

Access Policy - Appendix E-2
Abbreviated Access Orientation

Version 7/30/2007

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Part A

Objective requiring initial and annual review

- Know MMC's mission and Acknowledge MMC's Confidentiality Agreement.

Mission:

Maine Medical Center is dedicated to maintaining & improving the health of the communities it serves by:

- ❖ Caring for the community
- ❖ Educating tomorrow's caregivers
- ❖ Researching new ways to provide care

Confidentiality

MMC's Privacy and Confidentiality Policy requires you to:

- Agree to maintain patient confidentiality regarding all oral, written, or electronic information that relates to their physical, mental, or behavioral condition.
- Know that Protected Health Information (PHI) includes:

Patient identity	Emotional condition
Physical condition	Financial situation

*Patient Privacy is a cornerstone to
a trusting patient care environment.*

Confidentiality

MMC also requires that you:

- Know the 3 basic standards:
 - Use the *MINIMUM NECESSARY* patient information
 - Make *REASONABLE* accommodations
 - Put the *patient in the center* of your decision making
- Report suspected incidents or issues:
 - Contact your supervisor

- Contact the Privacy Office – 662-4443
- Call the Ethics Line – 662-4646

MAINE MEDICAL CENTER
Confidentiality Agreement
for

Non-employees with MMC Business Purposes and MMC Employees

This Confidentiality Agreement applies to Maine Medical Center (MMC) employees, members of the Medical Staff, house staff, affiliated healthcare students, and non-employees with business purposes at MMC, *hereinafter referred to as “users”*, who require access to patient, business, proprietary, trade secret, financial, human resource or other confidential communications, data and information systems of MMC to perform their work-related obligations.

Users shall maintain the confidentiality, security and integrity of all such communications, whether verbal, written, or electronic data and information systems, including without limitation any data printed, photocopied or downloaded to any hard drive, diskette, tape or other storage media.

MMC Confidentiality Agreement (continued)

I. MMC General Confidentiality Principles.

User understands and agrees:

- The performance of my job or duties may require me to become aware of confidential information, which shall remain confidential. Confidential information includes:
 - Any patient information, including health care and financial information
 - Employee personnel, compensation and health care information
 - Business information relating to financial, administrative, and other information
- Approval to access confidential information is a privilege that may be granted to me based only on the responsibilities of my job or duties and that meets the need-to-know criteria for such access.
- The importance and obligations of patient confidentiality include:
 - Never discussing a patient’s case or presence outside of work, either with the patient, family or friends.
 - Never sharing password or system access codes.
 - Disposing of confidential information using the confidential destruction system.

II. MMC Network and Software Application Passwords.

User understands and agrees:

- All network and software application passwords are confidential and shall not be disclosed to any third party including other authorized users of MMC’s information systems.
- MMC shall provide user with the network and software application passwords necessary to gain access to MMC's computer network and certain system and software applications as may be modified by MMC from time to time.
- Access to MMC's computer network and software applications may include, without limitation, on-site access at MMC’s facilities’ dial-in or other remote access and

access through dedicated communication lines.

- Network and software application passwords shall expire on a periodic basis and, upon the request of MMC, user shall be responsible for providing new, confidential passwords to continue access to MMC's computer network and its software applications. Such passwords shall meet standards for length and content as may be modified by MMC from time to time.
- In the event that user reasonably suspects or becomes aware of any unauthorized use or disclosure of user's network and software application passwords or other confidential user identification, user immediately shall change such password or other user identification, and immediately shall report such unauthorized use or disclosure to MMC's Associate Vice President for Information Services or designee or MMC's Privacy Officer.
- MMC shall have the right to suspend or revoke user's network and software application passwords without notice in the event of any breach or suspected breach of confidentiality.

