolation signs will be posted on the doors. Please follow posted precautions to prevent the spread of infectious organisms to other patients and to you. Educate patients and their families as needed about HAI prevention strategies and expected compliance with Hand Hygiene and Isolation Precautions in the hospital.

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- Seven (7) different transmission based isolation categories
  - Contact (red sign)
  - Airborne & Contact (red border/purple box)
  - Droplet (green sign)
  - Enteric (brown sign)
  - Airborne (purple sign)
  - Full Barrier (step-by-step instructions)
  - Neutropenic (yellow sign)

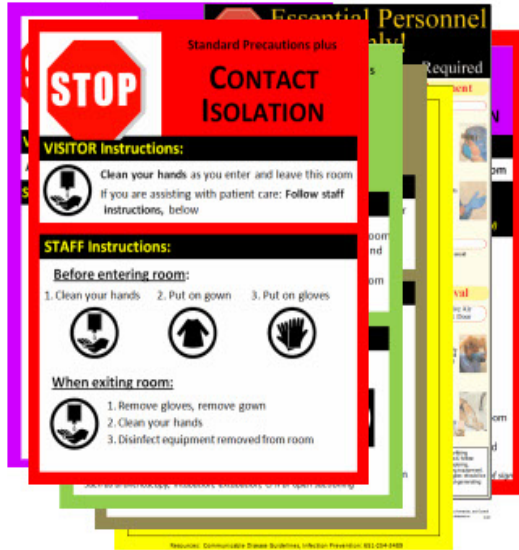
Please post the appropriate sign based on your patient and/or family's first language preference. Isolation signs are available in 8 languages – They may also be ordered from the STAT room in Supply Chain Services.

# Transmission Based Isolation Precautions

Patients with suspected or known infectious diseases that are transmitted by air, droplets, direct, or indirect contact need to be handled with "Transmission Based Precautions" in addition to "Standard Precautions." Isolation signs are to remain on the patient's door to inform staff, volunteers, visitors, and the patient regarding special precautions to take upon transfer and room entry. Isolation status should also be documented in Epic to support communication that additional precautions are necessary. The Burn Unit has additional special expectations for patient safety on the unit. Follow posted signs.

Roll cursor over each --> for an example

- Airborne (purple)
- Contact (red)
- Droplet (green)
- Enteric (brown)
- Neutropenic (yellow)
- Full Barrier (step-by-step instructions)
- Airborne & Contact (red border, purple box)



See examples below of each sign.



Standard Precautions plus

# AIRBORNE AND CONTACT ISOLATION

## VISITOR Instructions:

All visitors must check with nurse before entering room

## INSTRUCTIONS FOR IMMUNE STAFF:

*Staff not immune to chickenpox or measles should not enter room\* (If not immune but must enter, N95 or PAPR required)*

Before entering room, everyone must:

1. Clean hands
2. Put on gown
3. Put on gloves



*N95 or PAPR NOT required for immune staff*

- **Negative airflow room required.** Keep door closed and negative airflow on
- **When exiting room:**
  1. Remove gloves, then remove gown
  2. Clean your hands. Remove N95 or PAPR **after** exiting room
  3. Disinfect equipment removed from room
- **At discharge:** Keep negative airflow on with door closed before cleaning room for next patient\*







Standard Precautions plus

# AIRBORNE ISOLATION

## VISITOR Instructions:

All visitors must check with nurse before entering room

## STAFF Instructions:

### Before entering room:



1. Clean your hands



2. Put on fit-tested N95 respirator or PAPR\*

- 
- **Negative airflow room required.** Keep door closed and negative airflow on
  - **When exiting room:**
    1. Clean your hands. Remove N95 or PAPR **after** exiting room
    2. Disinfect equipment removed from room

**At discharge:** Keep negative airflow on with door closed before cleaning room for next patient\*



Standard Precautions plus

# CONTACT ISOLATION

## VISITOR Instructions:



Clean your hands as you enter and leave this room  
If you are assisting with patient care: **Follow staff instructions, below**

## STAFF Instructions:

### Before entering room:

1. Clean your hands

2. Put on gown

3. Put on gloves



### When exiting room:



1. Remove gloves, remove gown

2. Clean your hands

3. Disinfect equipment removed from room



Standard Precautions plus

# DROPLET ISOLATION

## VISITOR and STAFF Instructions:



1. Put on a mask before entering room
2. Clean your hands as you enter and leave this room
3. Remove mask before leaving room

## STAFF Instructions (in addition to above):

Disinfect equipment removed from room

For known/suspect influenza:

If medically necessary to perform an aerosol-generating procedure:\*

- Wear N95 respirator (or PAPR) and eye protection
- Keep door closed



Use negative airflow room if feasible \**Such as bronchoscopy, intubation, extubation, CPR or open suctioning*



Standard Precautions plus

# ENTERIC ISOLATION

## VISITOR Instructions:



- Wash hands with soap and water as you enter and leave this room.
- If you are assisting with patient care: **Follow staff instructions**, below

## STAFF Instructions:

### Before entering room:

1. Clean your hands

2. Put on gown

3. Put on gloves



### When exiting room:



room

1. Remove gloves, remove gown
2. Wash your hands with soap and water
3. Disinfect equipment removed from

4.



# Essential Personnel Only!

## Full Barrier Isolation Required

### Personal Protective Equipment (PPE) Placement

#### Before ENTERING Negative Air Space

**STEP 1**  
Put on fluid-resistant gown

Insert thumb into thumb hole, if present. Tie securely in back.



**STEP 4**  
Fit-check/seal-check respirator

Place both hands over respirator. Exhale sharply. If air-leaks are detected, re-adjust respirator; exhale sharply again. If leak still present, seek assistance.



**STEP 6**  
Put on face shield

Fully cover the face and forehead.



**STEP 2**  
Put on shoe covers



**STEP 5**  
Put on headcover

Contain hair and cover ears.



**STEP 7**  
Put on gloves

Pull gloves over sleeves to cover wrist.



- Change gloves:**
- when damaged or heavily contaminated
  - between procedures

**STEP 3**  
Put on N95 respirator

Shape nosepiece to the nose with both index fingers. Place top band on top of head. Place lower band just above neck.



#### After ENTERING Negative Air Space

After entering patient room, keep gloved hands away from face and avoid unnecessary touching of objects or surfaces.

### Personal Protective Equipment (PPE) Removal

#### Before LEAVING Negative Air Space

Note: Discard used items in red bag.

**STEP 1**  
Faceshield

Remove and discard.



**STEP 4**  
Gown & gloves

Grasp shoulders of gown and pull forward. Roll outside of gown inward, folding contaminated outside layer away from your body.



#### LEAVE Negative Air Space, CLOSE Door

**STEP 6**  
N95 respirator

Front of respirator is contaminated. Handle only the bands. To remove, pull lower band over the head first, then remove upper band. Discard.



**STEP 2**  
Headcover

Remove and discard.



Remove gloves while rolling gown off arms; roll gloves into gown. Avoid contaminating hands. Keep hands on clean side of gown. Discard gown and gloves.



**STEP 7**  
Hand hygiene

Clean hands with antimicrobial soap and water or alcohol-based hand rub.



**STEP 3**  
Shoe covers

Remove and discard.



**STEP 5**  
Hand hygiene

Clean hands with antimicrobial soap and water or alcohol-based hand rub.



Note: If Powered Air Purifying Respirator (PAPR) is used, follow facility procedures for applying, removing, and processing equipment. PAPR or tight-fitting goggles should be worn for high-risk aerosol-generating procedures.



Standard Precautions plus

# NEUTROPENIC PRECAUTIONS



- Use foam on your hands as you enter and leave this room.
- If you have a FEVER, COUGH or signs of illness, do not visit this patient.

## Before entering and as exiting room:



- Clean your hands

## When Patient Exits this room:



- Patient wears a surgical mask

No Plants/Flowers in this room.

Disinfect equipment coming in and as it is removed from this room.

## Infection Prevention Practices

### Infection prevention related to environment and equipment

All equipment **MUST** be cleaned between **EACH** patient use.

Dedicate equipment to patients in Contact or Enteric isolation by leaving it in the room. (Example: stethoscope, blood pressure cuff, etc.) Bleach should be used for any equipment and cleaning of Enteric Isolation rooms.

