



The Miriam Hospital

HIPPA and Safety Education for Schools of Nursing Clinical Placements



Environmental Safety/Facilities Management
and
The Center for Professional Practice and Innovation
Reviewed August 2016



HIPPA Privacy Compliance

The HIPPA Privacy Rule – enacted 4/2003 ensures that protected health information (PHI), patients share with doctors, hospitals and others who provide and pay for healthcare is protected.

Numerous states and the federal government enacted protections for healthcare information. Congress enacted the Health Insurances Portability and Accountability Act of 1996 (HIPPA)

HIPPA Rule

Mandates that all employees, physicians, volunteers, students and other members of the healthcare organization's workforce follow HIPPA- required procedures and do the right thing when it comes to protecting the privacy and security of patients

Protecting PHI - Student/Faculty Expectations

Use protected health information (PHI) only for clinical assignment related purposes.

All PHI, including oral, written and electronic information must be kept confidential.

Review Policy: CCPM 69 Authorization for Use and Disclosure of PHI. <http://intralifespan.org/compliance>

Contact the Privacy Officer if you have any concerns or questions (401) 444-4728

Examples of PHI include

Patient's name, address, date of birth, social security number, phone number, email address, fax number, URL address, IP address, license number, biometric identifiers, vehicle identifiers

Medical records, health plan number, diagnosis, photographs, labels on IV bags, billing information, research records

Safeguarding PHI

- Never discuss patient information outside clinical site
- Be careful not to discuss patient information in hallways, elevators, cafeterias or common areas where you can be overheard
- Do not share passwords
- Log off computers when finished
- Point computer monitors away from view of visitors
- Personal information must be protected and encrypted on laptops, and other portable devices
- Close patient room doors as appropriate
- Speak in a low voice in semi-private rooms
- Dispose of paper records in designated areas

Safety Management

Safety Issues

- Any actions that may or have caused an injury to any patients, visitors, or employees must be reported immediately to unit leadership, who will take the appropriate reporting action.
- Staff and faculty have the right to report any safety issue to OSHA and/or the Joint Commission anonymously and without prejudice.

Safety Management Environment of Care

- The Miriam Hospital's Environment of Care (EOC) Committee is the Hospital's Safety Committee.
- The Committee meets on a regular basis to discuss safety issues, implement safety plans, and make safety policy decisions.
- Faculty and students should bring routine safety concerns to the attention of unit leadership.

Safety Management

Student/Faculty Injury

- All student or faculty injuries should be reported immediately to unit leadership or off-hours, to the nursing supervisor.
- Faculty should report student or faculty injuries to their schools and inform unit leadership that report has been made so that unit leadership can document the follow-up in the hospital event reporting system.
- If urgent medical attention is needed, faculty/ staff should go to the Emergency Department.

Safety Management

Emergency Information

- **ID badges should be worn at all times while on hospital grounds.**
- Faculty and Students: Your Miriam Hospital identification badge should be issued with three cards with emergency numbers and emergency codes/response information.
- **You are responsible for ensuring that you have the three cards attached to your badge.**
- Faculty can get the cards from Security. Students should contact faculty if their ID badges do not have the three emergency response cards.
- For emergencies at an off-campus site, call 911.

Life Safety Code Red

Code Red = Fire incident and location

Code Clear = Drill or disaster is complete,
return to normal operations

Never use the elevators during a Code Red.

Code Red

Remember RACE

- **(R)emove or (R)escue** people the room or area of the fire.
- **(A)ctivate (A)larm** at nearest pull station and call the hospital emergency number attached to your badge.
- **(C)ontain/(C)onfine** fire and smoke by closing all doors and windows in the area.
- **(E)xtinguish** the fire with a portable fire extinguisher if it is safe to do, or **(E)vacuate** as directed by unit and other staff.

Fire Alarms, Extinguishers & Emergency Exits

- **Know the location** of fire alarm pull stations (located near exits), emergency exits and extinguishers on your unit. Emergency exits are always identified by a lighted sign.
- **Types of fire extinguisher s** at Miriam Hospital: A= wood, paper, cloth, etc; BC= flammable liquids and/or energized electrical equipment; Dry Chemical = all classes of fires
- **Use PASS** procedure to operate extinguisher:
 - Twist and **(P)ULL** pin out of handle
 - **(A)IM** nozzle at base of fire
 - **(S)QUEEZE** handle
 - **(S)WEEP** nozzle from side to side

Code Red in Your Area

What to Do

- **Clear corridors** of all obstructions (carts, stretchers) and visitors.
- **Leave O₂ valves on**, unless directed by the clinical charge person or anesthesia provider.
- **Use the emergency term Code Red**, not the word “fire.”
- **Check with unit leadership** for instructions.

Code Red in Another Area: What to Do on Your Unit

- **Close all doors and windows** in your area.
- **Clear the corridors** of all obstructions (carts, stretchers) and visitors.
- **Help patients and visitors to keep calm.**
- **Stay on your unit and check with unit leadership** for instructions.