III. Access to MMC's Electronic Medical Records, Related Clinical Databases and Systems.

User understands and agrees:

- To be accountable for all entries of patient information, orders and data entered by user into MMC's information systems under user's network and software application password and electronic signature as applicable.
- To access patient information and/or records only for the following purposes in accordance with applicable state and federal laws and regulations: (i) providing health care to the patient or coordinating such care with other health care providers; (ii) billing and filing claims for reimbursement for care delivered to the patient; (iii) conducting scientific or statistical research, management or financial audits; (iv) conducting quality assurance, utilization review or peer review activities; and (v) for remediation of network and software application malfunctions.
- To not disclose or re-disclose any patient information and/or records to any other entity or individual without the prior written authorization of the patient or the patient's authorized representative.
- To take appropriate security measures to prevent the unauthorized use of MMC's information systems, software applications, network and data to which user has access.

IV. Access to MMC's Electronic Mail System and the Internet.

User understands and agrees:

- To access MMC's e-mail system and/or internet service provider only for permitted business purposes; email that contains confidential information must be sent only to individuals who need to know the information and the messages encrypted to protect the information from interception.

V. Audits of MMC's Information Systems, Software Applications, Network and Data.

User understands and agrees:

- MMC may conduct unannounced audits of user's access to MMC's information systems, software applications, network and data on a periodic basis to monitor

appropriate use of and compliance with the obligations stated above.

- Any violation of patient confidentiality and/or unauthorized disclosure of proprietary information may result in disciplinary action, suspension or termination of privileges at MMC, its affiliates, and may include termination of the business relationship with MMC, and user also may be subject to legal action.
- *Your understanding and agreement to comply with Maine Medical Center's Confidentiality Agreement will be acknowledged by signing the Agreement to Comply document (Appendix E-1 of Access Policy).*

Objectives of Abbreviated Access Orientation:

- Learn about communication resources to assist our diverse patient and employee populations
- Learn, recognize and be able to initiate and respond during emergency codes within MMC facilities
- Learn of MMC's available resources for answers to health and safety questions or issues.
- Know how and with whom to report an accident

Objectives of Abbreviated Access Orientation:

- Learn the definition of sentinel event and how to report it
- Learn the resources to assist in selection, and wearing of personal protective equipment when doing a task
- Learn resources available via help lines.
- Learn what to do for infection control based on distance from the patient.

Objectives of Abbreviated Access Orientation

- Learn what other orientation requirements apply to your situation or visit.
- Sign the agreement to comply with our policies.

Cultural Diversity

Maine Medical Center Policy

MMC is committed to providing people who are Limited English Proficient (LEP) with access to qualified medical interpreters during all hours of operation at no cost to the patient.

- Cultural coordinator: translators, language lines and policy information 662-4983
- ADA coordinator, services for deaf: 662-3847

Cultural Diversity

Top Interpreted Languages

- 22% Somali
- 14% Vietnamese
- 14% Spanish
- 11% Russian
- 8% Khmer (Cambodia)
- 6% Serbo-Croatian (Yugoslavia)
- 6% Arabic (Middle-East & Islamic Africa)

30 different languages translated at MMC.

Sexual Harassment

- * Sexual harassment can happen anywhere
- * Sexual harassment is illegal
- * Anyone can and should bring forward a claim of sexual harassment
- * All claims of sexual harassment are taken seriously by MMC

Emergency Codes: FIRE

- Announce “Dr RED” to anyone nearby
 - Activate the fire plan “RACE”
 - Rescue anyone in immediate danger (blanket drag or stop drop and role)
 - Alarm; pull alarm and phone emergency number, ext. 2345 for MMC/BMC or 911 all other locations
 - Contain the spread of smoke, close doors & windows
 - (optional) Extinguish the fire using PASS with the correct fire class of extinguisher
 - Pull, aim, squeeze, sweep
 - Or Evacuate

FIRE continued:

- NOTE 1: Evacuation is automatic if in a business occupancy. Evacuation in healthcare is per conditions or if ordered by person of authority.
- NOTE 2. Healthcare evacuation is done by choosing lateral route first and vertical route second.
- NOTE 3. A red fire hat is used for drills, follow the above procedure for drills.