**IMPORTANT:** Must follow disinfectant label instructions for correct wet contact time to adequately disinfect surface. Do not dry surface with towel in order to speed dry time. This will prevent the product from working effectively.

**Wear gloves for handling contaminated equipment.** Cleanse hands after removing gloves.

Cleanse hands after contact with patient surroundings regardless of whether or not gloves were worn.





### Cleaning and disinfecting surfaces and equipment

Surfaces and equipment become contaminated with pathogens and microbes.

#### Current hospital approved products:

- Oxivir wipes
- PDI bleach wipes (orange top)
- Housekeeping solutions

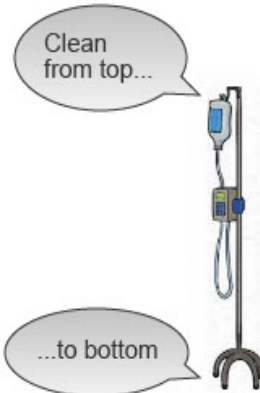


#### Cleaning and disinfecting can be performed as one step, unless...

- Exception: If the surface or equipment is heavily soiled with blood or other, use the 2-step process:
  - 1) Clean all visible soil and body fluid with one wipe or cloth.
  - 2) Then follow with a second wipe or cloth.

Clean from the cleanest area to the dirtiest (Clean to Dirty). For example, from top to bottom.

Follow the label's wet/contact time, and allow products to dry.



## Infection Prevention Practices

Reducing the risk of disease transmission

### Cleaning and disinfecting equipment and devices

Clean and disinfect equipment **before** leaving a patient's room and/or **before using on another patient**. For example, glucometers.

Store the clean equipment in a clean manner / clean location.  
Otherwise, treat it as contaminated: you must disinfect it before use.

## Infection Prevention Practices

### Infection prevention practices for providers, patients and visitors

All providers, patients and visitors are to be informed on the need to follow hand and respiratory hygiene practices and other methods to prevent and control the spread of infections. These instructions should include:

- Cover coughs.
- Don't visit when ill.
- Follow instructions on isolation signs.
- Instruct visitors to clean their hands (foam in and foam out) when visiting patient rooms.
- Educate patients and visitors on on their role in preventing health care associated infections.



## TUBERCULOSIS EXPOSURE CONTROL PLAN

Regions Hospital complies with the Minnesota OSHA policies for occupational exposure to tuberculosis. In addition, the hospital policies follow the CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* (MTB) in Health-Care Facilities. The purpose of these mandates and guidelines is to provide employees and licensed independent practitioners with a uniform standard of protection against TB transmission in the workplace.

Regions Hospital MTB Exposure Control Plan found in the Infection Control/Employee Health Manual (IC: 20:15). This policy has attachments that list the location of special respiratory negative airflow rooms found in the hospital, Ambulatory Care clinics and the Emergency Center. There is also a listing of where personal protective respirators, PAPR's (Powered Air Purifying Respirators) are located in the hospital. This attachment gives instruction regarding the procedure for checking out a PAPR from the Supply Chain Services STAT Room when this respiratory protection is needed for healthcare workers instead of N95 respirator masks.

### Tuberculosis

#### What is tuberculosis and how is it spread?

Tuberculosis is a common infectious disease seen at Regions Hospital. The primary risk of exposure is the unrecognized person with TB disease.

Transmission occurs when a person with active pulmonary TB coughs, sneezes, speaks or sings; and others breathe in the particles that remain suspended in the air for several hours.

Most patients present with a cough, and this determines the level of infectivity and exposure risk.

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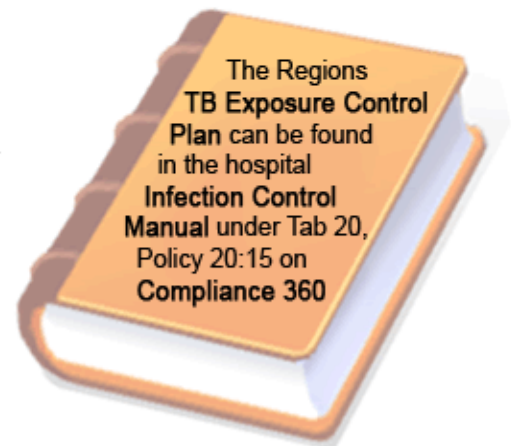
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# Tuberculosis

## Protecting employees and visitors from TB exposure

Certain employees who share air space with undetected pulmonary TB patients are at greater risk of TB exposures and receive additional training with annual respirator fit testing. All employees should be aware of the symptoms of TB and the Regions Respiratory Protection Plan and TB Exposure Control Plan, which are designed to protect you and our visitors from exposure. These practices include:

- Masks and kleenex supplies are located at point of entry to emergency room
- Signage to direct patients and visitors to cover their coughs
- Special airborne precaution signs
- Daily monitoring of negative airflow when airborne infection isolation room in use
- Annual respiratory fit testing for caregivers
- Annual TB training for caregivers routinely exposed to shared air space
- Annual Tuberculin screening
- Annual TB risk assessment
- Annual update of TB Exposure Plan



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### Pulmonary TB symptoms include:

- Cough, generally productive (more than three weeks duration)
- Anorexia, excessive weight loss
- Unexplained Fatigue, weakness
- Excessive Nighttime sweats
- Persistent Fever
- Coughing up blood
- Hoarseness

# Tuberculosis

## How can I protect myself from infectious diseases?

### Respiratory protection for hospital staff

- Healthcare workers must be fit tested, and wear N95 respirator if entering the room of a patient with TB.
- Healthy adults **living in** the patient's household may visit; wearing surgical mask is optional.
- Other healthy adults must wear an N95 respirator in room and be taught to perform a seal check.
- PAPR's (powered air purifying respirator [hood]) may also be used when needed for persons not fit-tested or who are unable to wear an N95 respirator. Contact the STAT room in Supply Chain Services to check out a PAPR.
- Patients wear a surgical mask if TB is suspected.

### Transport

- Limit patient transport out of the room for medically necessary purposes.
- Notify receiving department about TB precautions in advance of transport.
- Place surgical mask on patient during transport.

## Hand Hygiene



### Hand hygiene and glove “musts”

Proper use of gloves and hand hygiene is important to prevent transmission of infections to yourself AND to the patient.

- Cleanse hands:
  - Before applying gloves, and
  - After taking gloves off
- Wear gloves:
  - When touching blood and body fluids
  - When touching equipment or environmental surfaces contaminated with blood and body fluids
- Remove gloves before traveling in hallway
- When gloves are heavily soiled, change them often
- Between dirty and clean tasks, change gloves
- **Remove gloves first** before removing isolation gowns
- Foam in and foam out of every patient room
- Provide Hand Hygiene wipes to patients, when appropriate
- Inform visitors on the location and use of hand hygiene products

## Hand Hygiene

Rub hands for hand hygiene.

Wash hands with soap and water when visibly soiled.



### Rub hands

1. Apply golf ball size of alcohol based product in a cupped hand covering all surfaces
2. Rub hands together, covering all surface of hand and fingers
3. Rub hands palm to palm
4. Rub right palm over left dorsum with interlaced fingers and vice versa
5. Rub palm to palm with fingers interlocked
6. Rub backs of fingers to opposite palms with fingers interlocked
7. Rotate left thumb clasped in right palm and vice versa
8. Rotate rubbing backwards and forwards with clasped fingers of right palm and vice versa
9. Once dry, your hands have been effectively cleaned

# Hand Hygiene

Roll cursor over the correct answers

## Review



### Gloves...

True or False? When entering an isolation room, I foam, put on gown, then gloves before entering. I can then keep the gloves on without changing for any task I complete in the room.

True

Incorrect. Gloves must be changed between clean and dirty tasks. Hand hygiene must be performed when changing gloves.

False

Correct

### Foam in...

Do I need to foam in before entering a patient room if I know I am not going to touch anything?

Yes

Correct. Foaming in minimizes bringing in new organisms to the patient's environment

No

Incorrect. You must foam in because foaming in minimizes bringing in new organisms to the patient's environment

# Hand Hygiene



Rub hands for hand hygiene.

Wash hands with soap and water when visibly soiled.

## Review



All providers and staff must cleanse their hands during the [5-moments hand hygiene](#) (from World Health Organization).

