

**Required
Education for
Allied Health Professionals**

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Dear Allied Health Professional,

We are honored to have you as a partner in care at Children's, and look forward to working with you to provide the best care for our patients. We are committed to making it easier for you to access the information you need for credentialing at Children's.

To reduce the amount of information you must review, we consolidated several documents into one online booklet. This booklet covers the minimum information you must know to provide care at Children's. This booklet is available through Children's intranet on campus.

As an Allied Health Professional, you are expected to be familiar with the contents of this booklet and practice in accordance with Children's policies and procedures. Please be aware that any reference to AHP in the booklet also applies to you as an Allied Health Professional.

As of June 1, 2013, you will be required to review the online document as part of the credentialing process. An attestation for this education will be included in your credentialing packet. Please return this document to the Credentialing Office with your other completed forms.

If you have any questions about the process, please contact the Credentials office at 612-813-6121.

Thank you for your commitment to our patients!

M. Chris Robison, MD, MBA
Vice Chief Medical Officer
Partner

William Graves
Human Resources Business

Expectations for Allied Health Professionals

Key Contacts

Credentials Office

Office Phone: (612) 813-6121

Office Email: Credentials.office@childrensmn.org

Learning Objectives:

- Understand expectations for performance and communication
- Understand patient safety at Children's

Purpose of the Allied Health Professional

Allied Health Provider (AHP) means a person who engages in care, treatment, or services to patients at a Children's facility, and is not employed by Children's and has not been granted clinical privileges as a member of the Professional Staff or an individual with privileges. An AHP member must be authorized on a yearly basis.

The purpose of this guide is to provide practitioners and/or their allied health personnel a communication tool for ensuring procedural uniformity. These standardized practices/guidelines are for all those providing patient care at Children's Hospitals and Clinics of Minnesota (Children's).

Allied Health Professional includes the following specialties:

Acupuncturists • Agency Nurses • Agency Respiratory Therapists • Apheresis Nurses • Audiologists
Blood Processing Techs • Cardiac Sonographers • Cast Techs • Dental Assistants
Dental Hygienists • Electrodiagnostic Techs • Exercise Physiologists
Extracorporeal Shockwave Lithotripsy Techs • Intraoperative Monitoring Techs • Laser Specialists
Laser Techs • Licensed Graduate Social Workers (LGSW)
Licensed Independent Social Workers (LISW) • Licensed Practical Nurses • Medical Radiation Physicists
Ophthalmic Clinical Assistants • Ophthalmic Techs • Orthopedic Assistants • Orthotists
Perfusionists • Physical Therapists • Prosthetists • Registered Nurses • RN First Assistants
RN Plastic Surgical Nurses • Scribes • Seating Practitioners • Speech-Language Pathologists
Surgical Assistants • Surgical Techs • Wound, Ostomy & Continence Nurses

Allied Health Professional Expectations

AHP members are expected to demonstrate:

- **Clinical Care Excellence** through effectiveness, technical skill, commitment to safety, and cultural competence.
- **Service Excellence** through Family-Centered Care, timely access for all patients, and open, honest, courteous communication and timely, confidential documentation.
- **Citizenship Excellence** through efficient resource utilization, maintaining positive peer and co-worker relationships.

Collaborative Communication (SBAR)

When providing care to Children's patients, please:

- **Communicate** directly with patients, their families and other health care providers in a timely manner to advance the patient's care and address their informational and medical needs.
- **Document** this communication, including patient and family education, in the progress notes.

As transitions require clarity of communication, Children's staff have been trained to use SBAR to summarize patient status and assessments:

- S:** State the **Situation**
- B:** Speak to the **Background**
- A:** Describe your **Assessment**
- R:** **Recommend** a course of action

Allied Health Professional - Health and Conduct

Children's AHP members are expected to provide safe, effective, efficient, and patient-centered care of the highest quality.

AHP members must be aware of situations that could influence patient safety. Such situations may include:

- Failure to provide for the continuing care of a patient which places the patient at risk of harm
- Behavior consistent with being under the influence of alcohol or drugs affecting motor or mental function while engaged in patient care
- Act or threats of violence
- Acts of harassment, including sexual harassment
- Shouting at or demeaning another person
- Motor or mental function consistent with an acute or chronic neurologic insult that impairs the ability to perform skills in a safe and competent manner
- Has caused himself/herself or another employee to sustain a personal injury
- Has caused a work related accident

If you need educational materials on this topic, need to report an issue of personal health or impairment for yourself, or if you are concerned about one of your colleagues, please contact the Vice Chief Medical Officer or Human Resources Business Partner. All referrals will be handled in a confidential manner.

Reporting Quality/Safety Concerns to Regulatory Bodies

Children's Allied Health Professionals (AHP) members are each responsible to report patient safety events, including near miss medical accidents, good catches, or accidents waiting to happen, to the office of Patient Safety. AHP members must also immediately notify Risk Management whenever a patient has experienced major or permanent harm.

Any individual who provides care, treatment, and services should be free to raise concerns when the hospital has not adequately prevented or corrected problems that can have or have had a serious adverse impact on patients. Children's will not retaliate against individuals who report a concern, whether internally or externally. This does not remove Children's responsibility to take appropriate action to protect patients, or to take steps to appropriately address the performance of staff members who are practicing in a reckless or negligent manner.

If you feel an issue has not been appropriately resolved by Children's, you may report your concerns to the following:

<p><i>Office of Health Facilities Complaints (OHFC)</i> P.O. Box 64970 St Paul, MN 55164-0970 Email: health.ohfc-complaints@state.mn.us (651) 201-4201 or (800) 369-7994</p>
<p><i>Minnesota Board of Medical Practice</i> Website: www.bmp.state.mn.us (612) 617-2130</p>
<p><i>The Joint Commission: Office of Quality Monitoring</i> One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 Email: complaint@jointcommission.org (800) 994-6610 (for questions on filing a complaint)</p>
<p><i>Minnesota Board of Nursing</i> 2829 University Avenue SE # 200 Minneapolis, MN 55414-3253 Email: nursing.board@state.mn.us (612) 317-3000 or (888) 234-2690</p>
<p><i>Minnesota Department of Health</i> P.O. Box 64975 St. Paul, MN 55164-0975 (651) 201-5000 or (888) 345-0823</p>

Chapter Summary:

- Allied Health Professional (AHP) members will work collaboratively with Children's staff.
- AHP members must complete a reauthorization on a yearly basis.
- Protect our patients: Reach out for help if you notice a colleague exhibiting signs of impairment while caring for patients.

Expectations for Clinical Practice

Key Contacts

Office of Patient Safety
Phone: (612) 813-6363

Office of Risk Management
On-Call Pager: (651) 629-4434

Learning Objectives:

- Articulate methods for keeping patients safe
- Know your options for clinical response to urgent/emergent patient needs
- Know how to respond appropriately to a clinical event, through family interaction and documentation

Protecting Our Patients

Stop the Line Rule

Anyone at Children's is empowered to **immediately intervene to protect the safety of a patient** or to prevent a medical accident. This includes all Children's employees, Children's professional staff, contracted staff, house staff, students, **allied health professionals**, volunteers, patients, parents, legal guardians, and visitors.

When this occurs, **all participants will immediately stop and respond** to the request by reassessing the patient's safety.

- Assistance for emergency interventions will be escalated as necessary.
- Emergency interventions may be initiated without prior express physician order. Appropriate orders are to be documented once the patient's imminent risk is past.

For more information, see the [Stop the Line Rule Policy](#).

Chain of Command

There is an established chain of command for communication, care, treatment, and services. The table on the next page shows the recommended course of action, depending on the urgency of the situation. The [Chain of Command Policy](#) provides more detail.

Do you have the right patient?

Before performing any care or treatment, confirm that you have the right patient.

Use **two forms of patient identification**.

- Patient Name and
- Medical Record Number or
- Date of Birth

Match the patient's information to the history and physical, consent, or order.

See [Children's Patient Identification Policy](#) for more details.

Universal Protocol

The Universal Protocol is comprised of three checking steps to prevent wrong-site, wrong-procedure and wrong-patient procedures.