All other emergencies/codes:

- Bramhall and Brighton Campuses: All other codes can be initiated by calling the switchboard at ext. 2345 and asking for assistance.
- Other MMC locations and Scarborough Campus. Call 911 and ask for assistance.
- During codes or emergencies follow the instructions of the MMC person or external authority in charge during the event.

Key to overhead paged codes:

- Abduction = Code Pink
- Bomb = silent code, call 2345 or 911
- Disaster = Code Yellow
- Fire = Dr Red or Code Red
- Medical Emergency = Code 99
 - Unresponsive
 - No respirations
 - No pulse
- Threatening patient behavior = Code Green

Resources for answers to health and safety issues.

- Clinical Engineering 662-4893
 - Safety checks of vendor demo/pt. owned equipment, safe medical devices act

reporting

- Engineering 662-2447
 - Utility shutdowns, utility repairs, lock out tag out
- Epidemiology 662-2550
 - Infection control, dust/containment, blood borne pathogens, surveillance

Resources for answers to health and safety issues.

- Risk Management 662-2295
 - (Non-employee) Accidents on MMC property, patient safety issues and sentinel events
- Safety 662-2513
 - OSHA, EPA, Fire, and DEP regulations, chemical disposal, personal protective equipment
- Security 662-2124
 - Parking passes, identification badges, accident documentation, lost and found, disabled vehicle, escorts or emergency assistance.

Resources for answers to health and safety issues.

- Ethical issues use the MMC Confidential Hot Line: 662-4646
- Patient safety issue, use the hot line above or Risk Management 662-2295; Clinical Engineering should also be notified if there is a medical device involved per the Safe Medical Device Act.

IF YOU HAVE AN ACCIDENT:

- Seek medical assistance as needed, then:
- Report the incident to the MMC Manager of the department you are contacting. If it happened outside, notify Security.
- Either of these contacts will assist you in completing an incident report in the Peminic System.

Sentinel Event Information:

- Definition: A patient sentinel event is an unexpected death or injury that is not related to the patient's underlying condition or proper treatment.

- Notify Risk Management as soon as possible if you witness or are involved in a sentinel event. 662-2295

Personal Protective Equipment (PPE)

- PPE is available in patient care areas and in support services areas which is appropriate for the hazards associated with the jobs being performed there.
- If you will be performing a task that requires PPE, please request the MMC manager to assist you. Safety is available to consult with the manager, especially if the task is new and different than usual.

Smoking Policy

- MMC is a smoke free environment for the health and safety of our patients and staff.
- No smoking on MMC campuses
- Free standing buildings, no smoking within 50 feet of entrances.

Precautions

- Standard Precautions
 - Prevents transmission from an unrecognized source.
 - “*If it’s wet and not yours it’s possibly infectious.*”

- Transmission-Based Precautions
 - When you know the source, wear appropriate personal protective equipment (PPE) in addition to standard precautions to protect yourself and others.

- If you don’t know what the signage on the door means... ASK THE NURSE

Other orientation requirements which may apply to your situation/visit.

- Contractors, shall contact Safety and enroll in contractor safety orientation.
- Persons working within 3 feet of a patient
 - shall review the full Epidemiology and Infection Prevention module (attached)
 - Shall review Code Green module (attached)
- Check with the Department Manager of the department you are visiting for any additional orientation information related to your visit.

End of Access Orientation (for everyone)

- Part B orientation follows for persons working within 3 feet of the patient.
 - Infection control for within 3 feet
 - Patient Behavioral emergencies (Bramhall Campus)
- You may request a copy of this training for future reference from your MMC contact

Abbreviated Access Orientation

Part B

The Department of Epidemiology and Infection Prevention Module

- This module is for persons working within 3 feet of patient

What you need to know in Infection Control

- Hand Hygiene
- Precautions
- Blood Borne Pathogen Exposures
- Respiratory Etiquette

Hand Hygiene

Soap & Water is Best When:

- Hands are visibly soiled with blood and body fluids.
- Caring for patients with *C. Difficile* to physically remove organisms from hands.
- Build up of the alcohol hand sanitizer occurs (usually after 4-6 applications).