Visitors should be instructed to cleanse their hands before and after visiting patients.

## Wash hands

Washing hands takes 40-60 seconds. The procedure is:

1. Wet hands
2. Apply soap
3. Rub hands together in all the correct positions for 15 seconds to cover all surfaces of the hand including between fingers (basically, in the time that it takes to sing "Happy Birthday" twice)
4. Rinse hands with warm water
5. Dry thoroughly with a disposable towel
6. Use the towel to \_\_\_\_ (Roll the cursor over the correct answer)

Wipe your mouth	Incorrect
Turn off faucet	Correct
Wipe off the sink	Incorrect



# Respiratory Protection Program

## Background

Federal and MNOSHA require Regions Hospital, as your employer, to develop and implement a written respiratory protection program. Respirators may be necessary to protect the health of employees and respirator use may be required to protect employees that may be exposed to airborne diseases, such as active pulmonary or laryngeal tuberculosis (TB), MERS, etc.

## Action

Respiratory Protection is required in areas where patients with airborne diseases may be encountered, such as isolation rooms. To ensure that proper respiratory protection is available to employees, the following actions will be taken.

1. Annual Respirator Fit Testing
  - Medical Questionnaire will be reviewed
  - Annual Respirator Training will be provided
  - Annual Fit Testing of N95 respirators completed
2. Employee Health and Wellness Coordinates
  - Fit Testing is arranged and scheduled with department leads
  - No-appointment-needed fit test clinics are communicated monthly
  - Individual appointments may be scheduled for fit testing
3. Quick Facts
  - N95 Respirators are a single-use item and should be discarded after use  
Note: This change to the previous re-use protocol is effective immediately
  - Fit testing is completed using the PortaCount fit test machine
  - The PortaCount is the gold standard in fit testing and provides quantitative results that are very accurate
  - Employees with significant changes in health or physical changes that may impact safe use of respirators should report to Employee Health & Wellness
  - PAPRs (powered air purifying respirators) are used employees that are unable to use the tight-fitting N95 respirators
    - Employees with beards, goatees, and other facial hair in the respirator seal area are not permitted to wear the tight-fitting N95 respirators, as facial hair in the seal area will prevent a proper seal and the respirator will not fully protect the employee.
    - PAPRs may not be used in the operating room or MRI, employees in these areas may be required to be clean-shaven.
    - PAPRs are maintained and stored by Supply Chain Services.  
Employees order a PAPR through Epic as needed. Supply Chain Services delivers the PAPR to the unit when ordered. After use, the PAPR is placed in the Dirty Utility room to be picked up by Supply Chain Services.

Respiratory Protection Procedure (SF:21) can be found in the Safety and Security Manual on Compliance 360.

## Respiratory Protection Program

### Review



Procedure mask (surgical mask) is disposable and protects the wearer from infectious droplets from patients with illnesses such as whooping cough and bacterial meningitis.

### Respiratory and facial protection

Roll the cursor over the following images to learn when

1. Apply golf ball size of alcohol based product in a cupped hand covering all surfaces
2. Rub hands palm to palm
3. Rub right palm over left dorsum with interlaced fingers and vice versa
4. Rub palm to palm with fingers interlocked
5. Rub backs of fingers to opposite palms with fingers interlocked
6. Rotate left thumb clasped in right palm and vice versa
7. Rotate rubbing backwards and forwards with clasped fingers of right palm and vice versa
8. Once dry, your hands are safe

**Foam in and foam out of every patient room. Provide hand hygiene wipes to patients when appropriate.**

protection than a procedure mask as it blocks very small particles (0.3 microns) .

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## General Practices: Updates and Reminders

### Employee: Theft/Loss Protection

Regions Hospital is not responsible for employees' lost or stolen personal items. There have been reports of items stolen from desks and break rooms. Be sure to put any valuable personal items in a locked locker. (Yes, believe it or not, some things have been stolen from lockers that were not locked!)

## **Pharmaceutical Waste Management Program**

In compliance with local and national Pollution Control Agency regulations, Regions Hospital has a Pharmaceutical Waste Management Program. We are required to evaluate all forms of waste we produce, including pharmaceutical waste, and dispose of it properly in accordance to the hazardous waste rules.

### **What is Pharmaceutical Waste?**

Any pharmaceutical product that cannot be given to or used on a patient or returned to the pharmacy for credit is considered a pharmaceutical waste. This may include a tablet that was dropped on the floor or an IV medication that was discontinued. Remember that if it can be reused (it is not opened, outdated, or contaminated) it should be sent back to the pharmacy to be credited.

### **What is my role in this process?**

At the point that the product is considered to be a waste, (cannot be used), your role is to deposit it directly into the black pharmaceutical waste buckets on the units. These buckets are centrally located in some units and more strategically located in other units and in the pharmacy.

If you work in the pharmacy, you will be pre-sorting the hazardous from the non-hazardous waste. You will deposit only the hazardous waste into the black buckets and the non-hazardous waste into the white buckets. If there is a question about it being hazardous or not, consult master list in the pharmacy.

## Antineoplastic Agents

Chemotherapy belongs to the group of drugs called *antineoplastic agents*.

### Who is at risk of exposure to antineoplastic agents?

Healthcare workers who work in areas where these drugs are used may be exposed to these agents in the air or on work surfaces, contaminated clothing, medical equipment, patient, and other surfaces.

Those at risk include:

- Hospital staff, such as shipping and receiving personnel, custodial workers, laundry workers and waste handlers, all have potential for exposure.
- Pharmacists or pharmacy technicians who prepare these drugs or nurses who administer them have the highest potential exposure to antineoplastic agents.
- Physicians and operating room personnel may also be exposed through the treatment of patients.

## Antineoplastic Agents

### Where might you be exposed to antineoplastic agents?

- Absorption through skin or mucous membranes after direct contact
- Injection by needlestick
- Ingestion with contaminated food, beverage, or tobacco products
- Patients excreta and bodily fluids
  - If possible, close the toilet lid while flushing.
- Linen
  - Bedpan, commode, urinal, and basins: wear two pairs of chemotherapy gloves when emptying containers.
- All intravenous bags, pill bottles or tubing that contains chemotherapy must be disposed of according to the waste stream policy.
- Preparation or administration of chemotherapy (oral, injectable, intravenous, etc.)
- Chemotherapy spills

Roll cursor over highlighted terms for more information



## Back Safety

### Assessing the Risks

The Bureau of Labor Statistics states that one out of five work-related injuries involves the back. How safe is your back? If you can agree with any of the statements below, you are at risk for back injury!

- I'm not sure if I use good body mechanics.
- I seldom use mechanical devices to help with lifting.
- I don't always keep my back in alignment while working.
- I sit in a chair in front of a desk for most of the day.
- I sometimes lift or move things that seem too heavy.
- I do not do exercises to strengthen my core muscles.

If you passed the first test with flying colors, you still may be at risk. Continue to the next page and see how you rate on those risk factors.



## Back Safety

### Prevention is Key

We've talked about the risks, now let's talk about what you can do to prevent back injuries.

- Maintain a healthy weight and strengthen your muscles.
- Get help from a co-worker or lift-assistance device.
- Adjust the bed to the appropriate height for the task and lock the wheels.
- Learn and practice proper lifting techniques.
- Be aware of how your body experiences stress. Back pain is a strong communication from your body that you are stressed. Adequate rest and sleep allows your body to restore and rejuvenate to perform optimally.



## Back Safety

Roll your cursor over the following for more back protection tips:

Stay centered

Avoid leaning forward or to one side for too long. Sit and stand centered. This means pulling your shoulders back and pushing your chest forward.

Carry well

Notice how you carry bags, purses or other items. Try to switch up the arms you use to carry things and

Walk well

Wear supportive shoes that are firm and form fitting. This will help you keep a strong posture because

Lift, carry, bend and twist safely

Here a few helpful tips from the Physicians, Neck and Back Clinic:

- > Know your limits and don't be shy about asking for help
- > Don't lift beyond your limits or capabilities. Think before you lift.
- > Remember the BACK technique: **B**ack straight, **A**void twisting, **C**lose to body, **K**eep smooth

## Back Safety

Roll your cursor over the following to learn more about lifting techniques:

Lifting technique

- Straighten your back, bend your legs. Use your legs to do the work.