Children's expects its providers to verify the patient's identity, the procedure to be done, and the side and site of incision/insertion prior to ANY invasive procedure, regardless of location.

- Confirm patient identity, procedure, and site prior to the procedure using consent, history and physical, or other documents
- Mark the incision site
- Conduct a time out immediately prior to incision to confirm patient identity, procedure, side/site and fire risk assessment score.

Reference [Children's Universal Protocol Policy](#) for more details.

Recognition and Response to Deteriorating Patients

Pediatric Early Warning System (PEWS)

The PEWS tool allows nursing staff to assess a patient's risk of deterioration by scoring behavior, cardiovascular, and respiratory parameters.

- Nursing staff may reference a PEWS score when they communicate with you.
- The higher the PEWS score, the more likely a patient is to deteriorate.
- PEWS facilitates early interdisciplinary discussion and planning for placement and transfer of patients.
- PEWS scores do not replace nursing and practitioner intuition used in defining the need to call the Rapid Response Team or a code.

Rapid Response Team

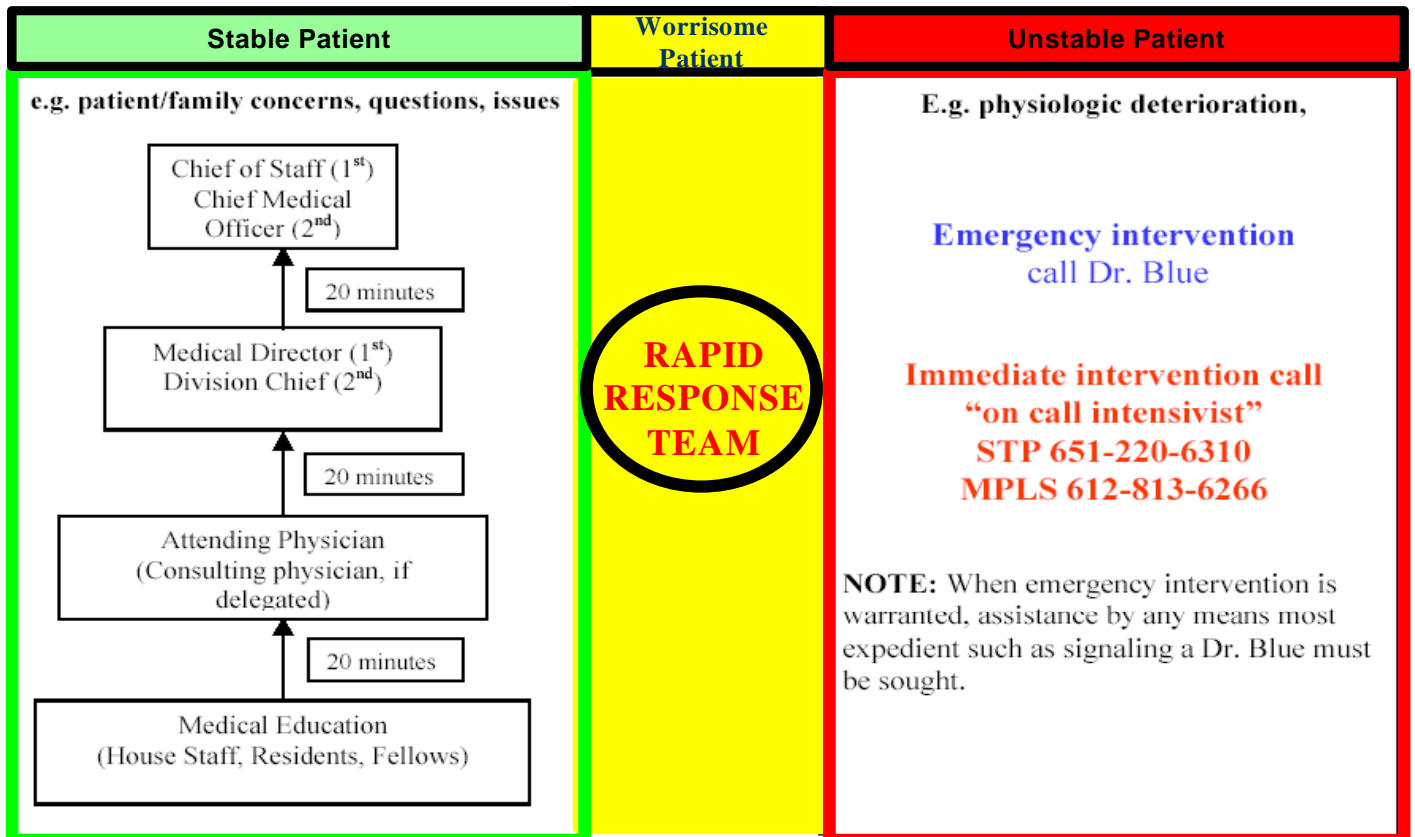
The Rapid Response Team (RRT) is designed to provide a team of critical-care staff to assist with the assessment and treatment of a patient whose condition is deteriorating, before the situation becomes an emergency.

Anyone may request urgent medical assistance for a patient perceived to be in distress. This request may occur without advance consultant with house staff or the patient's attending physician, if the attending is not physically present.

Once the RRT is called:

- A team of a Registered Nurse and Respiratory Therapist from the Pediatric Intensive Care Unit (PICU), as well as a Children's Hospitalist or PICU Intensivist, will arrive on the unit.
- The RRT will assess the patient and provide necessary medical interventions to support, stabilize, or transport the patient.
- Consultation with the patient's attending physician is expected after the patient has been assessed and stabilized.

For more details, see the [Rapid Response Team Policy](#).



Need emergency assistance? Call Dr. Blue!

If a patient needs emergency assistance, **anyone** may call a **Dr. Blue**.

Dr. Blue is Children's code to respond to a life-threatening cardiac or respiratory event.

Note: It is not necessary to call for the RRT prior to calling a Dr. Blue.

The [Dr. Blue Emergency Policy](#) offers more details on this process.

Orders and Documentation

Verbal Orders

Verbal communication is prone to misinterpretation. Verbal Orders will be limited to when electronic or written orders are not feasible. Examples include:

- Ordering prescriber is scrubbed for a procedure
- Giving telephone orders from an off-unit location
- During acute management of a life-threatening emergency
- When possible, directly enter, write, or fax orders to avoid giving a verbal order.

If a verbal order is necessary:

- The order must be immediately written down and read back to the person giving the order for confirmation.
- The order must be signed by the ordering provider as soon as possible after the order is given.

For more information, see [Children's Policy on Verbal Orders](#).

Restraints

Children's is committed to reducing the use of restraints. Nonphysical interventions are preferred. When restraints must be used, Children's staff is committed to the safe use of restraints, for the minimum amount of time necessary.

- Orders for restraints (either medical or behavioral) **MUST** be followed by the application of restraints within a timely manner based on situation but not to exceed 60 minutes. **“Standing” orders for restraints are strictly prohibited.**
- Medically Necessary Restraints:
Order must be renewed every 24 hours. A task will be sent to the patient’s nurse every 22 hours to remind the ordering provider to place a new order if continuation of the restraint is needed.
- Behavioral Restraints:
Orders must be renewed at the following intervals:
 - 1 hour for children 9 years of age and under
 - 2 hours for children and adolescents 9 – 17 years of age
 - 4 hours for adults 18 years of age or older
- Please review [Children's Restraints Policy](#) thoroughly and ensure you are familiar with all requirements.

Key Contacts

IT Help Desk
(651) 855-2500

EMR Training
(651) 855-2505 or (651) 855-2566

Events, Reporting, Documentation, and Disclosure Recommendations

Key Contacts

Office of Patient Safety
Melissa Hamlin: 612-813-6363
Brian Harmon: 612-813-6284

Office of Risk Management
On-Call Pager: (651) 629-4434

Learning from Accidents and Near Misses: Safety Learning Reports

As part of Children's culture of quality and safety, we are committed to transparency with our patients and families. When a medical accident or harmful event occurs, Children's and its Allied Health Professionals are committed to the complete, prompt, and truthful disclosure of information to patients and their families.