-
- Scrub hands vigorously for 15 seconds covering all surfaces; fingertips to wrists and between all fingers including thumbs.
 - You can time yourself by humming 2 verses of “Happy Birthday” or “Row, Row, Row Your Boat.”

Alcohol Hand Sanitizer is Best:

- As an alternative to soap & water for routine cleaning between patients (usually 4-6 applications)
-
- Less Irritating,
 - Convenient (located in every patient room),
 - Fast (5 – 10 seconds till dry),
 - Apply enough to cover all surfaces of hands; fingertips to wrists, and in between.
- NOTE: Alcohol hand sanitizers are not effective against C. Difficile.

When to Perform Hand Hygiene

- Before examining or assisting a patient
- Before donning gloves
- Before performing or assisting with any invasive or sterile procedure
- Before going to lunch, applying make-up, inserting contact lenses or smoking
- After exiting a patient's room
- After removing gloves
- After soiling or contamination occurs
- After handling contaminated equipment
- After covering a cough or sneeze
- After applying make-up, contact lenses, smoking, or using the bathroom

Safe Patient and Family

Centered Care

- Encourage: patients and families to ask their health care providers to clean their hands before contact.
- Educate: patients and families about the importance of hand hygiene for them as well as the HCW and their role in preventing the spread of germs.
- Empower: patient's and family "It's OK to ask" the HCW to clean their hands but it's also "OK" for them to ask how to clean their hands.

Precautions

- Standard Precautions
 - Prevents transmission of all potential pathogens from recognized and unrecognized sources
- Transmission-based Precautions
 - When pathogen is known added precautions specific to preventing its transmission are used.
 - DRO (drug resistant organism), Contact, Droplet, Airborne, and Neutropenic.

Reporting Blood Borne Pathogen Exposures

- Report all exposures or suspected exposures immediately –within one hour – to your supervisor.
- Obtaining the source patient's consent to test their blood is the responsibility of the:
 - Infection Control Department during weekday/daytime hours.

- Night Supervisors on off hours. (nights, weekends, holidays)
- Employee Health Services is open 7:30–4:00pm Monday through Friday.
- If working off site or off hours go to the Emergency Department or Brighton First Care.

Respiratory Etiquette

- Wash your hands after coughing or sneezing with or without using a tissue.
- Cover or muffle your cough with your sleeve or in the bend of your elbow.
- Stay at home if you feel sick or have a fever
- Report illness to your Department Manager
 - If questions about returning to work, check with your Manager or Employee Health Services (EHS)
 - In instances involving potential community outbreaks, EHS or Epidemiology may inquire about specific symptoms or illness

BE A ROLE MODEL

“YOU MUST BE THE CHANGE YOU WANT TO SEE IN THE WORLD.”

Mahatma Gandhi

Resources

- MMC Intranet Access (Policies & Ethics)
 - Infection Control Manual
- Website
 - www.cdc.gov

CODE GREEN FOR BEHAVIORAL EMERGENCIES

- This module is for persons working within 3 feet of the patient.

CODE GREEN FOR BEHAVIORAL EMERGENCIES

- It is the policy of Maine Medical Center (Bramhall Campus) that the least restrictive mode of intervention should be used in the management of an agitated patient, consistent with maintaining the safety of patients and others.

CODE GREEN FOR BEHAVIORAL EMERGENCIES

1. To clarify the roles of staff members in responding to a patient who presents a danger to self or others.
2. To assist in managing a situation which puts patients and others at risk for harm.
3. To provide structure to the "Code Green" process.

CODE GREEN FOR BEHAVIORAL EMERGENCIES

Situation Assessment and Nursing Response

When a dangerous situation seems imminent:

1. Maintain a calm direct non-challenging manner.
2. Use empathy. Validate patient's feelings of being frustrated, angry, or of loss of

control over being hospitalized.