Tripod lift

- When lifting or moving people, always face them. Do not twist when turning. Pick up your feet and pivot your

Pivot technique

- Put one foot next to the item. Keep your back straight and push your buttocks out and slowly lower yourself down to one knee.

- Position the item close to your knee on the floor. Slide the

- Use when you are required to turn. This will help to avoid twisting while lifting.

- Lift the item using the Tripod Lift and turn your foot 90 degrees toward the direction you wish to move. Bring the other foot next to the lead foot. Do not twist.

Stretch regularly and perform core strengthening exercises. Our on-site Fitness Center offers several core conditioning and stretching classes per week. Check out the schedule on myPartner.

## Back Safety

### Review



Situation: You just received a delivery of supplies from the warehouse. Since you weren't there when the delivery came up, they left it in the wrong place. You need to move the supplies, but some of the boxes are too heavy for you to lift, what do you do?

- a. Call the warehouse and ask for help in moving the supplies.
- b. Find a two-wheeler to move the boxes, and use proper lifting techniques.
- c. Ask a co-worker for assistance.
- d. All of the above.

Partially right. Take another look at the possible answers. Can more than one answer be correct?

Partially right. Take another look at the possible answers. Can more than one answer be correct?

Partially right. Take another look at the possible answers. Can more than one

Correct. Any of these solutions would help protect your back from injury.

## Back Safety

### Review



EZ Way Stand with Harness



EZ Way Lift with Sling

Situation: A 300-lb patient needs to be moved from their bed to a wheelchair. The patient is unable to do this on their own, but is mobile and has no activity restrictions. What should you do to ensure that this patient is moved safely and that the move has a good outcome for the patient, you and the other staff members?

- a. Call extra staff for help to assist moving patient
- b. Attempt to move patient on your own
- c. Locate safe patient handling equipment (EZ Way Lift or Stand, whichever is appropriate) for use, and ask one extra staff person to assist in the lift
- d. Use slide board to assist patient

Partially right. But you need to do more. Try again.

Incorrect

Correct

Incorrect



# Emergency Response Guide



**SECURITY EMERGENCY: 651-254-4911 SECURITY ROUTINE: 651-254-3979**

**HAZARD HOTLINE: 612-617-0995**

SITUATION	WHAT TO DO	WHAT WILL HAPPEN	FOLLOW-UP ACTION
<b>Active Security Threat</b>	Stay Calm. Call Security immediately at 651-254-4911 with all details of the situation. Make sure others around you know what is happening. Protect patients and visitors (shelter in place or move to safe rooms).	Security will respond as appropriate.	Security will file Incident Reports accordingly.
<b>Bomb Threat</b>	Security will initiate a <b>Security Alert, Building Threat</b> throughout the facility.	Employees will need to perform a search of their area. Do not tamper with objects that you are unfamiliar with. If something suspicious is detected, call Security at <b>651-254-4911</b> and begin evacuating the area.	Security will assess the situation and coordinate a full response with the St. Paul Police, St. Paul Bomb Squad and the St. Paul Fire Department.
<b>Bomb Threat (When you receive a call)</b>	Be calm and attempt to get as much information as possible without angering the person. Attempt to follow the questionnaire guideline located in the <b>Bomb Threat</b> section of Safety & Security Policy Manual.	You will need to contact Security at <b>651-254-4911</b> and report the situation to the Security Dispatcher.	Security will initiate a <b>Security Alert, Building Threat</b> .
<b>Cardiac Arrest/ Medical Emergency</b>	Call the operator at extension <b>1111</b> and report the situation and the exact location to the operator.	The operator will page the <b>Code Blue Team</b> to respond to the location that was requested.	The <b>Code Blue Team</b> will assess the situation. The person may/may not be taken to the Emergency Room.
<b>Evacuation</b>	If it is necessary to evacuate persons from an area in the facility, a <b>horizontal</b> evacuation should be attempted first. If a horizontal evacuation is not possible, a <b>vertical</b> evacuation will be initiated.	All persons will be moved from one area of a floor to another where it is safe. In the vertical evacuation, persons will be moved down the stairs to a safe level or outside of the building.	When it is safe to return to the area evacuated from, an overhead page from the hospital operator will be made.
<b>Fire or smoke detected</b>	Follow the <b>R.A.C.E</b> protocol. <b>R. Remove</b> all persons <b>A. Activate</b> the fire alarm system <b>C. Confine</b> the area of the fire <b>E. Extinguish</b> fire if you have complete knowledge of material and use of proper fire extinguisher. Continue to <b>Evacuate</b> to a safe place as needed.	The fire response team will respond to the alarm to assist in evacuation and fire suppression.  The fire department will respond to provide assistance and to handle the fire.	The fire chief and/or PFC, will give the final approval for staff to return to the area if it is safe to do so.
<b>Hazardous Materials – Disposal of</b>	Contact the Safety Coordinator at <b>651-254-3042</b> and give the name of the chemical and the area where it can be picked up.	The Safety Coordinator will pick up the chemical and will store it accordingly until it can be properly disposed of.	All documentation and manifests will be maintained by the Department of Safety & Security.
<b>Hazardous Materials – Spills</b>	Contact Security at 651-254-3969 to report hazardous materials spill. Give description of spill and location.	Security will respond as appropriate.	Security will file Incident Reports accordingly

<b>Missing Person</b>	Call the Safety/Security Department at <b>651-254-4911</b> and notify the dispatcher of the situation.	Security will initiate the <b>Missing Person alert</b> . Operator will make an overhead announcement giving a description of the missing person. Entrances/exits will be secured. Additional staff may be asked to assist Security with securing doors/searching areas.	Security will coordinate a full response with the St. Paul Police Department if deemed necessary.
<b>Medical Equipment Failure</b>	Remove the piece of equipment from circulation immediately and contact your supervisor.	The piece of equipment will be tagged and taken out of service and sent to the Clinical Engineering Department to be serviced.	An incident report needs to be completed by the person reporting the malfunction. Clinical Engineering will file appropriate documentation on the malfunction and will service the equipment.
<b>Mass Casualty</b>	Follow the <b>Mass Casualty Alert Plan</b> located in the Safety & Security Policy Manual.	Each department will respond accordingly to the responsibilities outlined in the <b>Mass Casualty Alert Plan</b> .	Incident reports will be filed accordingly. All aspects of the response will be critiqued by the Disaster Committee.
<b>Suspicious persons or activities</b>	Call the Safety & Security Department at <b>651-254-4911</b> and report the activity to the dispatcher. You must be calm and complete with the dispatcher to ensure the proper response.	The dispatcher will dispatch security officers to the area requested and will provide whatever assistance is required to maintain a safe and secure environment.	The security officer will need to get as much information from the person making the call and will file a Security Incident Report.
<b>Telephone Outage</b>	Refer to the <b>Telephone Outage Response Plan</b> in the Safety & Security Policy Manual. If applicable, send a staff person down to room C1381 (Security Office) to pick up a radio to supplement communications.	Each designated floor will receive a radio from Security. This radio should be placed on the floor according to what is indicated in the <b>Telephone Outage Response Plan</b> . If communication or assistance is necessary, a staff person will have to communicate to the Security Dispatcher via radio.	When communication has been restored, an overhead page from the hospital alert will alert staff. Return all radios.
<b>Tornado Warning</b>	Move all patients, visitors and staff away from windows and outside walls. Follow <b>Severe Weather Response Plan</b> in the Safety & Security Policy Manual.	The hospital operator will announce overhead that a Tornado Warning has been issued and will also give the time that it is due to expire.	Hospital operator will announce the Tornado Warning conditions every fifteen minutes until the “all clear” has been issued. When all clear has been issued, the operator will announce.
<b>Tornado Watch</b>	Make sure that all staff and patients are aware of the situation.	The operators will announce overhead that a Tornado Watch has been issued and give the time that it is due to expire.	The hospital operator will announce updates on the watch conditions.
<b>Utility Failure</b>	Follow the <b>Utility Failure Response Plan</b> in the Safety & Security Policy Manual.	Engineering and/or maintenance will respond to assist with the problem.	Incident reports will be filed accordingly.



## Alerts

### Active Security Threat

Active Security Threat is identified as, but not limited to situations where:

- A person or persons are being threatened or are at risk of being threatened,
- An object is being used or threatened to be used against people, or
- A knife or gun is being used or threatened to be used against people.