To support this learning culture, Children's has implemented a system that permits staff and AHP members to provide feedback to improve the safety of processes and systems. Feedback is reported through "Safety Learning Reports" (SLRs), accessible from Children's internal network site, Star Net. When you see a process needing improvement or have concerns for patient safety, please submit a Safety Learning Report.

To submit an SLR through Children's Star Net:
click the "Safety Learning Reporting" link under the "ASPIRE" tab.

The screenshot shows the Star Net website interface. At the top, there is a navigation bar with links for Internet, Phone Directory, Time Management, Applications, Forms, Site Map, and Search. Below this is the Star Net logo and a search box. The main navigation menu includes links for Star Net Home, News Center, My Employment, Learning & Education, ASPIRE (circled in red), Projects, How Do I, and Emergency. The ASPIRE tab is selected, and the main content area displays "Children's new vision and strategic plan guides the organization" with the ASPIRE logo and a vision statement. On the right side, there is a "Safety Learning Reporting" link (circled in red) with a play button icon. Below this link, there is a brief description of the SLR process and a link to "Resources for Patient Safety Reporting System".

Cause Analysis

Though all SLRs are reviewed, some reports will require further investigation. A cause analysis process may be initiated to provide an opportunity to study the apparent or root causes of the event, ensure support for all involved, and identify opportunities for improvement. Lessons learned are distributed to all staff and Professional staff through venues identified during the cause analysis process.

Sentinel Events

A sentinel event is a serious medical accident or other event causing serious harm that may indicate an essential breakdown of critical processes. These events trigger timely, systematic investigation, action, and monitoring. More information is available in Children's Policy on Medical Accidents, Reporting, and Disclosure, Including Sentinel Events.

Children's list of sentinel events includes:

- Any event resulting in an unanticipated death or major permanent loss of function not related to the natural course of a patient's illness or underlying condition, or the risk thereof.
- One of the following events (even if the outcome was not death or major permanent loss of function):
 - Suicide of a patient in a setting where the patient receives around-the clock care;
 - Infant abduction or discharge to the wrong family;
 - Rape;
 - Hemolytic transfusion reaction involving administration of blood products having major blood group incompatibilities;
 - Surgery on the wrong patient or wrong body part.
- Events that should never occur in the state of Minnesota are defined as the 28 Never Events. (These are listed on the [Minnesota Department of Health](#) website.)

When an event occurs...

As an Allied Health Professional member, you are obligated to accurately record the clinical information pertaining to the event in the medical record.

The following details should be included in the report:

- Details of the accident/event written in neutral, non-judgmental language,
- The patient's condition immediately before and after the time of the event,
- Necessary interventions and the patient's response,
- Relevant statements by patient/family,
- Notification of patient's physician(s),
- Notification / discussion with family.

For more information, contact Risk Management at (651) 629-4434.

Recommendations for Disclosure

The following topics are considered for inclusion in the disclosure discussion:

- Acknowledge that an accident or event has occurred
- The nature of the accident as we understand it at the time of the conversation
- The time, place, and circumstances of the accident as we understand it at the time of the conversation
- The known consequences of the accident for the patient, as well as potential or anticipated consequences
- The possibility that not all information may be known at this time
- Actions taken to treat or ameliorate the consequences of the accident
- Who will manage ongoing care of the patient
- The action that has been or will be taken to identify system issues which may have contributed to the accident and to prevent the same or similar accidents from occurring
- Who will manage ongoing communication with the family
- Our commitment to ongoing communication with the family, and the names and phone numbers of individuals in the hospital to whom the parents may address complaints or concerns about the process around the accident
- The names and phone numbers of agencies with whom the family could communicate about the accident
- How to obtain support and counseling regarding the accident and its consequences both within Children's and from outside of Children's
- An apology that an accident has occurred
- Offer of support at this time and answer additional questions

For more details, see Children's Policy on [Medical Accidents, Reporting, and Disclosure, Including Sentinel Events](#).

Chapter Summary:

- Always check patient identification before starting any care or procedure.
- Stop and listen to care team members when they voice concerns about safety.
- Escalate needs based on urgency: don't hesitate to call the Rapid Response Team and/or Dr. Blue for a patient.

Preventing Infection

Infection Prevention and Control Key Contacts

Urgent Questions--24/7 on call pager: (651) 629-4444

Non-Urgent Questions--Voicemail: (651) 220-5555

StarNet>Departments>Infection Prevention and Control has numerous IPC resources.

Pathogen Post: Monthly newsletter which comes out to all staff and professional staff with current information about circulating infections

Learning Objectives

- Learn about general guidelines for preventing infection
- Understand the difference between different types of precautions, when they are used, and how to know when they are in place for a patient
- Know how to respond to blood and bodily fluid exposures
- Learn how to prevent Central Line Associated Blood Stream Infections and Surgical Site Infections

Children's is committed to reducing health-care associated infections (HAIs), and monitors this performance measure on its internal quality dashboard. Increasing hand hygiene compliance rates, preventing surgical site infections, and preventing transmission of multi-drug resistant organisms are also Joint Commission National Patient Safety Goals.

The best way you can contribute to this goal is to **wash your hands** before seeing each patient and on room entry and exit. Children's Allied Health Professionals are also expected to be comfortable coaching others and being coached to ensure hand washing happens every time.

Protect your hands and clothing.

- Cleanse hands first, then wear gloves when handling:
 - Anything that may be contaminated with blood or body fluids
 - Non-intact skin
 - Skin rashes
 - Any body fluids
 - Surgical wounds, IV sites and other locations of invasive device
- Wear a gown for any possible splash or spray to your clothing
- Do NOT reuse gloves or gowns.

Protect the mucous membranes of your mouth, nose and eyes.

- Wear a mask and eye protection or a face shield if there is *any* risk of splash or spray to the face.
- Masks are either in the box, firmly on your face for a single patient use, or in the trash. Do not walk around with a used mask hanging on your neck or clothing.

Use safe work practices at all times.

- Follow posted precautions upon entering the room regardless of your purpose for entering the room or the time to be spent in the room. Think of the threshold of the patient's room as the place to start all precautions, every time.

Be mindful of hand hygiene (HH).

- Clean my hands—The World Health Organization's Moments of Hand Hygiene
 - Before entering and after exiting a patient's room
 - Before and after touching a patient (use HH frequently during patient care if you are moving from a "dirty" to a "clean" procedure such as removing an existing chest wound dressing and before putting on a new dressing).
 - Before and after any procedure
- Speak up with a simple "Wash 'em Proud" to remind those who forget to clean their hands
- Say "thank you" whenever I'm reminded to clean my hands
- See Children's [Hand Hygiene](#) Policy for more details.

Report Blood and Body Fluid Exposures.

- See Children's [Blood and Body Fluid Exposures](#) Policy for details.

Safe Delivery of Care

- Use safety devices (e.g. safety syringes, needle-less system).
- Do not recap used needles
- Place used/disposable syringes and needles, scalpel blades and other sharp items, such as broken glass, in appropriate puncture-resistant containers.
- When handling contaminated items, be careful to avoid contaminating surfaces
- Do not eat, drink, apply cosmetics/lip balm or handle contact lenses while in clinical areas where there is reasonable likelihood of occupational exposure to pathogens. These practices must be limited to designated areas (staff lounge, cafeteria, conference rooms, etc.).
- Use mouthpieces or resuscitation bags or other ventilation devices instead of mouth-to-mouth resuscitation if someone has a cardiac or respiratory arrest.
- If personal clothing/scrubs/warm up jackets become soiled with blood or body fluids, contact environmental services or linen to obtain a set of temporary scrubs.
- Soiled items should be removed, bagged and labeled. The bagged scrubs should be laundered in the normal manner

Precautions Overview

Use for all patients unless other precautions are indicated [empirically based on symptoms, suspect or confirmed diagnoses](#). Further information is in Children's [Standard Precautions](#) Policy.