Emergency Management

- The hospital Emergency Operations Plan (EOP) outlines the hospital response in the event of an internal or external natural or man-made disaster.
- Students and Faculty at The Miriam Hospital:
 - **Know how to find the hospital disaster plan.** Find the EOP on hospital intranet when you come to the hospital: Look under Medical tab, Emergency Preparedness.
 - **If you are in the hospital when a disaster is announced:**
 - **Follow unit leadership instructions and help staff as directed,** including clearing corridors on patient units and keeping patients/ visitors in their rooms.
 - **Report to unit** if you are elsewhere in hospital, and check with unit leadership for instructions.
 - **Do not come to the hospital for clinical assignments if a disaster has been announced.**

Rhode Island Emergency Codes & Response

- Emergency codes used at all hospitals, including The Miriam Hospital:
 - **Code Amber - Infant/Child Abduction**
 - **Code Red - Fire**
 - **Code Blue – Cardiac Arrest/Medical Emergency**
 - Code Silver – Hostile Situation/Person with a Weapon
 - **Code Green – Bomb Threat**
 - **Code Triage: Disaster plan in effect**
 - **Code Triage – Standby: Disaster standby in effect**
 - Code Grey – Security Team
 - **Code Orange – Hazardous Material Release**
 - Code Clear – Situation Cleared
 - **Code Purple – Infection Event**
 - **Active Shooter – person discharging a firearm with intent to kill**
- Refer to the emergency cards on your ID badge for emergency code descriptions and response procedures, and if needed, check with unit leadership for instructions.
- Refer to Utilities slide in the event of interruption of services.

Code Blue

Cardio-Pulmonary Arrest

- **Know your patient's code status.**
- Call out loud for help.
- **Call Code Blue phone number on badge card** only for Full Resuscitation and Limited Code status.
 - Tell the operator your exact location.
 - Start compressions.
- Staff and Code Team will respond and will take over care of the patient.

Utilities

- Emergency power outlets and phones are red.
- **Essential patient care equipment, such as monitors, should always be plugged into red outlets.**
- Utility failures may impact electricity, water, heat/cooling, medical gases, and telephones.
- Report failures immediately to unit leadership for appropriate action/ reporting, and check with unit leadership for instructions.

Hazardous Materials

Hazard Communication (Right to Know)

- The description of the Hazard Communication program is located in the Safety Manual.
- All employees have the right to know about the hazards of substances with which they work.
- Always read container labels and refer to Safety Data Sheets (SDS) to learn about the possible hazards of what you use at work.
 - Students and faculty can access the MSDSonline database through the Lifespan intranet, internet or web.
 - Ask a staff person to show you how to find the database if you need help doing so.

Chemical Waste Disposal

- Chemical Waste should always be disposed of properly.
- **Disposal of hazardous waste chemicals in the sink and trash is strictly prohibited.**
- **Uncontrollable chemical spills must be reported immediately.**
- **Mercury spills must be reported immediately.** Do not handle the mercury.
- **Refer to the emergency response cards attached to your ID badge, and inform unit leadership.**

Personal Protective Equipment (PPE) and Precautions

- Protect against skin contact and inhalation (most common routes of exposure): Use Gloves, gowns, masks, goggles/face shields, etc.
- Protect against eye contact & ingestion through splashing or spills:
 - Wear goggles or face shields when there is a potential for splashing.
 - Wear face masks to prevent accidental ingestion.
 - Do not eat, drink, or apply cosmetics where chemicals are used /stored
 - Do not store hazardous materials with food
 - Wash hands after removing gloves when working with hazardous materials

Regulated Medical Waste

- **Soft Regulated Medical Waste (RMW)** must be disposed of in biohazard labeled red bag lined RMW containers and tubs; always close the lid of the biohazard container after use
 - Examples of soft RMW:
 - Soft materials saturated with blood or infectious fluid
 - Cultures, stocks and swabs of infectious agents
 - Unfixed tissue, human organs and body parts
- **Sharps** must be discarded in sharps containers Examples of sharps:
 - Anything that could cause a puncture wound-glass tubes/ampules, Pasteur pipettes-regardless of contamination.
 - All syringes not containing unused pharmaceuticals (with or **without** needle)



Regulated Medical Waste

- **Small quantities of blood** (less than a pint) may go down the drain, but must first be treated with bleach and diluted to a final bleach concentration of 1:10
- **Suction canisters** should be capped before disposal into RMW red bag
- **Chemotherapeutics**
 - Residual chemotherapeutics into yellow containers-buckets with covers
 - Concentrated chemotherapeutics into black pharmaceutical waste containers
 - All sharps not containing unused pharmaceuticals into sharps containers

Ask a staff member if you are uncertain about disposal.

Medical Equipment

- **All electrical equipment is inspected by Biomedical Engineering** before being used at the hospital, and on a regular basis thereafter.
- **Notify Biomedical Engineering and take out of service if you note any of the following on Patient Care Equipment:**
 - Cut or frayed electrical cords
 - Broken and bent pins on power cord caps
 - Any physical or operational problems
 - Out of date inspection stickers
- **What electrical equipment is not allowed at The Miriam Hospital?**
 - Portable electric space heaters
 - Extension cords
- **If anyone is injured due to an equipment malfunction, report it immediately** to unit leadership, who will take the required action.

No Smoking Policy

- Smoking, carrying lighted tobacco products or electronic cigarettes are prohibited by RI State Law while inside any hospital building or property.
- Smoking is not allowed near any hospital or building entrance.
- **The No Smoking Policy applies to everyone:**
 - Employees
 - Physicians
 - Visitors
 - Patients
 - Volunteers
 - Students and faculty
 - Sales personnel and contractors

Drug Free Workplace

- The Miriam Hospital is subject to the Federal Drug Free Workplace Act passed by Congress.
- Hospital policy prohibits employees from using, possessing or distributing alcohol or controlled substances not prescribed by a doctor while at work.
- Students and faculty are expected to comply with this policy.