#### What do you do?

Stay calm.

Call **Security** immediately at 651-254-4911 with all details of the situation. (Do NOT call the Switchboard Operator or 911.)

Make sure others around you know what is happening.

Protect patients and visitors (shelter in place or move to safe rooms).

### Staff's response

#### Staff's response in areas where threat is taking place:

- Remain calm
- Survey your environment and immediately evacuate to the nearest exit
- Leave all belongings behind
- Protect your patients. Assist patients to a safe room or exit. If they are non-ambulatory, close their doors and turn off lights.

#### Staff's response in areas adjacent to the area of the threat (Floor above and below):

- Remain calm
- Go to a room that can be locked or barricade (safe room)
- Close blinds and windows
- Silence cell phones
- Warn other staff, visitors and patients to take immediate shelter
- Protect your patients, close their doors, turn off lights and cover them. Instruct them to remain calm, quiet and out of sight. If you can safely move them to a safe room, do so.

#### Staffs response in areas away from the threat (same building, more than 1 floor away from threat):

- Remain calm
- Protect your patients. Instruct them to remain calm and quiet.
- Secure your space immediately, turn off all lights, and turn off all equipment that may produce noise, turn your cell phone on silence. Do not move about the building
- Wait for further instructions

## **Mass Casualty**

Mass Casualty is activated when there is a major internal or external disaster that does or could result in a large number of casualties.

### **Mass Casualty Response Plan**

Three different levels of a Mass Casualty Response Plan have been developed to allow Regions to appropriately prepare regardless of the origin of the event. The assigned level depends on the type of event and expected impact on Regions and is determined by members of administration, the emergency department, safety and security and the patient flow coordinator. The three levels are:

Level I: Minor/localized event not expected to disrupt normal business

Level II: Major event that may result in casualties being directed to Regions

Level III: Major event that will result in a large influx of patients

### **How Will I Know a Level III Mass Casualty is Activated:**

In the event that a Level III Mass Casualty is activated, the following announcement will be made six times within 15 minutes and once every 15 minutes after that by the hospital operator:

***“May I have your attention? Please listen to the following announcement. This is NOT a drill. Regions Hospital has activated a Mass Casualty Response Plan. All departments need to implement their response plans and activate emergency call-out rosters. Visiting hours are over effective immediately. We apologize for any inconvenience and appreciate your immediate assistance at this time”.***

### **What Should I Do if a Level III Mass Casualty is Activated:**

1. Immediately report back to your home department to receive assignments, appropriate identification if required, and personal protective equipment as necessary.
2. All departments will operate at minimum staffing levels and send any additional staff to the labor pool located in the North Oaks Conference Room N2016 A & B, which are on the second floor of the North Building.
3. If you are sent to the labor pool you will be asked to identify your credentials for role assignment, for example; RN, HUC, LST, or Housekeeper
4. If your department requires additional staff, contact the labor pool.
5. All staff is required to have a current Regions ID card displayed on their outer most garment at all times. The ID will be located up near the collar.
6. Ask visitors to leave Regions hospital as soon and as safely as possible.
7. Review the Mass Casualty policy located on your unit or in Compliance 360 to identify what actions your specific area should be taking.
8. If appropriate, send a representative to the Command Center located on the first of the Central building to pick up a radio to use in case normal communication methods are disrupted or ineffective.
9. If you are at home, do not come to Regions unless your supervisor contacts you and asks you to come in. You may be needed for future shifts.

## Emergency Response

### Emergency Response — Do you know what to do?

What do you do in the event of an emergency? Each of the following situations is included in your Safety/Security Manual. For the review questions on the next few pages, roll your cursor over the correct answer. Also roll your cursor over the other options for more information.

#### Review



When do you follow the R.A.C.E. protocol?

- R - Remove all persons.
- A - Activate the fire alarm system.
- C - Confine the area of the fire.
- E - Evacuate to a safe place.

Tornado warning

Tornado watch

Fire or smoke detected

Incorrect. For a tornado warning you would move all patients, visitors and staff away from windows and outside walls, and follow Severe Weather Response Plan in the Safety/Security Policy Manual.

Incorrect. For a tornado watch you would make sure that all staff and patients are aware of the situation.

Correct. If you detect fire or smoke in the building, follow this RACE procedure.

## Emergency Response

#### Review



### Code Blue

What do you do when a person's health or well-being is in need of immediate response?

(Roll your cursor over the correct answer, and then roll it over the other answer for more information about the other option.)

Report the activity to the dispatcher by calling the Safety/Security Department at extension 4-4911. You must be calm and complete with the dispatcher to ensure the proper response.

Report the situation by pushing the blue code button on the headwall in the patient room. (Each patient room has a blue code button.) Or call the operator at extension x11111, and give the exact location and say whether the person is a child or adult.

Incorrect. This procedure is for an Active Security Threat.

Correct

## Emergency Response

### Review



Roll your cursor over each of the following to learn what they mean.

### Mass Casualty

In the event of a major event, follow this plan, which is located in the Safety/Security Policy Manual.

### Building Threat

Security will initiate this response when a threat to the building has been received. An announcement will be made throughout the facility giving more detailed information regarding the specific threat.

## Emergency Response

### Review



When you receive the call, be calm, and attempt to get as much information as possible without angering the person. Attempt to follow the questionnaire guideline located in the Building Threat section of the Safety/Security Policy Manual.

This is the procedure for which emergency?

Hazardous spill

Utility alert

Bomb threat

Incorrect. The procedure for a hazardous spill is to contain the spill as much as possible and immediately contact your supervisor and the hospital Safety Coordinator at extension 4-3042. Also call the Employee Right-to-Know Hotline at 612-617-0995 to request an SDS for the chemical that was spilled.

Incorrect. For a utility alert, you would follow the Utility Failure Response Plan in the Safety/Security Policy Manual.

Correct

Before you advance to the next page, also roll your cursor over the other two options, to learn more about these emergency procedures.

## Emergency Response

### Review



Types of emergencies:

**Medical equipment failure:** Remove the piece of equipment from circulation immediately and contact your supervisor. **Missing Person:** This is a Missing Person event. Call the Safety/Security Department at extension 4-4911 and notify the dispatcher of the situation. **Disposal of hazardous materials:** Contact the Safety Coordinator at extension 4-3042 and give the name of the chemical and the area where it can be picked up. **Telephone outage:** Refer to the Telephone Outage Response Plan in the Safety/Security Policy Manual. If applicable, send a staff person down to the Security Control Center on the first floor of the Central Building to pick up a radio to supplement communications. **Evacuation:** If it is necessary to evacuate persons from an area in the facility, a horizontal evacuation (move from one area of a floor to another where it is safe) should be attempted first. If a horizontal evacuation is not possible, a vertical evacuation will be initiated.



# Emergency Response

## Fire code — Corridors

A new fire code has been released that allows for certain items to be left in corridors. This is a new practice at Regions Hospital. The following in-use equipment is permitted in the corridor:

- Crash carts - always
- Isolation carts - when in use for the patient assigned to that room
- Chemo carts - when in use for the patient assigned to that room



All other items are prohibited from being left in the corridor for more than 30 minutes.

### During Fire Alarm

Everything, including crash carts, isolation carts, chemo carts, etc., must be removed from the corridor during a fire alarm. It is the responsibility of EVERY employee to ensure that EVERYTHING is removed from the corridor during a fire alarm.

# FIRE SAFETY

## **FIRE ALARM ANNUNCIATION**

The Hospital uses the overhead paging system if there is an active alarm somewhere within the facility. Shortly after the alarm has been activated, a tone will sound throughout the entire facility and a verbal announcement will follow to identify the location of the fire.

## **GENERAL FIRE RESPONSE PROCEDURE**

- R**     *Remove* or *Rescue* all persons from the area of immediate danger of fire or smoke and evacuate to a safe area.
  
- A**     *Alert* or *Activate* the system by pulling the nearest manual pull station to notify the internal fire response team and the fire department. If unable to get to a manual pull station, call the security dispatcher by dialing 43969 to report the situation and the exact location.
  
- C**     *Confine* the fire and secure the area by closing all doors and windows in the area to limit the spread of the smoke and fire to unaffected areas to better facilitate an effective evacuation.
  