Standard Precautions

Use for all patients unless other precautions are indicated. Further information is in Children's [Standard Precautions](#) Policy.

Contact Precautions

Family and visitors

- Hand hygiene when entering and leaving room
- Wear if assisting with care involving blood or body fluids

Staff
In addition to Standard Precautions:

- Hand hygiene when entering and leaving room
- Upon room entry

Patient care equipment

- Use dedicated equipment
- Disinfect equipment when removing from room

Transport

- Limit transport for essential purposes only
- Patient wears a clean gown

Related policies:
Policy Standard Precautions for Infection Prevention and Control
Policy Standard Transmission-Based Precautions
Policy Contact/Transmission-Based Precautions
Policy Multiple Drug Resistant Organisms

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Contact Precautions

Use for patients with infections such as [multiple drug resistant organisms](#). More information is in Children's [Contact Precautions](#) Policy.

Enteric Precautions

Use for patients with infections such as Clostridium difficile, norovirus, diarrhea of unknown etiology. More information is in Children's [Enteric Precautions](#) Policy.

Enteric Precautions

Family and visitors

- Hand hygiene when entering room
- Wear if assisting with care involving blood or body fluids
- Soap and water hand hygiene when leaving room

Staff
In addition to Standard Precautions:

- Hand hygiene when entering room
- Upon room entry
- Soap and water hand hygiene when leaving room

Patient care equipment

- Disinfect equipment with bleach when removing from room
- Use dedicated equipment
- Bleach terminal clean

Transport

- Limit transport for essential purposes only
- Patient wears a clean gown

Related policies:
Policy Standard Precautions for Infection Prevention and Control
Policy Contact/Transmission-Based Precautions
Policy Contact/Transmission-Based Precautions
Policy Multiple Drug Resistant Organisms

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Droplet Precautions

Use for patients with infections such as meningococcal meningitis, mumps. More information is in Children's [Droplet Precautions](#) Policy.

Contact and Droplet Precautions

Use for all respiratory patients

Family and visitors

- Hand hygiene when entering and leaving room
- Family/visitors may need to wear a mask, check with nurse before entering
- Wear if assisting with care involving blood or body fluids

Staff
In addition to Standard Precautions:

- Hand hygiene when entering and leaving room
- Additional precautions may be needed for aerosol generating procedures
- Upon room entry

Patient care equipment

- Disinfect equipment when removing from room
- Use dedicated equipment

Transport

- Limit transport for essential purposes only
- Patient wears mask and a clean gown

Related policies
Policy Standard Precautions for Infection Prevention and Control
Policy Droplet, Transmission-Based Precautions
Policy Contact, Transmission-Based Precautions

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Contact and Droplet Precautions

Use for patients with respiratory infections such as pertussis, influenza, RSV. More information is in Children's [RSV and Other Upper Respiratory Infections](#) Policy.

Airborne Precautions

Door must remain completely closed at all times.

Family and visitors

- Verify family/visitor immune status – check with nurse before entering
- Hand hygiene when entering and leaving room
- Wear if assisting with care involving blood or body fluids

Staff
In addition to Standard Precautions:

- Airborne infection isolation (A.I.I.) room required, activate audible alarm, notify facilities
- Hand hygiene when entering and leaving room
- Staff immunity requirements must be met to enter

Patient care equipment

- Disinfect equipment when removing from room

Transport

- Limit transport for essential purposes only
- Patient wears mask

Related policies
Policy Standard Precautions for Infection Prevention and Control
Policy Droplet, Transmission-Based Precautions
Policy Airborne, Transmission-Based Precautions
Policy Masks

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Airborne and Contact Precautions

Use for patients with infections such as chickenpox. Use of [Airborne Infection Isolation \(AII\) room](#) (negative airflow) is indicated.

Special Airborne Precautions

Use for patients with infections such as tuberculosis. Use of [Airborne Infection Isolation \(AII\) room](#) (negative airflow) and Personal Air Purifying Respirator (PAPR) or N95 respirator are indicated. Further information is in Children's [Special Airborne Precautions](#) Policy.

Biological Emergency Response Plan

Children's [Biological Emergency Response Plan](#) Policy addresses how the hospital will respond to an influx of potentially infectious patients.

Some rare pathogens (e.g. Severe Acute Respiratory Syndrome (SARS), Avian flu, Smallpox, other significant emerging pathogens (MERS-CoV)) may require Full Barrier Precautions. This is a combination of Contact Precautions and Special Airborne Precautions plus eye protection. Depending on the disease shoe covers, caps and/or a 'bunny suit' may also be required.

Full Barrier Isolation

Used for patients suspected of having:

- Severe Acute Respiratory Syndrome (SARS)
- Avian flu
- Smallpox
- Other significant emerging pathogen

All personnel entering the room will wear:

- Head cover
- N95 mask with eye protection or PAPR hood
- Gloves and gown

Patients will be placed in a negative airflow room:

- In the ED, or
- In Minneapolis: 6th floor and PICU, or
- In St. Paul: 4100 and PICU

Bloodborne Pathogens

Hepatitis B, C, and HIV are bloodborne pathogens and can be spread through significant contact with infected blood or body fluids that contain infected blood.

Bloodborne pathogens are transmitted through:

- Needle sticks
- Cuts from contaminated sharps items
- Splash or spray to mucous membranes or broken skin

Children's recommends the following practices to minimize exposure to bloodborne pathogens:

- Standard Precautions
- Proper disposal of infectious waste
- Vaccination when appropriate
- Immediate post-exposure intervention for all blood or body fluid exposures

Infectious Waste Disposal

- Infectious Waste: Blood and other potentially infectious body fluids (e.g. cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, synovial fluid), or items saturated with these fluids.
- Infectious Waste must be kept separate from regular waste and placed into red bags for disposal.
- Contaminated needles and sharps must go into a rigid "biohazard" container.
- If there is a spill of blood or body fluids, contact the Unit Operations Coordinator or patient's nurse for assistance in cleaning.



Blood/Body Fluid Spill Clean-Up

Any time a blood or body fluid spill occurs, the following steps must be taken:

- Contain the spill by placing towels or absorbent item(s) over it. If it is a large spill or is on upholstered furniture or carpeting, contain the area and call Environmental services immediately.
- Put on PPE. Always wear gloves and a gown and/or eye protection if there is any possibility of splash to clothing or face.
- Clean up the spill. Disinfect area with a hospital approved disinfectant. Wipe thoroughly with enough disinfectant solution to completely wet the area. Let it air dry to assure adequate contact time (e.g. 5 minutes) of disinfectant to the organisms possibly contained in the spill.

Blood/Body Fluid Exposure

The [Bloodborne Pathogen Exposure Control Plan](#) outlines Children's specific procedures and processes to prevent transmission of bloodborne pathogens.

If exposed to blood or body fluids:

- Wash or flush area immediately.
- Notify charge nurse or administrative representative in the unit where you were exposed.
- Obtain a [Blood or Body Fluids \(BBF\) Post-Exposure packet](#) at *Star Net > Forms > Infection Control*.
- Follow step-by-step instructions in the packet.
- Do not wait to follow up on a BBF exposure! If you have been exposed to high risk blood, post exposure prophylaxis should be started within several hours of exposure.

After the exposure:

- Source fluid/patient will be tested for bloodborne pathogens
- Employee Health Services (EHS) will determine appropriate tests depending on degree of exposure
- Treatment will be started if indicated
- Employee will be notified of the source testing results as soon as they are available.
- EHS maintains the employee's confidential medical record

Multi Drug Resistant Organisms

Multi Drug Resistant Organisms (MDROs) are organisms, usually bacteria, that are resistant to one or more classes of antimicrobials. This resistance severely limits treatment options for infected patients.

Most common MDROs at Children's:

- Methicillin Resistant Staphylococcus Aureus (MRSA).
- Vancomycin Resistant Enterococcus (VRE)
- Extended Spectrum Beta Lactamase Producer (ESBL) producing Enterobacteriaceae.