CODE GREEN FOR BEHAVIORAL EMERGENCIES

Situation Assessment and Nursing Response

- Listen, and give the patient the opportunity to express feelings.
- If needed, set limits with the patient in a non punitive way using clear, direct and specific approaches. Whenever possible, offer patients choices including medications.

CODE GREEN FOR BEHAVIORAL EMERGENCIES

- If you determine the situation is emergent (i.e. poses imminent danger or harm to him/herself or others), you should contact a physician.
6. Call a Code Green when additional staff is warranted to assist with the emergency situation. (dial 2345)

CODE GREEN FOR BEHAVIORAL EMERGENCIES

Situation Assessment and Nursing Response

7. You may initiate Behavioral Restraint or Seclusion to avoid imminent danger of bodily injury to the patient or to others.
- You must notify the physician/NP/PA caring for the patient about the current status.
 - Remind them that a face-to-face evaluation and written order for the Behavioral Restraint/Seclusion must be completed within the hour.
- (Refer to the Institutional Policy for Restraint/Seclusion for Behavioral Management in all patient areas of the Bramhall Campus (#1-C-15)

CODE GREEN FOR BEHAVIORAL EMERGENCIES

When to call a CODE GREEN.

Any staff member may make the decision to call a code green (dial 2345). When a Code Green is called, additional staff is summoned to assist in the management of an individual who is displaying out of control behavior.

CODE GREEN Response Team

1. Interact verbally with the patient and offer medication.
2. If these methods are ineffective to reduce the aggressive behavior, call a Code Green.

CODE GREEN Response Team

The Nurse Caring for the patient will (CONTINUED):

- Inform the other members of the team about any preexisting conditions of the patient that may be aggravated in the course of a physical restraint.

These can include:

- previous back pain

- musculoskeletal injury or disease
- hemorrhagic diathesis or
- sexual or physical abuse
- pregnancy

CODE GREEN Response Team

B. Security Officers

- Will identify the leader of the intervention
 - Will use MOAB* skills to assist with de-escalating the situation.
3. Place the patient in seclusion
- If necessary, apply restraints.

(*MOAB stands for Management of Aggressive Behavior)

CODE GREEN Response Team

C. The P6 RN

1. Will be designated at the beginning of the shift.
2. Will respond to the Code Green.
 - Will collaborate with the nurse caring for the patient in decision making regarding de-escalation techniques.
 - Provide direction for staff involvement.

CODE GREEN Response Team

C. The P6 RN

- Will act as a knowledgeable resource to staff to assist in containing potentially dangerous behaviors with the least amount of restraint possible.
- Will return to P6 when the situation is no longer emergent, and a plan for continued patient monitoring is established.

CODE GREEN Response Team

D. The Nursing Supervisor

(evenings, nights, weekends, and holidays)

1. Responds to the Code Green, and will provide support and resources to the unit staff in the on-going care of the patient in Behavioral restraints.

CODE GREEN Response Team

E. When available, the members listed below will respond and provide assistance as needed

1. Mental health Nurse Specialist
2. Psychiatric Care Coordinator
3. Nursing Director or Inpatient

Psychiatry

Documentation:

The nurse caring for the patient will be responsible for the documentation in the patient record. This documentation must include:

1. Time and place of Code Green.
2. Reasons for initiating the Code Green.

Documentation: (continued)

3. Previous interventions unsuccessfully attempted to de-escalate the situation.
4. Actions taken to de-escalate the situation.
5. List of individuals notified.
6. Outcome of actions taken.

Documentation: (continued)

- General statement of mental status, behavior state, and general condition of the patient.
- Further plans, additional follow-up.
- If patient placed on Behavioral Restraint and Seclusion, utilize appropriate forms to comply with the policy.

Documentation: (continued)

- An incident report and/or work injury report will be filled out for any patients, staff, or visitors that may have been injured or assaulted during the episode and intervention.

One last step:

- Please complete and sign the Agreement to Comply (E-1) to document your having read and understood this orientation material. Return the agreement to your faculty/program director for inclusion in student or faculty file.