- E**     *Extinguish/Evacuate.* Extinguish the fire only if you have complete knowledge of the material which is burning, its ignition source, available extinguishers in the area capable of extinguishing that specific fire and knowledge of how to effectively use a fire extinguisher. Never attempt to extinguish a fire if you are placing yourself in danger to do so. Evacuate to a safe area if you are not able to extinguish fire.

### **Off-Campus Properties:**

Response to a fire at any off-campus properties occupied by Regions Hospital is the same with only one exception, instead of calling Regions Hospital Security at 651-254-4911, call the fire department directly by dialing "911".

## **FIRE ALARM RESPONSE INFORMATIONAL CHART**

Regions Hospital Fire Response Plan:

**R** – Remove all persons in immediate danger

**A** – Activate the fire alarm system

**C** – Confine the area to keep the fire from spreading

**E** – Evacuate. Extinguish the fire if possible/Evacuate area if needed

**THIS IS WHAT HAPPENS**

**THIS IS WHY IT HAPPENS**

**THIS IS HOW TO RESPOND**

<p>Announcement for fire is made.  (away from point of origin)</p>	<p>All fire alarms will be announced throughout the entire facility, which includes all buildings and all floors.</p>	<p>Respond according to facility fire response plan and your department specific response plan, If you have one. If the strobes are not flashing, begin to:                      -Inform all occupants of the alarm.                      -Discontinue using the elevators until the alarm has been cleared.                      -Close all fire doors to your area.                      -Don't allow persons to travel about the facility until the alarm has been cleared.</p>
<p>Announcement for fire is made and strobe lights are flashing.  (adjacent to point of origin)</p>	<p>Strobe lights will flash in your area if you are on the floor of the alarm, the floor above the alarm or the floor below the alarm.</p>	<p>Respond according to facility fire response plan. If your magnetic doors have not closed, begin to prepare for evacuation by:                      -Clearing all corridors of any obstructions.                      -Closing all fire doors in your area.                      -Checking your area for smoke or fire.                      -Inform all occupants of the alarm.                      -Don't allow the use of any elevators for any reason.                      -Don't allow persons to travel about the facility until the alarm has been cleared.                      -Be prepared to evacuate but wait for instructions from fire response team.</p>
<p>Announcement for fire is made, strobe lights are flashing and the magnetic doors close automatically.  (point of origin response)</p>	<p>This will happen only if the alarm is on the floor that you occupy.</p>	<p>-Immediately assess your area for smoke or fire. If smoke or fire is present, evacuate immediately.                      -If no smoke or fire is present, begin preparing for evacuation.                      -Clear all corridors of any obstructions.                      -Discontinue using any elevators until the alarm has been cleared.                      -Inform all occupants of the situation and keep everyone calm.                      -Don't allow anyone to leave the area and travel about the facility until the alarm has been cleared.                      -Locate all evacuation resources (wheelchairs, stretchers, etc.) and be prepared to evacuate if notified to do so.</p>
<p>Announcement of all clear is made.</p>	<p>This will happen at the conclusion of each alarm.</p>	<p>Resume normal duties and inform all occupants that the alarm has been cleared.                      -Elevators may now be used.                      -Persons may travel about the facility freely.                      -All fire doors may be reopened.</p>

# Safety Data Sheets



## What are they?

OSHA's Hazard Communication Standard, 29CFR1910.1200, stipulates that a Safety Data Sheet (SDS) is available for all chemicals (including waste materials) in the workplace. Manufacturers are required to create SDS information for hazardous materials. There are no standard formats, but there are required sections for each SDS.

### Section 1 – Product Identifier

This identifies what the chemical is. It will be located in Section 1 on SDS.

### Section 2 – Pictograms

GHS - Hazard Pictograms and Related Hazard Classes		
<b>Expanding Bomb</b> <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-reactives</li> <li>• Organic Peroxides</li> </ul>	<b>Corrosion</b> <ul style="list-style-type: none"> <li>• Skin corrosion/burns</li> <li>• Eye damage</li> <li>• Corrosive to metals</li> </ul>	<b>Flame Over Circle</b> <ul style="list-style-type: none"> <li>• Oxidizing gases</li> <li>• Oxidizing liquids</li> <li>• Oxidizing solids</li> </ul>
<b>Gas Cylinder</b> <ul style="list-style-type: none"> <li>• Gases under pressure</li> </ul>	<b>Environment</b> <ul style="list-style-type: none"> <li>• Aquatic toxicity</li> </ul>	<b>Skull &amp; Crossbones</b> <ul style="list-style-type: none"> <li>• Acute toxicity (fatal or toxic)</li> </ul>
<b>Exclamation Mark</b> <ul style="list-style-type: none"> <li>• Irritant (eye &amp; skin)</li> <li>• Skin sensitizer</li> <li>• Acute toxicity</li> <li>• Narcotic effects</li> <li>• Respiratory tract irritant</li> <li>• Hazardous to ozone layer (non-mandatory)</li> </ul>	<b>Health Hazard</b> <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive toxicity</li> <li>• Respiratory sensitizer</li> <li>• Target organ toxicity</li> <li>• Aspiration toxicity</li> </ul>	<b>Flame</b> <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-heating</li> <li>• Emits flammable gas</li> <li>• Self-reactives</li> <li>• Organic peroxides</li> </ul>

### Section 3 – Signal Word

Indicates the hazards level of severity. There are only two signal words: danger and warning.- Danger is used for more severe hazards- Warning is used for the less severe hazards

### Section 4 - Health Hazard Statements

Hazard Statement describes the nature of the hazards, including the degree of hazard. Statements are specific to the hazard, not the chemical. Hazard Statement can be located under Section 4 of the SDS sheet.



### Section 5 – Precautionary Statement

These statements located in Section 5 of the SDS are things you can do to minimize or prevent adverse effects from exposure.

### Section 6 – Supplier Information

Name, address and phone number of the chemical manufacturer, distributor or importer, can be located under Section 6 of SDS.

EXAMPLE of product identifier, signal word and supplier information:

<b>2</b> 	<b>1</b> Sulfuric Acid	<b>2</b> 
	<b>3</b> Danger! May be harmful if swallowed. Causes sever skin burns and eye <b>4</b> damage. Fatal if inhaled. Harmful to aquatic life.	
	Do not breathe dust/fume/gas/mist/vapors/spray. Wear protective gloves/protective clothing/eye protection/face protection. Wear respiratory protection.	
<b>5</b>	<b>IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/physician.</b>	
	<b>In case of fire Use water spray, alcohol-resistant foam, dry chemical or carbon dioxide.</b>	
	See Material Safety Data Sheet for further details regarding safe use of this product.	
<b>6</b>	Sigma-Aldrich 3050 Spruce Street SAINT LOUIS MO 63103 USA Telephone : +18003255832	
<b>1</b> Product Identifier	<b>4</b> Hazard Statements	
<b>2</b> Pictograms	<b>5</b> Precautionary Statements	
<b>3</b> Signal word, "Danger!"	<b>6</b> Supplier Information	

Don't wait to read the SDS until you have a problem. SDS's are a planning and preparation tool. They should be consulted early and often in the planning stages of chemical use.

## Safety Data Sheets



### How do you get them? How do you interpret them?

If you need help on where the SDS are located in your area or how to read them, contact your Departmental Right-to-Know liaison.

If you encounter a situation in which exposure or injury has resulted from a chemical product, here's what to do:

1. Read the product label for immediate first aid information.
2. Call the Hazard Hotline at 612-617-0995. This hotline is staffed 24 hours a day, seven days a week.
3. Be prepared to provide this information:

Product information	Contact information	Exposure
---------------------	---------------------	----------

**Product information:** To identify the product, have the product label available. The hotline staff will need to know the product name and manufacturer to access the correct SDS

**Contact information:** Your name, company name, zip code, phone number, and fax number.

**Exposure:** You will be asked if this is an exposure.

4. If there has been an exposure, you will be immediately transferred to a nurse who will determine the necessary follow-up treatment, if needed.
5. After the product SDS is faxed to your unit, pick up the SDS and...
6. Fill out an Employee Injury Report.

#### Damarco...

...is our resource for requesting SDS sheets. You may contact them by using the Hazard hotline number 612-617-0995 or online. You will require a user name and password to access specific data sheets at [www.damarco.com](http://www.damarco.com). Contact your Department Right to Know liaison for assistance.