Children's Infection Prevention and Control (IPC) Department performs active surveillance to detect patients colonized with MRSA in the Neonatal and Pediatric Intensive Care Units (NICUs/PICUs), Cardiovascular Care Center (CVCC) and Infant Care Center/Special Care Nursery (ICC/SCN). IPC also tracks health care associated infections (HAIs) caused by MDROs.

How can you prevent the spread of MRSA?

Consistent hand hygiene. Numerous studies have demonstrated a relationship between improved hand hygiene and control of multi-drug resistant organisms (MDROs), such as MRSA.

Use of Standard Precautions. Colonization with a MDRO is commonly undetected; so all patients should be treated as though they *may* be colonized. Standard precautions apply to all patients, no matter what their diagnosis or reason for visit. Use of Contact Precautions for those known to be colonized or infected.

Central Line Associated Blood Stream Infections

Central Line Associated Blood Stream Infections (CLABSIs) are infections of the blood that have no other known source of infection other than the patient's central line. Central lines include Peripherally Inserted Central Catheters (PICCs), Broviacs, Port-a-Caths, Umbilical, Femoral, Subclavian, and Jugular lines.

On average, each CLABSI leads to an increased length of stay of 7 days.

- Children's is required to educate patients and families on how to prevent CLABSIs. There is a Patient/Family Education sheet used for this purpose. This sheet is available on Children's intranet.
- The risk of acquiring a CLABSI is higher among critically ill children, and premature infants.
- Children's uses two prevention standards for insertion and maintenance. When used consistently and reliably, these standards have been shown to dramatically decrease the incidence of CLABSI.
The Insertion Checklist is available on Children's intranet.
- If your patient has a central line, be aware that the care team will perform a daily review of line necessity as part of the insertion bundle.

Surgical Site Infections

Surgical Site Infections (SSIs) can increase hospital stays by 7-10 days, at an estimated additional cost of \$25,000 per case. Additionally, Joint Commission lists prevention of SSIs as a National Patient Safety Goal, and Children's monitors SSI rates on its internal quality dashboard.

As a partner in patient care, you are required to educate patients and families on how to prevent SSIs.

Children's adheres to the following preventive measures to decrease a patient's risk of developing an SSI:

- administration and discontinuation of prophylactic antibiotics in accordance with established guidelines
- proper skin preparation at the surgical incision site
- proper hand hygiene

Prophylactic Antibiotics

- The need for prophylactic antibiotics is assessed based on the following risk factors:
 - Patient's immune response
 - Number of bacteria entering the surgical site
 - Type of procedure
 - Duration of operation
- The timing of prophylactic antibiotics in relation to the time of incision is critical. Infuse antibiotics within 60 minutes of incision time (120 minutes for vancomycin or fluoroquinolones).

- Re-dosing may be necessary during longer procedures, as the serum levels of antibiotics start to decrease after 2 half lives of an antibiotic.
- Document antibiotic start times and incision times.
- Discontinue prophylactic antibiotics within 24 hours after surgery (48 hours after cardiac surgery) to reduce the emergence of antibiotic resistant organisms.

Skin Preparation

- Instruct patients not to shave prior to surgery.
- Use clippers instead of razors for hair removal.
- Allow the skin antiseptic product to dry naturally.
- Further information may be found in Children's [Skin Antisepsis](#) Policy.

Hand Hygiene

- Meticulous hand and forearm antisepsis by surgical staff is the single most important factor in preventing infections.
- For more information, see the Surgical Hand Hygiene Clinical Standard and Children's [Hand Hygiene](#) Policy.
- High hand hygiene rates on all patient care units is an organization wide goal. These are measured upon room entry and room exit. Allied Health Professionals can lead by example cleansing their hands every patient, every time.

Influenza

Please be aware of the following expectations:

- Stay home if you are ill.
- To reduce your risk of contracting the flu, please adhere to hand and respiratory hygiene standards and observe appropriate precautions for patient contact.

Further information on recent influenza rates is available through the Infection Prevention and Control page on Star Net, Children's internal network.

Intraoperative Environment

The intraoperative environment, also known as the operating room (OR), practices aseptic technique based on the principles of asepsis. It is the responsibility of all Allied Health Professional members (AHP) practicing in this setting to diligently and consistently maintain an aseptic environment in order to prevent patient-to-patient disease transmission, cross-contamination, and/or infection.

Methods to Decrease Disease Transmission, Cross-contamination, and/or Infection

The following methods are intended to be a comprehensive set of standardized practices/guidelines. They are an overview in the prevention of patient-to-patient disease transmission, cross-contamination, and/or infection.

Surgical Attire

AHP members entering the semi-restricted or restricted areas of the OR suites will wear hospital-laundered scrub clothing. Hair must be completely covered by hat or hood. Reusable head coverings may be worn under a disposable head covering.

While in the OR suite, engaged in patient care, personnel protective equipment (PPE) should be used (i.e. mask, eye protection, gloves and gown). Masks should cover both nose and mouth and be secured in a manner that prevents venting. Masks should be removed and discarded after each use (refer to policy S700 Surgical Attire).

Finger Nails:

- Nail tips should not extend beyond the tip of the finger. In general, nail tips are to be kept less than ¼ inch long
- Artificial nails may not be worn
- Unchipped nail polish may be worn. Chipped fingernail polish must be removed as several studies have found increased number of pathogens on chipped nails

Jewelry:

- Rings should not be worn by scrubbed personnel performing operative procedures
- In the perioperative areas, the wearing of rings or other below the elbow jewelry while providing patient care is not allowed

Other personal belongings (e.g. purses, bags, computer bags, backpacks, magazines, etc.) will not be brought into the restricted or semi-restricted areas of the OR suites unless in a clean Children's provided bag.

Hand Hygiene

Proper hand hygiene and use of gloves is an important method in reducing disease transmission, cross-contamination, and/or infection.

"The purpose of surgical hand antisepsis is to eliminate transient flora and reduce resident flora for the duration of a procedure and to prevent introduction of organisms in the operative wound, if gloves become punctured or torn. Skin bacteria can rapidly multiply under surgical gloves if hands are washed with soap that is not antimicrobial. Thus, an antimicrobial soap or alcohol hand rub with persistent activity should be used before surgical procedures (Centers for Disease Control, 2003, p. 15)."

Prior to the first procedure of the day, Allied Health Professional members engaged in patient care will perform initial hand hygiene using hospital-approved soap (refer to clinical standard D-120.1 Surgical Hand Hygiene).

After the initial hand hygiene, an alcohol-based hand rub may be used prior to donning gloves, after removing gloves, and/or in between patients. However, hand hygiene must be performed in between procedures and when hands are visibly dirty, soiled with blood or other body fluids, another initial hand hygiene must be performed (refer to policy 1201.08 Hand Hygiene for Infection Prevention and Control).

Use only hospital provided hand lotion to minimize the occurrence of irritant contact dermatitis. Do not bring lotion from home.

Supplies/Instruments/Medication

All clinical equipment used at Children's, including equipment not owned by the hospital, will receive appropriate maintenance and inspections prior to patient use (refer to policy 927.08 Non-Hospital Owned Clinical Equipment).

Many instruments may need appropriate barriers. These barriers should be used for any exposed or surface which is not easily washable (i.e. porous or contoured). Examples of barriers include clear plastic wrap, bags and other materials impervious to moisture.

To eliminate the need for changing gloves, second allied health personnel or circulating registered nurse (RN) may be requested to assist in obtaining clean supplies.

Children's is responsible for all medications used throughout the system. Medications brought into Children's from other pharmacies or professional offices represent a potential risk to our patients (i.e. different formulations or concentrations other than the formulary standard and are usually not unit dosed (ready to administer)). Furthermore Children's cannot attest to the quality, potency or handling of medications, which have been prepared by an outside pharmacy. Therefore, the use of medications brought into Children's from other pharmacies or professional offices is not allowed.

Immediate Aerosol Zone (~3 ft)

The American Journal of Infection Control conducted an evaluation of the risk of infection through exposure to aerosols and spatters in dentistry. The study revealed hemoglobin was detected in the air and was present in surface samples obtained during dental procedures. It was concluded "this unequivocally indicates the presence of blood particulate both in aerosol form and sedimented on the surrounding surfaces" (Cristina et. al., 2008).