# WORKPLACE VIOLENCE

## History

In 1996, OSHA created a standard requiring all facilities such as Regions Hospital to develop a program that supported the prevention of Workplace Violence. OSHA also requires that all employees be trained on the facilities policy and response to workplace violence. Regions Hospital responded by creating a policy and training program to support the standard and also to support a more healthy and safer work environment.

## Definition of Workplace Violence

Violence is an action that is the use of physical force, harassment or intimidation, or abuse of power or authority, where the impact is to control by causing pain, fear or harm. This includes actions of employees, supervisors, patients, visitors, vendors, and other persons. Violence in the workplace refers to a broad range of behaviors including, but not limited to, physical violence, intimidation and/or behaviors that are disruptive to the environment and generate a concern for the personal safety of patients, visitors, employees, customers, clients, students and others who are present in the facility. Examples include:

- Verbal assaults
- Verbal threat or written threats that express intent to harm
- Physical assaults, including: biting, kicking, punching, scratching, spitting, etc.
- Any perceived act that causes fear or harm to a Regions employee, patient or visitor at a Regions facility.

## Policy

Regions Hospital will not tolerate violence in and around the workplace. Regions Hospital may take disciplinary action, up to and including discharge, and may also support criminal prosecution of those who threaten to commit work related violence against its employee's, customers, and other visitors to its work environment. Accordingly, Regions Hospital commits to work to: The prevention of potential violence in and around the workplace. Reduction of the negative consequences for those employees who experience or encounter violence in their personal or work lives. Fostering a work environment of respect and healthy conflict resolution and holding employees accountable should they commit acts of violence in the workplace, since disciplinary action will be initiated. By making this commitment and implementing additional safeguards, Regions Hospital believes it is also contributing to a safer, better facility and community.

## Immediate Assistance

Should you experience or witness any act of violence according to the definition above, you should immediately contact the Safety & Security Department and your supervisor, if possible, for appropriate action to be taken. The Safety & Security Department is responsible for providing immediate intervention to safeguard those involved.

### Workplace Violence

**What will Security do?**

When a Safety & Security officer responds to a Workplace Violence report, their role is to control any volatile situations and then assist in the investigation along with the department manager/supervisor. Additionally, the officer is responsible to ensure that appropriate corrective action is taken and that precautions are in place to prevent further occurrences and the safety of those individuals affected by the event.

**What does this mean?**

The Safety & Security officer will separate the individuals, whether the incident involves employees, patients, or visitors. Actions include:

- Separating the individuals involved.
- Support patient care staff to provide care in a safe environment.
- Instruct visitors/family on appropriate behavior or to leave the facility for the duration of the day.

If a crime has taken place, Security will notify the St. Paul Police.





## Incident Reporting

All employees who experience workplace violence (physical or verbal: harm or no harm) are required to report the incident. Employees can access online event reporting through myPartner or EPIC.

**Additional information is available in the Safety & Security Policy Manual, which is located on Compliance 360. Additional information can also be obtained by call the Safety & Security Department at 254-3979.**

## Workplace Violence

This slide is for all employees who may have access to the Mental Health units and Pod G in the ED.

### Education for secure doors on Mental Health units and Pod G in the Emergency Department

Follow these safety practices. Corrective action can be taken for failure to maintain a safe environment for the patients, visitors and employees.

**Look** – Before you enter or exit the unit. Look for patients that could be close to the door.

**Open** – If a patient is in the vicinity of the door, wait until the area is clear of patients.

**Stop** – When you pass through the door, STOP there, wait until you hear the door shut behind you.

**Use** – Enter and exit through the main door only. Exceptions include:

- Emergency situation
- Moving a large cart or equipment
- Escorting patients to activity room using two staff

## Anti-harassment

Regions Hospital is committed to maintaining an environment for all employees that is free from harassment, as harassment creates a hostile work environment.

Regions Hospital prohibits harassment on the basis of race, creed, religion, color, age, sex, national origin or ancestry, sexual orientation, genetics, gender identity, marital status, familial status, disability, veteran status, status with regard to public assistance, or other factors protected by federal, state, and local law.



## Anti-harassment

### Definitions

**Discrimination:** Unlawful discrimination refers to unfair or unequal treatment of an individual or group based on protected characteristics, including: race, creed, religion, color, age, sex, national origin or ancestry, sexual orientation, genetics, gender identity, marital status, familial status, disability, veteran status, and status with regard to public assistance.

[Rollover for examples](#)

**Harassment:** Unlawful harassment refers to severe or frequent unwelcome conduct based on a protected characteristic that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

[Rollover for examples](#)

Discrimination behavior that is prohibited:

- Harassment on the basis of a protected characteristic
- Retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices
- Denying employment opportunities to a person because of their own protected characteristic or the protected characteristic of someone with whom they are associated

Harassment behavior that is prohibited:

- Verbal and/or physical behavior or threats which has the effect of interfering with a person's work performance
- Derogatory statements or other offensive images and jokes that are based on a person's protected characteristics
- Conditioning employment or basing employment decisions on protected characteristics

## Anti-harassment

### Report harassment

All employees are equally responsible for doing their part to ensure the work environment is harassment-free.

Any employee who feels that she/he is being harassed or any employee who witnesses acts of possible harassment or discrimination should make the incident known. Notify your leader, your leader's leader, or the Executive Director of Human Resources at 651-254-3695.

An employee who is determined to have engaged in retaliation as a result of a harassment claim or investigation is subject to disciplinary action, up to and including termination.



## Anti-harassment

### Sexual harassment

Regions Hospital is committed to maintaining an environment free from acts of sexual harassment. It is prohibited for any employee to engage in sexual harassment, for any employee to permit employees under his/her supervision to engage in sexual harassment, or for any employee to retaliate or permit retaliation against an employee who reports sexual harassment.

Unlawful sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal and physical conduct of a sexual nature.

[Rollover for examples](#)

#### Sexual harassment examples:

- Unwelcome sexual flirtations
- Advances or propositions
- Verbal comments or physical conduct of a sexual nature
- Sexually explicit or offensive jokes
- Display in the work environment of sexually suggestive objects or pictures



## Anti-harassment

### Report sexual harassment

All employees are equally responsible for doing their part to ensure a work environment that is harassment free. Any employee who feels that he/she is being sexually harassed or any employee who witnesses possible sexual harassment is encouraged to report the incident. If you do not wish to directly communicate with the individual alleged to be engaging in sexual harassment, report the incident(s) to your immediate leader, your leader's leader, or contact the Executive Director of Human Resources at 651-254-3695.

Leaders have the responsibility of maintaining an environment free of sexual harassment and must report it as soon as possible to Human Resources.

An employee who is determined to have engaged in retaliation as a result of a sexual harassment claim or investigation is subject to disciplinary action up to and including termination.



## Vulnerable Patients

If you believe one of our patients has been or is currently a victim of maltreatment by a Regions employee, another patient, or anyone else, you must take two immediate actions:

1. Make sure the patient is safe and
2. Report your suspicions to your supervisor or the patient flow coordinator, if your supervisor is not available

Your supervisor will investigate the situation and if warranted, work with a social worker or Risk Management to submit a report to the Minnesota Department of Health (MDH) within 24 hours.

It is not your responsibility to determine if maltreatment has actually occurred, but it is your responsibility to take action if you see or hear something suspicious.

Continue to the following slides to consider some scenarios.

## Vulnerable Patients



### Scenario 1

You are a nurse admitting a patient to your unit. While doing your head-to-toe assessment, you notice that the patient has many new and old bruises. You ask the patient about the bruises and whether or not the patient has been physically abused (for example: hit, slapped, kicked, pinched, bitten, or other type of attack). The patient tearfully tells you that his son, who lives with him, has been drinking a lot and gets violent when drunk.

What do you do?

**ANSWER**

Notify your charge nurse or nurse manager immediately. This may be a case of maltreatment by the patient's son. Document your observations, statements by the patient, and your actions in the patient's medical record.

Roll your cursor over the Answer box

# **SEXUAL ASSAULT BY DEFINITION**

## **Definition of Sexual Assault**

Sexual assault is typically defined as being forced to unwillingly engaged in any of the following activities:

- sexual interaction or intercourse,
- fondling or kissing in a sexual manner,
- viewing of pornography,
- visualizing sexual organs,
- posing for sexually explicit pictures, or
- talking in a sexually provocative manner

It is important to know that the perception of whether or not a sexual assault has occurred is dependent on the individual experiencing the event. Therefore, patients may perceive they have been sexually assaulted when we perform procedures or tests that involve touching their breasts or genital area. Prior to performing any procedure or test, but especially those involving the breasts or genital area, make sure to use AIDET (Acknowledge, Introduction, Duration, Explanation and Thanks) to prepare the patient for what to expect. If the patient appears uncomfortable or if you are feeling uncomfortable, request a staff member of the opposite gender to be with you and the patient during the process. Remember, patients have a right to know what to expect and the right to refuse a procedure or test.

## **Regions Policy**

All allegations by a patient of sexual assault or sexually inappropriate behavior are to be taken seriously.

## **Event reporting: What should you do?**

If a patient states that they believe they have been sexually assaulted, or if you suspect a patient has been sexually assaulted, report it immediately to your department manager, charge nurse, the inpatient clinical supervisor or the patient flow coordinator. Your supervisor or the patient flow coordinator will contact the necessary departments including security, risk management, administration and patient safety. Remember, it is not your job to determine if the assault has actually occurred. You are responsible for making sure the appropriate individuals are notified in a timely manner. If a sexual assault nurse examiner (SANE) exam is needed, the SANE RN on-call, can be reached through Amion.

# WORKER FATIGUE

## What is Worker Fatigue?

Fatigue is a concept and therefore difficult to define. The signs of fatigue vary from person to person, but are generally thought to be exhibited by feeling tired, weary, sleepy or having a lack of energy. While worker fatigue can affect any employee, it can especially be a problem for employees that work the night shift. Our bodies have been designed to be awake when the sun is up (day time) and asleep when the sun is down (night time). When we reverse that pattern and force ourselves to be awake at night and asleep during the day, we disrupt our body's normal rhythm and do not get the quality of sleep we need to be fully rested.

## Impact of Fatigue at Work:

Being fatigued or over-tired is a physical condition that can lead to accidents or unexpected patient care events. That is because we experience physical effects of fatigue that increase our tendency to make mistakes. Some of these physical effects are:

- inability to pay close attention, especially to details,
- a tendency to forget things,
- poor decision making or judgment,
- slowed reaction time, and
- an inability to clearly communicate ideas and/or thoughts.

Studies have shown that being awake for 24 consecutive hours is **equivalent** to having a blood alcohol of 0.1%. At this level, the state of Minnesota would consider an automobile driver as drunk. Any one of the effects of being fatigued can lead to serious harm to one of our patients or to you. Examples of patient harm are giving a medication to the wrong patient or failing to notice that a patient is deteriorating and needs to be assessed by the Rapid Response Team.

## How You Can Prevent Fatigue-Related Accidents or Unexpected Events:

1. *Get at least 8 hours of sleep in every 24 hour period.* Sleep is a fundamental physical need that we all have. Studies have shown that we need a minimum of 8 and ¼ hours of sleep in a 24 hour period. When we don't get the amount of sleep our body requires night after night we create a sleep debt bank that can only be filled with long stretches of quality sleep.
2. *Do not work a night to day double shift and limit the number of doubles you work.* Working a night to day shift is more fatiguing than working a day to evening double or an evening to night double. Remember you need a minimum of 8 and ¼ hours of sleep every 24 hours and that you can quickly create a sleep debt bank with multiple doubles.
3. *Be aware of how you're feeling and tell your co-workers if you are fatigued.* When your co-workers know you are especially tired, they can help you prevent an accident or unexpected event. It is important to rely on each other to make sure our patients and we are safe.

## **General Practices: Updates and Reminders**

### **What do you do when an unexpected event occurs?**

When an unexpected event occurs, complete the online Unexpected Event and Good Catch Reporting form. You can find this form on the EPIC tool bar reporting module at Safety Event/Good Catch reporting and on mypartner>Forms>Safety Event>Good Catch Reporting.

Your name and phone number are optional on the report, but are very helpful for clarification of an occurrence. Keep in mind that Unexpected Event and Good Catch Reporting Forms provide objective medical record information and are anonymous.

### **What do you do when you are injured at work?**

If an injury occurs at work, complete the Employee Incident Injury/Exposure to Blood/Body Fluids Report. This is a paper form that can be obtained from your Director, Manager or supervisor. You may also receive a copy from the Employee Health and Wellness department. Please fill out the report and send it to Employee Health and Wellness. The injury report will be forwarded to and reviewed by the Work Comp Department. You may also contact the Work Comp Department directly with any questions you may have. Please call 651-254-2273.



## Required Right-to-Know Education Post Test

1.	Where can you get an SDS for a specific chemical?
2.	If you are asked to perform a specific task that places you in imminent danger, can you refuse to perform the task?
3.	Do you have personal protective equipment available to protect you against the hazards of your job/what are they?
4.	List the steps to take immediately following an exposure to blood?
5.	List two examples of engineering controls that may be utilized to help reduce the risk of exposure to Bloodborne pathogens?
6.	Do hands need to be cleansed before applying gloves and after taking them off when performing patient cares?
7.	In the fire plan, what does R.A.C.E. stand for?
8.	What is a Mass Casualty Alert and what is your responsibility?
9.	What is your responsibility if you receive a Bomb Threat?
10.	What is your responsibility if you are made aware of a Missing Person?
11.	When evacuating, where should persons be evacuated to first according to our evacuation plan? Information can be found on the orange Emergency Response Guide also.
12.	What is an Active Security Threat?
13.	During an Active Security Threat, if you are in the immediate area of the threat, your first response would be what?
14.	List 3 things you can do to help avoid back injuries? _____ _____
15.	How do I dispose of Pharmaceutical Hazardous Waste?
16.	What is the definition of workplace violence?
17.	Can an employee being subject to disciplinary action including dismissal if they threaten or commit workplace violence?
18.	If you encounter a violent situation at work, whom would you call for assistance?
19.	You are preparing to perform a procedure/test on a patient that involves the patient's genital area, what should you do?
20.	You are working the night shift and notice that one of your co-workers is having trouble staying awake. What should you do?

21.	If an employee feels they are being harassed based on a protected characteristic or retaliated against, whom should they contact?
22.	What section of the Safety Data Sheet (SDS) would you look at to see if personal protection equipment (PPE) is necessary?
23.	All disinfectants used on medical equipment have a minimum 10-minute wet contact (dwell time)?
24.	What should you do first if you notice the cord on a piece of equipment is frayed or damaged?
25.	Equipment in the patient room (for example, glucometer), should be cleaned after using it on the patient and before leaving the patient room?
26.	What storage is permitted by fire code in the corridor?
27.	Where can the Respiratory Protection Procedure be found to review?
28.	List the seven different transmission-based isolation categories: _____ _____ _____
29.	Regions Hospital's TB Exposure Control Plan is located in which manual?
30.	List five symptoms of active TB: (1) (2) (3) (4) (5)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Department

# REGIONS HOSPITAL REQUIRED EDUCATION FORM

*Check All That Apply:*

Name:		Annual Re-Training:	
Title:		Training Due to Change of Work Area/Assignment:	
Department:		Additional Training Requested:	
Cost Center:			

## TRAINING PROVIDED

Title/Subject/Type of Training	Date of Training	Name and Title of Trainer	OR	Video
Emergency Preparedness (Required)	_____	_____		
Employee Right-to-Know (Required)	_____	_____		
Bloodborne Pathogens (Required)	_____	_____		
Tuberculosis (Required if necessary for position)	_____	_____		
Personal Protective Equipment (Required if necessary)	_____	_____		
Back Safety (Recommended)	_____	_____		
Ergonomics (Recommended)	_____	_____		
Electrical Safety (Recommended)	_____	_____		

I certify that the above information is correct. I have received the above training and understand the information presented to me.

Employee Signature	Date	Evaluation Attached: Post Test Attached:	<table border="1" style="margin: auto;"> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">No</th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Yes	No				
Yes	No								
Supervisor/Manager Signature	Date								

**PLEASE COMPLETE THIS FORM AND FILE IN YOUR OWN DEPARTMENT  
FOR 3 YEARS.**