The following are additional recommendations for the immediate aerosol zone:

- Minimize the number of items in the immediate aerosol zone
- Avoid having common storage containers (i.e. supply carts, boxes of crowns) in the immediate aerosol zone
- Items that need to be within the immediate aerosol zone should be disposable or washable
- If common storage containers are present within the immediate aerosol zone they need to be closed during the procedure
- Items inside the containers need to be accessible by means, which will not contaminate the interior contents. For example, use clean gloves, clean forceps to obtain items within the containers, or request a second allied health personnel or circulating RN to obtain supplies

Disinfection

According to the Centers for Disease Control (2003), "clinical contact surfaces can be directly contaminated from patient materials either by direct spray or spatter generated during dental procedures or by contact with Dental Health Care Personnel's (DHCP's) gloved hands. These surfaces can subsequently contaminate other instruments, devices, hands, or gloves." The following are additional recommendations for disinfection:

- All potentially contaminated surfaces will be cleaned and disinfected in between patients with a Children's approved disinfectant.
- Disinfectant will remain on surface according to manufacturer recommended contact time. Allow to air dry for maximum contact time. When using disinfectant wipes, do not ring out the wipes, make sure the surfaces is wet when wiping and allow the surface to dry completely prior to distribution of the next patient's supplies.
- For items which barriers are used:
 - Barriers will be removed and discarded in between patients.
 - Refer to Dental Assistant Responsibilities (see separate link) for all Dental Procedures

Chapter Summary

- The best way you can contribute to Children's goal of reducing the occurrence of health-care associated infections is to **wash your hands** before seeing each patient and on room entry and exit for every patient's every time.
- Follow posted precautions upon entering the room.

Follow the blood/body fluid post-exposure packet if exposed to blood or bodily fluids

Maintaining a Safe Environment

Key Contacts

Minneapolis: 5-7777 or 612-813-7777

St. Paul: 1-8899 or 651-241-8899

Other: 9-911

Emergency Codes

Learning Objectives

- Understand the uses for each of Children's emergency code alerts and the responsibilities of Professional Staff members during a code event.
- Learn about Children's Emergency Operations Plan.
- Know key requirements for keep Children's environment safe.

CODE Pink

[CODE Pink](#) is called for a missing, eloped or abducted patient or person. If you suspect that your patient has been abducted, call the emergency number and report a CODE Pink with age, size, sex, and other descriptors of the child to be paged overhead.

If CODE Pink is called, a professional staff member's responsibility is to look for suspicious individuals and secure the exits and stairwells near the department. ***No one is to leave the hospital during a CODE Pink.***

Dr. Blue

[Dr. Blue](#) is called when personnel find a patient or visitor in cardiac or respiratory arrest. A Dr. Blue may be called by pressing the Dr. Blue button in patient rooms or by calling security to activate the Dr. Blue Page.

CODE Purple

[Code Purple](#) is a hospital alert called during periods of volume surge due to incoming inpatient admissions. This code will alert and deploy all available staff and Professional Staff to facilitate inpatient discharges and provide patient care support in the ED and relevant support departments.

CODE Green/RPR

[CODE Green/RPR](#) is for emergency personnel / restraint personnel requested. Professional staff members who encounter individuals that may be displaying violent or increasing agitated behavior should call security with a CODE Green/RPR. Security, emergency department, social work, and administrative personnel will respond

CODE Yellow

[CODE Yellow Internal](#) is initiated to inform staff, visitors and patients of a security emergency that takes place inside the facility, such as a bomb threat, active shooter situation, suspicious package, etc.

Your Response:

- Depending on the situation, the department of facility may go into lockdown.
- Everyone should stay away from the area/department named in the Code Yellow-Internal page, until the "All Clear" has been given by Security.
- If you receive a bomb threat call, identify anything suspicious, receive a suspicious package, etc., report it to security immediately.
- If you receive a bomb threat, use the bomb threat checklist within the Code Yellow Policy to document the details.
- In a armed intruder/active shooter event – RUN – HIDE - FIGHT
 - RUN – get out of the area
 - HIDE – barricade yourself and others in a room. Lock doors; turn off lights, pagers, cell phones and anything else that could make noise. Stay put until you know that it is safe to come out.
 - FIGHT – AS A LAST RESORT – if faced with this situation, anything could be used to fight the perpetrator. This should ONLY be done if you have no other option.

[CODE Yellow- External](#)

Is initiated to inform staff, visitors and patients of a security emergency that takes place outside of the facility, such as a civil disturbance, shooting, etc.

- No one should go outside or stand near windows, due to security emergency situation occurring outside the facility.
- Notify visitors, staff, or other individuals of the incident. Make sure they do not proceed outside until the "All Clear" has been given by Security.

Fire Safety

Code Red

[Code Red](#) is used for fire. The role of an AHP member is to remember the following two acronyms: RACE and PASS, which are also listed on the emergency card with your ID badge card.

Evacuation: Evacuate patients, families, visitors, and employees to the adjacent smoke compartment (non-evacuation locations) or outside (evacuation locations). **Do not use elevators.**

Non-evacuation buildings are divided by smoke compartments, which prevent the spread of smoke and fire from one area of the building to another.

- Children's-Minneapolis
- Children's-St. Paul
- Minnetonka and Day Surgery Centers
- Basement and first floor of Children's Specialty Center in Minneapolis

All other locations are **Evacuation buildings**. During a CODE Red, all personnel must leave the building

RACE- Rescue, Alert, Confine, Extinguish

- **Rescue** anyone in immediate danger
- Alert staff and patients by pulling the fire alarm pull station, calling out "Code Red!" and call the emergency number. **Confine** the fire by closing doors
- **Extinguish** the fire **or evacuate**, depending on the circumstances

PASS – Pull, Aim, Squeeze, Sweep

- **Pull** the pin
- **Aim**
- **Squeeze**
- **Sweep** with the fire extinguisher

Severe Weather

Children's will announce overhead the threat of severe weather if it is going to impact the portion of the county where our hospitals are located. An AHP Member's responsibility is to help move patients away from windows and possible flying debris and into the hallways, central corridors, innermost areas and/or lowest level/tunnel if safe to do so during severe weather warnings.

CODE Orange (External and Internal) The overhead announcement would include the code orange level: stand-by, partial, full activation

Code Orange Internal is initiated when there is an event within the hospital(s) where resources are needed to respond to a department(s) where patients or casualties require immediate care, or in the event of an interruption of services that require immediate response of resources to an event and/or location(s) within the facility(s). Hospital Incident Command System (HICS) will be activated.

An **external Code Orange** is initiated when there is an event in the community that could result in an influx or potential influx of patients with immediate healthcare needs that could exceed the available resources of one or many areas or departments within the hospital(s).. For example: "Code Orange, 12, ETA 30 minutes." Professional staff members are to immediately report to the emergency department to assist in triaging and treating patients.

In either event, code orange will be paged overhead

During an **internal** CODE Orange, pay attention to the page, which may or may not direct you to take action. **Employed staff members** will follow the policy as written for their assigned areas. **Non-employed staff members** who are in the hospital at the time of a CODE Orange will report to the emergency department to assist in triaging and treating patients.

There are three response levels for a code orange:

- **Stand-by:** Status will assure readiness for a small-scale response to an event requiring minimal resources. Situation can be controlled with resources at hand. Staff should stand-by for further instructions.
- **Partial:** Status indicates that additional resources and staff may be required and expanded capabilities are/could be focused in a specific area(s), but does not impact the entire facility. The HICS System could be activated.
- **Full:** Status indicates a large scale or organization-wide response is anticipated, requiring broadened and sustained expansion of resources and capabilities. All departments will activate their department specific code orange plans and HICS will be activated.

ID Badge Expectations

- You are required to wear your ID badge while on Children's property.
- If you need a permanent badge, contact the Credential's office at 612-813-6121 or credentials.office@childrensmn.org.
- If you forget your ID badge, obtain a temporary ID badge from a Welcome Desk.

Material Safety Data Sheets

AHP members may be exposed to chemicals and hazardous drugs in the workplace and need to be able to identify the hazards associated with them. Chemical information can be found on Material Safety Data Sheets (MSDS).

MSDS for chemicals and hazardous drugs used at Children's can be found on Star Net, Children's internal network page. Go to "MSDS Online" under the [Emergency/Safety tab](#).

Hazardous Chemical Waste

At Children's hazardous chemicals can be found as solids, liquids and containerized gases such as:

- aerosols (including hand foam)
- disinfectants
- pharmaceuticals
- reagents and chemical solutions used in laboratory processes.

A chemical becomes a "waste" when you no longer intend to use it, regardless of whether or not it has been used or contaminated.

Do not dispose of any chemicals (including pharmaceuticals) in the sewer, trash or sharps. Check with nursing staff for proper disposal.

Spilled chemicals and absorbent materials used to clean up the spill of a hazardous material should be disposed of as hazardous waste.

If a chemical is spilled or released:

- Remove people from the immediate area.
- Secure the area (e.g., close doors).
- Report the chemical spill or release to the manager in the area.
- Allow only properly trained people to clean up hazardous chemicals.

Additional Resources Available Under the Emergency/Safety Tab on Star Net:

The screenshot shows the Star Net website interface. At the top, there is a navigation bar with links for Internet, Phone Directory, Time Management, Applications, Forms, Site Map, and Search. The main header features the Children's Hospitals and Clinics of Minnesota logo and the 'Star Net' title. A search bar is located on the right side of the header. Below the header is a horizontal menu with several tabs: Star Net Home, News Center, My Employment, Learning & Education, ASPIRE, Projects, How Do, and Emergency/Safety. The 'Emergency/Safety' tab is highlighted with a red circle. The main content area is divided into three columns. The left column contains a sidebar with links for Departments & Committees, For Employees, Families And Patients, and For Health Professionals. The middle column is titled 'Code Alerts' and lists various emergency codes with their corresponding descriptions. The right column is titled 'Security - Emergency Phone Numbers' and lists phone numbers for Minneapolis, St. Paul, and All Other Sites. Below this, there is a section for 'Important Phone Numbers' listing various administrative and emergency contact numbers.

Code	Description
Code Red	Fire & evacuation (including RACE and PASS)
Dr. Blue	Cardiac/Respiratory Arrest
Code Orange	Disaster/Code Orange
Code Gray (United Hospital)	Wandering Adult Patient
Code Pink	Missing, Eloped or Abducted Patient or Person
Code Purple	Volume Surges and/or Staffing Shortages
Code Yellow	Security Emergency
Code99 (United Hospital)	Adult Cardiac/Respiratory Arrest
Code Green/RPR	Emergency Assistance (Restraint Personnel Requested)(Other than fire or medical)

Location	Phone Number
Minneapolis	5-7777
St. Paul	1-8899
All Other Sites	9-911

Department	Phone Number
Mpls Admin Rep.	(651) 629-3546
St. Paul Admin Rep.	(651) 629-3547
Employee Health Serv.	(612) 813-8140
ANW emer dept (ED)	(612) 863-4233
United emer dept (ED)	(651) 241-8755

Chapter Summary:

- Review Children's CODE alerts and be sure you know your role when a CODE is called.
- During a CODE Red, remember to RACE – Rescue, Alert, Confine, and Extinguish, and PASS – Pull, Aim, Squeeze, and Sweep.
- Be sure to properly dispose of all hazardous chemical waste.
- Always wear your ID badge while on Children's property.

Protecting Patient Rights and Organizational Ethics

Key Contacts

Office of Ethics: (612) 813-6159

Ethics Pager: (612) 589-2192

Children's Compliance Officer: (612) 813-7523

Family Relations Liaison:

Minneapolis - (612) 812-7393

St Paul –(651) 220-6888

Children's Compliance Hotline: 1-866-225-3251

Learning Objectives

- Understand patient's rights and responsibilities
- Know how to schedule an interpreter
- Learn about protecting patient information, preventing fraud and abuse, and other activities of Children's Compliance Office

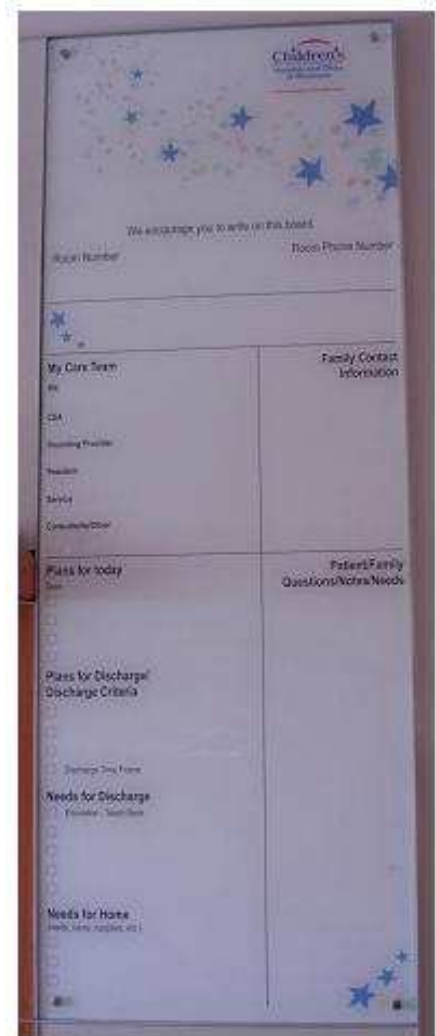
Patient's Rights and Responsibilities

Patients and Families have the right to:

- Be involved in decisions about care, treatment, and services
- Know who is involved in their care (wear your nametag at all times)
- Give written informed consent
- File a complaint or grievance (direct families to the department manager or Family Relations Liaison)
- Ask for an interpreter, if needed
- Safe, respectful care
- Privacy and confidentiality
- Be free from abuse from anyone at Children's (contact the unit Social Worker if you have concerns)

Patients learn about their rights through:

- Receiving Children's Rights And Responsibilities brochure, Minnesota Patient Bill of Rights, and privacy practices in a welcome packet upon nursing assessment
- Public postings throughout Children's of Minnesota
- Staff members
- Family relations liaison staff
- External agencies



Cultural Care

For those of you who will be working directly with patients and families, it is important to recognize and respect the importance of communicating effectively with families who may not share your language or culture. Children's has developed a Cultural Care Pocket Guide that gives a basic, at-a-glance review of the key questions to focus on when providing care across cultures as well as tips for achieving successful communication. It is intended as a complement to cultural competency training.

The Pocket Guide can help with such important elements of patient care as:

- Inquiring about health-related customs and traditions
- Obtaining the family's perspective on illness and care
- Adjusting to different communications styles
- Assessing health literacy, and
- Managing mistrust

For a copy of the Cultural Care Pocket Guide, contact the Professional Staff Office at (612) 813-6123.

You can obtain additional information on Children's Welcoming Environment, including Service Standards and cultural care information, by contacting the Welcoming Environment co-chairs:

- St Paul: (651) 220-6888
- Minneapolis: (612) 813-5813



Addressing Ethical Issues

Children's is committed to addressing ethical issues that arise during the care of patients. Children's Office of Ethics provides consultation and coordinates the Ethics Committee, which meets monthly to address education, policy, and consultation issues. The Ethics Consult Service is available 24/7 through the AmIOn paging system under "Ethics" or through the hospital operator.

Consultation can range from telephone discussion, to meetings with staff or family, to attending a care conference, to formal small group consultation with the patient/family and members of the team. Consider calling in the ethics consultant:

- To help families in complex situations understand how to approach decision-making (this consultation is available even when no specific decision is imminent)
- When the team and family are both uncertain of the course of care and treatment
- When there is disagreement between family members, between team members, or between the team and family
- Initial ethics consultations are confidential unless it is a mandated reporting situation or a patient in imminent danger.

Interpreter Services

**Interpreter Scheduling:
5-7600 or (612) 813-7600**

**Deaf and Hard of Hearing Communications
Coordinator: 5-5826 or (612) 813-5826**

Interpreters are available 24/7, either in person, by phone, or by video. Call interpreter services scheduling at 5-7600 to make arrangements.

Situations in which appropriate interpreters and/or auxiliary aids and services must be utilized to assure accurate and thorough communication include, but are not limited to, the following:

- Explanation of admission procedures and registration information.
- Admission assessment interview.
- Determination of patient's medical, psychiatric, psychosocial, nutritional, and functional history or description of condition.
- Discussion of patient's rights and consent for treatment.
- Determination and explanation of patient's diagnosis or prognosis, and current condition.
- Explanation of procedures, tests, treatment, treatment options, or surgery.
- Obtaining informed consent.
- Explanation of medications prescribed (such as dosage, instructions for how and when the medication is to be taken and side effects or food or drug interactions).
- Explanation of follow-up treatments, therapies, test results, or recovery expectations.
- Explanation of changes in the treatment program and need for ongoing/continued care.
- Explanation of the rationale for the patient to follow the prescribed treatment regimen.
- Discharge planning and discharge instructions.
- Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention.
- Explanation of billing or insurance issues that may arise.
- Educational presentations, such as classes concerning nutrition, CPR, and care at home.
- Social work, chaplaincy, and child life interventions.
- Explanation of health care directives or powers of attorney (or their availability).
- Any other circumstance in which a qualified interpreter is necessary to ensure a patient's rights provided by law.
- Anytime you have difficulties communicating effectively with parents / patients / caregivers.

If you recognize or have any reason to believe that a patient, legal guardian, or companion of a patient is deaf or hard of hearing, you must advise the person that auxiliary aids and services, such as sign language and video interpreters, TTYs, note takers, written materials, telephone handset amplifiers, telephones compatible with hearing aids, closed caption decoders, and open and closed captioning of most hospital programs will be provided free of charge. If you are the responsible health care provider, you must take reasonable and necessary steps to ensure that aids and services are provided when appropriate. All other hospital personnel should direct the person to contact the Deaf and Hard of Hearing Coordinator. This offer and advice must likewise be made in response to any overt request for auxiliary aids or services. Review Children's [Interpreter Services](#) Policy for more information.

Protecting Patient Privacy

As an Allied Health Professional, you are required to be aware of and safeguard patient information, whether the information is oral, written, or electronic.

Protected Health Information (PHI) is any health information that relates to physical or mental health condition and other aspects of healthcare, or payment for healthcare that can be used to identify a person.

PHI includes:

- Name
- Address
- Telephone or fax numbers
- Birth date
- Social security number
- Names of relatives or employers
- Photographic images (pictures)
- Email address, Web URL or IP address

Minimum necessary - A person or entity should have access to, receive or distribute only the "minimum necessary" amount of information needed to perform their work.

Appropriate use of protected healthcare information is limited to treatment, payment, and operations or when the patient or guardian has signed a written authorization to use or disclose the PHI for some other purpose.

How you can protect patient information

- Be aware of your surroundings when discussing or using PHI
- Never share IDs or passwords
- Log off or lock unattended computer workstations
- Encryption is required when using removable media that contains PHI
- Use secure email communication when sending email that contains PHI
- Access only information necessary for the performance of your duties
- Properly dispose of confidential information in shredding boxes
- Clear all materials when using printers and copy machines
- Do not transport patient information in personal vehicles or store in unsecured areas
- All vendors who have access to PHI (called "Business Associates") must provide satisfactory assurances of privacy protections
- Patient information including photos must never be posted on a personal blog, website, or social media page.

Children's Principles of Integrity and Compliance

Children's *Principles of Integrity and Compliance* describes Children's expectations for how to carry out our daily activities in an ethical and legal manner. Their purpose is to promote and protect the reputation and integrity of our organization.

The Principles govern interactions with patients and families, physicians and Allied Health Professionals, governmental entities, payers, vendors, consultants, and each other.

The Principles apply to every employee of Children's and its affiliated organizations, as well as members of the Professional Staff, **Allied Health Professionals**, volunteers, independent contractors, vendors, and others who provide services on behalf of Children's.

The Principles focus on these key areas:

- Patient Care - patient rights, confidentiality, charity care, non-discrimination, emergency treatment and research.
- Business Ethics - billing and coding, accurate business records, gifts policies, conflict of interest, marketing and media contacts.
- Workplace Ethics and Compliance - health and safety, nondiscrimination, license and certification renewal and exclusion from federal programs.
- Use of Children's Information and Resources - personal use of Children's property and corporate information.
- Interactions with Government - cooperation with government investigations and political activity and contributions.
- Unique Legal Concerns - referral relationships, anti-trust issues, physician/industry relationships, and non-profit tax-exempt status.
- Compliance with the Principles - elements and responsibilities of a compliance program.



Children's Compliance Program

Children's Hospitals and Clinics of Minnesota has established a corporate compliance program, including development of policies and procedures to avoid circumstances that could result in unlawful or unethical business conduct, such as the submission of false claims. It is important for you to contact compliance if you have any concerns or questions related to business ethics or other compliance matters as outlined in the [Principles of Integrity and Compliance](#) and Children's policies.

How to Contact Compliance

Children's Compliance Officer:

- (612) 813-7523

Children's Privacy/Red Flags:

- (612) 813-6911
- E-mail: Privacy.Officer@childrensmn.org

Children's Compliance Hotline:

- Anonymous, Toll-Free Reporting
- 1-866-225-3251

Conflicts of Interest

Generally, a conflict of interest exists when an individual's decision-making may be influenced by outside employment, business arrangements, or personal or family contacts. A conflict can result when you have a financial, business, or family relationship with a competitor, vendor, or contractor of Children's, or a patient or co-worker. It can also include outside employment or serving on a board of directors for an organization that does business or competes with Children's.

Examples of conflicts of interest include, but are not limited to, an employee, independent contractor, volunteer or Allied Health Professional who:

1. Is involved in purchasing decisions and owns an interest in a potential supplier or vendor or is related to someone who owns an interest in a potential supplier or vendor.
2. Provides consulting services to a company that does business with Children's.
3. Has a relationship with an outside supplier or vendor to which he/she may refer patients.
4. Is employed in a leadership position by a competing business.
5. Negotiates or approves a sale or lease on behalf of Children's and receives a personal benefit (e.g. gifts, discounted services, etc.) from the entity that is providing or receiving the goods or services.
6. Provides care to family members or a significant other.
7. Supervises a family member or a significant other.

Allied Health Professionals are asked to disclose all external relationships which have the potential to be a conflict of interest to the compliance office.

Preventing and Detecting Fraud and Abuse

Children's expects employees and others providing services on behalf of Children's, to participate in the prevention and detection of potentially fraudulent conduct. Children's prohibits fraudulent behavior including:

- (1) direct, indirect, or disguised payments in exchange for patient referrals;
- (2) the submission of false, fraudulent, or misleading claims to any government entity or third party payer; and
- (3) making false representations to any person or entity in order to gain or retain participation in federal health care programs or to obtain payment for any service.

All employees and Allied Health Professionals providing services on behalf of Children's are expected to report any behavior they believe may be fraud.

Research

Children's is committed to supporting research focused on gaining new knowledge that will specifically and practically improve the quality, safety, and efficacy of health care for all children. We strive to conduct all research consistent with high standards of ethical behavior and integrity, including the fair and honest presentation and analysis of data, proper acknowledgement of all authors and contributors, compliance with HIPAA and human subjects' protections, and in accordance with all applicable laws and regulations governing the financial and programmatic aspects of research.

Chapter Summary

- Please introduce yourself to patients and families before providing care and, when possible, please also note your name for the patient and family on the patient's whiteboard.
- To ensure effective communication, call interpreter services scheduling at 5-7600 or the Deaf and Hard of Hearing Communication Coordinator at 5-5826.
- Always protect patient information with the utmost sense of security.
- Review the Principles of Integrity and Compliance and contact the compliance office anytime you suspect that some activity may be in violation of Children's policies and procedures.